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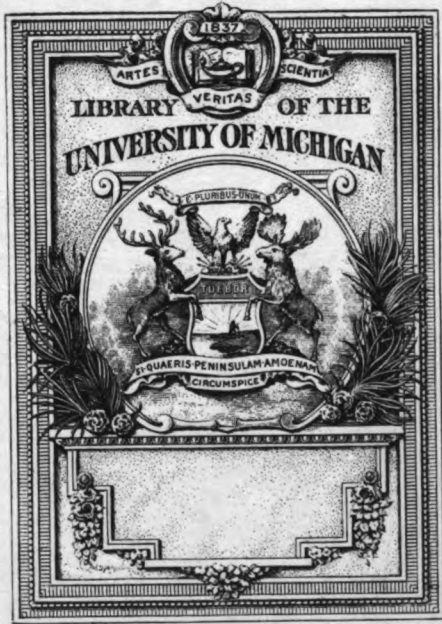
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Progressive Scientific Medicine

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A Corner in The Eye, Ear, Nose and Throat Free Clinic — Pioneer Building — where Students of The Denver Homeopathic College are in Attendance Daily.

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Original Articles

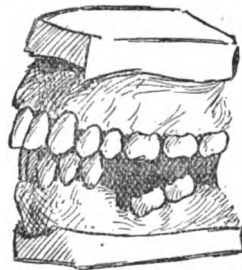
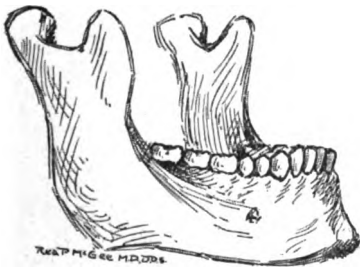
A METHOD OF REDUCING FRACTURES OF THE INFERIOR MAXILLA.*

(Illustrated by the Author.)

REA PROCTER McGEE, M.D., D.D.S.

There are two general classes of fractures of the lower jaw, first, those in which the bone only is affected, and second, those in which there is a laceration of soft tissue. The latter condition is the most frequent.

I believe that fractures of the mandible are always the result of external violence. The bone is rarely fractured above the ramus by any force except that of a projectile. A blow that



ordinarily would produce a fracture of the body of the bone, would, if delivered on the ramus, only produce a luxation in the majority of cases.

The point most liable to fracture in the arch where all of the teeth are present and regular, is at the angle of the arch through the alveolus of the cuspid tooth. In a jaw in which one or more teeth have been extracted, the fracture will usually occur

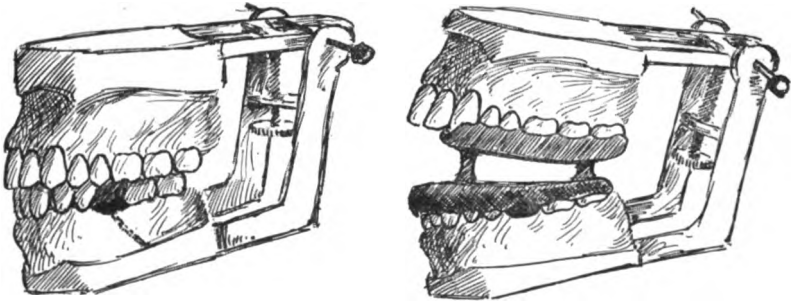
*Read before Denver Homeopathic Club.

at the space once occupied by a tooth. In an edentulous jaw, the point of fracture is liable to be at the mental foramen, if the alveolar process is fractured no splint or bandage is necessary, unless a considerable portion carrying several teeth should be broken loose. Then a swaged metal splint may be cemented to the displaced teeth or the fracture set and the jaws bandaged.

My object this evening is to explain a method or procedure in splinting transverse fractures of the body of the jaw. I believe this method is applicable to all fractures in this region.

The first step in the treatment of a fractured jaw is to stop the hemorrhage, then wash the wound with a 1-2000 bichloride or a 1-1000 permanganate solution.

It is frequently necessary to anæsthetize the patient before attempting to set the fracture. Study the facets upon the teeth that come from wear. Carefully articulate the lower teeth to the upper and carefully note the occlusion. Then with modeling



compound—not with plaster—take an upper and a lower impression. After taking the lower impression examine the jaw again to find the exact point or direction of the fracture. It is occasionally necessary to wire the fragments together, but this is to be avoided if possible. When the wiring is necessary it should be done before the impression is taken. After the impressions are made, soften a piece of modeling compound by passing it over the flame and place it over the region of the fracture, then force the jaws together as near to their normal position as possible. Remove the compound and chill it in cold water. Then trim it to the desired size and smoothness and replace it in the mouth. Then bind the jaws together with the Garretson bandage and you have a temporary splint that is very satisfactory.

The impressions must be poured with plaster. Remove the compound and articulate the models as you remember the patient's occlusion. You can make a perfect articulation from the uninjured side around to the point of fracture. Here the short segment drops downward from pressure of the modeling compound in taking the impression. The cast must be sawed at the point and in the direction of the fracture. Then the portion of the cast representing the short segment is set in place, completing the articulation. The bite of the articulator is opened until you can insert the little finger between the front teeth. No. 10 tinfoil is burnished over all of the plaster teeth and a layer of base plate wax is placed over the tinfoil and trimmed to the desired shape. Then posts to support the splint are waxed in place, and this wax model of the splint is flaked, packed and vulcanized. After being



vulcanized and polished the splint is ready to be placed in the mouth. Great care must be used in placing the splint, both on account of pain to the patient and on account of the ease with which it may be slightly misplaced. It has been my experience that a closely fitted splint does not slide to place easily. It should be placed as nearly as possible in its correct position and the jaw bandaged tightly. By the next day the bandage and the muscles have gradually forced the teeth to their proper places and the jaw is perfectly set. This, the Gunning splint, has been in use since the civil war, and has never been materially improved upon. It can of course be made of metal, but the rubber case serves every pur-

pose. This method is used successfully whether the full complement of teeth be present, a considerable number of teeth absent, or one or both jaws edentulous.

The pasteboard and plaster of paris external splint can be used if the fracture occurs beneath the insertion of the buccinator muscle. The contraction of this muscle over the fracture allows very little displacement. I am of the opinion, however, that the external splint without some such device as I have described will frequently lead to an imperfect articulation. The Gunning splint enables the patient to take nourishment easily, is comfortable, and provides a means of keeping the mouth clean with medicinal solutions.

As a cleansing agent in these cases I prefer 3% H₂O₂, alternating with a potassium acetate solution composed of ℥i Pot. ac. to ℥viii H₂O.

DIETETICS.*

C. E. TENNANT, M.D.

This subject, while an old one, keeps pace with the rapid strides being made all along the line of medical education. Condensed into a few words, Dietetics means a thorough knowledge of Anatomy, Physiology, Organic Chemistry and Pathology. With these subjects well in hand one need never fear as to the proper application of the principles of dietetics.

With the Anatomy of the digestive tract well understood, the detection and localization of various abnormalities is possible.

A knowledge of the secretions, their character, properties, functions, reactions and variations, under certain conditions; the composition of the organic and inorganic substances, their behavior in the digestive ferments and the resulting compounds, and such pathological changes as are common to the digestive organs guide one to the proper selection of suitable food for the patient.

A brief general reference to the properties and functions of the various digestive ferments may here be in order. The saliva is a mixture of the secretions of the parotid, submaxillary, sub-

*Read before Denver Homeopathic Club, Nov. 13. 1903.

lingual and buccal glands; faintly alkaline in reaction and composed of the carbonates, chlorides, sulphates and nitrites of the alkalies, together with albumin, mucin, ptyalin and potassium-sulpho-cyanide. Saliva acts upon boiled starch, converting it into dextrin, maltose and glucose. As it is not possible for saliva to penetrate the granule of unboiled starch, the necessity for the previous destruction of this cellulose capsule, by some other means, is apparent. This can be best done by heat.

Ptyalin is inactive in the presence of acids, even as low as 2%, altho' it probably acts for some time in the stomach before the hydrochloric acid penetrates the mass of food.

The salivary composition is of course changed by certain pathological conditions, being diminished in all febrile diseases, diabetics and nephritis; while medicinal substances like the mercury compounds, and pilocarpine increase the secretion. The reaction may even become acid in fevers and diabetes.

Perhaps one of the most tolerant organs of the human system is the stomach, for upon it is heaped abuse from morning until night, yet for all this it is patient and long suffering, but crowded to the limit, rebels.

I am indebted to my colleague, Dr. G. P. Howard, for the following clipping from the *Doctor's Factorem*, which is quite apropos:

“THE GASTRO-ENTERIC DEMUR.

“If our stomachs could talk
 They'd tell a bad tale
 On the guard or keeper, I fear;
 They'd rebel and they'd balk,
 'Gainst the cabbage and kale,
 And dressing and stale lager beer.
 'Tis our very best friend
 Which we often abuse,
 And give him the lash and the spur;
 But, ah! then comes the end,
 And we see no excuse,
 For the gastro-enteric demur.
 If its wailings were heard,
 And its prayer listened to,
 Its plea 'd be a light bill of fare;
 Of the dressing and bird,
 And fruit-cake and slaw,
 For God's sake send no more down here.”

Here in this organ is secreted the gastric juice of acid reaction. It is a clear, thin liquid containing the inorganic constituents, chlorides and phosphates of the alkalies. As there is more hydrochloric acid than will unite with the alkaline bases, there is consequently some in the free state. It also has organic compounds the most important of which are the two enzymes, pepsin and rennin. Pepsin is inactive in neutral or alkaline liquids, but in slightly acid fluids it dissolves coagulated albuminous compounds forming the albumosis and peptones. Its action is retarded by the presence of the digestive products. Rennin is always present in the gastric juice under normal conditions, and its characteristic reaction is the coagulation of milk or casein in a neutral or faintly alkaline solution in which calcium salts are present. The gastric juice acts only upon the nitrogenous food, connective tissue, and the capsule surrounding fat cells which are dissolved, setting free the fat. It is diminished in all febrile conditions and certain nervous disturbances; in acute and chronic gastric catarrh, and may even be greatly altered in gastroptosis and carcinoma.

The Pancreatic juice (trypsin) contains three ferments, trypsin (nitrogenous) steapsin (fats) and amylopsin (starch) and is alkaline in reaction. It dissolves fibrin and other albuminous substances, completes the unfinished amylolytic work of the saliva, emulsifies the fats and precipitates the peptones.

For general convenience in classifying the foods, it will be well to adopt Baron von Liebig's divisions, viz: Nitrogenous and non-nitrogenous. The object of dietetics is to adopt that class of food which will secure to the patient the greatest amount of nourishment with the least embarrassment. Such results are most easily secured by the use of a fluid diet, as milk or broths. These are often best tolerated because of their ready solubility. Milk is well borne providing there is sufficient of the gastric ferment rennin present to thoroughly convert it. Often the addition of salt, pepsin, lime water, or carbonated water materially aids in its digestion. This is particularly true with such cases as complain of the "bilious" condition following the use of milk. The addition of cream furnishes more nutrition and calls for no more work on the part of the stomach ferment rennin, altho' it necessitates considerably more of the emulsifying steapsin in the intestine. Broths are of little value from a nutritional standpoint,

save when fat is incorporated, but they act as force savers and are stimulating. They are of value at times, however, for the mechanical property they possess of lavage.

During the sthenic stage of all acute infectious diseases, and in fact with fever, there is an arrest of all gastro-intestinal secretions. This is usually attended with anorexia, which seems almost physiological. Of course solid food is then out of the question, and so is all liquid food save water, which you will note I here class as food because of its force regulating properties. Later, should it be deemed best to give nourishment, all nitrogenous foods should be as near true albumins as possible (rare or raw), and all starches first dextrinised (toasted). Other non-nitrogenous foods should be interdicted. As to sugars at this time, they are certainly needed for their high carbonaceous properties, and the use of such of these as will least undergo fermentation is of course the best. I refer to the fruit sugars. The fresh fruit juices will be found very grateful and even drinks made from fruit jellies are of much value. The citric acid fruits are good because of the organic acids that are later converted into alkalis, and also as a menstruum for the ingestion of large quantities of water.

Among the many ambiguous chronic complaints such as rheumatism, obesities, podagra, uricæmia, arthritis deformans, migraine and chronic diarrhœa, a very common etiological factor is found in chronic intestinal catarrh. Salisbury first described this locality as a "yeast pot," and so it is. In the constant ingestion of greasy carbohydrate foods which are but slightly altered before entering the intestinal canal, coupled with the accumulated by-products, fore-runners of catarrh; we have an excellent nidus for future trouble. Perhaps no class of foods is more responsible for this condition of things than the pastries.

In these conditions the prohibition of all starchy foods save toast, zweiback, crackers and the use of eggs and rare broiled red meats works wonders without the administration of a single remedy.

Problems often occur when dealing with the acute and chronic gastric lesions, and as a rule the absolute abstinence from food in the former, with a careful selection according to tolerance in the latter condition, works to the best advantage for the patient, but one is always safe in prescribing the nitrogenous foods

under such conditions. In fact, I believe that I can safely advise that "when in doubt" prescribe the nitrogenous foods, first remembering that the red meats always digest more rapidly than the white, and that the nearer the food is to the unaltered albuminous state the more readily it is absorbed, as cooking changes both the albumin and the connective tissue.

THE DIET AND NOURISHMENT OF DELICATE CHILDREN.*

HORACE T. DODGE M.D.

One of the most difficult problems which confronts the general practitioner is *the diet and nourishment of delicate children*. Mothers will tell you that they have "*milk enough* to satisfy the *needs* of the infant," yet the child is *puny and sickly because* it is deficient in certain elements necessary to develop the tissues and organs of the body, and a poorly nourished offspring is the result, or, they will say, "The baby is doing well," when to the practiced eye of the careful observer the reverse is the fact and the infant will be found upon examination either to be on the verge of collapse or in a condition of marasmus.

In nearly all such cases which come under the care of the family physician the entire list of proprietary foods, Grandma's teas and doses have been faithfully tried, besides everything that has been recommended by the neighbors have been given with complete failure and the result has never yet failed to make the baby worse. Many mothers cannot nurse their children, and it is no insignificant matter to find a proper food to give that particular infant. In most cases where the baby is blessed with a good stomach and the organs of digestion are in a fair condition, the results are satisfactory from cow's milk or almost any kind of the many advertised prepared foods, but it is with the child who cannot assimilate these foods and with such we have to deal to-day, and *their number is great*. I might say, a large per cent of those brought into the world, possibly one-third of the

*Read before the Colorado Homeopathic Society, Sept., 1903.

infantile deaths could be traced to *mal assimilation*, a term, expressive if incorrect. When the child is first put to the breast, it will usually lose weight the first week, or, it will not much more than hold its own. After the first week, it should gain 5 to 6 ounces per week, for the first six weeks, and, at the end of the month, should weigh at least 10 pounds, provided it was at birth of normal size, and weighed 7 to 8 pounds. After this the growth will not be so great, but will go on steadily, until at the end of the fourth month it should weigh 13 pounds. If fairly nourished, at the end of six months it should tip the scales at 16 pounds. The next six months the growth is slow, but a steady increase is maintained, until at the end of the year we find it weighs about 22 pounds. The growth is rapid in the first few weeks of infantile life, and, should it not be so, something is wrong either with the food or the digestive apparatus of the child.

The selection of an artificial food for a delicate child, is a most difficult matter, and one which every physician has to encounter. Some children, seem to thrive on one food for a certain time, and suddenly for some unaccountable cause begin to lose weight, and rapidly go into a decline. I remember a case some three years ago. The child, 8 months old, was in fine condition, and seemed in perfect health. The mother was using malted milk, when suddenly it began to lose, although the amount of food taken was the same, if not larger, than before. Upon examination the thighs and surrounding parts were found to be very much inflamed, caused by acrid, excoriating discharges. The entire alimentary canal was affected and the mucous membranes of the mouth and throat were coated with a thick, whitish, tenacious secretion, and the adjacent parts so swollen as to make deglutition difficult if not impossible. The mother, thinking the infant must have nourishment, and not knowing that the food was the cause of the complaint, continued to give it until nature rebelled, and a dangerously sick child was the result. By taking away the food and administering frequent small doses of barley water, the conditions within 48 hours were changed from a scene of sadness to one of hope and gladness for the parents. The baby, which had lain in a well nigh comatose condition, was stronger, brighter and in every way improved. I have since been informed by those who are in a position to know, that this is not an uncom-

mon occurrence, and that this largely advertised, and eminently recommended preparation for infants is highly injurious to many delicate stomachs, on account, not of the impurities, but of the chemicals it contains, the object of which is to keep the food in a form which may be acceptable to taste to the most fastidious. The symptoms of the case just cited would indicate a typical poisoning from some strong alkaline substance, like bicarbonate of soda, which is totally unfit for introduction, and positively harmful for a delicate infant's stomach.

Barley water is the great remedy in such cases. One must be careful of the water; see to it that it is sterile or good artesian. No food must be allowed for 48 hours, then begin with the blandest, and gradually increase it. The child will cry for food in a day or two, for it is hungry, *but don't give it*, and one must insist that the mother or nurse give only what is directed. (I have known many relapses by not following the directions strictly.) I remember one case in which the mother was very much alarmed that the child could not be saved, and upon the assurance that if careful of diet there was no immediate danger, partially forgot her solicitude for her baby and began to criticise the treatment. The neighbors who at such times are always ready to aid and assist by offering suggestions, said the baby was starving to death, and the result in this case was, the mother gave some mashed boiled potatoes, which caused an inflammation of the alimentary tract from which the child did not recover for many months. Some mothers who have been fairly successful in raising a delicate child for several months, will begin to give a mixed diet. I have known serious trouble to arise from a change of food, or a mixed diet, so I do not believe in giving babies such, especially if the weaning period comes near the summer season. I am content to have the baby fairly well nourished rather than change the food and lose the child. I especially fear a change in cow's milk. Then again, in the selection of a proper food we have to deal with the seasons. The enervating hot days with their debilitating results upon mother and infant. Diarrhœas set in, and we frequently find in a few hours what was supposed to be a sound and healthy baby, to all appearances progressing finely on cow's milk or some proprietary food, rapidly declining in weight, the mother pushing the food, thinking to over-balance the loss by forced feeding. At this season

of the year it is almost impossible to obtain a pure cow's milk. In fact, I doubt if it can be procured in open market. The cows are not given the care and attention necessary to produce an article suitable to administer to babies for food. They are poorly housed, and as a rule, except in cold, disagreeable weather, are allowed to take care of themselves. The stables are filthy, and the surroundings not conducive to health. What could you expect? The men are over-worked and underpaid; they lead lives which compel them to perform duties when they are only "half awake." Arising at 2 or 3 o'clock in the morning, milking in darkness a herd of tired cows which, like themselves, have been rudely aroused from their slumber. Hurrying on to town, half asleep, to supply their customers with a filthy product which is considered to be the nearest approach to a *healthy mother's milk*, but as a matter of fact is the cause of more disease than any other known article of diet. It has been satisfactorily determined that typhoid fever, diphtheria and probably tonsillitis emanate from the barn-yard, milk being the means of infection. In the choice of a food for delicate children, naturally enough we turn to cow's milk, which, when modified, and, by this term we understand a softening of casein, a neutralizing of excess of acid, and a diluting with pure water, to render the fat assimilable, casein being present in too large a proportion in cow's milk to be digested by the infant's stomach. The proportion of casein must be reduced by dilution with water. There is a difference, moreover, as has been shown by eminent authorities, between the properties of, and the results produced by the casein of human milk, on the one hand, and the casein of cow's milk on the other. The casein of mother's milk when coagulated by the acids of the stomach, forms a soft, flocculent clot, readily disintegrated, easily digested. The casein of unmodified cow's milk, on the contrary, is digested with difficulty, and, when coagulated in the infant's stomach, forms tough, coherent curds, which cause constipation and indigestion. Mother's milk when received by the infant is alkaline in reaction. Cow's milk, though it may be neutral in reaction, or, at the best, only slightly alkaline when drawn from the udder, soon, from exposure to the air, loses its alkalinity and shows an acid reaction. Cow's milk, when not properly prepared, is extremely constipating, and in a great many cases which have come under my own observation in the care and treatment of delicate children.

the colons were found impacted throughout their entire length and enormously distended.

In one aggravated case the baby had suffered with a continuous colic for many months, which became so wearing upon the health of the child and the nerves of the parents, they having tried every known remedial agent, with no avail, and were despairing of ever raising the child.

Upon my advice to flush the colons a large quantity of foul, fermenting and putrifying fecal matter was removed. It bore a great resemblance to decomposed butter and was plastered along the ascending and transverse colons. Upon the administration of a small quantity of bicarbonate of soda to neutralize the excessive acrid condition, the child began to improve and now, after a year has passed, has suffered but little if any with colic. I believe in medicine, but in such a condition as this, where we find the entire canal affected, I prefer to give a position enemata by first placing the child on the left side with the head downward, and after remaining in that position a few minutes (it is usually painful on account of the loaded state of the lower bowel), turn it toward the right side (with the head still downward) for a minute or two, then gently lift it so the contents of the transverse may flow to the ascending colon. Sometimes it is necessary to try a number of times to get a perfect result, but the greater pain and difficulty experienced in the first administration is the more positive proof for the necessity. There is little danger, unless extreme force be used, when we might expect a ballooning of the lower bowel.

Of all the artificial foods for delicate children, particularly is cow's milk the more dangerous. First, because in cities it is rare to find a good, pure article which is fit for food. I visited some time ago the dairies about Denver for the purpose of finding out if possible their hygienic and sanitary conditions, and the effect produced upon the milk. I was astonished at some of the filthy places they called barns, many of them unfit to shelter cattle, especially in poor health, and it would be impossible under such conditions to find cows in any other state. The profit in good milk is small and the temptation to add water to enlarge the bulk is great, and I can safely say is an almost universal practice. I have talked with milk inspectors who I believe were honest in the fulfillment of their duties, and they have informed me

that they have to exercise constant vigilance to keep up anything like the standard of good milk. Even one of our much lauded *pure* milk companies not long ago became much alarmed at the sudden decrease in their trade owing to the very poor quality of milk. In fact, the product was worse than the small dairies had been producing, and, so far as the nutritive properties was concerned, absolutely unfit for food, being deficient in casein and containing large quantities of adulterants. I am inclined to believe that the Pasteurization of milk, when conducted by irresponsible parties, especially those who do not possess the knowledge of what milk should contain to nourish and develop a growing child, I believe, I say, according to my experience, that it is merely a process to advertise their product for sale, and one which renders it unfit for baby food.

If you will pardon me for dwelling on this one thought a little longer, I wish to emphasize the fact that one cow's milk, modified by reduction either by sufficient water or some good proprietary food, is the nearest approach to mother's milk. Pure cow's milk is acknowledged to contain, when properly prepared, all the constituents of the human body, and as has been said before, when the infant will not respond to its administration something is wrong either with the food or the digestive apparatus of the child. In the majority of cases the milk is poor, *very poor*. I remember when in San Francisco some years ago of the arrest of a physician (who enjoyed the confidence of a large number of patrons and patients), for the introduction, sale and abetment of an artificial milk. It was so cleverly manipulated that even expert milkmen were deceived, and enormous quantities were sold through his testimonials. The product contained but a small amount of milk, consequently was lacking in casein, the element of nutriment, necessary to sustain life. Some time ago a wealthy man in New York state determined that he would produce a *pure milk* and give his customers, who demanded it, a *good article*. He spent a small fortune building stables which were fitted throughout with modern appliances necessary for the comfort and health of the stock. He employed men to give that attention necessary for cleanliness; the floors were kept as they should be, the excrementitious matter was removed at once; the place scrubbed and washed; offal was not allowed to remain and collect, as was the case in every dairy I visited. Milkmen might say

that I, perhaps, am not qualified to express such an unfavorable opinion, so antagonistic to their monetary interests, but I firmly believe it is a most serious question, and one upon which the lives of a large number of our future generation depend, for I know it is difficult to obtain the only perfect diet necessary to develop a delicate child in good condition.

In the treatment of delicate children I have found the one grand remedial agent to be in most conditions in which will be found symptoms denoting a lack of development, and I give it, as a prominent member of our school suggests, to dark complexioned children, *upon general principles*, and this remedy is Calcarea Phosphorica. I consider it in the front rank of tissue building medicines, and, when indicated, will cause many a mother's anxious eye and weary heart to grow stronger, day by day, as she sees unmistakable evidences of improvement in her offspring. I have known remarkable results to follow the administration of Calcarea Carbonica, in a light complexioned child, where the skin was fair, through which the blue veins could be plainly traced. The hair was light, the eyes gray, a waxy skin, parchment like, with an old man's expression upon the face. In this case its selection was the result of a consultation, and the baby, which at that time was two months old, had been gradually failing for three weeks. The milk seemed rich, but the digestive organs of the child could not prepare it for assimilation.

It was decided to give Calcarea Carbonica, and the potency selected after some deliberation was the thirtieth decimal. A change was noticed in a few hours, and, after a week, a gradual gain in weight. The "old man" look disappeared, and the child to-day is a vigorous healthy boy. If previously I had ever had any doubt about the efficacy of the high potencies or the action of inert remedies, it would have been entirely obliterated from my mind, for the action of this remarkable agent in so short a time was well nigh marvelous.

We have many remedies which could be administered according to indications for their use, among which are China, Cina Sulphur, Natrum Mur. and Natrum Phos., but I will not detain you longer, owing to the limited time. I have dwelt upon this subject a little longer than I should, but in conclusion let me say that this is one which ought to receive a greater amount of care and attention than is generally paid to it, and if mothers

were more careful and physicians more particular, we would lose fewer babies by those diseases commonly called infantile complaints or disorders.

A FEW HOMEOPATHIC REMEDIES WITH DEFINITE INDICATIONS IN EYE AND EAR DISEASES.

DAVID A. STRICKLER, M.D.

In presenting this subject one is confronted with the fact that cannot be too often re-stated, namely: that the true homeopathic application of drugs implies a careful inquiry into the general condition and symptoms of the patient, or in familiar parlance, the consideration of the totality of the symptoms in the Hahnemannian or homeopathic sense. It so happens that many, I should say the great majority, of the most brilliant results are obtained by this course of proceeding. It has been my experience in a number of instances, to see serious lesions of the eye, ear, nose and throat promptly and permanently relieved by remedies prescribed for general conditions when the symptomatology of the same remedies would not lead one to expect much local effect, or in other words, when the local conditions would not suggest the remedy prescribed.

It is the lot of the general physician to, at times, cure serious lesions of special organs when the specialist fails through a too close limitation to his specialty in practice.

This occasional success has, in more than one instance, led to dire results. The general physician has been led to distrust the specialist, and has gained the impression that the whole truth lies with the man who prescribes on the general conditions. There is no specialist of experience who has not seen fatal results in numbers, fatal either to the function of the organ or to the life of the patient, from this fallacy. In no other organ of the body are such different anatomical structures crowded into such small space as in the eye. In no other portion do we find such widely different pathological conditions assuming so nearly the same appearance to one not fitted by special education and experience, to differentiate, hence the danger from the man who

knows only general indications. As examples of this may be cited, Conjunctivitis, Keratitis, Iritis and Glaucoma, in which for successful treatment, differential diagnosis is imperative.

I fear too many general physicians are like one I met in the Post-Graduate School of New York some years ago, when a typical Iritis was presented to the class for diagnosis, his answer was, "I don't know what it is, but it's some kind of a sore eye."

The lesson here, as in so many questions touching the relationship between members of the profession, is the one of our mutual inter-dependence. The general physician needs the specialist; the specialist needs the general physician. There should be no antagonism between them. The patient is entitled to the best there is in the two.

In no other field of practice is the imperfect character of our provings so manifest as in diseases of the eye, ear, nose and throat, and of these the eye and ear are least trustworthy. New provings with special examinations of these organs during the provings seem imperative, and it is most fitting that the work so well begun by Dr. Bellows of Boston, had its origin in our National Society of Eye, Ear, Nose and Throat Specialists.

True, our provings give a large list of symptoms referable to these organs, but many of them are too indefinite to be of use in practice.

It is not my purpose, therefore, to burden you with a long list of remedies having eye, ear, nose and throat symptoms, but rather to limit myself to a few drugs that have proved themselves trustworthy in my experience. The list is by no means complete, but sufficient for one evening's consideration.

Agaricus.—"Jerking, twitching, trembling in various parts of the body," are the strong indications for this remedy. Hence in twitching of the lids and eye-balls, usually accompanying long eye strain, and often attended by spasm of accommodation, Agaricus is the remedy par excellence. I have repeatedly seen the most marked change take place in cases of this kind, to whom five drop doses of the mother tincture have been administered three or four times a day. In the sleeplessness of patients afflicted with this twitching, its failure to act promptly is rare indeed.

Noises in the ear due to spasmodic contraction of the tensor tympani muscle are promptly relieved by it.

It has the skin symptom of "burning, itching, redness and swelling as from frost bite." It relieves the late symptoms and tenderness remaining from frosted ears and feet, as I had occasion to know from repeated experiences in Minnesota.

Allium Cepa.—The best method of studying the action of *Allium Cepa* on the mucous membranes, is to peel onions in a closed room. It produces a typical picture of acute coryza. With "copious watery and extremely acrid discharge" from the nose, sneezing, worse in warm room, suffused redness of the eyes and the tears rolling down the cheeks, *Allium* will do wonders in a remarkably short time.

Ammonium Carb.—Has the symptom "Epistaxis after washing the face." Some years since I prescribed on this symptom for a man who was very anæmic from frequent losses of blood, but whose nose bled only after washing the face, and every time he did so. *Ammon. Carb.* relieved immediately, so that his nose did not bleed after the first dose. I have verified the symptom at different times since then.

Apis Mel.—In œdema of the lids, chemosis of the conjunctiva, œdema of the throat, and more especially of the uvula, fully sustains the reputation it has for similar conditions in other parts of the body.

Calcaria.—The *calcareas* are valuable remedies to the oculist and aurist, but their indications are largely general.

Calc. Phos.—Is one of the very best remedies in pharyngeal adenoids of children who are constantly taking cold. *Calc. Carb.* for the same conditions with the characteristic sweats of the head, neck and feet.

Calc. Fluor.—Is one of our most reliable remedies in chronic suppuration of the middle ear, especially in children, 'tho its action is not limited to the young. I am satisfied that it was the decisive element in the cure of at least one case of more than thirty years' duration, a case that had resisted all other treatments, and was deemed by others incurable.

Calc. Picarata.—Is the remedy par excellence in circumscribed inflammation of the external auditory canal. This has rendered me such excellent service for years, that I rarely consider it necessary to give any further attention to this class of patients than its administration, unless the first abscess has opened

when first seen, when the canal is kept clean and guarded from the pus.

Capsicum.—Has many times proven its curative action in mastoiditis, or perhaps more correctly, in periostitis of the mastoid region with the symptoms "swelling and pain behind the ears," tenderness and extreme soreness to touch over the mastoid."

Conium.—In hyperæsthesia of the retina. When the photophobia is intense with little or no inflammatory symptoms accompanying, conium is very definite in its action.

Fluoric Acid.—Has the symptom "sensation as if the eyelids were opened by force and *a fresh wind was blowing into them.*" I have met this symptom in various pathologic conditions of the eye and have never known Fluoric Acid to fail to benefit the case, often to a marvelous extent.

Hepar.—In hypopyon (pus in the anterior chamber), whatever the source of pus, is our very best remedy. Its action seems little short of marvelous in many cases. Its action in true mastoiditis is often definite, but here I would caution against too long waiting under any remedy.

Kali. Mur.—In chronic catarrh of the middle ear and Eustachian tube. Without definite indications for other remedy, Kali. Mur. is my favorite prescription in this class of patients, more especially in adults. It ranks with Merc. Dulc. in adults, and with Calc. Phos. in children.

Ledum.—For contused wounds, accompanied by extravasations of blood in the lids, conjunctiva, aqueous or vitreous. Dr. Norton reports a case of hæmorrhage into the anterior chamber, after an iridectomy, which resisted both Hammamelis and Arnica for two weeks, but which was absorbed by Ledum in four days. Repeated favorable experience has taught me to rely on Ledum in the above conditions.

Lycopodium.—In hemeralopia (night blindness), Lycop. stands first in the number of cases cured. In hemiopia (half vision) in which only the left half of an object is seen, it is likewise the remedy.

These cases are not numerous in the practice of any one individual, but I recall two cases in which its action seemed definite.

Merc. Dulc.—This remedy goes hand in hand with Kali. Mur. in catarrhal deafness in advanced life. I know of no good

means of differentiation and am usually guided by the constitutional symptoms as to whether the patient is a Kali. or a Mercury patient, and give the remedies, first one, late the other. Both have proven themselves worthy in suitable cases.

Mezereum.—Has one symptom worthy of note, and when present will go far toward the relief of the whole case. "The ears feel as if too open, as if the tympanum were exposed to the cold air, and it blew into the ear." This symptom has been repeatedly confirmed by me, and by many others.

Nat. Mur.—For exophoria (tending of the eyes outward) when asthenopic symptoms are not relieved by the wearing of the proper glasses. I presume I have verified this more than one hundred times.

Paris Quad.—Has "pain in the eyes as if pulled into the head; sensation as if threads drew from the eye into the middle of the head." This is not a common symptom, but when met, is the key to a remedy which, in my experience, gives definite results beyond the relief of the symptom alone.

Pulsatilla.—This is one of our most satisfactory remedies in eye and ear lesions, but its best results are obtained when prescribed on general indications. In purulent conjunctivitis with the characteristic profuse, yellow, thick and bland discharge, and in styes, especially when associated with bulbar conjunctivitis it finds its definite pathological indications, and will do all that can be expected of any remedy.

Ruta Graveolens.—Here we find asthenopia from weakness of the ciliary muscle, accommodative asthenia. It is usually of the type shown by sensation of heat and fire in the eyes and aching while reading. "Aching in and over the eyes." When such cases do not receive the relief expected from glasses, Ruta relieves a large percentage. It corresponds closely to conium, which has more photophobia, and to Argent. Nitricum, which has more tendency to catarrhal conjunctivitis. It applies to accommodation asthenopia, thus differing from Natr. Mur. which applies to muscular asthenopia, especially weakness of the internal recti.

Stapisagria.—This is the only remedy that I have any faith in for chalazion (Meibomian cyst). I have seen several of them disappear under its administration, where the patients objected to

their surgical removal. I believe the remedy has a definite prophylactic action as well.

Zincum.—Cases of cures of pterygium by Zincum have been reported by different observers, but I have seen none. I have repeatedly seen conjunctivitis limited to the inner canthi quickly relieved by this remedy, and have come to look upon it with confidence in conjunctivitis which exhibits a tendency to expend its force in the inner canthus.

SOME OBSERVATIONS ON MAN, A COMMUNITY OF CO-ORDINATING NERVE UNITS.

AMBROSE C. STAWART, M.D.

Under the molding influence of countless generations and the restless onward moving forces of nature whose crowning law is that of natural selection, man has risen from the primitive conditions of the pliocene age to a degree of physical and mental growth, which manifests perhaps its greatest blessing in that it enables the creature to know and intelligently interpret some of the phenomena that have given him birth and being—a living, growing factor in the grand scheme of animate and inanimate progression.

The great Vircho, more than fifty years ago, evolved the idea, then very unfavorably commented upon, that man was simply the sum total of nerve units; to-day the intelligent world no longer questions its truth, and we have learned to value these units simply by their varying degrees of nobility or physiologic status, not forgetting, in this connection, a fact upon which so much of our physiologic data rests, that a single protoplasmic cell taken from any part of the economy contains within itself the potent energy, which if properly aroused, is capable of producing a perfect human creature.

This statement is equally applicable to the cells of least nobility and outside the nervous organism—it certainly is made without special reference to that noble vital perfect entity, the great giant pyramidal neurone, which, lying like a comet in the vault of the cranium, in the anterior median situation preferably,

sends its axone down along the motor highways, direct and crossed, tapping the various myelonic levels to the lower lumbar area of the ventral cornu; this is perhaps the greatest nerve unit anywhere within the economy, they are the potent factors which, with their commissural cortical links, have most to do with the affairs of men—that carried Napoleon across the Alps—that fired the guns that sunk the Spanish fleet under the walls of Cavite.

Man stands before the world to-day the sum total of vital units whilst each of these units manifests individual living characteristics and is surrounded by its nebulous of influence in the galaxy of living, co-ordinating factors and in passing away leaves a void in the great community of integrals which in many instances can never be replaced.

A word may now be said of the evidence upon which the neurone concept is based:

First—The degeneration of neurones, due to disease, trauma or nutritive disturbances which may be confined to one or many neurones.

Second—Nerve centers and individual nuclei are frequently found to be broken into many segments with as many functions, just as nerve trunks are divided into many fibrils having individual food supplying nuclei and as said, living separate lives—dying separate deaths.

Third—The conceded truth that the nervous system is a cellular system.

Fourth—In the embryo these (nerve) cells are independent, even to the extent of migrating from place to place.

Fifth—We cannot account for their nutrition unless we regard them as individuals, since as said, its disturbance means individual death.

Sixth—The structural differences revealed by the microscope and the fact that under our best staining technique, some units will stand out in perfect clearness whilst others are barely distinguishable, due to their different morphology and added to this the perfect accord with studies in comparative anatomy.

Let us glance at a few of the phases of cellular nutrition: The centers of the brain axis exist at the cost of great volumes of blood, whose pressure, temperature and constituents must come within the perfect niceties of physiologic co-ordination; more than a fifth of the blood volume passes to the cranium alone—and

whilst it seems most probable that the perikaryon lives by the natural product of blood lipolysis in a general way as do other tissues, is it not also probable in this connection that the food supplying Nissl's nucleo-albuminoid reservoirs inside the cell wall is possible of production only by, and in the presence of an abundant adrenal and thyroid product or are the mental and physical phenomena, following the loss of these substances, more in the nature of a secondary than a primary influence upon these bodies? The matter is unsettled, although the latter hypothesis would seem the most tenable, leaving the substances referred to, the office of preserving the perfect integrity of the product elaborated out of the common supply and purified by cystogenous elements generally and nature's great chemical laboratory and retort chamber—the liver—and possibly the hæmo-lympho system below the diaphragm.

Those of us who care to puncture the perikaryonic wall and gaze from the threshold upon the working elements there elaborating from the products garnered from the blood, potential energy—that something which gives rise to the kinetic vital manifestations of the unit neurone in the great community of neurones humble or exalted of station, must be prepared, like the follower of Drury's Etidorhpa, to enter a new world where the delicate chemical modifications, dispositions and divisions of matter reaches a degree of complexity probably not duplicated elsewhere in the laboratories of nature's organic world and beside which the elaborations of starch within the tiny leaf is as crude in comparison as the ship's chronometer above decks with her engines in the hold, and before which the most advanced organic chemist helplessly gazes in speechless wonder!

It would seem a severe tax upon our imagination to follow the digestive process through acid, alkaline and neutral maceration and saponification—through nature's storehouses for sugars and fats, down into her blood-making chambers, through her venous and lymphatic absorbing channels, her lypolic filtering areas and glandular workshops to perfect blood, lymph and hæmo-lymph, then through another process of absorption, filtration, disintegration to the atomic degree, reconstruction into *living* matter capable of movement, subdivision, selection of food and the defication of waste, visible senile change—or fatigue from overwork—and finally death from age or disease; yet, my

friends, this is not over-stepping the facts in the case of the ordinary protoplasmic cell in general and the great ganglionic cells of the many varieties in particular!

It is here that light may be referred to as the glory of the living world, for truly, without its rays the delicate chemical metabolism just referred to could not take place, light is life and opposes death—it is everywhere within the living body! The wonder is that we have not had an entirely new therapeutics based upon light in its varying degrees of intensity instead of some of the absurd and heart-breaking theories, hatched out from a grain of truth to an existence as delicate when viewed from the standpoint of common sense, as the chemical equations in cell synthesis.

If then we take the nervous organism from the first moment of its inception in the epiblast it seems to be especially fortunate in enlisting the careful solicitude of nature in every stage of its growth and development until it has gathered about it a most intricate and highly effective metabolic mechanism and for its final protection so long as it shall remain a perfect co-ordinating system, all of its great centers, commissures and ganglia are locked away in stout bony casings and we do not know of a more prompt or decisive method of destroying life, than to encroach upon its confines or restrict the functions of its kingdom.

I do not appear before you this evening because I know much of anything about a neurone—no man does, as compared with what is yet to be learned—we do not know how a nerve feeds nor upon what it feeds, in the absolute sense, we do not know what it is composed of except in the crudest possible light, we do not understand the changes taking place within the walls, we are equally blind when it comes to an understanding of an impulse—how produced and “whence comes the breeze that creates the wavellet?” How often do we pause to consider how little is required to arouse a neurone or set of associate neurones to strange activity—the odor of a flower is often equivalent to a flood of memories, joyful or melancholy, the flavor of fruit or of drink will often carry us back to the long ago and the songs of childhood upon the village green, a blow upon the head or the pressure of a tumor will flood the central cortical projection field with sweetest music, impressions of fire, the humming of bees or the touch of a heated rod. Indeed, we should be very proud of our modesty

when it comes to these things and we should begin to gather to ourselves all the threads of resource when we come face to face with the fact that of all the millions of neurones in the human body, probably no two are alike functionally or morphologically, and if this is true, and we know it is true, everything else about them is different, just as individuals differ in all nature.

(The human cortex in this age contains twelve hundred millions of ganglion cells, whilst the complete central system aggregates three thousand millions, and this is a moderate estimate.)

If to-night I could tell you how and where the neurone stores its energy and the exact process by which this energy is set free, I would be greater than Samuel Hahnemann!

It is certain that there exists in the nervous system a kinetic energy peculiar to itself, *i. e.*, not found elsewhere in nature, food—its product—of course being the basic principle of all living animal function.

We should not pass on without giving at least a moment's consideration to the cardinal fact that *constant function* is necessary to life, just as complete cessation of function is incompatible with it; *the neurone dare not entirely rest!*

Of course this is not intended to imply that neurones must be violently active at all times, for remember: all centripital impulses need not arouse consciousness—in fact, a very small percentage of them do—nor do all impulses from the ventral horns bring about muscular contractions. Just as by more advanced evolution, more *intelligent* motion—this applies to all grades of animal life—subconscious co-ordination is rendered vastly more perfect as well as more important in both mental and physical achievement, than the studied pose of keenest intent. Idleness is abhorrent to nature—a fixed joint may become an ankylosed joint and nature is especially jealous of her joints, perhaps because they are pumping stations, both suction and force, requiring a rich nerve supply, arousing great nerve energy and largely influencing systemic metabolism.

(*To be Concluded Next Issue.*)

[Second Paper.]

ECONOMY IN HOMEOPATHY.

W. A. BURR, M.D.

Homeopathy not only saves *life*, but it also saves time in lessening the duration of disease.

It would naturally be expected that a system of medication based on a law of cure would heal disease in a less period of time than another system of medication where prescriptions were made in a haphazard or even a rational manner. Nature works best and quickest when the conditions for good results are most favorable, and in the healing of disease with medicines the conditions are most favorable, other things equal, when the law of *Similia* is observed, as has been indubitably proved by thousands of intelligent physicians.

Curative processes are comparatively quick when there are the fewest obstacles to overcome, and in homeopathic medication the obstacle of factitious diseases from overdosing does not have to be overcome because it does not exist. The medicines are addressed directly to the diseased parts and the doses used are so small they can work no harm. The medicine acts quickest that acts with precision and definiteness, and this the *similar* remedy does. The healthy organs and tissues are not injuriously affected by it because it spends its whole force on only the parts that are diseased.

All this refers, of course, to *curative* and not to *palliative* medication.

Some records have been made showing the comparative time required to work out curative processes under different systems of medication.

“Dr. Kurtz collected a large amount of information respecting many allopathic and homeopathic hospitals, from which it appeared that the average duration of the treatment of the patients in the allopathic hospitals was between twenty-eight and twenty-nine days, whereas in the homeopathic hospitals it was only between twenty and twenty-one days. Let us say that while allopathy takes an average of twenty-eight days to cure, homeopathy only takes twenty-one days.”

"In the Hospital St. Marguerite of Paris, during the years 1849-51, one-half of the beds (one hundred) were under the care of Dr. Lessier, the other half (ninety-nine), were in charge of allopathic physicians. In these three years Dr. Lessier treated homeopathically 4,663 cases, while during the same period the allopaths treated but 3,724 cases. That Dr. Lessier should treat 939 or 25.2 per cent more cases than his rivals in the same length of time, with but a single additional bed, proves he needed for the establishment of convalescence less than three-quarters of the time required by his allopathic colleagues."

These quotations from the Homeopathic Pamphlet Series show, in a general way, the average duration of cases of disease under the two dominant systems of medication.

In the Denver Homeopathic Hospital during the year 1902 the average duration of all the cases treated was 20.3 days, tallying closely with the cases quoted above.

Generally speaking, then, homeopathic treatment reduces the duration of disease about 25 per cent. This means that a homeopathic hospital of 300 beds could care for as many patients as an allopathic hospital of 400 beds.

Could the persons having the management of hospitals and other institutions where the sick are to be treated, appreciate this fact a great saving of time could be brought about by introducing the new school of practice.

Could the use of homeopathy become general by the people the saving of time, now needlessly lost through sickness, would be immense, in the aggregate, and the relief from anxiety, suffering and pain that could be thus secured to humanity, not to be considered here, would be immeasurably greater than any saving reckoned in dollars and cents.

SURGERY OF THE INTESTINES.*

WM. R. WELCH, M.D.

In our continued study of the subject, we will take up the treatment, or operative work, as inferred in article in Vol. I, page 122, of PROGRESS.

Surgery of the intestines is usually an emergency case, or one demanding immediate operation, except such conditions as cancer of the stomach, or intestines, or ulceration of those organs, when either is found early. Also intestinal stricture, wherein the caliber of the gut is only partially diminished, or in pyloric stricture due to scar tissue following the healing of ulcers. Cancer of the stomach, unless operated for at a very early period, is a disease with very limited hope of cure, unless the entire stomach is removed, or you make a gastrocolostomy, and follow by a removal of all diseased and suspicious tissue of the stomach, however, gastrocolostomy cannot be made, or of benefit, if the cancer is located in, or near the cardiac end, or toward the left side on the greater curvature of the stomach.

Gastrocolostomy creates an advantage because of reducing the excitement, or otherwise necessary activity of the tissue adjacent to the portion of the stomach removed, or by establishing a new section of the alimentary canal, the diseased portion of the stomach is put at rest, to a certain extent, and if indications demand it, the diseased portion may be removed at a second operation, but if conditions admit of a prolonged operation, the work should be completed at one sitting.

The stomach, however, has received but little operative treatment until within the last few years, but at the same time in some respects, operations on the stomach should be looked upon for a more favorable result than operations on the intestinal tract, because of the intestines containing more virulent bacteria, a thinner wall more readily degenerating, more susceptible to sloughing after slight injuries produced by handling and general operative work, and again because of their intimate connection with the mesentery which is delicate, easily contaminated, and on section liable to extensive hemorrhage.

*Continued from Vol. I, page 122.

There are various operations on the intestines, and each have their advantage and disadvantage. Operations for perforations by gun-shot or stab wound, are of less importance than where diseased conditions demand an operation, because, as a rule in gun-shot, or stab wound it is not found necessary to remove any intestinal tissue, but simply cleanse the abdominal cavity and unite the free margins of the injured gut, the intestines in this class of cases are usually in a healthy condition, and union will readily take place, but this class of cases has an undesirable feature more frequently found than in some other conditions calling for operation, and that is a more extensive fecal contamination because in these, the bowel is usually full at time of injury and thus followed by a general peritonitis. Except that we should remember that early in this class of injury, especially that of gun-shot wounds, is found a spasmodic condition of the muscular wall of the bowel, causing an eversion of the mucous membrane into the intestinal cavity, thus preventing any escape of fecal matter, and because of this spasm and eversion of the wound, a gun-shot wound where an early or immediate operation is made (before relaxation takes place) it affords a more favorable result than any other condition of the intestines calling for operative interference.

A longitudinal incision in the intestine is a favorite form of incision if only to remove something from the intestinal cavity, but not so if a portion of the intestine is to be removed, because of lessening the caliber of the intestine, and in a measure creating a cause for intussusception, or fecal impaction. A transverse incision of the intestine for removal of a portion of the gut (and not a full section), is still less favorable because of diminishing the caliber of the gut, creating more or less stricture, and a kinking of the bowel, being conducive to intussusception, and fecal impaction.

End to end anastomosis is a more favorable operation when considering the sequelæ of intestinal operations, because in this operation we remove a full section of the gut, and bring the ends of the remaining gut together and unite them, where if the incision at either end is made the same, transversely across the gut, or in proportion to the relation of the curve of the gut to that of the opposite end, there will be no reason to expect a distortion by way of diminishing the caliber, stricture or kinking. The method of forming and turning back a cuff, or double flap operation, in

removing a section of intestine, whether long or short, is a good one, because of dividing the seat of union, and giving double strength to the new and tender tissue, and not exposing the external surface, or peritoneal cavity to the wound made by the incision into the cavity of the bowel and thus almost insuring immunity from fecal fistula.

A difficulty found in removing a long section of bowel, is the management of the mesentery.

If a small piece of intestine only is removed, there need not be interference with the mesentery, other than a detachment from a small section of the intestine. If a few inches of intestine is removed, then a V-shaped section of mesentery can be removed and the free margins united, but if a long section of intestine is removed, then a long and cross section of mesentery must be removed that a natural line of the intestine may not be changed by drawing, or lapping of extra folds of mesentery. All denuded surfaces of mesentery must be well covered, and all oozing of blood checked, or post-operative hemorrhage may occur.

PROGRESS

DAVID A. STRICKLER, M.D. Editor
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The editors of PROGRESS are not responsible for opinions expressed by contributors. We invite original articles—short, practical and to the point preferred—suggestions and helpful criticisms. All contributions for publication must be free from personalities. It is requested that original articles accepted by the editor of PROGRESS do not appear elsewhere. Unused manuscript will be returned to the writer.

Original articles, communications of a literary nature, books for review and exchanges should be addressed to the Editor, 705 Fourteenth street.

All communications relating to business matters, subscriptions, advertising rates, etc., should be addressed to the Business Manager, Nevada Building.

All matter, of whatever nature intended for publication should be in the hands of the proper editor on the first day of the month in which it is to appear. All contributors are requested to write plainly and on but one side of the paper. If reprints are desired they should be ordered when the contributions are sent in.

Editorial

HELP THE HOSPITAL.

Elsewhere we publish a letter to the editor from Edward J. Wilcox to which we especially desire to call the attention of our readers.

The Denver Homeopathic Hospital has been in existence for a period of almost ten years. During that time it has done a meritorious work and has gained an enviable reputation. It has not always had clear sailing on smooth waters,—we are not acquainted with any similar institution that has had,—but it has been unusually successful for a hospital that has had so little help from a public which we believe must prove appreciative when it is acquainted with its work and its needs. With the exception of a number of small donations made at various times, mainly in the distant past, a successful concert given by Miss Ruth Warren for the Free Bed Fund some years ago, and a small number of fair sized contributions made by kindly disposed individuals, the Hospital has had to depend upon its income for its maintenance.

Lack of funds has all along hampered its management in doing the amount of charity work it so much hoped to be able

to do. The present buildings are entirely inadequate to the demands made upon its management, because of lack of funds, is not only unable to build, but finds itself confronted with a mortgage on the present building which must be met, in part at least, within the next sixty days. Mr. Wilcox, in his letter, voices the sentiments of all who have looked into the workings of the Hospital, and it seems a great misfortune that the public in general is not in possession of Mr. Wilcox's information. Under the management of the present superintendent, Miss M. McFadden, the conditions, financial and otherwise, have improved from month to month, and she should have the encouragement of every homeopathic physician, and of every patron of the system who wants to see homeopathy succeed in our beautiful city.

Any system of medicine is judged fully as much by the success of its institutions as by the success of its individual members, and no physician of our school can serve his best personal interests by sitting idly by and letting things take their course. This is true of the individual, be he friendly or otherwise to the institution and its management.

But the physician is not alone in this interest. Every patron of homeopathy who may have need of hospital service for himself or friends in the future is vitally interested, as well is every fair minded individual who believes in justice to all, interested in maintaining at least one hospital under the management of persons friendly to homeopathic interests. It is not the policy of this institution to bar any school of medicine nor any sect in religion from its privileges. All schools of medicine practice side by side, and all religions are represented in its patrons. In medicine it is sectarian in name only, not in spirit. In religion it is strictly non-sectarian. It is the only strictly non-sectarian hospital in the city, and for this reason should appeal to the great mass of philanthropists whose religious tenets are not represented in other hospitals.

We trust that any of our readers who may be in sympathy with our work will not wait to be approached by members of Hospital Board, but will consider this a personal invitation to

come forward with money, willing hands, suggestions, or anything that will enable the management to place the Hospital on a good financial basis and add to its efficiency in doing the great and good work it has so nobly assayed to do.

There are workers in the field at present who are doing good service. If any of them call upon you for assistance give as freely as you can to a good cause, but do not wait for them. Send your money, contributions of whatever nature, offers of help and suggestions to Dr. W. A. Burr, Financial Agent, 2010 Welton street, or to the Superintendent of the Hospital. Do it now, and thus enable the Denver Homeopathic Hospital to grow in size and usefulness to the honor and credit of all citizens of Denver.

Denver, Colo., Jan. 2d, 1904.

DEAR DR. STRICKLER—

It has occurred to me that in an early edition of PROGRESS you should give our hospital work some space and permit a representation of the work to your readers.

The Homeopathic Hospital has become in every particular, essentially a success and in some instances, eminently a successful institution.

I constantly hear from the public cheering words of praise and appreciation until I am convinced that our hospital is becoming the most popular of all institutions of this character in our city.

Physicians, also, are greatly pleased with the management of the Hospital during the past six months, our head nurse having had a good business training before becoming a trained nurse. These business qualifications have brought our institution rapidly to the front in those matters which appeal alike to the physicians and to the public, and are also making a much better financial showing each month.

I do not believe it is too much to say that this Hospital will yet reflect great credit on homeopathy in Colorado, and that the best physicians in this school of medicine will receive their highest

honors from association with our hospital work. It appears to me, therefore, as a business man, that every friend of our College and Hospital should become warmly interested in the future of this work.

As far as any hospital can be, ours is now a financial success, but we have a small debt which must be wiped out, and we need larger buildings and a wider field of usefulness.

Stagnation is death, and to stand still any longer in our hospital work means too serious a loss to the profession and to the public. It must go ahead, and the friends of homeopathy in this city must awaken at once if we would do ourselves credit and perform a well-defined duty.

Your identification with the Hospital should enable you to give us an editorial which will make clear to your readers the importance of our present work, its needs and its successes.

Will you not kindly take the matter up now for no other subject can be more vital to your readers than this.

Supposing you ask for suggestions as to the best method of wiping out our present debt and securing additional buildings.

Yours very truly,

EDWARD J. WILCOX.

Department of Eye, Ear, Nose^{and} Throat

WHY SO MANY PEOPLE WEAR GLASSES.

The question is so frequently asked: "Why do so many people wear glasses?" or one of a similar nature, that many people are inclined to the belief that the eyes are growing weaker in succeeding generations, and that the increasing demand for glasses is due to this cause. On the western plains many attribute the need of glasses on the part of so large a number to the bright sunlight, but it is probable that there is not much reason for this conclusion, and that the reasons set forth hereafter are as true here as elsewhere.

That an increasing number of persons are wearing glasses is, without doubt, true; and if all those who actually require glasses were to put them on, the number would still be much enhanced. One could, with equal fairness, say, that of those already wearing spectacles, many could dispense with them without causing any especial discomfort.

There is an opinion current that many put on glasses for cosmetic effect, alone, but those in position to observe know that such is not the case, and that few, if any, are open to the charge. But one case has ever come under my own observation, and in this the effect was sufficiently pleasing to perhaps justify the person in wearing plain window glass in neat gold frames before the eyes, and the appearance of dignity that was so much desired was afforded.

The natural processes going on in the eye whereby the near point, at which a small object is seen clearly, gradually recedes from the eye—presbyopia—accounts for so many people, at middle age, putting on reading glasses, but a discussion of presbyopia does not come under the present heading, as this is a normal physiological change simply in keeping with all other processes of the body.

The answer to our question can be given, in the main, by three reasons. First—The conformation of the eyes. Second—The character of work imposed upon the eyes. Third—The unscientific handling of the eyes by those unskilled in refractive

methods, to which might be added the unprincipled methods of some of this same class.

Let us now be more explicit with each of these reasons. First, the conformation of the eyes. Glasses are put on for two reasons, aside from presbyopia, the more common of which is to relieve strain due to efforts of accommodation or convergence, or both; and the other is to improve vision in those cases of higher refractive error of high degree, in which efforts of accommodation are not sufficient to overcome the difficulty. The whole of the eye from the anterior curvature of the cornea to the retina comprises the refractive portion of the eye, while the retina receives the impression of the converged pencil of rays, and perceives an object clearly and distinctly only when it is focussed directly on the retina. If, now, the conformation is faulty, either from the eyeball being too short—hyperopia, in which the rays are brought to a focus behind the retina; or is too long—myopia, in which the point of focus is anterior to the retina; or, as in those cases in which the radii of the eye varies in different meridians—astigmatism, wherein the focus of one axis is shorter than that placed at right angles to it, clear vision can only be obtained by undue muscular effort, or by artificial means.

The question might be asked, Why is this so? and while the answer is very simple, were it not asked so often, it would seem unnecessary to answer it. The eye is expected to be, and for normal vision should be, a perfect optical instrument, in which rays coming from such points that they are practically parallel, will be brought to a focus upon the retina, and yet there are, undoubtedly, few instances in nature wherein a part or whole is perfectly formed. Some ears are large, some small; some noses straight, some aquiline; some persons tall, others short, and this is true throughout nature,—no perfect forms, so why can we expect a perfectly formed eye? The wonder is not that there are so many persons wearing glasses, but that there are not more.

The second reason proposed was the character of the work imposed upon the eyes. That there is an increasing demand upon the eyes in all trades and artifices is an indubitable fact. The number of students is constantly increasing, and the amount of work imposed upon them is also increasing. The army of office employees now engaged by the various corporations is a product

exclusively of modern times. In the trades and manufactures an increasing detail in patterns and technique require a much greater effort upon a greater number of eyes. In all of these the eyes are a first consideration, and must bear the brunt of the increased work. Nor is this alone the cause. It seems to me there is room for much legitimate criticism on the part of parent and physicians on account of the extent of work demanded of children in our schools. This comes at an age when much harm is done the developing eyes. As this subject will be discussed in a subsequent paper, more will not be said on it at this time.

The increased work exacted of the eyes owing to the above causes will be fully appreciated when we bear in mind that most of it is required to be brought near the eyes, and some of it very near to work out the minute detail. This necessitates practically constant effort to accommodate and to converge the eyes to the near focus, which task is imposed upon the ciliary muscles, and upon the muscles of convergence. Even when the conformation of the eye is normal this continuous muscular exertion tends to cause weakness, and a tired condition, not only of the eyes, but reflexly exhausts the whole body, and we have brought about the reflex disturbances due to asthenopia. Consider, now, that more than 50 per cent. of all persons have some one or more of the various refractive disturbances, hyperopia, myopia, astigmatism; and with a greater or lesser degree of muscular imbalance, whereby convergence necessitates undue strain, and the effort to overcome these so that vision may be clear, or at least improved, exacts more than can be borne without a protest in the way of pains, or other discomfort in the eyes, headaches, and other general disturbances. It should be borne in mind that glasses are put on more frequently to overcome the above mentioned manifest symptoms, due to eye-strain, rather than to improve vision. Only in the higher degrees of refractive error are the extra- and intra-ocular muscles unable to overcome these defects sufficiently to give reasonably clear vision. The third reason why so many people wear glasses is due to certain methods resorted to to attract attention to the eyes. Many people do not seem to comprehend that it is impossible to get something for nothing, and are constantly endeavoring to benefit themselves at the expense of someone else. A thing that is worth having is worth paying for, and any attempt to get around this will usually result in its

costing more in the end than the original price. The alluring advertisements, "Consultations Free," "Eyes Examined Free," etc., are simply baits, and when accompanied, as they are, at times by such promises as being examined by the "Greatest and Most Renowned Eye Epecialist" in the land, the whole bait, hook, line and sinker are swallowed at one gulp.

Many opticians are fair with their customers and give glasses only to those who in their judgment need them; but there are many whose advertisements have put into their hands practically normal eyes, and yet they cannot afford, even though the examination be "free," not to sell a pair of spectacles, so these people are wearing a correction so slight it would be as well uncorrected. The ability to correct a refractive error does not, by any means, qualify one to satisfactorily examine the eyes, as there may be important lesions overlooked that are of far greater importance than simply fitting glasses.

In addition to the foregoing reasons must not be overlooked nor omitted that of the much greater precision now used in examinations of the eyes; and also the precaution used to discover if the eyes are normal. In the schools the teachers, or in some schools, oculists, make examinations of the children's eyes to determine the state of refraction, and to advise their proper correction; while many of the corporations, especially the railroads, subject every applicant for employment to a rigid ocular examination.

We have endeavored to point out that the increasing demands on the eyes are sufficient to account for the increasing number of glasses being worn, rather than that the tendency for eyes in general is to grow weaker; and if evolution be a factor in the development of the whole, it must also enter into the development of the part, in which event the eyes should be constantly becoming more nearly perfect optical instruments.

Department of Skin & Venereal Diseases

In the January, 1904, number of *The Journal of Cutaneous Diseases*, Prof. D. W. Montgomery of the University of California, gives a minute description of a case of Vitiligo treated and cured by him with the Finsen Light. The case is of special interest, first, because Dr. Montgomery is a careful and competent diagnostician, second, because a cure was effected in a disease which only infrequently yields to treatment, and, third, because the disease is probably related to Leprosy, and probably one of its various expressions in a mild form. The case was that of a young Mexican, aged nineteen years. The disease was of twelve years' standing, patches were present all over the body, and there was one tuft of white hair. Some of his relatives were similarly affected. He was a hearty, full blooded, well built fellow, suffering only with constipation and flatulent dyspepsia. He prescribed bichloride of mercury in alcohol locally and internal treatment, but without effect. After three months he applied the Finsen Light nine times, using the London Hospital lamp, each treatment lasting ten minutes to each spot. It is now six months and no recurrence.

NOTES ON LEPROSY.

The danger from leprosy in this country is practically nil, yet an occasional case is now and again discovered in our large cities, especially in Chinese quarters, or such parts of the city as are largely inhabited by emigrants from Sicily or Norway. On account of that occasional case, it is quite interesting to review the opinions of some of our best students of leprosy. Those of us who have read Ben Hur, or who have seen it dramatized, are profoundly impressed with the awful contagiousness of this loathsome disease. Lew Wallace knew leprosy as it was at the time of Christ, we study it as it is to-day. It has almost entirely disappeared from modern Europe, except in Sicily and Norway. It is still quite prevalent in some of the islands recently annexed to our country. Dr. Zambaco-Pasha says "that in a period of twenty years he has been unable to find a single case of contagion, although tradition has it that it is exceedingly contagious, and

microscopical research seems to favor this view. This view, however, is deducted from the fact that a certain bacillus is usually present in leprosy. Dr. Danielssen demonstrates that leprosy is not inoculable. Prof. S. C. Martin of St. Louis has a most excellent article in the November number of *The American Journal of Dermatology*. From this article we infer that the materia morbi of this disease is gradually becoming attenuated and like smallpox will, in time, disappear entirely or lose its dread to the human family. He finds that in Norway homes for the treatment and care of lepers are established. These "homes" are principally for isolation, very little treatment being applied.

The utmost personal liberty is allowed them. They may leave the "home" and visit other parts of the city whenever their physical condition permits. The people in general do not fear them. The superintendents of two of the "homes" with whom Dr. Martin conversed, told him that they had never known a healthy person to contract the disease by coming in contact with a leper, neither have nurses or attendants ever contracted it. Segregation is for the purpose of better medical attention and the enforcement of good hygienic principles. Dr. Hansen, the father of the Leprosy Bacillus, has control of all of the "homes" in Norway. But he, I believe, professes to believe in the contagiousness of leprosy. Some statistics from the Trondhjem Home are interesting. In 39 years 1,707 cases were treated. Of these, 583 were discharged mostly cured, 1,124 died. Of the whole number 1,145 were tubercular cases and 553 maculo-anæsthetic cases, 1,080 were males, 598 females. The average age of the males was 40 years and of the females 37 years. The duration of the disease in males is nine years and three months, of females ten years in the tubercular form, but in the anæsthetic form the duration is in males, fourteen years, and in females 19 years. The relation of the disease to married couples is much different from what we usually suppose. In 478 marriages between lepers and non-lepers, only fifteen cases occurred where the other contracted it. In five of these cases, the husband was leprous, and in ten the wife, at the time of their marriage. This shows that only about 3% became infected. We must therefore infer that leprosy is not conveyed from one person to another by contact, but that it is largely hereditary. The above statistics do not lead to the generally accepted theory that the leprosy bacillus is the cause of the

disease, although it is constantly present. It may be a saprophytic, and not a pathogenic bacillus. Dr. Martin believes that no government has the moral right to segregate lepers, since in no case of inoculation with the bacillus has leprosy occurred. There is much doubt concerning the constant presence of this bacillus. Dr. Zambacco has sent parts of the tissue from persons suffering with true leprosy to some very eminent bacteriologists, viz: Bouchard, Strauss, Vidal and no bacillus could be found by them. Concerning the homeopathic treatment, Dr. Lilienthal published in the *North American Journal of Homeopathy* several years ago, the indications for Arsenicum Phosphorus, Plumbum, Secale and various other remedies. Dr. Zambacco, whose experience in Constantinople is quite extensive, recommends Arsenicum and Secale. In Hawaii, the plant Tuatua has been found quite successful. In Columbia Jatropha, one of the Euphorbia family, is successfully used.

Dr. Prince Morrow used the Chaulmorogra oil with Strychnia. Electricity has also been used. Dr. Etienne of Trinidad, West Indies, used Hoang-Nan. He has used it successfully in nineteen cases. A number of other physicians have reported successful cures with this remedy. Whatever the disease may have been in the past, it appears that at this time it is little if any more contagious than tuberculosis, yet we can not do our duty to the public without recommending segregation. The few may suffer if the multitudes are thereby benefited.

Department of Obstetrics

OPHTHALMIA NEONATORUM.

The infection causing ophthalmia neonatorum comes usually from secretions of the parturient canal or urinary tract, the secretion generally gaining admission to the eye during the passage of the head along the birth canal. Inflammation, however, may come about through the carelessness of the nurse in getting soap into the child's eyes, or by the use of soiled towels on its face. While various bacteria have been found in the secretions of the new-born child's eyes in ophthalmia, the gonococcus of Neisser is the one most frequently met with, although there is usually a mixed infection.

The severity of the disorder will depend on the kind or kinds of bacteria causing the trouble and upon the time of beginning treatment after infection has taken place, as well as upon the kind of treatment employed. The prognosis, accordingly, depends on these same elements. Usually one eye is affected at a time. German statisticians show that from thirty per cent to forty per cent of cases of blindness in Germany come from this cause.

Usually, after from twenty-four to seventy-six hours after birth, a slight redness and discharge will be noticed. This ushers in the disease. Light and air irritate the inflamed conjunctiva, hence the child keeps the eyes closed. The lids then begin to swell and the discharge becomes more profuse. As the disease progresses the conjunctiva and the tissue beneath becomes infiltrated and swelling is noticed. If cured at this stage no serious harm is done, but if allowed to go on the purulent secretions become copious, oozing out of the palpebral fissure, and if not carefully and often removed attacks the cornea, producing a suppurating ulcer, usually a little below the pupil, which may spread over the entire surface of the cornea and lead to perforation with extension of inflammation to the deeper parts of the eye and complete destruction of the eye.

The treatment is prophylactic and curative. The first consists in cleansing the vagina before the birth of the head and in

cleansing the eyes of the infant as soon as born, and instilling one drop of a 2% solution of silver nitrate in the eye immediately after the first bath (Crede's method). If the mother has never used the douche, the custom should be instituted some days prior to the expected time of the accouchment, using some mild antiseptic, as a three per cent carbolic acid solution. These may be kept up during labor if the vaginal secretions are profuse.

The eyes of the new-born child may be cleansed by the use of a one per cent solution of boracic acid.

If the disease develops in spite of prophylactic treatment the eye should be cleansed by a three per cent solution of boracic acid giving sufficient treatments to keep it clean. Keeping the eye free of pus is the keynote to successful treatment. In a day or two, if these applications do not seem to be controlling the disorder, we should resort to a two per cent solution of nitrate of silver, applying it only to the palpebral conjunctiva of the everted upper lid, then to the lower lid, not to the cornea, as the solution will injure it. After the application the eye should be washed with sterile water. Usually one application a day is sufficient.

Internal remedies are of great benefit. We may have recourse, according to conditions, to Argent. Nitr., Arsen., Cham., Hepar., Kali Bich., Lycop., Merc. sol., Puls., Rhus. tox., and Thuja.

Current Events

Dr. Hubert B. Clapp, of No. 6222 Woodlawn Ave., Chicago, has been in Colorado recently, looking after mining investments in which he and other Chicago capitalists are interested. The doctor has been connected with Hahnemann College. He now anticipates making his home in Denver at an early date.

Dr. W. W. Butman, a graduate of Herring College in 1899, has located at No. 114 So. 13th St. He will make Denver his home in the future.

Dr. D. J. Horton of Evans brought a patient to the Denver Homeopathic Hospital last week. Dr. Horton is a staunch friend of our College and Hospital, and never forgets it when opportunity offers, to turn influences in its favor.

This is the season for frost bites, chillblains, etc. Relief from the torturing pain will result from the frequent application of oil of eucalyptus.

The United States contributes liberally to the care and comfort of its old soldiers, especially those afflicted as the results of war. It is reported that an expenditure of \$150,000 will be made during the current year to supply artificial limbs to the veterans of our wars. This is done once every five years.

We are pleased to announce that Prof. John H. Morrow resumes his work in the Denver Homeopathic College. The doctor has been out of Denver for the past year, but has recently returned to reside permanently in the city. He has been connected with the College from its organization and is always loyal to its interests. He will be connected with the department of surgery.

Dr. Walter A. Corson, formerly of Colorado Springs, has moved to 1409 Boulevard, El Paso, Texas. The doctor came west from Atlantic City on account of his health, spent some time in Denver, subsequently went to Colorado Springs, and now finds a change necessary. He reports improvement since going to El Paso. We hope he will secure restoration to health in the mild climate of the southland.

Mr. J. M. Stewart of New York City is spending the Christmas holidays in Denver, visiting with his brother, Dr. A. C. Stewart. They have not met before in eight years. The pleasure of

the visit has been marred somewhat by the sickness of their mother, but we are pleased to know that she is now very much better and will soon be well.

Lorin Farr, a Mormon elder writing for *Physical Culture*, makes the statement that he has had seven wives. He is the father of thirty-nine children, all living except two. His oldest was a grandfather fifteen years ago. He now has two hundred and thirty-one grandchildren and fifty-six great grandchildren. He is an ardent believer in polygamy, but asserts that he does not now practice it. He is 84 years old. This is said to be the largest family in the world.

Dr. S. L. Blair of Trinidad made a call at the Denver Homeopathic College lately. He expressed approval of the evidences of progress. He is going East for post-graduate work in the early part of the year. He has had a very busy year, and is developing quite an extensive surgical practice.

Dr. C. F. Stough of Colorado Springs spent the day in Denver recently.

Dr. L. M. Taylor, whose office is at No. 104 South Broadway, has proven a valuable associate with Dr. Strickler in managing our noon-day clinic at the College. The doctor's tact and skill is highly appreciated by all the students in attendance.

Our illustration on the insert gives a very fine view of what occurs each day in our clinic at the Denver Homeopathic College. This picture is confined to but one department of our clinical work, but it is suggestive of the extent and completeness of the work furnished to our students. Here each student takes his place and investigates, studies and prescribes for his patients and follows the treatment and care of the case from day to day till the case is discharged. Many persons who have visited this particular clinic pronounce it one of the best they have seen.

Dr. George E. Brown left Friday, January 1, for a trip to California. The doctor's family is spending the winter in Los Angeles, and he will be with them during his stay. We are pleased to learn that his wife's health has greatly improved since going West. The doctor hopes to profit physically by a change of climate for a brief time.

Dr. Frederick A. Faust of Colorado Springs was in Denver last week. He was looking after the interest of the Colorado Homeopathic Society, of which he is treasurer. We predict he will give a good account of himself at the next annual meeting.

Our desk is now graced with a very pretty office calendar, sent to us by Dr. Benjamin F. Bailey of Lincoln, Nebraska. The doctor is having great success in his sanatorium, Green Gables.

The recent sad experience of Chicago in the burning of the Iroquois theatre and consequent loss of near six hundred lives has aroused intense interest in the matter of constructing fire-proof buildings, and providing ample means of escape in times of danger for the vast crowds that gather in our play houses. Large and numerous openings for egress, and fire escapes for the galleries are fully discussed, but it seems little or no account is taken of the fact that the great mass of the audiences where these disasters occur never reach the door or any place of egress. The trouble is mainly that the aisles and passageways are too narrow, and in many cases crooked, and constitute the great impediment to the moving of the excited mass of humanity when they first rise to their feet. Any one who has studied the movement of audiences as they pass out of churches or theatres know that in an instant the passageways are crowded even on quiet occasions. Our public halls are too often built to secure seating capacity at the sacrifice of the very essential passway towards the places of egress.

The new staff of the Denver City and County Hospital has been but slightly rearranged with regard to the men on duty, but important changes are now in force, which will give our student ample clinical material at the bedside as well as in the surgery, although the surgical clinics have been amply large at the Homeopathic Hospital for all practical purposes. The senior and junior classes will have to do some additional clinical work between now and commencement. The county hospital is in charge of Dr. A. A. Clough, who has managed it with much ability since his appointment. The advisory board consists of Drs. P. V. Carlin and L. T. Durbin and Dr. J. B. Kinley. The homeopathic staff consists of the following men: Medicine, Dr. George E. Brown, Dr. G. P. Howard, Dr. C. E. Tennant. Consultant, Dr. N. G. Burnham. Surgery, Dr. J. W. Harris. Obstetrics, Dr. R. O. Butterfield. Gynecology, Dr. Wm. R. Welch. Mental and Nervous Diseases, Dr. C. W. Enos. Eye, Ear, Nose and Throat, first six months, Dr. G. S. Peck; second six months, Dr. D. A. Strickler. Mr. William Clark, the efficient superintendent, who has been at the helm for a number of years, continues at that important post.

Monday evening, December 28, Dr. Harry M. Fryer and Miss Mabel Tyler were united in marriage and started for the West on an extended trip. They will spend some time in Seattle.

Washington, where the doctor's father and mother are living. It is highly probable that they will remain somewhere in the West as their permanent home. The doctor has been connected with the Denver Homeopathic College for the past two years; he was also associate editor of PROGRESS, and in each relation he has been faithful, and we all much regret the possibility that he may sever his connections with these institutions. PROGRESS extends to the happy pair its congratulations and best wishes.

The health department of Denver makes a very fine showing for the year just closed. The present condition of the city as regards the general health of the people and sanitation is very gratifying. There are now in the city 18 cases of diphtheria, which is just one-third the number existing one year ago. There are 40 cases of scarlet fever, and this bears the same ratio to the condition at this time last year. We have 8 cases of smallpox, which is one-sixth the number existing a year ago. Of other diseases about the same proportion exists. The following shows the percentage of deaths for 1902 and 1903: For 1902, from all causes, 17.35; excluding cases of tuberculosis contracted elsewhere, 13.97. For 1903, from all causes, 15.77; excluding cases of tuberculosis contracted elsewhere, 12.20.

The Home Maker, now in the second volume, Dr. Emma F. A. Drake, editor and proprietor, has joined forces with *American Motherhood*, published in Boston. All subscriptions for *The Home Maker* will be filled out for the full time by *American Motherhood*.

Major M. V. B. Wasson died at his home in Wasson, December 25. The major figured prominently in the early history of Mineral County, and was known for his many acts of charity. The wife who survives him was a student in the Denver Homeopathic College, 1894-5.

Denver has been the subject of extensive comment during the past few weeks, all because of an article published in an eastern journal in which it was attempted to show that there was no place on the map for this particular city, it was unnecessary and uncalled for that a city be located at this particular spot. Nevertheless Denver is here, and in all human probability will remain. A city of one hundred and seventy-five thousand population, made up of as intelligent class of people as can be found on the earth, men and women educated in the best institutions of the country, who have migrated to the great West and built up one of the handsomest cities in the land, who have redeemed

from the desert sands a spot that to-day blossoms with beauty and health, are factors that must be taken into the account and settled with, whether this correspondent will consent or not. Denver, with her splendid present position and power, is only at the beginning of her career, and we predict that the next ten years will witness marvelous development in her growth in population and wealth.

When that prince among business men, Mr. D. H. Moffat, has completed his great enterprise of cutting a way through the mountains and constructing a railroad through to the Northwest, and opens up that region of mineral and agricultural wealth, and at the same time connects the West to the East by a route two hundred miles shorter than any now existing, Denver will feel the effect and rapidly become one of the great cities of business, wealth and beauty.

It is with much sadness that we chronicle the death of Mrs. Rev. N. O. Bartholomew, daughter of the Rev. W. C. Veazie. Mrs. Bartholomew had for several months suffered from myelitis and was under the care of Dr. G. P. Howard and Dr. B. A. Wheeler. Rev. W. C. Veazie, her father, is known far and wide among homeopathic physicians as an enthusiastic promoter of the law of cure, and has a large circle of friends to unite with PROGRESS in extending sympathy in this bereavement.

Dr. Milton A. Halsted of Jacksonville, Illinois, died at his residence last Monday. The doctor was a colleague of the writer for many years in the practice of medicine. He was one of the men that reflected honor upon the profession; always cheery and ready to loyally serve his patients and at the same time faithful to every interest of his professional brethren. It is with a deep sense of sorrow that we realize we shall never again have the warm handshake and cordial greeting of this noble man. Dr. Halsted's wife and the wife of Rev. Dr. Harsha of Denver are sisters.

We regret to learn of the sudden death of Dr. M. M. Hatfield of this city. She died Wednesday night, January 6, at her rooms in the hotel. The doctor has been well known in this city and Pueblo for many years as a successful physician. She has for many years been a sufferer from asthma that has made it difficult for her to attend to her duties. She was a woman of high character and superior abilities. She was a warm personal friend of Dr. Genevieve Tucker of Pueblo. One son survives her.

DENVER HOMEOPATHIC CLUB.

The regular December meeting of the Denver Homeopathic Club was not only the best attended meeting of the year, but the interest taken in the papers presented showed that none were sorry that they came.

After disposing of the regular routine business, Dr. Strickler presented his paper upon "A Few Homeopathic Remedies With Definite Indication in Eye and Ear Diseases." The doctor made it very clear that a specialist often fails because of the narrowness of his observation, and failing to recognize in the affected member only a few manifestations of the diseased whole. The homeopath of necessity must view the human body as a complete whole, and the perverted function of a member, like the eye or ear, calls for investigation which may extend to all other members before an appropriate remedy is selected. In the absence of Dr. Peck, Dr. Dunklee opened the discussion, which became quite general.

Dr. McGee presented a paper, "Fracture of the Maxillæ," illustrating the positions of the fractures, manner of coapting and holding the fragments in place, by crayon drawings made during the course of the reading of the paper. The doctor's happy manner of expression, together with his skill in illustrating with the crayon, made his paper of great interest to all. Dr. Harris opened the discussion, dilating somewhat on the methods of splinting not mentioned in the paper.

The time had slipped by so rapidly that discussion was somewhat limited by the arrival of the closing hour. The attendance was 30.

The regular and annual meeting of January 18 will be devoted to listening to the reports of officers and auditing committee, payment of dues, the president's address and election of officers for 1904.

G. P. HOWARD, *Secretary*.

BUSINESS BRIEFS.

TINEA FAVOSA.

This parasitic disease, produced by the "Achorion Schonluciu," is infrequently met with in general practice, but quite frequently found in the orphanages. Being highly contagious and very intractable, especially among the scrofulous, it often taxes

the physician's skill to the utmost to control it. I have a case in mind where this disease persisted for months in spite of rigid antiseptic applications and epilation. The child was scrofulous. Crusts of a pale yellow color and as large as a good sized marble would form over the hair-follicles over night, being perforated with hair and having the characteristic odor of mouldy straw or mice. The trouble persisted for months under the application of antiseptic lotions, salves and ointments, with internal treatment. Only temporary relief was attained. My attention having been called to "Browers Antiseptic Soap," I decided to give it a trial, with the result that in a short time every vestige of Tinea were gone. I removed the crusts with oil, washed the parts thoroughly with "Browers Antiseptic Soap," then made a paste of the soap and applied over the infected area and applied dressings. This method was kept up twice daily, with the result of a cure in a short time. Sulphur and Arsenicum were given internally.

Recently I have had other similar cases to treat. I used the soap as above, producing a rapid cure. Epilation was unnecessary. The antiseptic properties of this soap penetrates the hair follicles and kills the parasites that cause the disease.

DR. _____.

Do NOT throw away your surgical instruments when they get out of order, or need plating. Wm. Jones, 1427 Stout street, Denver, will repair them and make them good as new at a very reasonable price. He also manufactures all kinds of braces and surgical appliances.

PROGRESS is in receipt of a handsome little calendar from the B. F. Bailey Sanatorium, Lincoln, Neb.

WATER-CURE TESTIMONIAL.

"DEAR UNCLE SAMS For the last four years I have been an intermittent sufferer from insurgentitis. Yesterday some new-found acquaintances filled me with rejoicing—and with sixteen gallons of your truly wonderful remedy for lapse of memory, failing eyesight, loss of speech, and other symptoms of insurgentitis. I feel like a new man. I felt big enough for eight new men. Yours, moistly,

SUMATRA RAPPERINO."

—*Baltimore American.*

BOERICKE & RUNYAN, the San Francisco Homeopathic pharmacists, have a complete line of goods on sale at Steinhauer's drug store.

THE LATEST medical books, as well as books of fiction, can be found at Herrick's Book Store, 934 Fifteenth Street, Denver.

MASCULINE THEORY.

Wife (reading a novel)—I wonder what the author means when he says "The hero heaved a crimson sigh?"

Husband—Oh, I suppose the hero had been gazing upon the wine when it was red.—*Chicago News*.

LUYTES HOMEOPATHIC MEDICINES are kept in original packages at the Parlor drug store.

WANTED—To share part of office with a physician. Inquire at this office.

Fritche's Prescription Drug Store.
The AbilenA Company, Leavenworth, Kan., Mar. 18, 1903.
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Wishing you continued success, I am,

Yours truly,

ED. C. FRITCHE.

Brower's Antiseptic Soap

GIVES POSITIVE RESULTS IN CASES OF

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...Denver, Colo.

PROGRESS

VOL. II.

DENVER, COLO., FEBRUARY 15, 1904.

No. 2.

Original Articles

FOUR DRUGS FOR FOLLICULAR TONSILITIS.

GEORGE ROYAL, M.D.

Almost every one who prescribes for symptoms rather than for names of diseases finds that different remedies are needed for the same class of diseases. Especially is this true of epidemic or endemic diseases.

Let me give you a few cases from my day book to illustrate my statement. Each year, beginning about the middle of December, follicular tonsilitis becomes one of our prevailing diseases in Des Moines. I find that for the past four years I have used three remedies—bell., merc.-prot. and lach. This year I find phytolacca the endemic remedy. I will give you the symptoms in the order of their importance.

PHYTOLACCA.

Pain and stiffness of the muscles of the neck. This pain begins about the occiput and extends down and out into the shoulders. Roughness, rawness and scraping in the throat. The throat is, at first, dry and the tonsils swollen and dark red. Any attempts at deglutition, at this time, is very painful. After a few hours the throat becomes a little moist and the tonsils become covered with follicles. Deglutition now becomes less painful but the act more frequent because of the increased amount of mucus. In most cases the fever is marked, in some reaching 103 degrees. A dull aching pain is often present in the dorsal region and lower extremities. I have had three cases in which albumin was found in the urine. Prostration is marked following these attacks. An aching or rather a dull pain in the forehead extending to the vertex. I use the 6x.

BELLADONA.

Throat, mouth and tonsils bright red and very dry at the onset of the disease. Temperature high, 103 to 104 degrees. The attack sudden and the progress rapid. The patient drowsy. Muscles not sore and stiff but jerky, especially as the child is going to sleep. Tonsils swollen and *bright* rather than *dark* red. After a few hours some ropy adherent mucus appears in mouth and throat, but the dryness is not relieved. The amount of urine is at first increased, afterwards decreased. The skin is dry and moist in alternation but is always hot. Not much glandular involvement. Bell 30th.

MERCURIUS PROT. IOD.

A good deal of glandular involvement, not only the tonsils but the submaxillary glands. Pain on swallowing. The posterior wall of the pharynx and the tonsils red and inflamed. Mucous patches are seen early and follicles appear soon after. There is moisture of the throat and mouth early and increases as the disease progresses. The "flabby tongue, heavily coated yellowish white at the base," was not present in more than one-third of the cases. About one-third of the cases which seemed to be improved but not cured by bell, were completed by merc. prot. I use the 3x.

LACHESIS.

Two years ago two-thirds of the cases required lachesis. The indications were as follows: A rawness and soreness. A constant desire to swallow and the act of deglutition increased the sensation of rawness and soreness. Swallowing of anything very difficult, swallowing of hot liquids almost impossible because of the pain caused thereby. Food, i. e., solids swallowed better than liquids. The follicles were small in number and size. The complaints of the patient were out of proportion to the manifestation in the throat. Only a few cases had the characteristic aggravations, "Cannot bear anything tight about the throat" or "worse after sleep."

AUXILIARY TREATMENT.

I had the bell. patients gargle the throat with hot normal salt solution. The patients requiring the other remedies I had use alcohol one part to ten parts of hot water.

DIET.

The bell. patients on a light liquid diet. They seemed to enjoy acidulated drinks, though they were not thirsty.

The patients needing the other remedies required nourishing diet such as milk, eggs, beef-broth soups, custards, etc.

I found that cool applications were not only agreeable but beneficial. I used cloths wrung out of cool water, about the neck. These cloths were covered with a flannel to keep the clothing dry. For the phyto. and merc-prot. I used applications of hot flaxseed, cornmeal or hot water bottles. The lach. patients did better without any applications.

Des Moines, Iowa.

SCIATICA.

BENJ. S. BAILEY, M.D.

From boyhood I have been impressed with the number of chronic cases of sciatica that may be found throughout the country and which have apparently gone from one place to another without any benefit. In these later years careful study and experience have taught me that most of these cases may be practically cured. In the first place it is necessary that we should appreciate the condition and secondly that we should have the confidence of the patients to a sufficient extent to insure their persistence and patience. It is unnecessary to go over the region and distribution of the sciatic nerves. Every educated practitioner is familiar with these. They are also familiar with the probable truths that sciatica may be a simple neuralgia or a genuine neuritis. We often find it grafted upon constitutions lithæmic in character or of an anæmic trend. We occasionally have it accompanied by a case of herpes-zoster. These are the cases which we shall especially consider although it is well to mention the fact that some obstinate cases of sciatica are due to intra-abdominal pressure as for instance, from growths and that the examination of a case of sciatica is not complete without careful abdominal inspection. These cases are purely surgical in their sphere. A case

of herpes-zoster must be treated as any other case of similar character. Personally I have never had but one of these cases; that of my own father at the age of seventy-five years, a man always frail and inclined to anæmia. He was attacked with herpes-zoster and the eruption followed the entire distribution of the sciatic nerve, the herpetic vesicles being filled with dark sanguineous serum. I must admit that I was obliged to resort in this case to hypodermics of morphia, that the treatment was with apis and arsenicum as indicated and that he made complete recovery in six or seven weeks, and that although he is living at the present time in his eighty-eighth year, and although he had suffered from previous attacks, there has never been any return of the sciatica.

The cases that are wholly neurotic in character I believe should be readily controlled, and it does not seem to me to be necessary that they should continue, as our text books tell us they often do, from months to two or three years. The first step is absolute rest physically and mentally, and that the rest of the limb may be enforced it should be closely bandaged from toe to hip and well up the back. If the condition of the patient is one of gouty diathesis or anæmia that must dictate the treatment. If one of anæmia you will usually find indicated arsenicum, magnesium phos, apis or colocynth. If of the gouty diathesis, eliminative treatment as practiced in the hot bath and Turkish bath accompanied by hydro-therapeutic measures, as for instance hot compresses alternately with cold or the shower bath alternately hot and cold, the patient to have the limb immediately bound and wrapped warmly and to be kept in bed all the rest of the time. Accompanying this I have found most useful the application of the positive galvanic current. And permit me to say that not one of these measures mentioned is at all apt to be sufficient, but that persistence in all of them is the price of success. We will, however, find occasional cases that seem to be improved, but as soon as treatment ceases they get worse again. Now it has been our experience that in these cases it is due to some special cause which it is our duty to find and remove, and this is my excuse for writing these words concerning sciatica.

For instance I have in mind a case that had been suffering with sciatica for many months, a most obstinate case, evidently neuritis in the beginning, history of chills from lying on damp ground. We seemed to conquer the neuritis and still every time

the patient was allowed to attempt the habits of everyday life there was a return of this trouble. On careful re-examining the patient we found that he had a very peculiar gait and that this he admitted had been his usual gait. In walking, he brought the limb down and straightened it with a snappy motion (if I may be permitted this expression), so that there was for an instant an absolute bowing back at the knee. I made up my mind that although this had been with him from boyhood it was nevertheless a strain which caused the relapse into a neuritic condition., We had made for him a firm elastic knee cap. This held the knee firmly in walking and although it has been many months he has not had any return of the affliction since the day he began to wear the knee caps.

Another case I have in mind that had been through almost every treatment and been in many hands, a young man of some twenty years of age. Absolute rest in the splint together with the Sprague Hot Air treatment—which, by the way, is only useful in gouty cases of neuritis—being an absolute injury in other neuritic cases. This case was after these treatments much relieved, but as soon as we allowed the patient to get upon his feet there would be a gradual return. I gave him a more careful examination, insisting that he present himself to me absolutely nude, and found marked lateral curvature of the spine. I immediately believed that the lateral curvature of the spine was the cause of the perpetuation of this condition. We put him under very careful scientific massage and for a month he was given massage twice daily together with physical instruction looking to the correction of this curvature. At the end of the month we discharged him apparently well and with the curvature almost entirely corrected. He is continuing in good condition. It is a marvel how much can be done by truly scientific massage. On the other hand, the majority of masseurs are nothing but rubbers.

Still another case that I have in mind is one that had “suffered many things of many physicians.” With this case we did absolutely nothing but put her in bed, the limb in a long splint, and kept her there four weeks with a resulting absolute recovery.

In a few words, we may say that sciatica is almost invariably curable by careful adherence to the methods of treatment herewith suggested, with proper regard to the neurotic needs of the patient, and permanently cured by the finding and removing of such phy-

sical habits or deformities as may prove to have been a stumbling block in seeking permanency. It is absolutely impossible to carry out these measures unless you have your patient under absolute control and can insure patience and persistence. Unless these matters can be under your control it is best to refuse to take such cases. If they can we may hope for good results and in years to come lessen and remove much of the chronic suffering which has prevailed in years past.

Lincoln, Neb.

ABSENTMINDEDNESS.

HORACE T. DODGE, M.D.

A little discussion is going on at present among some of the scientific men of England relative to a conclusion advanced that absent-mindedness must be a disease of the brain or spinal cord. The answer will justify the opinion that it may be a lesion or a deficiency of gray matter. When one reads the reports of the public records lately published in London for the past year, and sees officially reported, as found in cabs and omnibuses, 19,000 umbrellas, 850 sticks, 267 rugs, 742 opera glasses, 926 articles of jewelry, 180 watches, 3,239 purses, besides dogs, cats, birds, bonds, bank notes, bundles, etc., it does seem inexplicable how a person could possibly leave a watch or dog, and no less incredible that a package of bonds or stocks or a cat should be left on the seat of a cab. An absent-minded person is either a very *weak* minded one, and, we must conclude, not responsible mentally for his acts, or he must be engaged in a mental problem too great for a little mind to solve. We can excuse a Franklin, a Newton or Edison who have accomplished some great achievement in science, or a Hahnemann who has given to the world the wonderful law of healing through similia, on account of the intense strain of thought their investigations demand, but for the ordinary mortal there is no pardon.

The absent-minded man is a very disagreeable companion, and is either deficient in knowledge of the common rules govern-

ing well organized society or he is inattentive to its requirements and neglectful of his duties. He starts, stares, and does not recognize his best friends, at times, and seems to be deeply in thought when he possibly is not capable of thinking at all. He leaves his hat here and bundles there, and would leave his collar were it not fastened to him.

In company he is about as entertaining as a dead man, and thinks only of his own interest; in fact, an absent-minded person must be stupid or selfish in the superlative degree or we must accept the opinion of these eminent investigators who are qualified to decide, and be charitable, and look upon such as a disease condition and administer, when the opportunity presents, remedies indicated in the treatment of aberration of mind. Anacardium is a valuable remedial agent for great weakness of memory—absent-mindedness—and has the symptoms pronounced. aurum met. is a good remedy for melancholia—forgetfulness. Also nux vomica for debauchers who are morose and despondent.

One of our best remedies for absent-mindedness is ignatia, especially indicated in women who brood over imaginary troubles. They are sad and thoughtful, forgetting easily, misplace their most commonly used articles of clothing, such as hats, spectacles, etc., and cannot find them when needed. They want to be let alone, are averse to company and conversation. You speak to them and they look at you with a far-away stare, and start, perhaps blurt out something irrelevant to the question asked. They are engaged always in thought, are exceedingly sensitive to blame, contradiction, censure or disapproval. Are inconstant, impatient, irresolute and full to overflowing with suppressed grief.

OUT-OF-DOOR AND TENT LIFE THE CURE FOR PULMONARY TUBERCULOSIS.

DR. HENRY G. MERZ.

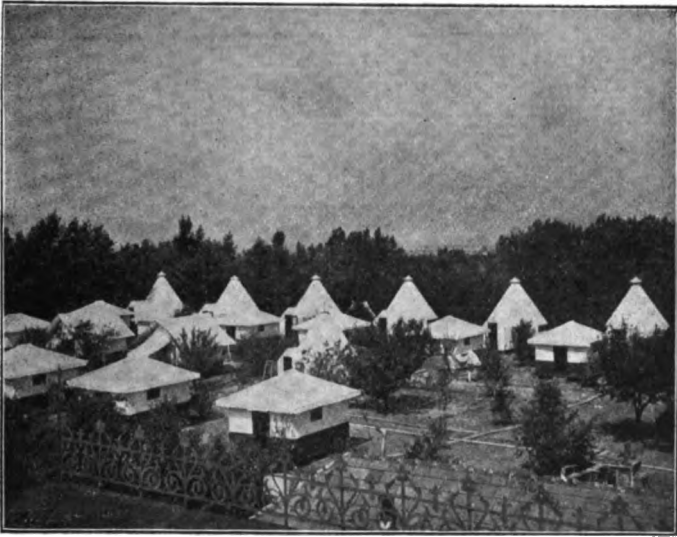
No longer need the arch enemy, tuberculosis, known as King of Diseases, who destroys about 120,000 human lives annually in this country, be feared, for the means to combat this dread disease has been found. It is not a patent medicine, lymph, creosote, cod liver oil, or any other nostrum, X-Ray or the latest discovered cure, radium, that are positive agents in the fight against tuberculosis. On the contrary, the surest and most effective agent to combat tuberculosis and decrease its great mortality, is a very simple, but all the more effective measure, and if applied and managed rightly by a competent physician, will cure. It is a simple mixture of good common sense and climate.

The universal conclusion and belief of the medical world after years of scientific study, research and experiment, is that this dread disease can be cured, especially when taken in its incipiency, by a large dose of pure air, good food, regulated exercise and plenty of sunshine.

Tonics, remedies—scientific remedies, as found in the scientific school of medicine, Homeopathy—in conjunction, are in a great many cases a help and facilitate a cure, but the best efforts of science are of little or no avail, without the use of the remedies that nature itself provides, namely, pure air, good food, regulated exercise and plenty of sunshine. It has been known for many years to the medical world that the climate of the Rocky Mountains (Colorado) has been and is highly beneficial to pulmonary tubercular patients, and thousands of sufferers from this disease have found it to be a Mecca and therefore are coming from all parts of this and other countries to be completely cured. This climate, however, will not replace destroyed lungs, but it will destroy the bacilli, build up the constitution, and if the disease has not progressed too far, there is apparently no reason why they should not recover, at least so far as the tuberculosis is concerned. The greatest percentum of patients who come to Colorado entertain the idea that once in this celebrated land of sunshine the advice of a physician is not needed. They as a rule remain in the city, cooped up in a boarding house or hotel, in ill-ventilated

rooms—they are afraid to go out for fear of catching cold. Such patients might as well stay at home in the east, for they miss the very essence of the climate cure, the pure air and sunshine, which are the two principal factors in the successful treatment of a consumptive.

Nature's remedies, to meet with success, can not be taken in small doses; they must be taken in large chunks, as a regular diet and all the time and always intelligently, if favorable results are to be anticipated. If a consumptive wishes to overcome the disease and take his place once more among healthy people and his



(Photo by the author)

TENT LIFE.

friends, the proper thing for him to do is to get away from dust, smoke and badly ventilated rooms, into a well built "house-tent," with a good and elevated floor, away from the city, keep out of doors as much as possible and live as close to nature as circumstances permit. Tent life is not only endorsed by the physician, but also by patients, who have experienced the benefits—relief or cure of their disease. Patients themselves after once having tasted tent life, prefer living in a tent at any time, to that of indoor rooming. The tents are modern in every respect. I have reference here to a "house-tent" with a good floor, a three-foot

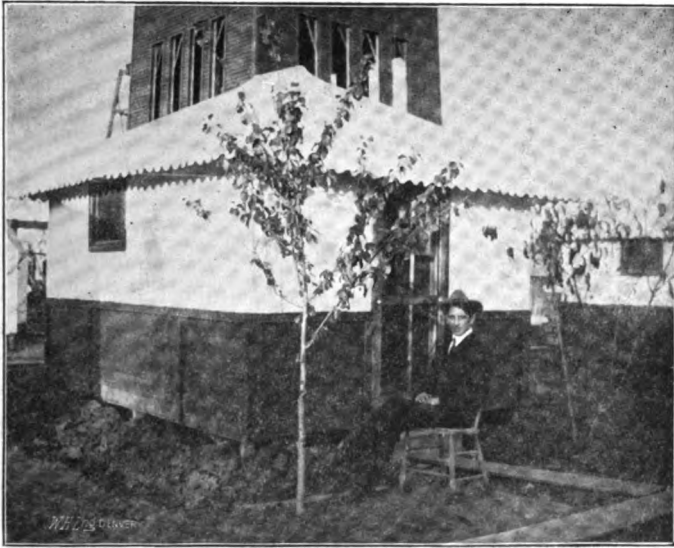
wainscoting all around, panel door, two four-light windows, a ventilator on the side near floor and one placed in the center of the top of tent, with good canvas on sides and a double ventilating roof. This gives it a free circulation of plenty of fresh air without draughts. In cold weather a small oil heater can be placed and patients all pronounce them perfectly comfortable. At this writing I have a patient in a tent as just described. This patient, when I first saw him, about three months ago, had a temperature of 101 degrees every afternoon and a pulse of 100 per minute, a persistent hollow cough, night sweats, profuse expec-



Photo by the author) THE SUN BATH AND REST CURE.

toration; microscopical examination showed 58 to 60 tubercular bacilli in a field, with mixed infection containing plenty of streptococci and some staphylococci; also had no appetite. My treatment was remedies like ars.-iodide, phosphorous, calc.-phos. and some tonics. This treatment was kept up for about three weeks, during which time there was no marked improvement. I tried to persuade the patient to give up his room and work and live in a tent and out of doors, but failed to do so until he was taken with a hemorrhage. The symptoms when he took up tent life

were about as described, with the exception of fever, which then was $100\frac{1}{2}$ F. My instructions were: Plenty of sunshine, daily out of door exercise (walking), deep breathing, plenty of fresh raw eggs (four to six a day), good fresh milk, and a mixed diet. Two weeks later there was an increase of appetite, less cough, less expectoration, less night sweats, better sleep, temperature 100 degrees, pulse 96, weight 143; end of third week, no night sweats, very little cough, temperature 98 degrees, pulse 80, very little expectoration, weight 150; end of sixth week, temperature 98 degrees, pulse normal, good appetite, examination of



(Photo by the author)

A TENT HOUSE.

sputum no streptococcus, 5 to 8 tubercular bacilli to the field and weight 150 lbs., a gain of 15 lbs. Patient now looks a picture of health, and if I can keep him in his tent some time longer, the cure will be a positive one.

I believe, to combat tuberculosis successfully, tent-life will and should be introduced into every state in the Union where favorable climatic conditions can be had. It is *this method*, in my opinion, that will, if properly managed, score a great victory over the dread disease, tuberculosis.

In conclusion, if the out-of-door and tent-life method of handling pulmonary tubercular patients could be generally adopted, it would remove the constant source of danger from infection in the private home and hotels of our cities; it also offers comfortable surroundings with proper hygienic and sanitary conditions; it would secure the obedience of patients to the laws of health; it would be a much surer method of combatting tuberculosis successfully and decreasing its great mortality.

And finally, if adopted in the Rocky Mountain region, it would secure to the patient the well known climatic advantages of Colorado in checking tubercular processes.

Nevada Building, Denver. Colo.

ARTHRITISM.

GEORGE E. BROWN. M.D.

Arthritis, in the sense in which I intend to use the term, is a diathesis or constitutional state in which there is a tendency to joint disease. The term doubtless has a more restricted meaning with some writers, viz.: as referring to the *gouty* state, but while distinguishing between gout, rheumatism and that constitutional perversion which culminates in the so-called rheumatoid, we may, it seems to me, employ a term which at once describes a symptom common to these several disorders and implies a diathesis that lies back of the symptom, but not the same diathesis in each case, necessarily.

It is the constitutional condition of the individual who is prone to *joint* disturbances and the ways in which this condition may be recognized, that is the subject of our discussion.

Every one is endowed with a constitution and temperament which date from the time of conception and gestation. They constitute an hereditary endowment, and under ordinary conditions they determine the course of nutrition during life in accordance with the normal standard; but if, as a consequence of hereditary causes or of unfavorable environment, the normal processes of nutrition fail to be accomplished or are performed in a perverted manner, leading to the development of certain special diseases that

are liable to appear at certain periods of life, giving a peculiar character to the development and physiognomy of accidental disorders that are only indirectly connected with the function of nutrition, it is convenient to designate such a predisposition by the word *diathesis*.

The arthritic diseases possess the common characteristics of retardation in the processes of nutrition, and this retardation manifests itself by symptoms. According to Bouchard, there are nine characteristic modes of deviation from the normal or typically healthy standard.

First—When after the introduction of a definite quantity of food, the return of the body to its normal weight is delayed beyond the ordinary length of time.

Second—Maintenance of the standard weight of the body by less than the normal quantity of food.

Third—Increase of bodily weight when only the ordinary quantity of food is taken (this does not apply to the period of growth).

Fourth—Reduction in the amount of excreta, though the normal quantity of food be continually taken.

Fifth—An abnormally small diminution in the weight of the body during a period of fasting.

Sixth—Reduction below the normal quantity of excreta during the period of fasting.

Seventh—Appearance in the excreta of incompletely oxidized substances, like uric acid, oxalic acid, or other organic acids, or the volatile fatty acids.

Eighth—Accumulation in the body of various proximate principles when the diet is of a normal character.

Ninth—Abnormal reduction of temperature of the body during periods of repose, abstinence and sleep.

These departures from the normal standard of nutrition are rarely encountered at the same time in the same individual but the existence of one or more clearly defined deviations from the physiological standard may be discovered, furnishing invaluable indications regarding the pathological condition of the patient. The occurrence of such morbid variations is usually observed in certain families, the various individuals of which from infancy to old age exhibit now one now another mode of perversion, all of which, however, are connected together by the common fact

of retarded nutrition. This fact constitutes a definite predisposition or diathesis. The arthritic diathesis, therefore, consists in a predisposition to arthritic disease, a group of disorders which take their name from the fact that they usually occur among individuals who are subject to gout or rheumatism, or whose progenitors were, articular diseases which were formerly confounded together under the common term *arthritis*.

The principle arthritic disease, or results of this constitutional state called arthritism are biliary lithiasis, gravel, obesity, diabetes insipidus and mellitus, gout, acute articular rheumatism, the different varieties of chronic rheumatism, asthma, recurrent eczema, urticaria, hemicrania and various forms of neuralgia.

Haig adduces very good evidence that Bright's disease, hemoglobinurea and anæmia very frequently have the same underlying cause.

A condition that is exceedingly common either as a preliminary or as a concomitant of these disorders is designated as the acid dyscrasia—it would, however, take us too far afield to do more than allude to this subject.

The ordinary typical manifestations of arthritism as it appears in acute rheumatism or acute gout need not detain us, but the appearance of the disease elsewhere than in the joints and in forms of disturbance that are not apt to be associated with either rheumatism or gout, is especially the subject of our thesis.

There is scarcely a tissue of the body but what may be the seat of an inflammation or other disturbance that is associated with the rheumatic or gouty state. The skin, for example, may display the effects of arthritism in the form of erythema, of eczema, especially about the ears, of purpura, of urticaria, various forms of psoriasis occupying the palms of the hands as well as the feet and the neighborhood of the genital organs.

The vascular apparatus, including both arteries and veins, are frequently the seat of disease that has long been believed to be due to rheumatism or gout—endarteritis and fatty degenerations of the arterial walls, and the consecutive aneurism or apoplexy are examples of disease having this origin.

Varicose veins and dilatation of the hemorrhoidal veins and of the little veins upon the *alæ nasi* and malar portions of the face, and festoons and rosettes of dilated capillaries in the skin upon the lower extremities, may be effects of arthritism.

I need not refer to the muscles as frequently the seat of rheumatic disease, and the nerves, especially the great sciatic, whose painful aberrations are commonly acknowledged to be due to the rheumatic dyscrasia.

The cerebrum succumbs to rheumatism in a variety of ways—thus vertigo, noises in the ears, deafness, loss of sleep, hypochondria, failure of memory and insanity of a depressive type, are common results of its operation. Chorea is in numerous cases undoubtedly connected with rheumatism. Various phenomena of spinal irritation can be often referred to a rheumatic cause. They are characterized by pain in the back and loins at night, accompanied by priapism, or by indefinite sensations of discomfort in the ovaries or in the scrotum. Sometimes these nocturnal pains are experienced in the coccyx, rectum or bladder, and are associated with various forms of myalgia, rendering life miserable notwithstanding the general appearance of health of the patients.

Painful sensations in the tongue, or the so-called geographical tongue—the leucoplakia of this organ—are frequently associated with the rheumatic state. Paroxysmal difficulty of swallowing, dilatation of the stomach, acid dyspepsia, pyrosis, flatulence and gastralgia, are not uncommon among rheumatic subjects. These symptoms frequently alternate with external manifestations of a rheumatic character, or with other visceral symptoms of the disease.

Intestinal flatulence, constipation or diarrhea, alone or alternately and consecutively, are common symptoms of internal rheumatism. Rheumatic diarrhoea is frequently very obstinate. It should always be suspected in cases of chronic diarrhoea for which no other cause can be discovered.

Certain severe forms of intestinal colic, and appendicular colic as well as appendicular inflammation are believed to be of rheumatic causation.

The respiratory tract is not immune, and any portion of it may be the point of attack of the materies morbi of rheumatism.

Besides all of the above enumerated forms by which articular rheumatism reveals itself, there still remains an innumerable army of cases in which the disease lies masked under various indefinite nervous symptoms. Of these none are persistent or pathognomonic, they are multiple, variable and fugitive, yet persistent so far as the individual is concerned. Their dependence upon the

arthritic diathesis is often demonstrated by an unmistakable explosion of the ordinary forms of rheumatism.

It is unnecessary to point out the practical importance of our subject, and the immense advantage we gain in the treatment of disease by the knowledge that so large a proportion of the ills of mankind have a common origin, and are kindred in nature. Many an otherwise obscure case that may have baffled the skill of eminent doctors will be illuminated by the knowledge that it may be arthritic and it will become tractable.

I believe that the arthritic diathesis is pre-eminently a diet-diathesis, and that we will do more for the great army of sufferers who are its victims by a proper adjustment of the eating and drinking habits to the capacities of the individual than by any other means, and in this connection it is quite suggestive that Haig has demonstrated the relation between the coffee drinking habit, for example, and uric acid excess and retention.

It is well known that the early diffusion and wonderful success of homeopathy was identified with the total exclusion of coffee from the dietary, and not only coffee, but other substances now known to be favorable to perverted metabolism.

Masonic Building, Denver, Colo.

[Third Paper.]

ECONOMY IN HOMEOPATHY.

W. A. BURR, M.D.

Homeopathy is not only economical in *saving life* by lessening the mortality rate and *saving time* in lessening the duration of disease, but also in the *saving of expense* as reckoned in dollars and cents.

It needs no argument to show a monetary saving where there is a saving of life. The expense attending death, as is well known by everyone, is very heavy. The general equipment for a respectable and well conducted funeral is a heavy drain on even a well filled purse, and in most cases bank accounts run low by the time the reaper, Death, has completed his work.

The physician who suggests to his patients that a needed operation or change of climate to which the patient reluctantly consents, would cost less than a funeral tells a practical truth if it is a mercenary one.

Neither does it require any process of reasoning to show that a system of treatment that lessens the duration of disease, in at least a like proportion, also lessens the expense.

So, in whatever degree Homeopathy lessens the mortality rate and the duration of disease, in at least as great a degree it also lessens the expense.

But perhaps the case may be put a little stronger than this, when the treatment in a given case is such that the patient recovers, the average severity of the disease is generally less than it is where the patient dies, and the expense, in large measure, corresponds to the severity of the disease.

Likewise, the shorter the duration of any case of disease, other things equal, the milder is it in form. Even if there *are* many exceptions to this statement, they do not disprove the rule.

The physician who has spent a long life, say 30 years, at his profession, makes on an average, at a very moderate estimate, six prescriptions a day, 340 days in each year aggregating 71,400 prescriptions. At the low estimate of 33 1-3 cents each when put up at the ordinary pharmacy or drug store, these would cost to his patients \$23,800, a handsome sum indeed for a single physician to save to his patients; the Homeopathic physician usually furnishes his medicines without extra charge.

In hospital practice the saving would be in like proportion.

There is, furthermore, a simplicity in Homeopathy, in things other than the giving of medicines, and this is usually favorable to economy. The extensive and not infrequently prolonged use of stimulants and tonics, for instance, following the depletions and depressants of systems of medication other than Homeopathic, adds greatly to the expense.

In the Arapahoe county hospital, already referred to in the first paper, in 1883, under old school management, the amount spent for whiskey alone was over \$400, whereas in the following year, with a greater number of patients, the amount spent for whiskey under Homeopathic management was less than \$50. And this is a single item.

From every point of view, apparently, Homeopathy saves expense to the patient. This fact should be duly considered by the physician, for it is his bounden duty to make the expense of his treatment as moderate as possible for his patients, consistent with his whole duty in his mission of saving life and curing disease.

PROGRESS

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All matter, of whatever nature intended for publication should be in the hands of the proper editor on the first day of the month in which it is to appear. All contributors are requested to write plainly and on but one side of the paper. If reprints are desired they should be ordered when the contributions are sent in.

Editorial

MEDICAL EXAMINING BOARD.

Elsewhere we publish questions asked by the State Medical Examining Board of Washington, January 5th and 6th, 1904. We do not believe in medical laws which require examinations of men who hold degrees from acknowledged high-grade medical colleges. We have studied the question extensively in the past, going very carefully into details, and are convinced from this study that examinations of men holding degrees from colleges and universities of high grade for license to practice is a mistake in practice. Some years since Dr. Horatio C. Wood of the University of Pennsylvania said of the questions asked on Therapeutics by the Board of one of the adjoining states, that he could not answer the questions, and would be ashamed of himself if he could.

Several years ago the University of Minnesota called an anatomist of good reputation from a well-known sister University. When he took the State Board examination he received less than 70% on anatomy.

Again and again have we known men who stood high in their classes fail to pass the State Board when side by side were men who were much inferior in school work who received high

marks from the Board. We do not arraign the personnel of any Board. It is simply the fact that examinations as necessarily conducted by a board of medical examiners are impractical when applied to a large number of applicants for license, and are unjust to the man of experience in medicine. We believe a critical examination of the questions asked in Washington fully sustains us in this position; that many of them are practically prohibitive to the man who has been away from college for a few years in active practice, or in the practice of some specialty.

There is a legitimate field for a State Board of Medical Examiners, but we think it has more to do with the man who attempts to practice medicine without having spent a period in study sufficiently to qualify himself for the practice of medicine than with the one who has spent his time and money to get his degree in a high-grade school. The Board may legitimately deal with the college, its standards, equipment for teaching, etc., but having satisfied itself on these, the individual graduate should be granted a license without examination. The faculty can much better judge of the fitness of the individual.

We have failed to see a single state with high standards of examination for all graduates that has been able to prohibit the practice of medicine by all kinds of quacks and illiterates who have had no training in medicine. It seems to us that the latter are legitimate subjects for the state to legislate against.

We are pleased to note that those who show most interest in medical legislation in Colorado agree with this position. It is the position of the Medical Legislative League of Colorado, if we are correctly informed, and should gain for it the support of all who believe in restrictive legislation for the man of no educational qualifications for the practice of medicine and of all who believe that effort to qualify as evidenced by the possession of a diploma from a school of advanced requirements for graduates should be recognized. We would ask our readers to investigate the Medical Legislative League of Colorado, and if they can sanction its efforts, to lend it their personal and financial assistance.

DEAR STRICKLER :

Came out here January 1 on a trip combining business and pleasure and found many surprises in matters medical, and thought some points might be of interest to PROGRESS readers.

Attended the semi-annual meeting of the State Examining Board January 5, 6, 7, and attempted to answer their questions, a copy of which is enclosed for publication should you think it of interest.

The requirements for obtaining license to practice in this state are very simple.

The examination must be taken in writing at the regular semi-annual meetings of the board and wait their pleasure for passing on the papers. It is claimed this period has reached three months.

No other method is provided and practice within the state is criminal without license.

The number taking the examination was about ninety. No publication of results of these examinations is made, but any one can see the results at the office of the secretary of the board.

A remarkable fact is the number of M. D's. throughout the state. Have been in communication with sixty-four towns ranging from 200 to 25,000 and find the following figures to represent the conditions in the state:

Present population of 64 towns 133,481; number of M. D's. now in these towns, 204; number of people to each M. D., 650.

These figures do not include Seattle with a population of 200,000, including suburbs, or Tacoma with about 70,000.

There is very little sickness on the coast and Puget Sound, where probably 75% of the people live which are included in the above figures.

Find practically no towns in the state without physicians, even those 100 miles from railroad.

The precipitation is remarkable. Along the coast and on the sound it rains almost continuously for four or five months. Cold, rainy nights, and the roads are almost impassable on account of mud.

Am satisfied that doctors coming here and leaving practices established will be disappointed both as a place to live and practice.

Would suggest that PROGRESS invite any of our men contemplating coming here to practice, write you for any information desired.

H. M. FRYER, M.D.

Seattle, Wash., January 26, 1904.

WASHINGTON STATE MEDICAL EXAMINING BOARD.

Examination, Tacoma Jan. 5-6, 1904.

ANATOMY.

Dr. E. E. Shaw, Walla Walla, Wash., Jan. 5-6, 1904.

1. Name Cranial nerves and give distribution of fifth pair.
2. Describe knee joint and name muscles which flex it.
3. Name muscles which rotate arm.
4. Name structures which pass through the diaphragm.
5. Give distribution of median nerve.
6. Give nerve supply of stomach.
7. Give contents of Popliteal Space.
8. Give Motor and Sensory Nerve supply of the eye.
9. Give relations and Gross Anatomy of the Kidneys.

PRACTICE OF MEDICINE.

Dr. P. B. Swearingen, Tacoma, Wash., Jan. 5-6, 1904.

1. Give the Pathology and Etiology of Fibroid Phthisis and acute Broncho-Pneumonia.
2. Give the course, duration and mode of termination of the latter in a case that ends in recovery.
3. Give the differential diagnosis between Icterus arising from an obstruction of a bile duct and progressive pernicious Anæmia. Give the pathology of the blood in the latter disease.
4. Give the diagnosis, course and duration of Chronic Interstitial Nephritis. In what class of subjects is it most frequently met?

5. Where would you Auscultate for the Aortic and Mitral valves? State the direction the murmur is transmitted in each.
6. Give the diagnosis and prognosis of an aortic regurgitation. In what class of subjects is it most frequently met?
7. What methods would you employ to differentiate between chronic Gastritis and Carcinoma of the stomach?
8. Name the stages of Serous Pleuritis. Give the physical signs of each.
9. Outline the normal liver. Give diagnosis and physical signs of the first and second stages of Chronic Cirrhosis.
10. Discuss Acute Malaria under the following heads: (a) Origin. (b) Diagnosis. (c) Types. (d) Prevention. (e) Treatment.

DISEASES OF THE NERVOUS SYSTEM.

Dr. Sharpless, Seattle, Wash., Jan. 5-6, 1904.

1. Give the differential diagnosis between Locomotor Ataxia and Spastic Paraplegia.
2. Give the most frequent complication of Chorea and the treatment of the disease.
3. Describe the difference between Epileptic and Hysterical Convulsions.
4. Describe Jacksonian Epilepsy and its diagnostic importance.
5. Describe Hemiplegia, Monoplegia, Paraplegia and state the respective location of the lesions.
6. Describe an attack of Hemiplegia due to an Embolism from a Cardiac vegetation.
7. State the condition of the Patellar Reflex in Hysteria, Locomotor Ataxia, Spastic Paraplegia and Neurasthenia.
8. What are the three most prominent symptoms or evidences of Cerebral Tumor?
9. What is "Petit Mal" and describe an attack?
10. Of what condition resembling a disease of the nervous system may Phimosia be the cause?

(To be Continued.)

Department of Theory and Practice

THE TOE SIGN OF BABINSKI.

Babinski's Toe Sign, or reflex (which consists in a constant and persistent extension or over-extension—except during sleep—of the great toe, whilst the other members may be flexed or relaxed), unquestionably points to some loss of integrity of the cortical neurone—its perikarion element—a disturbance or interruption of the cortical substance which presides over peripheral body function via appropriate myelonic tracts; where the lesion (cortical) is irreparable this sign persists until disolution.

It certainly is not found in the normal subject during sleep and it certainly does not belong to the plantar or cutaneous reflexes and whilst its significance is unimportant in the very young, after the second year of life it carries with it a grave prognosis, although this prognosis, in the strict sense, may not always be warranted.

In anæsthesia this sign disappears as soon as the narcosis manifests itself on structures above the pons, whilst the reflexes having their centers in the spine yield later to narcotic influence.

The application of this sign in diagnosis is valuable only in proportion to the ability of the diagnostician to properly classify and interpret important phenomena, physiological as well as pathological, of the central system and in this regard it does not differ from many other signs of functional or structural change; some of them being purely quantitative whilst others are absolutely insignificant except to the experienced observer. Much interest attaches to this statement by those who are daily brought face to face with the profound obscurity often surrounding the pathology of the brain or cord; brachial monoplegia, for instance, cannot to-day be differentiated by direct indications—anæsthesia must be resorted to.

Neither disturbance nor degeneration of the pyramidal pathways exclude or establish this sign, in other words, whilst the phenomenon is gratefully received by the neurologist as a valuable diagnostic adjunct, it cannot, as previously observed, be regarded as absolutely pathognomonic when considered alone in establishing a diagnosis of organic from functional hemiplegia.

A. C. S.

Clinical Medicine

CHOREA.

Some years ago while practicing in Maryland a lady consulted me concerning her sixteen-year-old daughter, who had chorea. She stated that the daughter had been afflicted with the disease more or less continuously for three or four years, and that much of this time she could not attend school because of this trouble. Some months prior to her coming to consult me she had taken the patient to Philadelphia and placed her under the care of Weir Mitchell. Dr. Mitchell treated her for a month and finding her somewhat improved at the end of that time, sent her home. He told the mother under no circumstances to employ a Homeopath, but directed her to place her daughter under the care of an allopathic physician and to continue the use of arsenic. These directions were followed.

After a time symptoms of arsenical poisoning developed and the patient became quite ill. The physician said she had *malaria*. The arsenic, however, was discontinued and the patient recovered her usual health, the choreic symptoms remaining. The parents were then inclined to try Homeopathy, hence the present visit.

After inquiring into the case further I prescribed *cimicifuga*.

I heard nothing more of the patient for a period of six weeks, when one day I met the mother on a car. She said she was ashamed to see me, as she had not given my medicine a fair trial, but had taken her daughter back to Philadelphia to Dr. Mitchell, who had put her to bed for the rest cure. The patient had a trained nurse and all other attention necessary to make her comfortable and satisfied.

After six weeks of this treatment she was no better and was taken home—this time without directions as to medicine or doctor.

I was now asked to take charge of the case, and called on New Year's day. I found her to be a tall, thin, pale, anæmic, poorly nourished girl with choreic movements of the arms and at times of the legs, also drawing and twitching of the muscles

of the face. The latter movements sometimes played about the eyes and forehead, at other times about the cheeks or mouth. These spasmodic movements gave the face a strained appearance bordering somewhat on the sardonic occasionally. She was quite sensitive about these symptoms, therefore rather shy and retiring in manner.

Careful inquiry brought out the fact that these movements continued in some measure during sleep.

In the provings of Zizia Aurea, as recorded in *Allen's Hand Book* and other works on Homeopathic materia medica, are to be found symptoms like the following: Chorea, especially during sleep, fidgety legs, twitchings of muscles of face and upper limbs, etc. I therefore prescribed Zizia.

Within forty-eight hours the patient showed signs of improvement and went rapidly on to complete recovery, and that in a very few weeks.

The following summer the young lady was sent to Germany to school and was absent two years.

Sometime during the second year there was a slight return of the facial symptoms. On being again appealed to I sent her a prescription for the remedy. The apothecaries whom she consulted knew nothing of such a drug so she sent to London for it, and received a dark liquid which in no way resembled that which I had given her. She took it but obtained no benefit.

Upon her return home I gave her a supply of the genuine remedy and she was promptly cured. Shortly after this she married and now has two children and is perfectly well.

It is perhaps needless to add that the family continued to use homeopathic medicine thereafter.

Colorado Springs, January 24, 1904.

U. A. SHAUTTS, M.D.

A CASE.

Mrs. H., aged 48 years; tall, light blue eyes and light hair, American born, of well-to-do parents. I was called at 4 p. m. and found her suffering with bone pains, the pains being most severe in the hips and worse when patient was at rest; flushes of heat to face; cannot endure anything tight about her, especially around her neck; had sinking spells during the night; heart be-

gan paining her severely the second day, pains cutting at times, sensation as though the heart was grasped by an iron hand; feeling as of lump in stomach, complains of lump in the throat, dull heavy pain in stomach extending to the seventh dorsal vertebra. Has had dyspepsia and a weak heart for years, so her husband says. The next night she began chilling at 10 p. m. with nausea and vomiting during chill, which lasted six hours, and was followed by a temperature of 103 degrees at 5 a. m. The following night the chill was of shorter duration and the temperature reached 104 degrees, pulse 120 and weak and compressible; patient very restless. The fifth day the abdomen became tympanitic, the pains in the bowels were sharp, lancinating, and became almost unendurable; the sixth day there was much gas and rumbling in the bowels; the heart continued to pain her severely and the pains radiated to the spleen and over that region. The patient became much discouraged and often spoke of dying. Another physician was called in consultation, and he diagnosed the case typhoid fever, and advised the administration of calomel and quinine. To this I did not consent. At this time her bowels began moving about once an hour and every stool was accompanied with severe tenesmus, nausea and vomiting; preceding each stool she would be deathly sick at stomach. On the fourteenth day the tympanitis began to subside and the patient improve; the convalescence was very slow. What little sleeping she did always aggravated her and she would awake feeling worse and with a feeling that she was crazy and was invariably standing on her head and her feet up in the air. This peculiar symptom continued for over two weeks. While treating the case I gave rhus, cactus, digitalis, arsenicum and lachesis as they seemed indicated. I had favorable results from rhus and lachesis. I now think sachesis would have been sufficient, but I can't reach the present symptom she has of standing on her head.

S. B. LESLIE.

Okmulgee; Indian Territory.

COMMENT.—In a subsequent letter from Dr. Leslie he recalls that while a student in the Denver Homeopathic College, his professor of materia medica instituted some experiments with the class when lecturing on Glonoine, Amyl Nitrite, etc. The doctor was the subject for Glonoine; he took it in a low potency. One of the experiences he realized was a sensation that he was "standing on his head and his feet were up in the air." This experiment has

been repeated a number of times in the history of the college, and in the majority of cases this symptom has been reported by some of the experimenters. The doctor reports his patient improving.
W.

ECZEMA

Eczema is an inflammatory disease of the skin. It may be either acute or chronic—perhaps the majority of cases are of the latter class. It is not regarded as contagious. In the earlier stages there may be developed various lesions as vesicles, papules, pustules, or a combination of these, and we have infiltration and thickening of the skin, the formation of crusts or desquamation. All parts of the body are liable to attack, frequently it is confined to some locality or member, as the hands, arms, legs, thighs, scalp, face, cheeks or ears. It may be constitutional. More probable it will be constitutional with a parasitic condition as a consequence.

A case: Woman, aged 36 years, weight 164 pounds, mother of four children, rather plump in form but lacking the red tint of perfect health, surface pale and often cold; general health fairly good. For twelve years has been afflicted with eczema of both ears involving the entire external ear and extending about an inch on the surface surrounding the ears; the entire diseased surface was covered with crusts that cracked easily on bending and exuded a watery, sticky fluid that seemed irritating and excited severe itching. Under the crusts and in the cracks the appearances were very red and angry looking, this seemed especially aggravated behind the ears where they joined the head. Beneath the ears and along the sides of the neck the glands were enlarged, but gave no evidence of acute disease. The auditory canal was dry and itchy; the hearing was not impaired.

After a careful study of the case Graphites 6x was given, a tablet once daily. The patient was advised in regard to diet and general habits and told to report in two weeks. At the next visit there was evidence of improvement, the remedy continued and at the expiration of two months the only evidence remaining was a slight redness and some thickening of the skin, all of which soon passed away, and up to the last report, which was twelve years later, there was no return of the trouble.
W.

Department of Eye, Ear, Nose & Throat

MASTOIDITIS.

Mastoiditis has come to occupy the same place at the hands of the aural surgeon as does that of appendicitis at the hands of the abdominal surgeon. A few years ago patients were cured or allowed to die of inflammation of the bowels without, in the first place, the condition being well understood, and, in the second place, no other known means of treating it than remedial and local measures to allay the inflammation, or, at most, to make a large incision for drainage, and allow it to heal by granulation. Now they know that under proper surgical procedure many of these hitherto fatal cases can be successfully operated and the life of the patient saved. So, too, with these ear complications. Not many years since mastoiditis, with its numerous complications, was little more known than in name so far as operative treatment was brought to bear; cases were cured, or allowed to die of cerebral abscess, meningitis or sinus thrombosis, or to go through life with a dangerous suppurative process, because nothing more was known for relief than local measures, remedies, and, at most, a Wilde's incision, or a crude attempt at entering the mastoid antrum by means of the trephine. To-day they know differently. Careful study and experience have established a classified series of symptoms, whose significance can readily be interpreted, and now timely operation is the means of saving many formerly fatal cases.

As in appendicitis, there are undoubtedly cases operated which might have been avoided, but it is not saying too much to maintain that there are many more in each of which a timely operation would have saved the life of the patient. The analogy might be carried farther but sufficient is herewith presented to establish the relationship resulting from progressive surgery.

The etiology of mastoiditis will more readily be understood if we briefly review the anatomy of this region. Directed posteriorly and superiorly to the middle ear proper we have a narrow passageway, the aditus, lodging at its entrance a portion of the ossicular chain, and ending in a chamber, of variable size in dif-

ferent subjects, known as the *mastoid antrum*. The roof of this cavity and of the middle ear forms a portion of the floor of the middle fossa of the cranial cavity. The remaining portion of the mastoid process, lying posteriorly to the plane of the external auditory meatus, may contain large cells—the pneumatic type, it may contain only small spaces—the cancellous type of bone, or it may be a compact mass of bone—the sclerotic mastoid. The character of this bone has much to do with the extent of involvement of it.

Etiologically mastoiditis may be the primary seat of trouble, though probably this is not frequently the case, or it may be, 1st, an extension of an acute otitis media; 2d, an exacerbation of a chronic suppurative otitis media; 3rd, an exacerbation of a chronic mastoiditis.

According to Blake, — “Secondary inflammation occurs through the antrum as a consequence of one of three conditions: 1st, an acute congestion, generally in its incipiency, a vasomotor neurosis; 2d, an acute catarrhal inflammation originating with a disturbance in the naso-pharyngeal mucous membrane and extending progressively, often rapidly; 3rd, and this, possibly, the most prolific source, as a sequence of chronic suppurative disease of the drum cavity, sometimes of long standing and with or without already established necrotic process therein.”

Back of all this the influence of la grippe in causing the primary trouble is most important. The pathological state of la grippe upon all mucous membranes being essentially catarrhal in nature, it is perfectly natural to find the post-nasal and faucial mucous membranes, perhaps first, and most markedly affected, and with this a rapid extension along the Eustachian tube to the tympanum.

The catarrhal inflammation causing swelling, and, consequently, partial or complete obstruction of the tube, the catarrhal secretion accumulates in the tympanic cavity, the inflammation extends to the antrum, and later changes to the suppurative type. It is remarkable how quickly in some cases suppuration takes place, or at least, if slower, there are no subjective symptoms to indicate trouble until a few hours before the membrana tympana ruptures, and is followed by a discharge of pus and an immediate amelioration of the pain and soreness.

The symptoms are usually prompt in manifesting themselves

and are sufficiently severe to require vigorous measures for their relief. The symptoms of an acute otitis media are present and frequently intensified. They are severe pains which involve more or less the entire side of the head. This pain is very severe with exacerbations and slight remissions. It may, however, be very slight, but may usually be elicited on pressure. This symptom is significant as it indicates both the presence and the location of the inflammatory process. Its absence does not exclude mastoid involvement, and it is often overlooked unless deep pressure is made. In a case recently treated by the writer its presence could be demonstrated only by percussion over the antrum. The location of the objective pain is most often marked directly over the antrum, and if the tip is involved, here also. Later in the process it may extend farther back, or anteriorly in region of zygomatic process. There is a sense of fullness in the ear, some sore throat, the temperature is usually not high—at the onset it may reach as high as 101 or 102 degrees, while in children it may go as high as 104 or 105 degrees, but in a day or two there is a decline to, usually 99 or 100 degrees, from which there is only slight fluctuation; increase in pulse-rate, some thirst and general malaise are present.

Objectively, usually early there is a profuse discharge of yellow, creamy, and sometimes bloody, pus, which often greatly lessens in quantity, or entirely subsides. The membrana tympana is greatly congested, bulges outwards if not perforated, and usually even if perforated, unless there is a large opening, pulsation of opening, sagging of the posterior-superior wall, more particularly at its inner extremity—a symptom, said by Dench to be diagnostic, is generally present, and is absent when the inflammation has left the antrum and continues in other parts.

Over the mastoid, swelling and tumefaction may, or may not, be present; the same may be said of redness. Both are nearly always present and both vary in degree very greatly.

The onset is usually very sudden and marked, and in a few days has reached such a stage as to make complications of a serious nature possible.

One might suppose that the diagnosis would not be an especially difficult matter to determine, but numerous cases are cut down upon in which no pus is found in the antrum nor in the cells, and yet all the symptoms seemed to point to positive mastoid dis-

ease. On the other hand many cases are operated after considerable delay, simply because certain vague and indefinite symptoms, such as dull, recurring headaches, a sense of uneasiness, with occasional remissions of pain, were present, and extensive necrosis was found to exist, with the presence of quantities of pus, and not infrequently serious cerebral complications.

The assumption is, naturally, that in the former case, although there was a suppurative process present in the tympanic cavity, the inflammation in the mastoid had not gone beyond the catarrhal stage; while in the latter, a slow suppurative inflammation existed from the first, but with a subsidence of the active symptoms. The difficulty in diagnosis confronting the surgeon necessarily extends to the treatment. In the earlier stages, efforts are directed to aborting the inflammatory process; failing in this, operative measures must, of necessity, be brought to bear. The literature of to-day on the subject of mastoiditis, teems with the pros and cons on the treatment of this affection, the one side favoring early radical procedure, while the conservative (?) element favor postponement of operation as a dernier resort. Were the dangers from delay less formidable one could easily incline to the conservative course in the treatment, but when this tentative course is fraught with such serious possibilities, one is scarcely justified in persisting in palliative measures, unless he be alert to every symptom and be able to correctly interpret it.

Before considering farther the subject of treatment let us determine what these serious complications may be. Bearing in mind the location of the mastoid process, its proximity to the cranial vault, if its cells be involved in an acute suppurative inflammation, this process may, and very likely will, extend, perhaps, first to the contiguous cells, and then from pressure, and the natural process of inflammatory extension, follow the course of a nerve or blood vessel into the cerebral coverings, producing an epidural abscess, a leptomeningitis; or penetrating more deeply, infect the brain tissues, producing a brain abscess. Again, the bony tissue lying directly over the lateral sinus may infect the tunics, inducing a sinusitis, which will, very likely, be followed by thrombosis and embolism. Extension along the track of the sinus into the cerebellar fossa may cause basilar meningitis or cerebral abscess.

Again the extension may be downwards into the cervical tissues where there may be formed, as in a case recently operated, an abscess in the deep cervical muscles. Cases are reported where there was extension and involvement of the labyrinth. Out of 40 cases reported by Drs. Arnold Knapp and C. H. R. Jordan, 6 were of caries with labarynthian fistula, while 4 had intracranial complications.

(To be Continued.)

Department of Skin & Venereal Diseases

[EXCERPTS FROM FOREIGN HOMEOPATHIC JOURNALS.]

SULPHURIC ACID IN SYCOSIS CONTAGIOSUM.

Allgemeine Homopathische Zeitung (Band 148, No. 1), Dr. Med. Mossa, Stuttgart.

A young man suffering with a severe form of sycosis contagiosum which he contracted from being cut with a razor which had been previously used by a person suffering from a similar disease. At first there appeared a red spot on the chin. There was much itching and he scratched it frequently. The spot grew worse. The scabs increased in size, and pustules formed, with much burning. Groups of pustules now began to form. The exudate, drying, formed turburcles. The hair became dry and brittle and lustreless and was easily pulled out. Bare patches were formed upon the face. A spray of sulphuric acid 3rd was now ordered, to be used three times daily, and internally the same remedy, three drops in a wineglass of water, also three times daily. After eight days the chin appeared much better. The remedy was continued several weeks longer, when his suffering had practically disappeared. The acid in this case acted as a parasiticide, locally, and internally it relieved his constitutional symptoms.

Dr. Parenteau remarks that frequently the pustules withstand the treatment very tenaciously and that in such cases he uses the acid locally as well as internally, for a long time, but it soon shows its action in the bettered appearance of the pustules. Even in cases where antimonium tartaricum is the true simile-

mum, he uses the acid as a local application and with excellent results.

THE EFFECT OF CHRONIC COFFEE DRINKING UPON THE SKIN.

Dr. Perfetti, in a dissertation upon the above subject, gives a very interesting study of the effect of coffee upon dermatosis. It will be remembered as an historical fact that Hahnemann's researches upon the dermatosis of coffee have become classical. Dr. Perfetti has determined that the action of chronic caffeismus upon the skin is a pruritus in various forms. The patient describes it as a feeling as if the skin had been stroked with a feather, then a creeping sensation, as if an insect were crawling and constantly changing its course; again, a sensation of burning, stitching, drawing.

The pruritus is either severe or mild and diminishes upon mild pressure or rubbing. At other times it is in the deeper tissues and has a boring sensation and the patient is driven to distraction by the great desire to scratch. Therefore in some cases he notes but a mild congestion and in other cases excoriation of a severe type. The itching at times disappears; at other times there are but slight remissions, and it is always better toward evening. The pruritus matutinus, even though quite severe, never reaches a very high degree, and always disappears at night. At day time, warm or cold air, a draught, barometric depressions, sweat, mental work, physical labor, etc., has no effect upon his usual physical condition, but immediately after taking coffee, particularly if taken hot, all symptoms of caffeism are called into activity again. The location of pruritus may cover the entire body (Puniversalis) but the parts mostly affected are the forearm (anterior and posterior surfaces), the face, the abdomen, the neck, the regio-genito analis, the pubis, the vagina, the vulva. Where the intensity of the pruritus is not carefully watched, changes in the vitality and nourishment of the skin takes place. The scratching causes congestion, redness and inflammation of the skin. Sometimes thick papules form, at other times little excoriations covered with dark blood. Various other eruptions may take place resembling prurigo-lichen or eczema, according to individual predisposition. The action of chronic coffee poison upon the organs of digestion manifest themselves in acidity, eruption,

nausea, vomiting, heartburn, cramps, pain in the region of the heart after eating, anorexia, constipation alternating with diarrhoea, and sometimes colic and tenesmus. A train of symptoms resembling somewhat chronic alcoholism, or among the French, chronic absynthism. He also notes liver disturbances, pain in the right hypochondrium which extend into the shoulder. Dislike for nourishing foods, especially meat, excessive urination or retentio urinæ. It is remarkable that Hahnemann, who assigned to coffee such a toxic place, has overlooked the special skin symptoms which it produces. Brown-Sequard wrote a dissertation on coffee before Dr. Perfetti, in which he states that in many cases of pruritus the disease stands very close to caffæism. He mentions an exceedingly obdurate case of pruritus in a servant girl, wherein the patient discontinued the use of coffee, and in two or three weeks all symptoms disappeared, but immediately returned upon the use of coffee.

He quotes from Dr. Marc Jousset, who says, "That the habit of coffee drinking, even though in moderation, must be prohibited in all cases of 'pruritus,'" and he recommends the use of *cofea cruda* in *urticaria pruritus ani* and *vulvæ*, and in such cases of pruritus when the symptoms are worse toward evening, but always better at night.—*L'Art Medical*, September, 1903.

GRAPHITE IN THE TREATMENT OF HERPES ZOSTER.

Dr. Boniface Schmitz-Anvers, *Journal Belge d'Homeopathic*, No. 3, 1903.

Dr. Schmitz treats elaborately of the therapeutics of zona with special reference to graphite in its treatment. *Rhus* and *arsenicum* are frequently indicated in the beginning, and unquestionably do good work at that time. They are especially useful for the eruption, but graphite is essentially the remedy for the accompanying neurosis. It works quickly, profoundly, and is permanent in its effect, and is especially useful for the constitutional discrasia which is responsible for the zona. He cites the following cases which came under his observation:

Case I.—January, 1903. A nun, age 70 years; case very complicated. Constitution very poor, right sided zona thoracica. Pain and herpetic eruption, cough-hæmoptysis. Apis 6, graphite 6.

February 1—Improvement. Repeat. The pains disappeared almost from the beginning of the treatment.

April 30—Ferum phos. 3, arnica 1, dec. 10 drops; cough with blood; hæmoptysis. Millefol 6.

May 3—Improvement (cough).

June 17—Improvement; ferum phos. 3, arnica 1, dec. 10 drops, millefol 6, thuja 1 dec., 10 drops.

July 27—Improvement; graphite 1, arnica 1, dec. 30 to 40 drops; patient well. Remark that though the remedies were frequently changed and their indications not clearly given, the results were satisfactory.

Case II.—Lady 60 years old, sanguine temperament, bilious; for many days severe stitching pain, worse on inspiration on the right side of thorax, accompanied with characteristic zona eruption.

December 19—Aconite 3, mezereum 6, bryonia 30th.

December 24—The eruption has nearly disappeared; much pain, worse at night; prunus spinosa, 1 dec. 5 drops.

December 25—Somewhat better; prunus spin. 1 dec. 5 drops, apis 1 dec. 5 drops; next night slept for the first time; still has pain; phosphates in the urine; prunus spin. 1 dec. carbveg. 6 and 3rd.

December 28—Better, but still much pain; opium 3rd, china 3rd.

January 4—Status quo; graphite 3.

January 6—Much better; repeat.

January 8—Improvement continues.

January 22—Graphite 30.

February 15—Complete cure.

Case III.—Lady 77 years old; bilious temperament; zona incipens.

June 17—Eruption with pain; thuja 3.

June 27—No change; graphite 3.

July 1—Better but still some pain; mezer. 6.

July 4—Much better; graphite 1; 5 grs. pro die.

July 10—Patient cured.

Case IV.—Girl 16 years old; orphan from an orphanage; brunette; delicate skin; gray eyes. For ten days has had herpetic eruption on thorax, with severe pain on right shoulder blade and arm. Ferum phos. 1, apis 1, dec. 10 drops.

July 9—Better; no pain; repeat.

July 18—Cured. Remark, in this case, graphite was not indicated because neuritis was absent.

Case V.—A nun 62 years old; bilious temperament; for 12 days has had piercing, shooting and long continued pain on the left side of abdomen; sleep hindered. On examination found zona abdominalis; the tongue is white, appetite changeable; stool regular.

August 7—Graphite 3.

August 17—Better from the first day; pains continue; graphite 3, opium 3 in alternation.

August 22—No more pains; graphite every third day, one dose.

August 30—Complete cure.

Case VI.—Eight-months-old girl; whooping cough for the last six weeks; two incisors came through a week ago; mother has noticed an eruption on the hip for two weeks; sleeps poorly; cries very much; stools normal. On examination found on the left hip and nates a zona eruption.

October 20—Graphite 3 dec.

October 21—Sleeps better; cries less; repeat.

October 22—Eruption is drying; general condition good; the whooping cough is better; repeat.

October 27—Nearly well; placebo.

October 28—A little fever; china 1 dec. 2 drops; cure.

Abstracts of Reviews

HEART DILATATION AND ITS TREATMENT.

Anyone who has the privilege of reading the *Therapeutic Gazette* and does not at least scan the correspondence department, especially the letters that appear with great regularity from London and Paris, misses what is many times the most valuable part of the entire journal.

In the London letter of the issue of December 15 of the *Gazette*, Dr. George F. Stell reported several lectures and addresses given by distinguished medical men in London recently, and among them is a synopsis of a paper read by Dr. Hale White before the Hunterian Society, on heart enlargement.

He pointed out that the function of the pericardium is not merely to act as a lubricated layer to enable the heart to perform its function with the minimum of friction; it acts also as a support to the heart to prevent its overdistention.

In pericarditis the pericardium is softened and sodden so that it affords less support to the heart than in its normal state, and the consequence is a dilatation of the heart, an attending myocarditis may contribute to this result. When adhesions occur while the heart is still dilated, the adherent pericardium prevents the heart from recovering its normal size. In any case of pericarditis the goal to strive for is the prevention of dilatation as far as possible, and if present it must be corrected as quickly and completely as possible, in order that it may not be rendered persistent by adhesions occurring while it is present. The indications are therefore very clear in the treatment of these cases; the supporting membrane is softened and without tone, the myocardium is less firm than in health, hence we must reduce the strain that is put upon these structures to the greatest possible degree and this is done most easily by maintaining the intra-cardiac pressure as low as possible, and allowing the minimum of labor to the heart itself, and both these objects are accomplished by prohibiting all exertion by the patient and keeping him absolutely recumbent; he must not be allowed to get out of bed or to sit upright, and any such straining as constipation or vomiting would involve must be care-

fully avoided. Food must be given in small quantities only and at short intervals for obvious reasons. Abdominal distention would act injuriously and favor heart dilatation in two ways, first by direct interference with the action of the heart by upward pressure, and second by the compression of the intra-abdominal capillaries and the consequent raising of the intra-cardiac pressure.

The use of alcoholic stimulants is to be avoided; they raise the blood pressure, and so throw extra strain upon the heart. Sleep is to be promoted as it lowers the blood pressure and slows the pulse.

Dr. Hale White admitted that opinions were divided as to the value of digitalis in pericarditis; there is the objection that digitalis raises arterial pressure, but against this is to be set the undoubted potency of digitalis in contracting a dilated heart.

The duration of absolute recumbency in pericarditis is always a difficult question to decide, and on this point Dr. White gives some useful advice. He believes that very few of these patients should be allowed to sit up in less than six weeks after the temperature had reached normal, and that even then only a few minutes at a time of sitting up in bed should be allowed, and very gradually sitting out of bed and standing should be tried.

THE PREVENTION OF PUERPERAL SEPSIS.

The nature and source of this serious state is now so well understood that it would seem comparatively easy for any one fairly well acquainted with the theory and practice of asepsis to formulate his own technique for the management of lying in patients, but suggestions from capable and experienced practitioners will always be welcomed, therefore we give an abstract of Edgar's discussion of this subject in the *Medical News* of October 17, 1903.

A physician who is dressing suppurating wounds, attending cases of erysipelas, scarlet fever, diphtheria, or other cases of infectious disease should not attend obstetric cases if he can help it; if he can not avoid doing so, he should take a full bath, change his clothing, disinfect his hands and arms with special care, and make no vaginal examinations unless imperatively called for, and then only with his hands encased in sterile rubber gloves.

The habit of cleanliness even to the degree of fastidiousness should be acquired by one who practices obstetrics; he should bathe frequently, should wear clean clothing, keep his nails trim-

med short and carefully cleaned, and his hands immaculate. The nurse should be free from any infectious disease, and from suppurative rhinitis or other purulent disorder, or skin disease, and she should not have recently attended a case of infectious or contagious disease. She should have had a full bath and change of clothing, paying special attention to the hair, which should be well washed with soap and water, then with plain water, then with a bichloride solution (1:1,000). She should be expressly forbidden to give douches while cleansing the external genitals.

All instruments or other appliances which are to come in contact with any part of the parturient canal should be thoroughly asepticized by scrubbing with green soap and water, attention being paid to cracks and crevices, then *boiled for not less than twenty minutes*. They should then be kept in a solution of carbolic acid or lysol until needed, or they may be used directly from the sterilizer.

It is of the greatest importance that sterile rubber gloves be made use of if the physician has recently been in attendance upon any case of infectious or contagious disease, and in all cases during and after the third stage of labor.

The author believes that one vaginal examination early in the first stage and another after rupture of the membranes should be all that is required by the experienced accoucheur, and by the latter he means one who has diligently sought to make himself familiar with abdominal palpation and the clinical history of labor as means of determining the nature and progress of the case.

He cites Leopold and Orb in support of the practice of external methods of examination only. Among the first 1,000 cases of these observers, there were errors of diagnosis in only 6.5 per cent., while in the second thousand the percentage of errors was 1.77.

SOME PALLIATIVE EXPEDIENTS.

Wynter's suggestions in *Treatment* for September, 1903, seem valuable, and a brief summary of them may be useful to our readers.

Exposure to the heat of a red-hot coal fire is effective in subduing the almost unbearable irritation of chilblaine. The irritation is at its maximum severity for about two hours out of the twenty-four and can be controlled by holding each foot for a min-

ute or two as near the fire as can be tolerated—steeping in very hot water is almost as effective.

The same expedient will relieve the itching in eczema and psoriasis, and it is recorded that the Emperor Napoleon I. spent much time sitting in hot baths for the relief of a life-long eczema of the thighs.

The irritation of pruritis ani may be greatly mitigated by the use of hot rectal douches. The temperature of the water must be as high as can possibly be borne by the patient. The relief by this means is temporary only, but is greatly valued by the patient and the rest from friction locally and the respite to the nervous system, ultimately lead to recovery.

A simple and effective means of applying dry heat, particularly to joints, is afforded by sand, loosely enclosed in a flannel bag with linen lining, baked in an oven, and closely packed around the part. The effect lasts for half an hour, and is both comforting and curative in chronic joint inflammations, and lumbago or muscular rheumatism.

The doctor's method of improvising a Singapore chair in bed provides for pulmonary and cardiac patients as well as for convalescents from other disorders a very secure and comfortable position. On an ordinary flat mattress or on a feather one, the patient suffering with orthopnoea finds the sitting posture a most uncomfortable one; the pelvis is flexed and the body supported only by "skin-friction" tends to slide away from its support, the clothes become "rucked," and the patient is only maintained in his position by muscular effort and the frequent attentions of the nurse.

By placing a firm bolster across the middle of the bed under the mattress, a double inclined plane is formed, which with pillows and bed rest affords a firm support; the weight of the body is received through the ischial tuberosities in a line with the spine as the patient sits with buttocks resting against the upper plane, and there is no tendency to slipping down, and no need for muscular effort.

Current Events

In the death of Dr. Horace M. Paine of New York, that occurred the 6th of last December, the profession loses a valuable member. He was a man of convictions and labored to advance in every laudable way the cause in which he was interested. He was a staunch friend of and valuable worker in the cause of higher medical education; he believed in organized effort and took part in the creating of a number of medical societies; he was interested in the subject of medical legislation and devoted much time to its consideration. He wrote extensively and on a variety of subjects.

* * *

CEROPATH is the latest. Such a designation has been reported in the city of brotherly love. D. S. T. was explained as "Doctor of Suggestive Therapeutics."

* * *

Crouzon and Marie of Paris report remarkable results in the treatment of neuralgia by the subcutaneous injection of atmospheric air; lumbago, neuritis and herpeszoster are cured by this method of treatment.

* * *

A letter just received from Dr. L. S. Ordway, who is in California, states that his wife is not improving as they had hoped she would by the change of climate. The doctor and his wife have the sympathy of a large circle of friends. We hope soon to learn of her improvement.

* * *

The next regular meeting of the Denver Homeopathic Club will be held Monday, February 15, at the Adams Hotel.

* * *

Dr. E. Weldon Young of Seattle, Washington, has been suffering from typhoid fever of a severe type. We hope he may soon recover. The doctor is a personal friend of the editor of *PROGRESS* and during Dr. Strickler's recent visit to the Northwest he spent some very pleasant hours with him.

Dr. W. A. Sechrist of Alpena, Michigan, has recently come to Denver and contemplates locating here permanently. He has opened office for business at No. 1437 Logan avenue.

* * *

Dr. C. W. Enos has gone to New York City on an important business trip. He will be gone several weeks. During his absence Dr. Clinton Enos will take care of his business.

* * *

Dr. Wilson A. Smith has severed his relations with the *Medical Visitor*, as editor. The January number is confessedly editorless. The journal has very much the same appearance as of old, and we hope arrangements may be made that will permit it to continue its work as an exponent of good medical doctrine. What Dr. Smith's future plans are we are not informed.

* * *

Hyoscin hydrobromate 1-200 gr. given hypodermically has been used with decided success in the treatment of persons given to the excessive use of morphine, chloral and other narcotics.

* * *

Dr. Luther J. Ingersoll is now in Delta county. The doctor was called there last fall to attend some cases of typhoid fever, and business has been so satisfactory he has remained to the present time. The people of Delta county know a good doctor when they try him.

* * *

We have received the following with a request to place it with our news items. We do so and commend the idea to the Denver Homeopathic College. An afternoon when the best men of our profession can give an hour to the presentation of live subjects would be both interesting and profitable

* * *

"The faculty cordially invites you to attend an afternoon of special lectures at the New York Homeopathic Medical College, Wednesday, January 27th, 1904.

"1 to 3—Conservatism in Gynecological Surgery, with Operative Clinic. By H. F. Biggar, M. D., of Cleveland, Ohio, formerly professor of gynecology in the Cleveland Homeopathic Medical College

"3 to 4—*Cimicifuga Racemosa*. By W. A. Dewey, M. D., of Ann Arbor, Michigan, professor of materia medica, University of Michigan.

"4 to 5—Practical Application of Homeopathic Remedies. By J. B. Gregg Custis, M. D., of Washington, D. C., ex-president of the American Institute of Homeopathy.

"5 to 6—An Illustrated Lecture. Subject: 'A Little Salt.' By Frank Kraft, M. D., of Cleveland, Ohio, editor of the *American Physician*."

* * *

The crowded condition of the medical profession that seems to agitate our friends of the other school so seriously does not apply when homeopathic physicians are under consideration. Our colleges are constantly being called upon to send physicians to places where no representative of homeopathy has yet located. F. N. Uhrlaub, Riverside Farm, Hagerman, Idaho, is the latest. He writes: "If you can send to our settlement a bright young doctor who does not drink heavily nor gamble, we will guarantee him a good practice." Write to the above address.

* * *

The ladies of the Homeopathic Hospital Club gave a very enjoyable and successful turkey dinner for the benefit of the Free Bed fund, Thursday, February 4th. The attendance was large and the service excellent. Great credit is due the good ladies that did so much in the way of work, soliciting and serving on this occasion. It was the first annual dinner, and we hope it may be repeated each year with increasing interest and success. We are not informed as to the amount realized from the dinner, but it is certainly quite large and will greatly help the institution for which they are working. One good friend sent in a check for \$50, which came as a surprise but was very thankfully received. The thanks of all interested in the success of our institution are due to the ladies.

* * *

The program for the January meeting of the Denver Homeopathic Club consisted of the annual reports of officers, which showed the club out of debt and with a small balance on hand. The retiring president, Dr. W. J. King, read his address, in which he gave play to his imagination, and also indulged somewhat in prophecy. We hope some of the good things promised may come true. This was followed by the election of officers for the coming year, which resulted as follows: President, Harley

what in prophesy. We hope some of the good things promised retary, Carolyn D. Beebe, M. D.; treasurer, J. W. Mastin, M. D.; board of censors, C. E. Tennant, M. D.; W. R. Welch, M. D.; R. P. D. Brown, M. D. During the past year the attendance has been good, and the papers presented have had a good reception, in many cases the discussions have been extended and interesting. We hope all will unite to make the coming year the best in the history of the club.

* * *

Dr. Henry G. Merz has changed his residence to No. 452 Evans street. Office in Nevada building.

* * *

In three days of investigation along all lines the following testimony may not be amiss: For thirty years and more the Board of Health of the former city of New York, now the Borough of Manhattan, has had full access to the public schools for vaccination purposes, and special vaccinators have been assigned to this work, making a complete round of the schools once in three years. During the period of thirty years, not a single case of smallpox has occurred in these schools, of either school children or teachers. In Brooklyn, notwithstanding the repeated attempts, the Board of Health has never had such access, the Board of Education strenuously opposing it, and no systematic vaccination has been done among the public school children. As a result, since January 1, 1902, there have been twenty-two cases of smallpox among the children attending the public schools of Brooklyn. In New York no case in thirty years; in Brooklyn twenty-two cases in three months. In the Kingston Avenue Hospital, to which smallpox cases occurring in Brooklyn and Queens are taken, there have been received 201 cases since February 5th of the present year. Not one of these have been successfully vaccinated within seven years. There have been in that institution twenty-six deaths; of these fourteen had never been vaccinated, and the other twelve, all adults, had never been successfully vaccinated since childhood. Such facts as these need no comment, and it should stop the mouths of those who oppose vaccination, and should make everyone not only willing but eager to accept the protection which a successful vaccination bestows. It may be of interest to state in this connection that nowhere is opposition met by the vaccinators of the Health Department; but, on the contrary, wherever their services are proffered they are received with open and bare arms. The vaccinations in the city of

New York amount to more than 30,000 a week, of which 10,000 are performed in Brooklyn. The vaccinators are now visiting the 466 establishments of Brooklyn, in each of which more than fifty hands are employed. In a few weeks this ground will be covered, and vaccination will have been offered to probably more than 50,000 factory hands; in the meanwhile the public schools are being systematically visited, the old rule applicable to Borough of Manhattan being now in force in Brooklyn as well. If to the vaccinations performed by the public officials are added those done by the family physician, the number must reach a very high figure.—*Brooklyn Medical Journal*.

* * *

The wonderful new element, radium, believed to be a cure for cancer, is said to be found in Colorado. A patient on whom its curative properties were tried "complained of a burning sensation in the cheek, which became unendurable after about forty minutes. The swelling began to go down immediately, and the growth began to disappear after the treatments had been continued a few days." A stronger application was made, and it is said in six weeks the cancer, which was on the cheek, entirely disappeared.

* * *

Dr. Giles P. Howard, No. 1807 South Pearl street, has been sick for a week past; his son also has been a sufferer from pneumonia. We are glad to learn that both are now out of danger and are rapidly regaining their health. The students are anxious to have Dr. Howard with his classes again.

* * *

Vertebra Quinta of the Ustion fraternity is having a prosperous year and doing its work in the interest of medical education in a most efficient way.

* * *

Dr. Benjamin F. Bailey of Lincoln, Nebraska, has recently made a trip into Colorado, visiting the cities along east of the range and renewing his friendship with the physicians in this part of the state. The doctor always receives a cordial welcome from the homeopathic physicians of this locality.

* * *

We learn from the local papers that the authorities having the management of the county hospital in hand have decided to increase the time required for the course of instruction for the nurses' training school from two to three years. This is

in keeping with the best schools. This institution has made a good name, and the students graduated from it have been well received by members of the medical profession.

* * *

We quote from Dr. Rand of Worcester, Mass., in the *Homeopathic Recorder*:

"The following verse is of value to student and physician. It is the most complete resume of heart sounds that I know of, and has been of use to me many times:

" 'At apex mitral sounds are heard,
The rest, this way I learn 'em:
Aortic right, pulmonic left,
Tricuspid 'neath the sternum.' "

* * *

PROGRESS extends to Dr. Geo. E. Brown hearty congratulations on his safe return from the West. He has spent some time with his family at Los Angeles, California, and enjoyed to the full all the grandeur and beauty of that popular winter resort. The doctor is well known to the readers of this journal as the editor of the department of Abstracts and Reviews. His many patients and friends, and the students of the Denver Homeopathic College are greatly pleased to have him at his post of duty again.

* * *

Dr. Emil G. Freyermuth, formerly of Denver, is figuring in the deliberations of the Northern Indiana Medical Association. The doctor was for many years a member of the faculty of the Denver Homeopathic College as Professor of Obstetrics. His old friends in Colorado entertain a high opinion of him as a lecturer and as a writer of no mean ability. We are pleased to see the doctor coming to the front in his new home.

* * *

The students of the Denver Homeopathic College celebrated the removal of the college from the rooms at the hospital to the larger and more commodious quarters in the Pioneer building, by an informal social, Friday evening, January 22nd. The faculty, students, board of directors and the friends were invited. Light refreshments were served by Herbert, the caterer. Music and dancing gave the younger people a chance for real pleasure, while the older and more sedate enjoyed examining the laboratories and exploring the mysteries of the anatomical and clinic rooms. It was a most enjoyable occasion and adds another to the many pleasant memories of the Denver Homeopathic College.

Dr. Frederick A. Faust of Colorado Springs recently cured a case of atonic dyspepsia of ten years' standing with *Abies Nigra* IX. The symptom that led to the selection of this remedy was the one and only characteristic it has, to-wit: Sensation that the patient had swallowed a hard boiled egg. Dewey says: "A sensation as if the patient had swallowed some indigestible substance which had stuck in the cardiac extremity of the stomach; a hard boiled egg sensation." This patient was melancholy, and suffered alternately heat and cold.

* * *

PROGRESS, being one of the younger members of the family of medical journals, it very naturally has a keen interest in all the new additions to the household. The latest is the *Medical Forum*, coming from Kansas City, and edited by Charles Ott, M. D. W. E. Cramer, M. D., is business manager. The collaborators are an extended list of physicians, all well known to the profession. The journal seems to be established in the interest of the Kansas City Hahnemann Medical College, and for the advancement of homeopathic institutions. We are pleased to see the development of the spirit of progress in this way. It is an easy matter to criticise and tear down and does not require much intellectual force, but to build up and establish institutions for the benefit of mankind requires united effort and incessant toil. We find much in the editorial greeting that is in accord with the policy outlined by PROGRESS. We heartily commend the following extract:

"The *Medical Forum* does not intend to deal in personalities. Its mission is not to fight the battles of any person or faction. It will gladly open its columns to legitimate medical news. If any colleague achieves distinction among his co-workers, it will gladly chronicle the fact. It will bring medical news; yes, even hopes to make that a special feature. But all personal mention must be made in the spirit of good will and charity; otherwise it shall not find place within its covers. It intends to speak well of its friends, and if it should contract the enmity of anybody, it will deal with such cases in the spirit of philosophical forbearance. Its policy will be conciliatory. It will be an advocate of peace among the medical fraternity."

* * *

While endeavoring to keep in touch with current events it is impossible to pass without some notice the present intense interest taken by all classes in the investigation that is now going on of that rare and enormously expensive substance, radium. We

believe little is really known of its power, save its light-emitting peculiarity. The scientific world is devoting its energies to the investigation of this substance and the medical profession is not slow to experiment with it and endeavor to find if it may not be of service to relieve humanity of some of the long list of incurable maladies.

In the treatment of carcinoma extensive claims are made and many cures have been reported, but sufficient time has not elapsed to speak with confidence of these results. The latest reports of the marvelous effects of radium comes from St. Petersburg, where not only is cancer cured, but it is to be used in warfare, by projecting the rays into the powder magazines of the enemy they will be destroyed by the resulting explosion; and finally, the determining of sex is to be absolutely in the control of the parties interested when properly aided by the presence of radium rays intelligently applied. In consideration of this statement from an eminent scientist, it is some relief to know that Dr. Schenck is dead and at last we are to have the real thing.

* * *

The more we know of the management of the Denver Homeopathic Hospital the better we are pleased with it. Recently a committee appointed by the board of directors have been making an investigation of all the affairs of the institution, and their report is an exceedingly satisfactory one to the board. Certain rumors have been afloat for some time charging favoritism and partiality in some cases, and undue influences in others; no accusation of a serious character was made and sustained by the evidence. In every case a better knowledge of the conditions and a willingness to do the fair thing would have avoided the accusation entirely. In one case it was found that a probationer had probably been indiscreet in conversation, but before the discovery was made she had passed from the hospital as a person not adapted to the work of a nurse, and before she had entered the corps of nurses of the institution.

The committee find that the management of the hospital by the superintendent, Miss Mattie McFadden, is exceedingly satisfactory, and in no case were any charges brought against her; on the contrary, all spoke in praise of the good work she is doing, and the very capable way in which she conducts the financial affairs of the institution.

The nurses are carefully trained for their work as nurses and thoroughly instructed in all that pertains to their relation to the patient and also the physician.

It was developed that physicians who were liberal patrons of the hospital and contributed to its support had no complaints to make.

We congratulate the management. The Denver Homeopathic Hospital is an institution to be proud of, and every physician claiming to be a disciple of Hahnemann should give it his loyal and hearty support.

* * *

The death rate from pneumonia seems rapidly on the increase in Chicago. It is stated that during the last week of December the death rate from this cause was more than twice that of tuberculosis, or 27 per cent. of the former and 10 per cent. in the latter. This is the highest rate for the same period of any year in the history of the health department. An estimate based on statistics in possession of the department places the probable total number of deaths during the winter from this cause alone at something over 2,000.

This frightful statement of facts appears to be a sad comment on the boasted progress in medical science, of which we hear so much. With all the discoveries in bacteriology, and the total product of the serum factories, and the long search for the "specific treatment" we are brought face to face with the fact that the percentage of deaths from this disease is on the increase.

Would it be unkind to say the profession has been experimenting too much, and probably at the expense of humanity in this particular case? It may not be amiss for one who has had thirty years of experience in the practice of medicine, and has little lament to offer for his experiences with this disease, to say that, in his opinion, when the profession ceases, in some degree at least, its wild search for something new, and this at the expense and to the neglect of well known and reliable remedies, and makes a careful study of each case that comes under its care, considering it individually and not collectively, and then treats the case with remedies of known value in such conditions, we will hear less of the lament now so prevalent in some of our medical journals. The writer is not pessimistic, but rather rejoices in every advance made in the development of medical science, and extends a cordial welcome to truth wherever found.

THE DENVER HOMEOPATHIC CLUB.

The 216th session of the Club was held at the Club headquarters in the Adams hotel, January 18, 1904.

This being the annual meeting, no papers were prepared nor time allowed for other than the listening to reports of officers, the president's annual address and the election of officers for the ensuing year.

The showing made for 1903, as appearing from the reports of officers, was most gratifying. The membership at the close of the year was 56, and the average attendance for the year 28.7 per cent. of the membership.

Eleven physicians have been admitted during the year and six have been dropped from the roll. The Club closes the year free from debt.

The annual address of President Walter Joel King was a prophetic outlook for Homeopathy in Denver. There has never been a moment during his term of office, when Dr. King has allowed his zeal for the cause to wane, and it was no surprise to the members that his annual address should take the form of an earnest appeal for united, enthusiastic endeavor on the part of every physician, calling himself "Homeopath," to "forget the things which are behind, and press forward to the duty of his high calling." The doctor has no hope so fondly cherished as to see the day when the banner of "*Similia Similibus Curentur*" shall be held to the breeze by aid of *every hand* owing to it his allegiance.

The election of officers for the ensuing year resulted as follows:

President—Dr. H. K. Dunklee, of Chicago Hahnemann, class of '87.

Vice president—Dr. G. P. Howard, of Chicago Homeopathic, class of '88.

Secretary—Dr. Carolyn D. Beebe, of Denver Homeopathic, class of '02.

Treasurer—Dr. J. W. Mastin, of Denver Homeopathic, class of '98.

Censors—Dr. C. E. Tennant, of Medical Department U. of D., '94, and Denver Homeopathic, '97; Dr. W. R. Welch, of Chicago Hahnemann, class of '89; Dr. R. D. P. Brown, of Dunham Medical, Chicago, class of '02.

G. P. HOWARD, Secretary.

AMERICAN INSTITUTE OF HOMEOPATHY.

It is time to call the attention of the profession to the annual session of the American Institute of Homeopathy which is to be held at Niagara Falls, New York, June 20th to 25th next.

Already the year 1904 is well advanced. Those having time for retrospection may recall the fact that an exceptionally attractive meeting of the American Institute of Homeopathy was held in Boston, in June, 1903, but when the mind turns to last year's meeting the time itself seems far distant. As a matter of fact over seven months have passed since June 20, 1903, and there remain less than five full months in which to complete preparations for next June's meeting. The date for that meeting was fixed at an unusually large meeting of the Executive Committee, held at Niagara Falls recently.

Accommodations for a very full attendance are available. The Local Committee of Arrangements has been organized for months and has its work well in hand. Reports indicative of earnest activity have been received from the chairmen of the various bureaus of the Institute, and from the Presidents of the Sectional Societies.

It might seem perhaps on superficial consideration of these pleasant facts that everything necessary had been attended to and there was nothing left to be done, except attend the meeting and participate in an assured success! If so, the object of this circular letter could not be, as it is, twofold:

First, this word comes to make the encouraging announcement that a commendable quantity and quality of work has been done by many of those whose immediate responsibilities for the programme of the next meeting are of such a character that the subject is a very vital and ever present one to them, and

Second, to earnestly call attention to the necessity for widespread, spontaneous and enthusiastic co-operation in order to ensure for the June meeting of the Institute such success as becomes the dignity and the national importance of the organization. For without such co-operation on the part of the Institute membership any large and worthy success is impossible.

What duties are incumbent, then, upon the individual Institute member, as certainly and as weightily, if not as apparently, as their more obvious duties are incumbent upon the Institute's officers? It is impossible to enumerate them in detail, but of them at least a few may be suggested, and are highly worth consideration.

1. Any member who has anything to offer, in the way of original theory, or clinical observation, should embody this in brief and cogent statement, and present it as a "volunteer paper" to the chairman of its appropriate bureau. To do this to rank with those who make the occasion, rather than with those who merely appreciate and enjoy it.

2. Every member must make a matter of course of attending the meeting. No one can be spared; for every vacancy in the ranks, there is a proportionate diminution of verve and enthusiasm in the atmosphere of the meeting.

3. Increase in membership is one of the aids to the Institute's usefulness, which it is in every member's power to help promote. For each member to enlist, annually, one new member from among his neighborhood colleagues not yet enlisted, is an easily possible, obvious and profoundly effectual service to the common cause.

4. Every member should attend as many as possible of the scientific sessions, and alike by concentrated, interested attention, and by pertinent question and suggestion during discussion, promote the hour's usefulness and success.

5. Every member should bring to the session a personal atmosphere of cordial and fraternal kindness; honestly and heartily pledging himself to subordinate personal interests, friendships, prejudices and ambitions to the larger common good. Silent earnest kindness, sincerity and unselfishness are no small gifts to bring, even if they be a member's sole possible gift.

Let every member pledge himself to these endeavors; and what further need the occasion ask to stand approved as an epoch-making success?

JNO. P. SUTHERLAND, *President.*

CH. GATCHELL, *Secretary.*

BOOK REVIEWS.

THE PATHOGENIC MICROBES.—By M. Le Dr. P. Jousset, Physician to the Hospital at St. Jacques, Paris, authorized translation by Horace P. Holmes, M. D. 192 pages. Cloth \$1.00 postage 8 cents. Philadelphia, Boericke & Tafel. 1903.

This little volume is, without exception, the best exposition that we have read upon this subject. It explains the relation of the pathogenic bacteria to disease in a concise and clear-cut manner. It tells us how certain pathogenic bacteria may remain indefinitely in the human system and not cause disease; that it is the morbid condition of the tissue cells that cause the microbe to become virulent and produce the disease; that the pathogenic microbe is absolutely necessary to the development of the infectious diseases. The author claims that the pathogenic property is an accident of the microbe. Serum therapy is touched upon quite extensively. He believes that its action is not contrary but similar to the disease. This book will be a valuable addition to the physician's library.

J. B. B.

BUSINESS BRIEFS.

Report of case: Miss A. L., saleslady, had been troubled with an eruption on face for three years. Papules the size of a small pea would form upon the chin, cheeks and forehead, which annoyed her very much. She had been under treatment at various times resulting only in temporary relief. When she first came under my care she presented a typical picture of acne vulgaris. Papules of a dark red color and a few pustules were scattered over the forehead and face, some as large as a pea. Comedones were also present and the skin presented a greasy appearance due to a slight seborrhœa which usually accompanies these conditions. Various external ointments were used, viz.: Resorcin, sulphur, etc.; also antiseptic lotions. The systematic treatment consisted of arsenic and iron, and bowels kept open. This regime only produced temporary improvement. My attention having been called to Brower's Antiseptic Soap, I decided to give it a trial, with the

result that in one month's time a complete cure was attained. I used it in the following manner: Had the patient rub the face thoroughly in water as hot as she could bear before retiring, then moisten the soap and rub it over the diseased area, making a thin paste. This was left on during the night and the face was washed in hot water in the morning. Kept this up daily, which, within a short time, produced a complete cure.

Dr. _____.

Sid. A. Erwin, Prop., City Drug Store, Wholesale and Retail.
The AbilenA Company, Battle Creek, Mich., Dec. 14, 1903.
Abilene, Kansas.

GENTLEMEN—About one year ago I purchased from you my first case of AbilenA, which gave to the profession and general trade the best of results and entire satisfaction. It is invariably prescribed by all our leading physicians when a cathartic water is to be used. I can also state that the sale of AbilenA is better with me than the combined sales of all other similar waters. Wishing you all attainable prosperity, I am,

Respectfully yours,
SID A. ERWIN.

Brower's Antiseptic Soap

GIVES POSITIVE RESULTS IN CASES OF

Eczema, Pityriasis, Tinea, Pruritus, Psoriasis, Acne, Etc.

—THE TRADE SUPPLIED BY—

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...Denver, Colo.

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Original Articles

CASES FROM PRACTICE, VERIFYING CHARACTERISTICS OF NUX VOMICA AND PULSATILLA.

W. J. HAWKES, M.D.

Case I. Emphysema. Nux Vomica;—This patient has been ailing for several years, and during the past two years has been unable to sleep more than one hour at a time. For the past six months he has been unable to lie down five minutes continuously on account of the difficulty of breathing.

The peculiar features of the case are that the patient is especially restless during the latter part of the night, beginning at 2 or 3 o'clock and continuing until 6 or 7 o'clock. In addition to this there is chronic constipation, with frequent urging without result; irritability of temper; dyspepsia, characterized by great sense of weight in the stomach an hour or so after eating. To repeat the characteristic indications for nux vomica: the 3 o'clock a. m. aggravation, the irritability of temper, the constipation with urging, without result; the headache with feeling of distension; head feels enlarged. The question may be asked, "What has nux vomica to do with emphysema?" My reply is, "Nothing to do with emphysema, but everything to do with this individual patient." Wherever this group of symptoms exists nux vomica will invariably benefit the patient. The result in this case was that the patient reported, a week after beginning the medicine, that he was able to sleep four hours at a time; for the past three days he has felt better every way; less irritable; stomach and bowels more natural and comfortable; irritability of temper less; headache less, and general improvement noticeable. This patient reported, week after week, steady improvement in every particular. The remedy was prescribed in the 1 m. potency, three powders

being given at the first prescription. Each week since he has had placebo, the improvement going steadily on, until he left the city to live in New Mexico.

Case II. Dyspepsia. Nux Vomica.—Patient, thirty years of age, has had dyspepsia for several years. He now complains especially of constipation, sore aching in the stomach, with sense of great weight; acidity of the stomach, with sour belching; constipation, with desire for stool without result; severe headache; heaviness in head; restless at night between 2 and 6 a. m.; sleeps soundly until about 2 o'clock, when he awakens, and is restless and uncomfortable until 5 or 6 a. m.; is very cross and irritable; impatient; cold feet; in short a perfect picture of a dyspeptic, and especially of a nux vomica dyspeptic. February 21, he received nux, 1 m., three powders; on February 9 he reported not much better but less nervous, and bowels more regular. February 23, he reported considerable general improvement. March 1, reported almost well. Patient has not since been seen. The same group of symptoms as in the other indicated nux vomica, and when this group of symptoms is observed in a patient it is an absolute certainty that nux vomica will relieve the patient. No medicine was given after the first visit.

Case III. Catarrh. Pulsatilla.—This patient, a little girl about twelve years of age, has had catarrh for three years; is troubled with sore throat and difficulty of breathing; discharge dropping from posterior nares is thick and yellow; bad taste in the mouth in the morning; desire for acid food and pickles; disgust for meat, especially fat meat; severe headache; congestion to the head; worse in the morning and in a warm room, and better in the open air. Patient is inclined to be despondent and low-spirited; her mother says she can scarcely speak to her without making her cry; has sad and despondent moods. The symptoms call for pulsatilla, which was prescribed in 200th potency on November 10, the characteristics being the yellowish, thick discharge; bad taste in the mouth in the morning; desire for tart and sour food; disgust for fat food; headache better in the open air and worse in a warm room; low spirits and despondency; tendency to tears. November 17, the patient reported that headache was much less; other symptoms much the same; placebo was given. December 1, patient reported about the same, not much improvement since the last visit. Puls. 1 m. was prescribed.

December 8, generally marked improvement was reported. December 15, still further improvement was the report. December 22, the patient reported herself almost well. This was the last seen of her.

Case IV. Rheumatic Pains in the Joints. Pulsatilla.—Trouble is of one year's standing; a girl twenty years of age; pain in her joints is better from motion and worse in hot weather; there is a catching pain in the left side on walking fast; the pains shift rapidly from one place to another; she complains of much headache, which is better in the open air and worse in a warm room; freedom from pain at night; suppression of menses for the past four months. This suppression was caused by getting wet, especially her feet; severe cough; worse during change of weather from dry to wet. Patient is very low-spirited; cries while giving her symptoms. The characteristic symptoms in this case are, first, the shifting nature of the pain; pain flying from one part of the body to another. (Rhus and mercurious both have rheumatic pains worse before and during a storm or damp weather, but only puls. has the pain flying quickly from one place to another); then the catching pain in the left side, on walking fast, is particularly characteristic of puls.; the headache, better in the open air and worse in a warm room; the low spirits and weeping mood; the amenorrhœa from getting the feet wet. Puls. 1 m., three powders, was prescribed October 13. October 20 the report was improvement in all respects except the cough. Placebo was given. October 27 the report was that the cough was better; some aggravation of the headache in the afternoon. Placebo. November 10, general improvement. Placebo. November 17, complains of flushes in the head and face; other symptoms better, still the menses have not reappeared. December 1, all symptoms have disappeared excepting the amenorrhœa. The patient has not since reported.

Case V. Pulsatilla.—A little girl, aged thirteen years, complains of being extremely nervous, great weakness and prostration; frequent fainting fits; faints in school. There are many symptoms of the approach of the menstrual period. Patient complains of frequent headache, especially in school and indoors, more especially in a warm room; is extremely low-spirited and despondent; no appetite; when she does eat wants her food sour; is especially fond of pickles; she particularly dislikes meat, and

especially fat meat; the thought or sight of cooking nauseates her; she feels better in every way, and especially the headache, out doors in the open air; all her symptoms are aggravated in a warm, close room. December 1, received three powders of puls. 1 m. Characteristic indications in this case being the low-spirited and crying mood; aggravation of all the symptoms in a close, warm room, and relief of same in the open air; the absence of appetite; the disgust for fat food, and the threatening approach of the menstrual period. Where this group of symptoms exists it is an absolute certainty that pulsatilla will relieve the patient. December 8, the patient reported general improvement, that the appetite was better, and she was much more cheerful. Placebo was given. December 15, general marked improvement. Placebo. December 22, considered herself well and was discharged. ,

Case VI. Cough. Pulsatilla.—Young girl, aged fourteen; has had a cough for two months; takes cold very easily; is very nervous and has a severe headache; jerks and starts while sitting still; pain on the least exertion of the left side just above the crest of the ilium; headache better in the open air and worse in a warm room; loss of appetite; heavily-coated tongue; low-spirited and cries very easily; all her symptoms are better in the open air and worse in a warm room. February 23, received puls. 200, three powders. March 1, reported that the cough had almost disappeared; pain in left side had disappeared; headache gone; tongue comparatively clean; generally better. Received placebo. March 15, not so well on account of having taken cold in the rain and getting her feet wet, has had fever and chills daily for several days; hands cold and face hot. Prescribed aconite 3d, to be taken during the day. I question the wisdom of prescribing aconite or any other remedy at this stage in these cases. I am satisfied that when in the treatment of a chronic case of any character, marked improvement has followed the administration of a well-selected and clearly indicated remedy, it is unwise where, as in this case, a cold has been taken during improvement of the chronic conditions, to prescribe aconite or any other remedy. I am convinced that better results will be obtained by allowing the case to go on under the curative action of the remedy originally selected for the chronic condition. The acute symptoms in such cases, resulting from what is called "taking cold," will, in a healthy individual, gradually disappear without medicine, and I believe they will

disappear also in such cases as the one we are discussing, without the interference of any other remedy than the one already acting in the cure of the chronic condition. This case reported March 22 that there was a general improvement, but complained of chills in the chest, and still had some heat in the face. Placebo was prescribed. March 28, patient reported little improvement since last visit. Puls. 1 m., three powders, was prescribed. April 12, patient reported herself so much better in all respects that she regarded herself well.

Case VII. Amenorrhoea.—Young woman aged twenty, irregular menstruation; patient began to menstruate at fourteen; was regular until three years ago, when she took a severe cold from getting her feet wet at a critical time. She now complains of great bearing-down pain in the small of the back; severe headache; loss of appetite; sourness and burning in the stomach; coated tongue; bad taste in the mouth, especially in the morning; low-spirited and despondent; disgust for fat food; great relief of all the symptoms, especially the headache, in the open air, and aggravation of the same in a warm room; is often sick in bed two weeks at a time; the menses irregular and postponing during the past three years. March 1, received three powders of puls. 1 m. March 8, reported much better for the past three days. Received placebo. March 15, took a severe cold and was sick in bed yesterday; complained of being drowsy, weak, no ambition; pain in the lower limbs, which shifts readily from place to place. In this instance no notice was taken of her having taken cold, and placebo was prescribed. March 22, reported much improved in every way. Received placebo. April 12, improving steadily in every particular; placebo. This was the last seen of this patient.

Los Angeles, Cal.

CHOLELITHIASIS; A CLINICAL SUBSTANTIATION OF THE USE OF CHINA IN GALLSTONES.

C. E. TENNANT, M.D.

Does china possess curative properties for gallstones, and is it worth the while? The opinion of the writer is in the affirmative, and the following recent case will in part, verify the clinical observation once made by David Thayer, who said: "I have not failed in a single instance, to cure permanently and radically, every patient with gallstone colic who has taken china, six pills twice daily for five days, then six pills every other day for ten doses, etc., till at length the dose is taken only once a month."

Some nine years ago, I was consulted by one H. L., male, age forty-nine, German by birth and ranchman by occupation. He had been suffering for some three years with periodic attacks of colic, and vomiting. These attacks had steadily increased in frequency and severity, until they occurred almost weekly, lasting for some twelve hours at a time; vomiting often relieved the pain and patient therefore concluded that the stomach had much to do with the trouble. Physicians were always called in toward the last to administer hypodermics of morphine for relief, and on several occasions were compelled to work desperately over the patient to save him from death, the result of an overdose of the morphine.

The location, character, and position of pain, led me to diagnose the case as one of cholelithiasis, and after a detailed statement of the situation to the patient and the operative choice given, he determined to try the experiment of using china, as Thayer advised. Accordingly the treatment was commenced, and after some three weeks, there was a marked relief, both as to frequency and severity of the attack. The patient was then provided with sufficient of the remedy and sent home. A monthly report gave evidence of continuous improvement, until finally there was an entire absence of the attacks. Patient increased rapidly in weight and was in a better physical condition than for many years. There was no change made in diet or other habits during the treatment, so this could not be considered as a factor.

Patient continued to take china 6x at varying intervals up to three years ago, when owing to his general good health and ab-

sence of anything which was suggestive of his former trouble, he discontinued all treatment.

One year ago he received an official appointment which necessitated his being away from home for months at a time. During this period he covered many miles of mountainous country on horseback and was subjected to many inconveniences and exposures. Last November he had the first suggestion of his former trouble, but continued with his work, although the attacks grew rapidly worse. He returned to Denver some six weeks ago, and submitted himself for examination and treatment.

I found he was rapidly losing flesh, and there was some icterus of the sclera and slight tenderness over the epigastrium.

Within a few hours I had the opportunity of observing him in one of the paroxysms. There was intense pain over the epigastrium and just to the right of the median line, which then radiated upwards and to the left over the thorax. There was less than a degree of temperature and the pulse was slow and regular. The following day found him much easier, but the jaundice was more pronounced. After observing this attack and the attending clinical symptoms, I diagnosed the case as a "ball valve" stone in the ampulla of Vater, and that surgical interference would alone secure him relief. There was some doubt as to the condition of the gall bladder, as the recti muscles were quite tense.

Some three days after this first attack, patient submitted to an operation, which was performed by Dr. Leonard Freeman. After some little time consumed in finding the stone it was located in the common duct, and with a slit of the wall it was free from its enclosure.

The accompanying cut gives the exact size of the stone and will indicate what is meant by "ball valve."



The regularity of outline and smoothness of surface evidently made occlusion of the common duct complete, and as it was altogether too large to pass the outlet of the duct the necessity for its removal by operative measures goes without saying.

Our attention was next directed to the gall bladder, which was found to be considerably atrophied. The cystic duct was completely closed, and the gall bladder filled with a mushy mass of calcareous concretions. At one time it had evidently been so distended with stones that one had worked its way through the wall and was found behind the gall bladder in the peritoneal sac. The gall bladder was therefore completely excised and patient has had an uneventful recovery. The icterus has completely disappeared and the absence of the gall bladder is an advantage over an occluded one laden with calcareous pulp.

In view of these clinical evidences of gallstones, what must be our conclusion with relation to the action of the china? Have these stones been present during these years of relief, and did the china merely act as an anesthetic to the sensitive mucous membrane, or did it disintegrate the stones entirely, and allow them to be passed without distress? As his relief and apparent cure occurred during a period when the patient was experiencing even greater hardships and work than recently, habit and physical exercise could hardly have an important bearing on the case. Was the dropping of the remedy a factor in the return of the trouble?

While I believe that almost all well established cases of cholelithiasis should be operated, the possibility of affording relief by the use of china is well worth considering, especially where the patient refuses operative interference. I certainly feel justified by clinical experience in prescribing china, and have found Thayer's method very satisfactory.

Denver, Colo.

THE BEAUTIES OF HOMEOPATHY.

HORACE T. DODGE, M.D.

I have a deep feeling of devotion for those who induced me to embrace the truths of homœopathy, and, who so unselfishly assisted me in my early struggles with the symptomatology of drug action, and am sincerely grateful that I was led to see the light, very much at first, against my inclination, and the wishes of my advisers.

I love homœopathy; there is so much that is beautiful in this pleasant, silent and simple method of healing the sick, that it appeals to my intelligence in the most persuasive manner, and I cannot refrain from expressing the opinion that I believe it to be the only system of medicine based upon a scientific law.

What a steadfast friend we have in this infallible principle, which governs these potent and efficacious curative agents! How many difficulties does it assist us to surmount! How many weary hours of anguish and suffering does it alleviate! What peace and comfort does it bring our patients and yield to us a mingled feeling of gratitude and satisfaction when we know we possess the means of supplying such prompt and efficient aid,—in many cases well nigh immediately. The action of the indicated remedy is speedy; it will often give, when carefully selected, evidences of its therapeutic value in the treatment of the most serious complaints, through the administration of a single dose of a high potency, in which the amount of medicine therein contained is infinitesimal.

To one who has drunk at the fountain of homœopathic knowledge and has been purified of allopathic dross, one, I mean, who has seen the error of his way in recommending and prescribing cloudy and mawkish mixtures, pills, poisons and doses, the action of which is undetermined, quite uncertain, and positively injurious, to such an one the system of this law of cure is a revelation.

I once prescribed twenty remedies where I now use ten, and obtain better results the more familiar I become with the indications for their use. Our medicines grow in favor as they are better known. Sometimes I flatter myself in comprehending the given remedy, when suddenly, in some obscure case, a peculiarly favorable result will unfold to me a condition I had never known or dreamed of. These are facts in the experience of many faithful followers of Hahnemann. When one considers that we have only after patient study partially learned the value of our most important medicines, many of which were long ago discarded by the old school for newer remedies, and that to a close observer of the action of these remedial agents in the cure of disease, new truths are ever springing up before us which, like the effulgence of a perfect morning, suddenly break in upon our dulled and darkened intellects, and overwhelm us with majestic glory.

There is no truth in any argument which could be brought against the efficiency of homœopathy; the results are sufficient to convince the most skeptical. When we descend the stream of time from Hippocrates to Hahnemann it requires no great amount of perception to discover that there is very little written in history

which could be considered worthy the name, *medical science*. One vast field of investigation, experimentation and theories, some of which were adopted, and subsequently rejected and ridiculed, by an incredulous profession. A great deal that is old and treasured as fact within the sacred precincts of medical truth, belongs to the law taught us by Hahnemann. Vaccination comes within the teachings of the cure of the *similia*. Much that is new which has lately been discovered in the domain of biological and bacteriological science, will some day be recognized as belonging to the underlying principles of early homœopathy. The application of the active principles prepared from various secreting glands along the alimentary tract, and other parts of the animal body, and termed, glandular therapy, and, which are now administered blindly by the profession, and recommended for the cure of certain diseases caused by a deficiency of that particular principle in the affected organ, of which the finished product is a part, is purely, according to my mind, within the prescribed limits of homœopathy. *Like cures like. Similia Similibus Curantur.*

Hippocrates was a keen observer, a thoughtful student of men and human frailties, and he became impressed, through intimate relations, with the credulity of the people of his time. He advanced the theory that all medicines, according to nature's laws, acted only upon diseased organs of the body. Through his pe- with an immense following to whom he fain would have imparted a lasting knowledge of what he considered the true principles of lasting knowledge of what he considered the true principles of medical science. He segregated the believers of his teachings from those who were opposed, and branded the latter with the curse of the gods and a prayerful hatred, the substance of which remains pre-eminent a master relic of barbarism and the instruction of a bigot. Even in his own day many notable philosophers pronounced him a fanatic, and his theories were openly discussed and subsequently discarded by some of his most prominent and enthusiastic adherents, who satisfactorily disproved the infallibility of his claims.

Hahnemann, on the other hand, investigated the action of medicines prepared from living plants, and recorded the peculiar symptoms produced upon a healthy organism. He modestly disclosed a definite, but inexplicable law, which is certain and curative in action. His writings are exhaustive, but have not been

accepted in the degree which they deserve, for they are generally understood only through patient and arduous study. A profound treatise will always remain a subject of criticism and disagreement. The vital enemies of our school are within our ranks, not without, and through ignorance, petty bickerings and strife bring upon us the vituperations and intense hatred of our opponents, who have never investigated the action of our remedies, yet denounce us as inconsistent in our teachings, and class us in the category of charlatanism. I blush with shame for those in the profession who try to practice homœopathy without sufficient study of its fundamental law and principles. Those who prescribe our remedies with little thought and knowledge of the indications for their use or the totality of symptoms, who administer the medicines in alternation or in combination and make use of proprietary mixtures and nostrums *ad libitum*. Such are the prey of suave introducers of innumerable preparations, which struggle, live a short time, and obtain some prominence through extensive advertising, but finally die an ignominious death. There is no royal road to the possession of the keynote of our materia medica. They must be learned before one may expect to realize the benefits or become interested in the sublime law of homœopathy. It requires study, and is a continual uphill grind. To most of us a disagreeable task—this learning the characteristic indications for the use of our remedies, but, gradually as the beauties are unfolded to us and as our perceptive faculties broaden and we are capable of receiving the law of truth, we are astounded at the wonderful changes wrought before us through their administration in cases where these agents have been carefully and intelligently selected. After fighting many battles and studiously memorizing the alphabet of indications for their use, the student is somewhat rewarded for his labor, in the steady assurance that at last he has been rescued from the bewildering sea of symptoms, and after enjoying a short period of rest he suddenly becomes discouraged and tempted to yield to the impulse that there is little truth in homœopathy, for he has been unable to accomplish the desired and cherished result with the medicine selected and administered, according to directions, when, presently, a remarkable cure will confront him, and encourage to greater energy and studious application. After a perfect mental picture of the drug is indelibly stamped upon our memory then do we obtain the most flattering results in actual practice. Case after

case, which has baffled our utmost efforts, now yield readily to the drug action, and give gratifying evidences of their remarkable therapeutic value. Those who have received the blessings and thanksgivings of praise which are the reward of the possession of a knowledge of our *materia medica*, experience something of the desire of the recent convert to a religious faith, and earnestly feel the impulse to impart and demonstrate our wisdom to others.

Volumes of forgotten lore have been written attempting to shut out the light and extinguish the flame of homœopathy, but like the brightest star in the firmament of heaven, which has been hidden from view by a passing cloud, it breaks forth the brighter after its temporary obscuration. Whatever will tend to make men wiser, better and nobler—lift up mankind, heal the sick—will never die. No human power can annihilate it, but it will grow in favor with posterity. Disciples of the high and mighty Hahnemann, let me admonish you, be firm, proclaim your principles and be consistent in your teachings. Let your light so shine that you may not prove unworthy to participate in the higher and mightier conquests yet to come.

Denver, Colo.

SOME OBSERVATIONS ON MAN, A COMMUNITY OF CO-ORDINATING NERVE UNITS.

AMBROSE C. STEWART, M. D.

[Continued from January issue.]

All nerves do not possess the same threshold values, nor are these values estimated as peripheral pure and simple. The threshold value of a nerve is thus defined by Goldscheider: "The degree of excitation which is necessary to arouse a fruitful impulse in a neurone with which it is in contact." (*Neurone-schwelle*.) Hence, since it is a fundamental principal that neurones shall possess as a physiologic characteristic, both irritability and conductivity, then each and every neurone, wherever it may be found, must manifest a degree of susceptibility to impression peculiar to itself, *i. e.*, a threshold value. It will be interesting to go a little further along this line. . . . The maximum and minimum of the ability of nerves in health to respond to excitation is im-

portant to all of us because nerve endurance in a given case often means everything—but to those who base their therapeutics upon this phenomenon it should be a matter of profound interest, as for instance, the Swedish Mover, the ordinary Masseur, the Hydro-path, the Electropath, etc., because the maintenance of perfect balance (health) between stimulation on the one hand and the power of the nerve to repair (nutritive compensation) on the other, dare not deviate from perfect adjustment, and this hypothesis is not planed down to the possible katabolism of a single neurone in the sense of its individuality, for due to exigencies placed upon others in fellow-relationship the *chain* is to be regarded with as much solicitude as the individual. . . . Impulses are seldom, if ever, delivered at a center by a single neurone; in fact, the labor can be said to be equally divided and distributed with perfect system in conditions of normal physiologic balance, and here we again recall the fact that normal adequate stimuli for the welfare of the neurone in health, can no longer be questioned—as well tie off both ends of the stomach as both ends of the sexual apparatus—celibacy is no more commendable than long fasting.

Certain of the neuroses respond to the masseur, Swedish Mover, Electropath, etc., by counter-stimulation, where neurones are in trouble, figuratively speaking, and are offering violent resistance in one area of the body or are overcharged, perhaps I should say hyperæsthetic, the symptoms may be overcome, at least temporarily, by increasing nerve impulse and vital manifestation in other areas; indeed, there are instances where these palliative measures have been followed by nerve sedation for long periods, during which the system manifests renewed efforts at repair, and hence, if we understand our threshold values we will frequently be able to show good clinical results as neurologists in the field of palliation which, added to hygiene and intelligent medication, will elevate our efforts to lasting success; otherwise success will often be extremely transient.

Hodge has demonstrated beyond question the existence of definite morphological change in the cell body of the neurone as the result of excessive manifestation of their physiologic function and diligent study has been made of all the changes occurring within the cell body, but as yet we are unable to associate the change in the tigroid mass, etc., with disturbed function, since

often the one seems out of all proportion to the other, and whilst our present technique does not admit of a perfect interpretation of ultimate cell structure as well as cell chemistry, to know for instance, that mercury will attack the vital structures of the ventral cornu and that the syphilitic product will do the same thing—that both will break up the tigroid and fill the cell with granular residue and finally produce a paralysis perfectly simulating posterior sclerosis, and just as incurable, is a long step in advance of what we knew a few years ago, when we did not hesitate to pile this mineral poison into our syphilitics until their teeth rattled like seeds in a dried gourd; but how about the finer texture of this wonderful body (the cell body) passing in review—how about the silvery halo or the delicate tracery, like the frost upon the leaflet, just coming to our view and which holds in store such volumes of wisdom—such wonders to unfold!

We must know and understand the changes within these walls before we can conceive how food creates energy within these wonderful structures—this fine reticulum and its contents must come clearly before our eyes before we shall be enabled to stem the tide of wasting energy flowing from vital sources. Who to-day shall say to the paranoiac, “Your halucinations shall no longer exist, since its source is open both to our view and our methods of correction?” Or who shall even define its contagion? Disturbed nutrition, certainly, but how to account for the many widely differing manifestations of the same disturbed nutrition, from the harmless and happy contingent who with voice, drum and tambourine, fill the public streets with discord in the name of their god, or a childishly innocent Schlatter, to the homicidal maniac who recently shed blood in our midst!

When we consider the exigencies placed upon the various groups of neurones in complex functuation and the possibilities of incoordination, due to trophic or other disturbances it excites a higher appreciation of the importance of perfect nerve function and what is involved in its disturbance.

The auditory sense area, whilst it does not contain any giant pyramidals, the centrifugal and centripital projection neurones are abundantly represented as are also associate neurones both of the long and short axone variety and these axones are plainly linked with the motor areas of both hemispheres, with the quadrigeminate bodies, the olivary complex and in fact all of the various in-

tricacies of the rhombencephalon as well as the higher psychical areas, it must be plain to you that these latter with the motor sense and the great triangle of equilibrium, with its base in the cerebellum, must come within easy response to auditory impulse. Let us say an exciting factor makes its way, even imperfectly, through the peripheral boundaries, the collaterals of the cochlea or vestibular branches receive it, even though considerable pathology may exist in the labyrinth, it is carried at the rate of about 190 feet per second, first to the primary nucleus or segments thereof, in the anterior tempero-sphenoidal region (the total auditory area there we do not know, but it certainly extends beyond this gyrus) and now, by the associate and bridging system almost the entire psychic and motor, as well as sensory apparatus is brought into play, cerebation following in about this order :

Liminal excitation, central impression, perception, intuition, thought, reason, judgment, will.

And now the great motor units are linked in and response is made involving tens of thousands of neurones to the perhaps imperfect excitation of a single individual and practically all of this is necessary before the subject acted upon can make responsive movements. * * * * *

Investigation along pathological lines has done much to simplify diagnosis in neurological work and exhaustive experiments upon animals with the various poisons have demonstrated the significance of the presence of many of these toxins in the tissues in relation to the nervous organism and it is instructive to note their affinity for certain nerve fibres, groups or funiculi—we would not to-day be willing to attribute wrist drop to syphilis if we could discover lead, nor should we attribute a degeneration of the ventral cornu to syphilis if we have systematically and persistently packed our patient's system with the mercurials, even though the patient may have syphilis—no more than we would look for podophyllum to exert its influence primarily upon the illium or liver if the patient possessed a duodenum just as mercury, its mineral ally, has caused thousands of cases of typhlitis, and we may say with the number of deaths in proportion.

It may be stated in a few words that if a ganglion cell is injured the axone and every other constituent part of it will inevitably die and disappear; this has been conclusively established as a fact by the experiments of Ehrlich, Munzer, Wiener and

others upon the rabbit, dog, etc., and where this is brought about by disturbing the food of the parts, it is described as secondary, and it does not make any difference what cell or group of cells, whether projection, association of the cortex, myelon or mesencephalon, their axones with the myelin envelope are lost to termination.

Again I will call attention to the fact that the amount of pathological change within a perikarionic element, and which of necessity must be correspondingly great within the axone, is often out of all proportion to the degree of function lost or disturbed and we are at all times justified in the hope of restoration of function even before this body has regained its perfect histological complexion. This is based upon evidence deduced from experimentation on lines of chemical intoxication as well as pathological excess of manipulation of neurones, that is, beyond their power to repair, and it may be re-stated here that persistent excitation even within the decided limits of ordinary function in health, becomes a destroying element in a neurone whose vitality has been depressed by disease or secondary nutritive disturbance and the great Wier Mitchell—whether by accident or inspiration, since he could not have known then what are now familiar landmarks to the neurologist—suggested the almost complete shutting down of voluntary function for the cure of the various neuroses and thereby added renown to an already illustrious career.

CONCLUSION.

It is a fact worthy of note that in our present nerve-exhausting social scramble, nerve repair is often painfully inadequate to the demands and whilst as man grows and develops, nature is able to maintain a higher general metabolism, yet it should be considered the part of wisdom to economize and conserve valuable and costly nerve energy and understandingly reduce to the minimum the tension constantly being placed upon the trophic centers, the often insurmountable difficulties in the way of accomplishing this are better known to the physician than to any other class of men and when we see the choreic child being pushed on in school work and perhaps being fed upon the bromides so that it may go on without dropping and keep pace with the often short-sighted and nerve-destroying system of public instruction (these cases are not so rare as the casual observer would suppose), or

the neurasthenic parent, pale, tottering and haggard, nursing her offspring and dragging out the duties of life as she dodges the open grave, or the restless and broken man whose furtive glances from sunken eyes betokens courage lost in fruitless and mis-directed effort and whose faltering step is leading to death; we are forcefully reminded of the Montezumas, who with lash and spear, drove out their people to the public work which grew apace upon the victims that fell to rise no more, and where thousands died now stands a wonder of modern times for the sick and suffering carried up upon their backs the dirt and rock that reared the mountains of the Nochestongo!

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IS ALCOHOL A FOOD?

J. H. KELLOGG, M.D.

The question; what is a food? is one which has been discussed perhaps more than any other question in physiology; and it may be said that the question had not been thoroughly settled until within the last twelve or fifteen years. Because of the difference in views as to what was the nature of food, or for lack of an authoritative and thoroughly recognized definition of a food, there have been most serious errors committed. Most erroneous opinions have been expressed and mistaken views presented by scientific men, which have produced a vast deal of mischief. So it is very important that we should discuss this question thoroughly, and become fully persuaded as to what is a food.

Some of the earlier definitions of food might be briefly noticed. Food has been stated as being any substance which can repair tissues, or which can be utilized by the body in any way. This definition led to much confusion, and more because of the fact that the science of nutrition has not been well understood. Many things were supposed to be utilized which were not utilized by the body.

Some thirty-five years ago, Dr. Hammond made a series of experiments by which he thought he demonstrated that tobacco, tea and coffee are foods, because they were to some degree utilized by the body in such a way as to lessen its expenditures. He claimed

by his experiments to have shown that, while living on a spare diet, his weight diminished less rapidly when he used tea and coffee, or tobacco, than it did when he did not use them. So he maintained that the body utilized tea, coffee and tobacco, and that in that manner, the bodily tissues were in some way economized.

This theory has been maintained for the last thirty years or more, being based largely upon Hammond's experiments, and the experiments of other investigators who had obtained the same results. Hammond showed that the amount of CO₂ thrown off from the body was diminished in these cases, also that there was a diminution of the excretions under the influence of alcohol, tea and coffee. It was claimed that these substances, while not foods, were economizers of food, or "sparing substances," that they lessened the activity of the waste processes of the body, and so were actually beneficial.

Twenty years ago, the argument was very strongly made by numerous authorities that alcohol was a very important food because it lessened waste. I made the argument that if alcohol lessens vital activity, it is an enemy to the body and not a friend; for what we desire is normal activity of the body; and that if alcohol is beneficial to the body, the activity of the body should not be diminished; that if these substances lessen the activities of the body, it is doubtless due to the storing of waste substances within the body rather than to an economizing of the vital forces.

Another definition of food which has been strongly urged, and upon which Professor Atwater seemed to rely, was that "Food is a substance which will oxidize in the body—any substance which is reparatory of the tissues or aids in building new tissues, or reparatory of the tissues of the body, or aids in building new tissues, or which may be a source of energy to the body." Now, he takes the ground that any substance which is oxidized in the body is a source of energy. Of course that could be easily proven, because, if a substance is oxidized in the body, it gives rise to heat, and heat is energy; and anything that aids in the generation of heat within the body adds to the sum total of the heat of the body, and hence must be a source of energy. Consequently, if we accept that definition, we must admit that alcohol is a good food, because it is oxidized within the body. There is no doubt about that.

So, starting out with this definition, Professor Atwater, a few years ago, by calorimeter experiments, undertook to prove

that alcohol is a food. And if we admit his definition of food—that any substance which is a source of energy to the body is a food—then we must admit that alcohol is a food. But the Professor's premises are wrong. He argues in this way: "Foods are oxidized within the body; hence, any substance which is oxidized within the body is a food." Is that good logic? No. "All foods are oxidized within the body. Alcohol is oxidized within the body. Hence alcohol is a food." Is that logical? Is that all right? Certainly not.

According to this logic one might as well say: "A dog is a four-legged animal; therefore every four-legged animal is a dog." Or you might say: "All birds are bipeds. Man is a biped. Therefore man is a bird." Or, "Birds are bilaterally symmetrical. An earthworm is bilaterally symmetrical. Therefore an earthworm is a bird. Two things that are each equal to the same thing are equal to each other; therefore man is an earthworm." That is exactly Professor Atwater's reasoning. He says: "All foods are oxidized in the body. Alcohol is oxidized in the body. Hence, alcohol is a food." Is not that exactly parallel with the reasoning by which we may prove that a man is a bird or an earthworm? You can prove any number of absurd things in that way.

This question of alcohol and its food value is a question which you will meet out in the world. Doctors will say: "This patient is very weak; we must give him something nourishing. Alcohol is a good food. It can be easily assimilated and easily oxidized, and this patient needs some easily assimilable food." We must go into this question in a thorough-going way, so as to be sure to be able to answer any question that can come up. One of the reforms that needs to be urged and promulgated in the world today is to combat this terrible error that is spread abroad in the world, that alcohol is a good food.

Professor Atwater showed that alcohol yields energy to the body by its oxidation in the body, and that when a man is at work there is a less amount of body waste when he takes alcohol than when he works without alcohol. Now the idea that alcohol is a food because it economizes the burning up of the body tissues by contributing something to the heat of the body, is a very great error. If it is true that alcohol is a food because it is oxidized in the body, the same would be true of iron-filings, strychnia, morphine, and a variety of other things which are swallowed. Any-

thing which could be oxidized in the body would be a food according to that reasoning. If a man should swallow some iron filings into his stomach, it would be oxidized if it remained there long enough. When strychnia is taken into the body it undergoes oxidation. Quinine and other substances, while passing through the body, are oxidized. So the mere fact that a substance is oxidized in the body does not put it into the category of foods. To hold that since by the use of these substances, the tissues are spared somewhat, that since alcohol is oxidized in the body and some heat is produced in consequence, and hence, that alcohol is directly a food, is a mistake; but it is indirectly a food, in that it economizes or spares food.

Now if alcohol is a food, the same thing is true of clothes, because clothing retain the heat of the body and so lessen the amount of consumption of the tissues. Farmers, as a matter of economy, have warm barns for their cattle and horses to keep them warm, and thus lessen the amount of waste. So we are compelled by this definition of foods, to include barns, clothes, sheds, and many other things, which are not so convenient to swallow as alcohol.

Sir William Roberts, of England, once went out to prove alcohol to be a food, by experiments upon the influence of alcohol upon digestion. But to his surprise, he found that alcohol not only does not aid digestion, but when present in digestible proteids to the proportion of one per cent., the digestive process was very much hindered. Salivary activity was hindered by the acids present and which were connected with the alcohol, and proteid digestion was hindered by the presence of alcohol, which lessens the catalytic activity of pepsin, and precipitates the pepsin when present in considerable quantity. So these experiments seemed to fail, but instead of admitting his failure, Professor Roberts claimed to have made a new discovery, that modern improvements in cookery have rendered our food so digestible that "we are in great danger from an undue acceleration of nutrition," as he put it; that we need something to slow down the digestive process; and that alcohol, by putting the brakes onto the wheels of the digestive process, slows down the modern stomach so that it can adapt itself to modern cookery. Of course his premises are wrong. The probability is that modern cookery, on the whole, lessens the digestibility of foods.

So we see that Professor Atwater's definition of food is not a correct one. In order for a substance to be considered food, it must be capable of supplying energy to the body at the right time and in the right way. Professor Bunge has pointed out this fact. Alcohol may be oxidized in the stomach, or in the liver, or in the blood, for all we know, and it may be oxidized in its passage through the tissues; but we have no evidence that this can be utilized by the body.

Suppose we consider some of the contrasts between alcohol and what we know to be a food, as bread, apples, potatoes.

1. In the first place, when alcohol is used continuously, the body acquires a tolerance for it, so that it takes more and more alcohol to produce the same effect that it had when first taken. This is not true of apples, potatoes, bread, etc. The same quantity of food possesses the same properties and produces the same effects the last time it is taken as the first time. But this is not true of alcohol; it acts just as other drugs act.

2. When a person uses alcohol habitually, he soon gets a tremendous craving for it, so that he wants more and more of it, and without it he feels all unstrung and unnerved and unfit for business. One does not crave bread, nor potatoes, nor fruits, nor any particular article of food in this manner. One craves food, but it is not a wild, insane craving that cannot be satisfied.

3. When alcohol is withdrawn, one immediately suffers very distressing effects. In this respect alcohol is very decidedly different from a true food. A man may have no food for half a day, or a day, or many days—some have fasted forty days—and yet he may go on with his work as usual without much discomfort. But when alcohol is suddenly withdrawn from the habitual user, his nerves are all unstrung, and he is so sick, he is utterly unable to work; but after drinking a glass of grog, he is a transformed man and able to go on with his duties.

4. By careful experiments, it has been shown that alcohol is a narcotic, even in small doses. A couple of ounces of alcohol, diluted, will produce decidedly narcotic effects, and a very large dose will cause absolute insensibility. A man dead drunk in the gutter is unconscious that he is cold, miserable, and in danger of death. Some time ago I saw a span of horses and a wagon coming down the street, apparently without a driver; and as they were passing me, I was tempted to stop them, but I saw there was a man

lying in the bottom of the wagon. He had arranged his blankets and cushions so as to make himself comfortable, and he was trusting to his horses to take him home. I never heard that anything happened to the man, so I concluded that he got home all right. Now this man was unconscious simply from a glass or two of grog. If he had had dinner at a hotel, and had immediately become unconscious, there would have been an uproar in the town and people would have said, "There was poison in the pot;" but in this case there was poison in the bottle.

5. Alcohol in every dose, no matter how large or how small, lessens muscular power, and renders the muscles weak and unsteady. The man who takes a glass of alcohol or grog, thinks he can lift more than he could before he took it, but when he tries, he finds that he cannot.

6. Alcohol diminishes muscular activity as well as power.

7. Alcohol lessens the accuracy of brain and nerve activity. The brain is confused. The muscles become unsteady, and the brain becomes unsteady also; and, though one can make a voluble speech, it will not be a convincing one.

8. Alcohol lessens CO₂ production.

Let us compare this points a little. Food increases muscular power within half an hour, whereas alcohol, when taken, diminishes muscular power immediately. Now if alcohol were a food, muscular energy would be increased when alcohol was taken; instead of that, however, when a dose of alcohol is taken, muscular power is diminished. Some time ago I gave a man two ounces of brandy, and found that his lifting capacity, as measured by my Universal Dynamometer, had diminished two-fifths. He was able to lift over five thousand pounds before taking the brandy, but he was only able to lift a little over three thousand pounds after taking it. We also find that the production of CO₂ is diminished by the use of alcohol.

9. The ninth peculiarity of alcohol is the fact that while it diminishes heat and lowers temperature, food increases temperature; and, as we would naturally suppose, we find the production of CO₂ increased by the use of food and diminished by the use of alcohol. The man who is very cold, takes alcohol, and thinks he is warm enough, but really heat production is diminished and he is colder than before. Alcohol is recommended as an antipyretic. I was

surprised to find that in the Spanish-American war, soldiers suffering from typhoid fever in camp were treated with milk punch.

10. Alcohol is very rapidly oxidized in the body, whereas food is very slowly oxidized within the body.

11. Alcohol cannot be stored in the body, whereas food substances—sugar, starch, fats, etc.—can be and are stored in the body.

12. Another difference worth noting is the fact that a person can increase in weight under the influence of foods, while at work, which is not true of alcohol.

13. Alcohol is a product of katabolism in the absence of oxygen; while food is a substance which is built up in the presence of an abundance of oxygen. Alcohol is an excretion, like ptomaines and other toxins; it is a toxic substance and an excretion, while food is a product of the metabolism of plants.

14. Degeneration of the muscles, heart, brain, nerves, liver, kidneys, and in fact all the organs of the body, is induced by the habitual use of alcohol.

Here are fourteen points of difference between alcohol and a food—and there are many more—showing that alcohol is not a food; and there is not a single particular in which alcohol has a real resemblance to foods. A food is a substance which can be *digested, absorbed and assimilated in the body.*

A food is a substance which can enter the structures of the body. It is a substance which can be digested, absorbed, and assimilated into the body. The food is reduced to a liquid in the digestive process, and in that state it is carried off by the blood, and becomes a part of the medium with which the cell is surrounded. The cell selects from this medium the materials which it needs. These materials form a part of the supply of lymph, being used by the spongioplasm of the cell, and utilized; but it must first be reduced to liquid form, and it must enter into the very structure of the cell before it can be utilized and assimilated. In the process of tissue activity, we have first a building up of tissues, and then a tearing down of the tissues—*anabolism and katabolism.* Anabolism is building up. It is like building a tower out of stones. Katabolism is taking down. Here is a cell which has been built up. Energy is stored there. Energy cannot be obtained except by the liberation of the energy which has been utilized in the building up of the cell. Here is a tower built of stones, by and

by the tower falls. The energy which is put into those stones in building up the tower is released and expended in its fall. Now suppose there are some stones lying around on the ground which were not built into the tower; is there any energy manifested by them in the falling down of the tower? No. Just so, in order to be a source of energy to the body, alcohol must enter into the very structure of the body.

I might here quote the following from a paper by Dr. Max Kassowitz, Professor of the University of Vienna:

“Upon the view that food serves as heat material for the bodily processes, and upon the foundation principle of the transformation of energy, the purely theoretical deduction was made some time ago by R. Mayer that alcohol must serve the function of a food since it burns in animal or human bodies. This deduction stands or falls with the assumption that food materials simply burn in the body, proof of which has never been advanced.

“The experiments with alcohol prove that catabolic change of matter does not take place. That alcohol is a narcotic poison and can destroy all living protoplasm is an acknowledged fact. In the view that has been accepted, purely dogmatically, that alcohol, which is a poison, is at the same time a nutritive substance, a tonic, we see a paradox, which no one would think of making about any other poison. On the other hand, no substance which is truly nutritive destroys protoplasm. Experiment can decide the question. Chauveau had a dog work upon a specified diet; the animal accomplished every day a certain amount of work, and in so doing gained in weight. The dog's food was then altered so that, while all else remained the same, a certain amount of carbohydrate was replaced by a quantity of alcohol, which, upon the assumption of the catabolic change of matter, was equal to the carbohydrate omitted.

“If, then, the alcohol acted as food, there would have been no difference noted. However, the animal experimented upon not only did less work every day, which is to be set to the account of the narcotic effect of the alcohol, but it grew thin, while with less work accomplished and the same food, still greater addition of body weight must have taken place. The experiment, therefore, proves that alcohol as poison cannot act as food, but only injures protoplasm. Knowing this, we ought surely in the future to desist from attempting to strengthen the weak and sick with alcohol and

from expending for alcohol in hospitals large sums of money, which would better be used to really improve the food.

“Science can err; an error with heavy consequence has been the proclaiming alcohol to be a food and tonic. But science itself through its progress, will correct its errors, including the error in regard to alcohol.”

Alcohol promises pleasure; but instead of true pleasure, happiness, and contentment, which come from a life of sobriety and uprightness, it gives a mere transient tickle of the palate, a thrill of the nerves, a momentary exhilaration, a transient oblivion, and after it the bitterness of a ruined life, loss of friends, home, and property, a wrecked body, premature death, disgrace and misery. Alcohol promises comfort; but instead of the comfort and well-being which come from health, strength and vigor—the result of a wholesome life—alcohol gives simply a temporary benumbing of the sensibilities, certain to be followed by an increase of pain and suffering, and an aggravation of all the miseries which it promises to relieve.

Alcohol is in every way a deceiver. It fulfills none of its promises. It relieves hunger because it destroys the appetite, and the power to digest food; but it does not nourish the body. It destroys pain by paralyzing the nerves; but it does not remove the cause of the pain. It makes the poor man feel for a brief time that he has boundless wealth; but it leaves him poorer than before. If a man is cold, it gives him a sensation of warmth; but he is actually colder than before. The man who is weak imagines he is strong, while he is actually weaker than before. Assuredly alcohol is not a food.

Battle Creek, Mich.

PROGRESS

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Editorial

TENT LIFE FOR CONSUMPTIVES.

Much time, thought and money have been, and are constantly being expended toward curing and improving the conditions of health of tubercular patients. Surely the subject is worthy of every effort that can be put forward. The marked prevalence of the fell destroyer in all sections of the country, the almost hopeless condition of the advanced sufferer, and the past ineffectual efforts to stamp it out, render suggestions for the amelioration of its victims timely and appropriate every month in the year.

Physicians living in the Rocky Mountain regions have opportunities for studying in large numbers cases that are referred from almost all sections to this region because of climatic conditions. There is much to learn before we can successfully cope with this disease, but there are three things which seem to be established as fundamental in the successful treatment of tuberculosis, that cannot be reiterated too often, nor too strongly impressed upon patient and physician. They are:

First—Treatment must be instituted early in the disease.

Second—The patient must live in the open air.

Third—He must be well nourished.

Some advanced cases are seemingly cured, but they are rare and exceptional from any line of treatment. It is a great mistake,

though commonly made, to keep a tubercular patient in an unsuitable climate until the disease has advanced, and when too late advise a change in climate.

Out-of-door life offers more of hope to the victim of tuberculosis than any other one element that may be introduced into his treatment. The more fully this fact is realized, the better for all concerned. Outdoor life, as we use the term, does not mean two or three hours of the twenty-four in the open air, the balance in heated apartments, but instead twenty-four hours of each day in the open air; sleeping in tents at night, lying in easy chairs in the sun or exercising in the open air, according to the physical condition, during the day.

In our February issue, Dr. Merz of Denver writes intelligently upon this subject, giving pictures of tent life, to which we would call the attention of our readers who may be interested. Through some inadvertency or oversight, the doctor failed to state that these pictures were taken on the Denver Y. M. C. A. Health Farm, located at the end of West Thirty-second Avenue, five miles northwest of the Denver postoffice. This institution is doing a good and successful work, but is filled to its utmost capacity and is turning away applicants almost daily. No mistake is so common, nor so fatal to successful issue as for patients to come to populous districts in the Rocky Mountain regions and expect to live indoors, down town, surrounded by all the comforts of modern life, and with little or no fresh air, except what may be had from an hour or two's walk or ride in the open air.

The third requisite, "he must be well nourished," is important, and implies the presence of plenty of nourishing food. Living in the open air generally results in a good, vigorous appetite and digestion, when the matter of nutrition largely resolves itself into the question of supply, though the character of the foods suited to the individual case should be determined by a competent physician.

To many of our readers this may seem elementary, but we believe it embodies the fundamental principles of all successful treatment of tuberculosis, and when taken together with the administration of the properly selected Homœopathic remedies, offers practically all of real value known in the treatment of this dread disease.

Department of Theory and Practice

Conducted by { AMBROSE C. STEWART, M.D.
WILLIAM A. BURR, M.D.
G. P. HOWARD, M.D.

NOTE ON THE SCARLETINAL INFECTION.

Mouth and pharyngeal ulceration in scarletina denotes the severe and malignant type whose contagion is markedly prompt and pronounced.

In patients who are old enough to employ local cleansing agents, or who may be induced to remove accumulations from mouth and throat, should use a vessel containing some neutralizing substance of known efficiency (as calcium chloride), and instead of hankerchiefs, cloths should be used—soft old linen or an odorless prepared gauze, so their use may be encouraged—and these should be burned at once, as these discharges are a most prolific source of infection in this disease.

A. C. S.

POLYMYOSITIS.

Two cases of polymyositis, one case positive, the other of questionable diagnosis, has led the writer to the conclusion that but few of this class of the hemorrhagica occur or few are recognized as such when they do occur; clinical evidence upon the subject is, according to our observation, painfully lacking.

Whilst the experienced physician does not require nor anticipate *typical* indications upon which to base a diagnosis in many of even the more obscure morbid states, yet, where a given disease occurs but once in an experience of years, some doubt usually attaches to a diagnosis. It would seem, however, that unless there existed some peculiar complication, polymyositis ought to be easy to determine, since hemorrhage into the muscles affected is a common symptom, and its nearest *similia morbus*, scleroderma, is a condition of the skin proper (a hardening), and ought to be easy to differentiate unless the former merge into the latter.

Scleroderma lacks the usually painful and persistent ulceration of tongue, lips and gums, and in the true polymyositis there is a good deal of swelling and flabbiness (or there may be atrophy) of the affected parts and of even parts distant from the apparent seat of the lesion, and the reflexes, at first accentuated, become extinct later, indicating both motor and trophic disturbance.

The greatest danger in this disease and the feature of most

weight from the prognostic standpoint, is its tendency to involve heart muscle and in this way terminating life; mortality is therefore high, but under lachesis, arsenicum and mercurius solubolis (6x) our patients, if seen early, usually weather the storm, provided complications are not imminent too soon in the attack. There is usually a pronouncedly fetid odor from the body and breath of these patients, and the cause of the disease is probably auto-toxemic.

A. C. S.

Department of Surgery

Conducted by { JOHN WESLEY HARRIS, M.D.
HARRY M. FRYER, M.D.

SOME POINTS IN ASEPTIC SURGERY.

The development of Aseptic Surgery in the past few years has brought about changes which represent more progress than was made in all preceding time. It enables the surgeon to attack any of the organs of the body almost with impunity, and upon the younger student there falls a heavy responsibility that there may be not only no backward step taken, but that there may be a steady advance, for in certain lines there is marked opportunity for improvement. The one who can master detail work is the one who attains more nearly to perfection in aseptic surgery.

The first thing to realize is the dangers that beset the surgeon on every side, and against which he must be ever vigilant. The second, how to avoid them. To do this, one must have at least a working knowledge of bacteriology. In nearly all cases infection takes place by the introduction into the body of pyogenic bacteria through a lesion of the skin or mucous membrane, and the success of the invasion depends on the virulence of the germ, condition of the tissues and upon the power of resistance of the individual. A clean-cut tissue is much less liable to infection than a bruised, lacerated wound. Hence, in operating, the tissue should be cut whenever possible, and not torn asunder; also should be handled as little as possible to avoid traumatism. Again, persons weakened by long sickness, or worn out by over-work, yield more readily to infection than those who are in good physical condition. Hence, have your patients' resistive powers in as good condition as possible before operating. With our various methods of sterilization, it is possible to render instruments, dressings, etc., free from bacteria,

because they can be subjected to boiling, or steam under pressure, and this gives positive results. But when it comes to the sterilization of the skin, there is much room for improvement. The chief mode of infection today is by contact, and is the result of improper preparation of field of operation, or the hands of the surgeon or his assistants.

To prepare the field of operation, the parts should be thoroughly scrubbed with hot water and soap, an alkali soap being preferable. Then shaven to remove the hair, if any, or the outer cuticle. Follow this with another scrubbing, using a soft sterilized brush and just sufficient pressure to produce a reddish glow of the skin. Do not have any given number of minutes in which to do the scrubbing, but let the location and condition of the skin regulate the length of time. Rinse with sterile water, rubbing the part with gauze sponges to remove the loosened cuticle. Follow this with washing with alcohol; not merely pouring it over the part, but rubbing it into the tissues with the gauze sponge. Do the same with ether, unless it be on a part that would be too much irritated with this substance, and finish the cleansing with 1-1000 bi-chloride. Place over the skin a thick pack of sterilized gauze, fastened in place till time of operation. Repeat the same, except the shaving, when patient is on the operating table, unless you are hurried for time, on account of not wishing to keep the patient under the anæsthetic longer than absolutely necessary.

As to the preparation of the hands, many factors must be taken into consideration. First of all, there should be developed that mental condition which might be termed fear of sepsis, that mental attitude which prevents one from coming in contact with septic material whenever possible, and prompts one, should the hands, of necessity, become soiled, to immediately sterilize them. The gloves should be worn in all septic cases or dressings, that the hands may be protected from contamination, and the clean cases should be operated, or dressed, before the septic ones. Again, the hands should be kept in as smooth condition as possible, marked attention being paid to the nails, which should be short, and the skin around them well trimmed. In order to keep the hands in proper condition, the surgeon and his assistants should form the habit of every night scrubbing and preparing them the same as before an operation; then applying some emolient which they have found good to keep the skin soft and smooth. To sterilize the hands, more depends upon a thorough scrubbing with a sterile brush in hot water a sufficient length of time, than all the antiseptics known. This scrubbing should be done in a systematic way, so

that all parts of the hands may receive due attention, more care being given to the palmar surface, nails and between the fingers, as these are the most difficult to clean and come in contact with the wound the most. No set number of minutes should be the rule, but the condition of the hands. After scrubbing rub them thoroughly in alcohol with a gauze sponge, sufficiently hard to remove the loosened cuticle, penetrate the crevices around the nails and the creases in the skin. The use of an antiseptic solution, such as bi-chloride 1-1000, or any of the others, should depend on the effect upon the skin. If it roughens or cracks the hands, it is worse than nothing, for a rough, cracked skin, with an antiseptic, is much more dangerous than a smooth skin without. Better results can be obtained with an aseptic conscience, thorough scrubbing with soap and water, followed with alcohol, than all the antiseptics combined. The cleansing of the hands is more mechanical than chemical. The use of the rubber glove is becoming more common among surgeons every day, because they can be perfectly sterilized by boiling, yet they have certain disadvantages. The sense of touch is partly destroyed and they retard the speed of the operator, which at times is quite a factor. If they are used, the same care should be exercised with the hands as described above; also if they are torn, cut or pricked during an operation, they should be immediately changed, or a finger-tip applied, for the hand sweating in the glove brings the germs in the deeper tissues to the surface, and a break in the glove, however small, would allow the infection of the wound.

I have dwelt somewhat at length upon the care of the hands, because it is here that our greatest improvement is needed. The way to attain the best results is to have a system that enters into every little detail from beginning to end, then see that you follow it yourself, and insist that your assistants do the same. Have just as few assistants as possible, consistent with good work, and you reduce the chances of infection. When you have had your first series of one hundred cases without infection, you have the better prepared yourself for your next one hundred cases, but remember that the price of asepsis is eternal vigilance.

J. W. H.

Department of Eye, Ear, Nose & Throat

Conducted by GRANT S. PECK, M.D.

MASTOIDITIS. (Continued from last issue.)

In mastoiditis in children operative recourse is often necessary much earlier than in adults. The first symptoms, pain, fever, bulging the drum, etc., are met by internal medication, the application of cold, and freely incising the membrane, followed by douching the canal with warm boracic, or bichloride solution, or sterile water. The pain is so severe that it is necessary to make the incision under the influence of an anæsthetic. Attempts to do it under cocaine are usually unsatisfactory, the best results being obtained from freely incising the upper posterior portion of the membrane. If a small opening be present, it is advisable to enlarge it to promote free drainage. Cold should be applied, either by means of ice bags or the Leiter coil, and should not be used longer than 48 hours; and not after pus has formed. The cold applications are to be followed by heat, applied by means of hot salt, bran, or the hot water bottle; and the frequent douching by just as hot water as can be borne. This should be allowed to flow without any force, and be continued for twenty to thirty minutes every two or three hours.

It is at this time, the question of operation comes up. If the above measures are faithfully followed out, a second, third or even fourth incision in some cases being required, the majority will recover without operation. Of 40 cases reported by Baker, 30 recovered without radical procedure, while in 10 cases operation was necessary. In children with high temperature, pain on pressure over the tip or antrum, marked swelling of external canal, with bulging of drum, and more particularly if drowsy and stupid, delay in operation should not occur; while in adults one need not be so insistent on early operation. If operation be deferred, the surgeon must be in absolute touch with the case, and be ready at any time to operate should necessity demand it.

You may ask what would aid in determining this necessity. The symptoms given, the lessening of the discharge, or the continuation of a free discharge, without an abatement of the symptoms, the persistent swelling over the mastoid region, a sudden exacerbation of fever, remaining sustained, or suddenly subsiding, stiffness of neck, dull or severe temporal, frontal, or basilar headache, the patient sleepy and stupid; or without these more severe

symptoms, a continually relapsing when you begin to feel that the case is out of danger. The above symptoms may persist for several weeks and yet recovery take place without operative intervention.

Of six cases which have come under my observation either directly, or in consultation in the past four months, four were cured without operation, while the other two were operated, one after five weeks' treatment, the other after three weeks' treatment. Of the four non-operative cases, two were mild and gave very little trouble. Of the other two, in one treatment was persisted in for six weeks, three at the hands of a colleague, and the latter three by myself, before I could assure the patient, a man of fifty-five, that he was out of danger. In the other case operation was postponed for a day, principally because her people could not reach the city until the next day, and also, because it was hoped there might be slight improvement by that time. By this delay the patient was saved operation, and apparently recovered, only to have a relapse several weeks later from indiscreet exposure, from which, under treatment, she fully recovered. The two operative cases were of more than ordinary interest, and I have ventured to report them in full.

Case 1. Miss E. A., domestic, age 22, Swede. January 2d was called and found a delicate, pale, anæmic girl just recovering from an attack of grippe in which the throat was especially involved. The throat was still sore, cough with pain in chest pronounced, some temperature, rapid pulse, and general prostration. She complained of severe pains in and around the left ear which had persisted for several days; there was considerable swelling over the mastoid, with marked tenderness, particularly over the tip and over the antrum, with redness and heat. The ear was discharging a creamy pus, the membrana tympana was bulging in the superior-posterior quadrant, was hyperæmic and sensitive, and there was temporal headache on the affected side.

The case was diagnosed as acute suppurative otitis media, with mastoid involvement. Hot fomentation to the mastoid, douches as hot as could be borne of sterilized water, and a gargle of sulphocarbolate of soda were ordered, and hepar given internally. At the end of a week the soreness over the mastoid had almost entirely disappeared, the temperature was normal, and the patient so much improved that she was able to come to my office for treatments. Two days later I visited her and found her suffering intense pain over the mastoid and temporal regions. This subsided in a few days, and in ten days the discharge had

closed, hearing began to improve, her appetite was fair, she felt stronger, and the soreness had diminished very much, but did not entirely disappear. Treatment at the office now consisted of inflating the tympanum, painting the mastoid with iodine, the internal remedy, and, at home, of hot applications. Hearing became nearly normal, and the general improvement continued, but every night she suffered from pains, from mild to severe, over the whole left side of head, with pain at tip of process. This was better during the day, but could be elicited by firm pressure. She came to my office February 1st, but that night began to complain of stiffness of neck back of mastoid process, and neuralgic pain in temporal region. On the 4th operation was decided upon, and she went to the hospital the same day. On the 5th the mastoid was opened. The tip was found very imperfectly developed, the external plate was soft, and the cancellous tissue much softer than normal. In going down to the antrum an occasional cell was filled with what looked like decomposed pus. Very little pus was found in the antrum, but on removing the outer table just back of the antrum, a cavity holding perhaps a dram of pus was encountered. All of the cancellous tissue was removed from over the sigmoid bend of the sinus, and it was necessary, owing to the necrotic state of the bony wall of the sinus to remove it, thus exposing the entire portion of the sinus in this region. Owing to the necrotic state of the floor of the middle fossa, this fossa was exposed in removing all of the diseased bone. The meninges, however, were not involved. The entire tip was necrotic and was removed, chiseling away the digastric groove, and exposing the sinus in this region. Just as we had concluded we had removed the last of the necrosed bone, and were exploring with the probe at the base of the skull, the probe entered a tract which led into the deep cervical muscles beneath the sterno-mastoid muscle, from which the pus welled up in profusion. Here was a burrowing of the suppurative process into the neck, the abscess containing as much as two or three ounces of pus. Drainage was made at its dependent point, this and the mastoid region packed with gauze, and the dressing undisturbed for five days, during which time the temperature never rose to more than 100 degrees. The subsequent course was uneventful, and at the end of six weeks the wound was entirely healed, leaving some depression, but not a particularly unsightly scar. Hearing is practically normal in that ear.

Case 2. R. W., age 40, chemist. History of no ear trouble prior to present time. About April 8th took cold on train on way

to St. Louis. The next day had high temperature, intense pain in right ear. Consulted a specialist in St. Louis, and was afforded relief in two or three days. Transacted his business there and returned home. At end of fourth day began discharging, and he felt much relieved. April 15th consulted me. Found profuse discharge of creamy pus, external canal swollen and sensitive, pulsation of opening and the mastoid very painful to touch; some slight swelling with considerable tenderness over mastoid. The case was diagnosed as acute mastoiditis, and treatment by means of hot water irrigation, dry heat, light diet, quiet, and calc. picrata internally was given. In less than a week the patient was able to come to the office for treatments and felt well enough to attend to some business. On 24th complained of some frontal headache, sleeplessness, increased swelling and tenderness over the mastoid, the swelling extending forward toward the temple, the discharge became very profuse, external canal nearly clogged from sagging over superior posterior wall, and yet no temperature nor sweat. On the 29th, after being out in cold rain, temperature rose to 103.2 degrees, and pulse to 128, sweat was profuse, swelling and pain increased, headache and sleeplessness greatly aggravated, and there was every evidence of extension and systematic involvement. Operation was then much more strenuously urged than had been before, in fact insisted on, the further danger of delay being very grave, but could only get consent to it if there was not marked improvement in a few days. By the 4th of May the general symptoms were much relieved, the only persistent symptoms being the swelling, which extended still farther forward and outward, and the external canal was swollen almost shut. On the 5th patient entered the hospital, and was operated the next day. On cutting down to the cortex, pus began to flow from a perforation of the external table, and every portion of the mastoid body, which was largely developed and of the pneumatic type, was filled with pus and the bony structure necrotic. It was necessary to remove all of the internal table covering the sigmoid arch of the sinus, which latter was, fortunately, not involved, the antrum was filled with pus and its walls necrotic, and the necrosis extended so deeply, there was danger of wounding the facial nerve. The bone was diseased forward an inch in front of the auricle, so that it was necessary to remove the base of the temporal portion of the zygomatic arch, and at this point, the internal plate was broken down so that in its removal the dura in the middle fossa was exposed. All of the cells surrounding the bony external auditory canal were removed, and in

fact it seemed as if the entire temporal bone was necrotic. The wound was packed with gauze, redressed the fifth day, and at this time is doing nicely, the temperature never going above 99.5, and then only for a few hours, due to over-exertion.

Department of Skin & Venereal Diseases

Conducted by JOSEPH B. KINLEY, M.D.

ACTINOMYCOSIS.

In the February (1904) number of the *Journal of Cutaneous Diseases*, there is an accurate description of a case of actinomycosis by Dr. H. J. F. Wallhauser of Newark, N. J.

Age 28; male; teamster general health good.

Admitted to hospital December 23, 1902. Four months before a small pimple formed on point of chin from which a little pus could be pressed; quickly enlarged to size of English walnut. This gradually enlarged and spread until the entire chin was covered with a large nodular, indurated mass.

The lesion consisted of an indurated board-like mass, in which were numerous nodules and nodular masses, varying in size from a pea to a small hen's egg. The surface was glossy, of a purplish red color, and presented numerous small orifices lined with a blotter-paper-like detritus, which, when peeled off, left a bleeding granular surface. These orifices marked the outlet of numerous sinuses, which permeated the mass in every direction, and that they communicated with one another was conclusively shown by injecting hydrogen peroxide into one, which caused an effervescence from all the openings, including those on the opposite side of the sinus injected.

Scattered over the surface, there were numerous pale yellow papules about the size of a split pea, and irregular purplish soft elevations, which marked the site of future sinuses. About the lower third of the lesion, there were several deep sulcated lines extending transversely across the surface to the natural furrows.

The constitutional disturbance was slight. The patient continued his work until his admission to the hospital; a period of about four months from the beginning of the disease. Pain was not a prominent feature, in fact, it was only slight compared with what one would expect from such an extensive inflammation. On admission his temperature was 100 F., pulse 104; both temperature and pulse dropped to normal on the third day, and remained

so throughout treatment, which was entirely local. The sinuses were washed by injecting peroxide of hydrogen, diluted one-half, twice in the twenty-four hours, and a wet dressing consisting of the following was applied :

Ac. Boric	45
Ac. Salicylic	24
Aq. Distillat qs. ad.....	500

January 7, or about two weeks after admission, the outlying œdema had entirely subsided, and the nodular masses were decreasing. The sinuses were discharging a sero-purulent fluid with a slight admixture of blood. A few new papules had appeared, which were incised and cleansed with peroxide solution. He improved steadily, and was discharged from the hospital March 5. The nodules had entirely subsided, and the sinuses had ceased discharging. There only remained the pigmented depressed scars, and about three papules which were still being treated.

The secretion was examined by Dr. R. C. Connelly at intervals of a few days, and although the yellowish granules were readily found in great numbers, the ray fungus could not be demonstrated in them. The crusts and sections of the tissue at the orifices of the sinuses were examined by teasing and mounting in glycerine, and once only was the characteristic clubbed mycelium found. The microscopical findings consisted mainly of leucocytes. A few polynuclear cells, red corpuscles and disorganized detritus. A few staphylococci and streptococci were almost constantly present.

The yellow granules were about the size of a small pin's head, and in color varied from a grayish white to a decided yellow. Examined with a low power, they were seen to consist of irregular segmented spheroidal and cuboidal masses of a pale yellow color; on slight pressure, they broke up into irregular masses. Stained by Gram's method, and examined with a 1-12th objective, they were seen to consist of a structureless detritus.

Cultures were made on glycerine agar with negative results.

Deductions: The primary infection was on the point of the chin, and from without. The disease advanced in two ways—First, from a pea-sized, purplish red papule, becoming yellow on the surface as it advanced and ruptured.

Secondly, by the formation of nodular masses which became soft and fluctuating, followed by the formation of yellow papules on their surfaces, which marked the site of rupture.

The small papules may be seen outlying the lower border of the lesion.

Department of Obstetrics

Conducted by R. O. BUTTERFIELD, M.D.

UNUSUAL LOCATION OF LABOR PAINS.

"There is nothing new under the sun" may be a true saying, but the practice of medicine affords, almost daily, a new experience, and one may follow that vocation for a lifetime and then the very last case he sees may present symptoms so unusual and peculiar as to cause surprise and perplexity. The last obstetrical case I attended a few days ago, Jan. 17, developed a symptom that gave me an experience I had not met before in the nearly twenty-five years of active practice I have been engaged in.

The patient, a primipara, 21 years of age, had a normal pregnancy until toward the close of the eighth month, when I was called to see her one evening for excessive nausea and vomiting. I did not see the vomited matter, but from the description of it by the patient, her husband and nurse, it had the appearance of being mixed with "coffee grounds." The characteristic restlessness, thirst and prostration of arsenicum were so marked that it took only a few moments to prescribe for the patient. In a short time she was sleeping and by morning needed no further attention. A week later a severe pain in a hollow tooth made Rome howl, and I was appealed to to subdue the riot. Believing the irritation due to hyperacidity of the mouth, I advised filling the cavity with baking powder. This checked the disturbance almost immediately.

At 12:30 a. m., Jan. 17, I was again called to see her. She was now in labor and suffering much with pains in the back. Vaginal examination revealed a capacious pelvis, the os soft, yielding and dilated to the extent of a silver dollar and the fœtus in the L. O. A. position. At 3 a. m., the os being fully dilated, the membranes were ruptured. The pains now came around to the hypogastrium, became harder and expulsive, occurring at intervals of ten minutes and of very short duration. At 5:30 the pains, having become shorter in the preceding thirty minutes, stopped altogether. Aside from the non-apparent prostration complained of there were no symptoms upon which to base a prescription. Pulse, respiration and general condition were normal. Kali phos. was given with much confidence, but without result. Presently complaint was made of an aching in the rectum. This reminding me of a case I attended some years ago in which a severe pain in the heart ("as

if it was pinched tightly by a strong hand," and which was removed with a few doses of cactus) inhibited the labor pains. I gave ignatia, on the supposition that a rectal neuralgia was inhibiting the pains in this case, and again failed to arouse the uterus to action.

While trying to work out an explanation of this peculiar state of affairs, I dropped off to sleep in my chair and an hour later awoke still to hear complaint about the rectal distress.

Placing the patient on her left side, I made a digital examination of the aching bowel, and to my surprise found the head very much more advanced than it was at the last vaginal examination made. I now noticed that the pains complained of came on at regular intervals and were accompanied with uterine contractions, evidenced by placing the hand over the abdomen. The perineum was unusually hard, tense and unyielding and required a good deal of working with hot cloths, oil and manipulation before it became soft and yielding and safe to allow the head to escape the vulvar orifice. At 9 o'clock the delivery was completed with no lacerations of the soft parts, the pains being felt in the rectum to the last.

This case reminded me of a clinical case I conducted for the senior class of the Denver Homœopathic College. This patient felt absolutely no discomfort during the second stage of labor and repeatedly expressed surprise that she felt no pain during the uterine contractions which were so energetically assisted by her voluntary efforts that her face became very much reddened. A Christian Science healer insists that this patient had absent treatment from some interested "scientist," but cannot explain why the patient suffered so much during the first stage of labor.

South Bend, Ind.

E. G. FREYERMUTH.

Department of Gynecology

Conducted by { WM. R. WELCH, M.D.
WALTER JOEL KING, M.D.

A SYNOPSIS OF XEROFORM.

Xeroform is a production from the Chemische Fabrik Von Heyden, in Radebuel, near Dresden, Germany. Xeroform is a fine yellow powder, of disinfecting properties. It is a perfect substitute for iodoform, being practically odorless, tasteless, non-poisonous and non-irritating, and more efficacious. It is neutral, insoluble, non-toxic, non-caustic, impalpable, containing 50 per cent. of bismuth oxide in chemical combination with 50 per cent tribromphenol, almost devoid of odor and taste, and non-irritating to the mucosæ and organs of digestion.

I became familiar with Xeroform during my hospital work in Berlin, Germany, where it is extensively used in surgery.

Physical and Chemical Properties.—It is of neutral reaction, with a slight phenol-like odor, and unaffected by light. It is insoluble in water, alcohol, vegetable oils and chloroform.

It is soluble in 2 per cent. hydrochloric acid in the proportion of 30:100. With alkalis it forms bromides. It is decomposed by a temperature of over 248 degrees F. only, and because of the high temperature to cause decomposition of this drug, it can be readily sterilized. Since it is insoluble as it is, its dynamic effect upon the gastro-intestinal tract, when ingested, amounts to nothing. Its use does not cause change of the chief organic functions of the circulation, respiration, or the nervous system. The only noticeable effect when ingested, is the black stools produced by the bismuth it contains.

Toxicity.—Xeroform is almost entirely non-poisonous, and can be used internally in doses of 5 to 7 grains without producing any evil result; however, in large doses the appetite may be slightly impaired by the phenol taste left by the drug. The urine has little or no changes, and is free from albumin after the use of the drug.

When taken in quantity it may be found in the stomach and intestines, without having caused any trouble or poisonous effect. Yet its antiseptic properties are such that 2 to 2½ grams is sufficient for the desired intestinal antiseptis.

It is non-poisonous because of the fact that the tribromphenol the free hydroxyl group is united with the bismuth. Under

the influence of the intestinal juices tribromphenol is gradually set free from Xeroform, and exercises its antiseptic influence. However, there is never sufficient of it present at any one time to cause poisonous effects, since it is very slowly set free and very rapidly absorbed.

In the *Centralblatt für Bacteriologie, Parasitenkunde, und Infectiouskrankheiten*, and in *Wratch, St. Petersburg*, Drs. Hesse of Dresden, Germany, and Shirmunski, of St. Petersburg, Russia, presented articles, strongly and explicitly setting forth Xeroform as a most reliable antiseptic, and absolutely stopping and preventing the growth of cultures on surfaces covered with the drug. Infection of a wound cannot occur under Xeroform, and Xeroform dressings, while infection does follow the use of Iodoform.

Employed in Surgery.—Because of being a powerful non-poisonous, non-irritating and odorless disinfectant and antiseptic, with hæmostatic properties, and also an accelerator of granulation and cicatrization, it is a most excellent post-operative dressing.

From Dr. Josef Grunfeld from the surgical division in the *K. K. Allgemeine Krankenhaus* at Vienna, we learn of Xeroform:

1. It is a powerful anti-bacterial agent, and renders the poisonous toxins and ptomaines innocuous.
2. It has a marked desiccating action, limiting and preventing secretion and pus formation.
3. It is a very powerful deodorizer.
4. It does not irritate the wound or surroundings.
5. It always relieves pain, and sometimes effects complete analgesia.
6. It is absolutely non-poisonous, internally and externally.
7. It accelerates granulation and is hæmostatic.

It is valuable in all the superficial dermatoses, as well as in deep suppuration and neucroses and venereal infections, used both internally and externally. In ophthalmological hospitals in Vienna it is used extensively in dressings of the eye, by insufflation, and as 5 and 10 per cent. salve.

Xeroform gauze is one of the most satisfactory materials for packing the uterus after curettement following incomplete abortion. Much more can be said for this valuable drug, but time prevents further discussion at this period.

Abstracts and Reviews

Conducted by GEORGE E. BROWN, M.D.

STERILE WATER ANÆSTHESIA IN THE OFFICE TREATMENT OF RECTAL DISEASES.

In an article with this title Dr. Samuel G. Gant in *New York Medical Journal*, Jan. 23, 1904, describes a method of producing local anæsthesia that he has found perfectly satisfactory. He had experimented for many years in order to find a local anæsthetic which should be devoid of toxic properties and which would enable the surgeon to perform most of the operations about the ano-rectal region in his office.

Sterile water properly injected has met the requirements, and after operating upon more than one hundred and fifty cases he is convinced that sterile water is the anæsthetic of choice in rectal and anal affections, and if here, why not elsewhere? He refers to several others who made the discovery of the anæsthetic effect of subcutaneous injections of water, and in 1891 Schleich stated that pure water produced a transitory anæsthesia, but that its use was attended by some pain. He dismissed the subject therefore and devoted himself to the perfection of his method of infiltration anæsthesia.

Dr. Gant began his experiments with sterile water in September, 1901, but only recently has the technic been so improved that he has used it to the exclusion of general and medicinal local anæsthetics, with satisfactory results in a very large majority of his operations.

The cases in which it has been employed include radical operations for fissure, ulceration, protruding and non-protruding internal hæmorrhoids, cutaneous and thrombotic external hæmorrhoids, polypi, prolapsus ani, ordinary complete and blind internal and external fistulæ, and marginal and follicular abscesses, excision of perineal cysts, sacral dermoids, and lipomata of the buttocks, removal of foreign bodies, division of the sphincter in constipation, where the muscle was so hypertrophied that divulsion had proved ineffective, fixation of an elongated sigmoid to the anterior abdominal wall; colostomy, and exploratory laparotomy. The method is very simple and is as follows: The materials needed are sterile water and a hypodermic syringe fitted with a long, fine, sharp-pointed needle, carefully sterilized. The temperature of the

water may be cold, warm or hot, but warm water is preferred, as it causes less pain. If the operation requires a long incision through the skin, proceed as follows: Catch up a fold of skin between the thumb and index finger and compress it for a few seconds, as this diminishes or prevents the momentary pain caused by the first injections. The needle is then quickly introduced between the layers of the skin, and a few drops of water are slowly injected. It should produce a small localized distension not unlike a blister, and as soon as it appears anæsthesia is complete at this point. The needle is then inserted slowly further and further along the line of the cut to be made, and the water is gradually injected as before, care being taken not to go entirely through the skin. When the syringe is emptied it is refilled and reintroduced within the anæsthetized area, and the injections are made to the entire length of the line of incision. The needle is then plunged through this distended line and subcutaneous injections are rapidly made until a firm, white, ridge-like swelling, about as wide and thick as the index finger is produced.

The deep injections cause a temporary discomfort; the skin and underlying tissues can now be incised without pain in almost every instance.

For external thrombotic hæmorrhoids it is necessary to make the injections only between the layers of the skin overlying the clot to be removed.

On excising external hæmorrhoids, both the skin and tumors should be distended, in order to obtain effective anæsthesia.

Large internal venous or capillary hæmorrhoids can be anæsthetized within thirty seconds by injecting directly into the center of each tumor sufficient water to distend it tightly and cause it to turn white. They can then be removed painlessly by the ligature, clamp and cautery, or excision.

The method of procedure in other diseases affecting this region will be suggested by the details already given. The object to be kept in mind is to make the injections slowly and of sufficient amount to produce a high degree of pressure upon the nerve endings at the site of the proposed cut. It is this pressure, together with the local anæmia that deprives the parts of sensibility. Dr. Gant considers that the radical operation for hæmorrhoids can be so easily carried out, under this method, in the physician's office, with so little danger and inconvenience to the patient, that it should relegate to oblivion the much vaunted injection treatment, which is so dangerous and uncertain.

CANCER TREATMENT BY PHYSIOTHERAPICAL MEASURES.

Dr. J. A. Riviere, in a communication to the National Academy of Medicine, France, on Dec. 8, 1903, formulated the following conclusions :

1. The practice of physiotherapy, which dates from our communication to the International Congress of Medical Electrology and Radiography, for the cure of neoplasms, should be recognized by modern medicine as a most useful method of producing the diminution of tumors, the relief of pain, and the dispersal of ganglionic enlargements.

2. Physiotherapy is the only method that should be used in certain inoperable neoplasms, or in those in which recurrence is inevitable; in acute and vegetating ulcerous forms of epithelioma, and in recurrent and rapidly increasing sarcomata, subsequently to surgical intervention.

3. Preference is given to radiotherapy, static discharges, and currents of high frequency, without, however, neglecting general physiotherapeutic measures (static baths, d'Arson-vitalization, etc.) so as to stimulate elimination, and to neutralize the neoplastic elements set loose by local treatment and returned to the circulation.

4. The most noteworthy effects of this treatment are: The disappearance of œdemas, engorgements, and indurations; the cessation of lancinating and other pains, the rapid and complete cicatrization of rodent ulcers; the subsidence and shriveling of vegetating growths; and, in short, the complete disappearance of the cachexia and wasting, and the restoration toward integrity of the general condition.

5. While success is frequently attained in post-operative returns, it is much better that growths should be treated by these measures from the outset. Radiotherapy should always be employed at the commencement of the lesion, for histological observations show that the neoplasm is always of greater extent than the apparent lesion.

6. In spite of notable and rapid ameliorations (subsidence of pain, disappearance of foci, and arrest of the adenopathic proliferation), perseverance is indispensable in treatment by physiotherapeutic measures; and especially the continuance of general methods directed to the improvement of the diathesis.

7. The writer thinks that he can safely assert that the treatment of malignant growths has entered on a new phase, thanks to the application of the physiotherapical methods. The facility, simplicity and promptitude of the treatment, the æsthetic regular-

ity of the results, and the return to normal of the implicated functions, all confer on phyiotherapy a great value, in both the number and the completeness of cure in cases, primary and recurrent, that have hitherto seemed beyond the resources of our art. (*New York Medical Journal* and *Philadelphia Medical Journal*, Jan. 16, 1904.)

A DISCLAIMER OF RESPONSIBILITY.

An editorial in the January number of *The Hahnemannian Monthly* repudiates the views set forth by Dr. Levenson, of Brooklyn, in the October number of the *Medical Advance and Journal of Homoeopathics*. The paper which is the subject of comment by our Philadelphia contemporary, purports to represent the views of a medical committee, of which Dr. Levenson was chairman. It was sent to the proper representatives of the International Congress on Tuberculosis, which met in London in 1902, but was rejected. A few quotations will be sufficient to show its character and the reason for its rejection by a scientific body. We are told that there is "no ground for any call for special legislation with regard to tuberculosis, except to repeal laws enforcing unsanitary practices, such, especially, as vaccination." The author tells us also that "not only has the infectiousness of tuberculosis and of many other diseases been asserted upon insufficient and misinterpreted facts, but in the face of facts clearly indicating the exact opposite. Unfortunately, this superstitious belief renders those who are possessed of it blind to the most obvious facts." "One of the main causes for the spread of the disease is not infection, but fear." "Now all legislation professing to aim at protecting people from infection unavoidably helps to create scare." Under the heading, "Smallpox Infection a Myth," we read that "Among the bold but untruthful assertions of official doctors is one that the condition called smallpox is highly infectious." And the following confident assertion is made: "Pulmonary tubercle is not the effect of germs; neither is it the result of an inoculable parasite found in the atmosphere." Then, after stating that "tuberculosis and bubonic plague are due to continued vaccination," the author proceeds to vituperate the dominant school of medicine and "ignorant law-makers who act upon the advice of ignorant official doctors, always anxious for a chance to augment their Power, Place and Pelf."

The editorial referred to proceeds as follows: "To discuss in an argumentative manner such statements would be to confer upon them a dignity which their absurdity does not warrant. The numerous fallacies, both in the premises and in the deductions, are so

apparent to anyone conversant with the facts of modern medicine, that we will not take the time to debate them. Why does the publication of such an article concern us as members of the medical profession? First, because such opinions coming from a supposedly reputable medical man, if spread abroad by the lay press, would work great harm to the cause of public hygiene. Second, because it is lamentable, indeed, that a physician who is bound to advance the good name and honor of the profession in every just way, should publicly denounce his fellow-physicians as being 'brutal, ignorant and craving for Power, Place and Pelf.' "

"Why does the publication of such an article particularly concern us as members of the homœopathic school? In the first place, being placed before the profession and the public by a homœopathic physician, through the medium of a homœopathic journal, it will be understood by many to represent the views of the homœopathic school of practice. Thus we are laid open to the charges of being fanatics and enemies of proper sanitary laws. In the second place, it shows that there are in the homœopathic school certain individuals who apparently think it their duty to differ in every respect from the accepted views of the medical profession, and to adopt any new theories, however absurd, as long as they are antagonistic to those now held. These speculative hypotheses, unsubstantiated by facts, they endeavor to impose upon us under the name of 'homœopathy.' Intrenched behind unproven and preposterous theories which have no connection with the principles of homœopathic prescribing, these self-appointed apostles employ their time by vituperating the allopathic school and condemning as 'mongrels' those of the homœopathic school who do not participate in their peculiar beliefs. Such writers, by their statements and actions, disgust the friends of homœopathy, discourage investigation by scientific observers, and bring us nothing but ridicule and contempt. We have no hesitancy in saying that this class of men constitutes the greatest drawback there is to the general recognition of the fundamental truth of homœopathy.

"The true friends of homœopathy are those who realize that its position is to be advanced, not by condemning the labor of others, nor by elaborating speculative theories, but by persistent, earnest work. Repeated demonstrations of its practical value, by patient investigation in laboratory and at the bedside, is the most effective way of gaining for homœopathy the proper recognition and respect. There are in the dominant school of medicine sincere and earnest men who are as anxious to know and to utilize the truth as we are, and who will accept that truth when it is scientifically dem-

onstrated to them. We are optimistic enough to believe that such a demonstration and recognition of the essential truth of homœopathy will some day be accomplished.

“In the meantime what should be our attitude toward those writers who work so much harm to our school by attempting to infuse into it dogmatic views of their own production? In self-protection we should disclaim any responsibility for their theories, and make it clear to the medical profession that they do not represent the views of the homœopathic school. The reading of such articles before medical societies and their publication in homœopathic journals should be discountenanced. To those who sincerely hold such views, so contrary to all medical experience, we would suggest that they devote the energy they spend on theories to the investigation of facts. When they have established by research any new facts, we will be glad to recognize their worth and to commend their labors. Until then let them cease from their vituperative attacks and consider the words of the old philosopher, Ben Johnson: ‘Time obliterates the fictions of opinion and confirms the decisions of nature.’”

Current Events

Dr. L. E. Whitney of Carthage, Missouri, is chairman of the Bureau of Clinical Medicine in the Missouri Institute of Homœopathy. He is busily engaged arranging his work, and expects to present a full report at the next meeting, which will be held in April.

* * *

Dr. Joseph B. Kinley has been on the sick list for some time, but has so far recovered that he has resumed his professional duties. During his illness Dr. J. C. Locke took charge of his patients and very skillfully cared for all the doctor's extensive business.

* * *

We notice in the *Medical Forum* that our old friend, Dr. Tom R. Gammage, has located at Leeds, and is doing a good business. We wish him great success.

Dr. Rhea Proctor McGee recently operated at the Homœopathic Hospital on a patient for cleft palate and hair lip. It was a very aggravated case. Photographs were taken and a full report of the case will appear later.

* * *

Dr. Sharretts of Colorado Springs was in Denver last week and called Progress up over the phone. Come yourself next time, doctor.

* * *

The eye, ear, nose and throat clinic at the Denver Homœopathic College, under the management of Dr. Strickler, treated during the months of January and February, seven hundred and eleven patients.

* * *

The next meeting of the Missouri Institute of Homœopathy will be held at the Southern Hotel in St. Louis, Missouri, April 27th, 28th and 29th. An active canvass is being made for a full and interesting session. Write to the Secretary, Dr. Geo. A. Millier, and tell him you are coming.

* * *

Dr. George E. Brown is having some very interesting clinics at the college. A large number of heart and lung cases attend daily.

* * *

Dr. W. W. Butman has located permanently at No. 133 Grant avenue, Denver, Colo.

* * *

Dr. W. A. Secrist is out on a trip of inspection. He will visit Colorado Springs, Pueblo, Canon City and other points in the state, but we predict he will locate in Denver.

* * *

Dr. and Mrs. L. S. Ordway have returned from California, where they went on account of Mrs. Ordway's health. We regret to learn she has not received the benefit expected. They are now stopping at the St. James hotel, and we hope to report in the near future her complete recovery.

* * *

A circular from the editor of the *Colorado Medical Journal* announces that the March number will be devoted to the subject, "Pulmonary Tuberculosis." A list of nineteen topics is given, covering all the important branches of the subject. The writers are well known to the profession as men of ability and competent

to present the subject exhaustively. Everybody should have a copy.

* * *

We take the following from the *Poudre Valley*: Miss Etta Luther, formerly of Greeley, but now from the Denver Homœopathic Hospital and Training School, has been in Windsor the last two weeks nursing Dr. J. H. Shane through a case of typhoid fever, for Dr. L. E. Bartz.

* * *

The series of cooking lessons given by the Denver Gas and Electric Company to the doctors and nurses of the city have been greatly enjoyed and regarded as very profitable by the nurses at the Homœopathic Hospital.

* * *

Dr. D. A. Richardson has given the class in practical anatomy a very fine course. The doctor is an expert anatomist, and his demonstrations have been very valuable to the class.

* * *

Dr. A. C. Stewart and Dr. Henry G. Merz have each presented a handsome new rug to the nurses' home, thus adding another to the many generous acts of these gentlemen.

* * *

Dr. Giles P. Howard has been the victim of ill-health for some time. He is now able to be out part of the time, but contemplates going to a lower altitude, that he may get the benefit of a change of climate. We hope to see the good doctor enjoying his usual good health again soon.

* * *

On Feb. 17, 1904, the superintendent, Miss McFadden, and a large company of the nurses in the Homœopathic Hospital attended the graduating exercises of the Colorado Training School at the County Hospital. Besides the formality of the graduating exercises, there was good music, good speaking, refreshments and dancing that made the evening a very pleasant one. The seventeen graduates received a large amount of good advice, and no doubt will sustain the good name so well earned by that institution.

* * *

The management of the Belle Lennox Nursery have been enabled recently, through the generosity of a friend, to complete and furnish a hospital ward, in connection with their home, for the care of the sick in the various institutions under their control. This has been sadly needed for a long time, and will add im-

mensely to the usefulness of these important charities. The attending physician extends congratulations to the very efficient management and rejoices in the improved facilities for caring for the afflicted little ones.

* * *

Dr. R. S. Copeland, in the *University Homoeopathic Observer* of recent date, speaking of "Pink-Eye" and its treatment, says: "I have thought, sometimes, that bacteriological researches are often a work of supererogation, but in this disease the laboratory has taught us a valuable lesson. Upon finding the bacillus, experiments developed a means of killing it without injury to the tissues of the eye. It was found that chloride of zinc is fatal to this germ. Diluted materially, one part to five hundred, the bacillus is destroyed and its further ravages prevented. Locally applied, chloride of zinc in 'pink-eye' is almost a specific. The dilution should be used, two or three drops at a time, three times a day."

* * *

Mr. Warren W. Preston of Bloomsberg, Pa., who has been studying medicine in Denver during the current year, has been offered a very fine position in the State Normal School of Pennsylvania for the spring term. Mr. Preston's education and training as a teacher make him in demand wherever known. He will accept the offer and leave for his work some time in March. He will return to Denver next September and take charge of the Histological department of the Denver Homœopathic College.

* * *

The ladies of the Hospital Club served a very pretty luncheon to the physicians and friends at the hospital Wednesday, March 3, at 12:10 p. m. The members of this club are displaying a large amount of energy and business ability in the way they are managing the interests of this institution. We ask for them a hearty reception from the profession and friends of the hospital.

* * *

We regret to learn that Dr. Henry G. Merz has decided to leave Denver and return to his old home in Fort Wayne, Indiana. The doctor has made a very favorable impression in our city, and we wish he could remain and reap the benefit that is sure to follow.

* * *

"If any prospective medical student desires to practice tomorrow what he learns in the colleges today he must be trained and educated in a Homœopathic school."

There has been placed recently in the Denver Homœopathic College a new stereopticon that will be used for demonstrations in the microscopical, histological and anatomical departments as may be desired by those in charge.

* * *

Dr. Nelson of New Windsor has a surgical case in the Homœopathic Hospital.

* * *

The student journal *Phiads* has ceased to be, and in its place we have Vol. II., No. 1., of *The University Homœopathic Observer*, of the University of Michigan: This new venture will be issued quarterly, edited by the faculty of the Homœopathic College, and devoted entirely to the scientific treatment of medical subjects. The proposition is unique in our school and we shall study its career with interest. The first issue is certainly a valuable contribution to our journalistic literature.

* * *

Physicians living in Denver and those who are familiar with the climatic conditions of Colorado, especially that part of it lying near the foothills on either side of the Rocky Mountains, consider it the best climate for pulmonary disorders now known. No other resort or locality offers as much to the invalid all the year around as Colorado. We take the following reference to this climate from a recent issue of the *World*:

“There is more sunshine than in either California or Florida. Dwellers in the mountains who have been called by business or who have gone in obedience to fashion to Florida for the winter seldom go more than once; they come back to hear with envy of the clear bracing days their neighbors have enjoyed at home. At Colorado Springs and at Manitou they average 340 sunshiny days in a year, that is, nearly 93 per cent of their daylight is bright sunshine. While they have 25 cloudy days Chicago has 114, New York 103, Asheville 106. And equally important is the fact that the shortest days of winter will afford eight hours of sunshine: contrast this with the four and a half hours, the most you can hope to gain in the celebrated valley of Davos, Switzerland. Salt Lake City averages 315 days bright and clear.”

* * *

The following are the appointments made by President Strickler of committees and bureaux for the coming session of the Colorado Homœopathic Society:

Legislative Committee—John W. Harris, M. D., chairman;

C. F. Stough, M. D., Colorado Springs; N. G. Burnham, M. D., Denver; A. M. Moore, M. D., Brighton; C. H. Wilkinson, M. D., Canon City.

Ophthalmology and Otology—L. M. Taylor, M. D., Denver.

Obstetrics—Genevieve Tucker, M. D., Pueblo.

Materia Medica—Horace T. Dodge, M. D., Denver.

Surgery—S. E. Blair, M. D., Trinidad.

Clinical Medicine—Samuel S. Smythe, M. D., Denver.

Pedology—Leroy C. Hedges, M. D., Grand Junction.

Gynecology—S. B. McFarland, Fairplay.

Neurology and Electrology—U. A. Sharretts, M. D., Colorado Springs.

Diseases of the Chest—Geo. E. Brown, Denver.

Pathology and Bacteriology—J. B. Brown, Denver.

* * *

We make our most apologetic bow to Dr. Sharretts of Colorado Springs. We don't blame the printer, and we dare not scold the proofreader, so we make the best repair we can and say we will never call you "Shautts" again.

* * *

We take the following from the *Rocky Mountain News* of March 9:

"In an answer filed in the district court Dr. J. W. Anderson is charged with malpractice by L. L. Moe, against whom Dr. Anderson brought suit for the collection of \$215 for services rendered Mrs. Moe. Moe in his answer charges that Anderson went off on a duck hunt while his wife was in a dangerous condition from blood poisoning, as a result of confinement. His wife died as a result of her illness."

We are aware that the doctor is fond of duck hunting, and has a good reputation among sporting men in that line, but we are loathe to believe he could be induced to fail of his professional duty even for a duck hunt. We have scant patience with people who attempt to pay honest debts with trumped-up suits of malpractice.

OBITUARY.

Dr. Anna E. Mills died at the Homœopathic Hospital in this city Sunday night, Feb. 21. She was a student in the Homœopathic College for the past five years. She completed her course and received her diploma at the commencement held last April.

Dr. Mills was physically very frail and was unable to pursue her studies with the vigor of the more robust student, hence she very wisely extended her course that she might conserve her strength to the end. On the night of her graduation she contracted a severe cold which terminated in pneumonia. The attack was violent and her recovery was almost despaired of, but ultimately she gained strength and was enabled to attend to her duties during the summer and autumn months. In the early winter it was evident that tuberculosis was doing its work, and she went to the hospital where she remained till her death. She had every care the hospital could give her, and her favorite aunt, Miss Anna E. Sims of Columbus, Ohio, was with her at the time of her death.

She was retiring in disposition, quiet and unobtrusive. The faculty will long remember her as a student that was faithful to every interest of the college and diligent in the discharge of every duty. Today there hang upon the walls of our school-room thirty-three anatomical drawings that will long remain as a monument to her patience, skill and conscientious devotion to accuracy in detail.

As we go to press, we learn of the death of Dr. Charles B. Pillsbury of Duluth, Minn. The doctor was well and favorably known throughout Minnesota and the adjoining states. He was president of the Minnesota Homœopathic State Society in 1894, and attended the American Institute when it met in Denver. He was a competent physician, an upright gentleman and an excellent Homœopathic prescriber.

In his death, which occurred March 1, from blood-poisoning resulting from an abscess of the throat, the profession meets with a distinct loss, and our editor, with the loss of a personal friend of years' standing, their friendship dating from years ago when Dr. Strickler and he practiced side by side in Duluth.

He leaves a wife and two boys, Curtis and Burdette, to whom we extend our sympathy.

Dr. Theodore Young Kinne, of Paterson, N. J., died at his home March 4, 1904, aged 65 years. The cause of his death was heart disease. The doctor was at one time president of the American Institute of Homœopathy. He served as assistant surgeon of volunteers during the civil war. The announcement of the death of Dr. Kinne will send a pang of sadness to hearts of many persons. He was a warm-hearted, genial gentleman, easily approached, and always cordial in his greeting. He graduated in medicine in 1862 in Albany, New York, and continued in active practice till his death.

BUSINESS BRIEFS.

THE TREATMENT OF ACNE.

Acne in its various forms is more intractable than nine-tenths of the diseases that flesh is heir to. Internal treatment does not cure these cases. You have to destroy the pathogenic bacteria that infest the sebaceous glands and pores of the skin to get results. Ointments and salves do not seem to produce a cure in these troubles. "Brower's Antiseptic Soap" contains some of the leading antiseptics in proportion so that they blend nicely and have a penetrating, but non-irritating effect upon the skin. If you have a stubborn case of acne and have exhausted your resources to effect a cure, but failed, make a lather of "Brower's Antiseptic Soap" and apply for 15 to 20 minutes, night and morning, and note results. It will surprise you. Dr. Wade of this city says: "I have used 'Brower's Antiseptic Soap' for acne, punctata, acne simplex and eczema capitis with the very best results."

We wish to call our readers' attention to the *second annual practitioners' course* of the *New York Homœopathic Medical College*. Hospital, clinical and practical teaching will be given. Homœopathic therapeutics will be made a special feature. Term commences May 2nd and runs until May 21st.

In all inflammatory conditions where an antiseptic poultice is indicated, do not forget to prescribe "Marach," better known as "Denver Mud." It gives results.

Pruritis Vulvæ during pregnancy is worse than the itch, some doctors say. The next case you have prescribe Brower's Antiseptic Soap. It does the work.

That tired feeling which comes on about this time of year in persons who are especially poorly nourished, anemic and all run down, can be overcome by "Bovonine," the great blood enricher.

At this time of year the emunctories sometimes get clogged; the liver becomes sluggish and the bowels constipated. The fact of the matter is, the sewers need flushing. "AbilenA" water, the natural cathartic, taken before breakfast or on retiring, will stimulate the functions to do their work, and eradicate the excess of leucomains from the body.

PROGRESS

Vol. II.

DENVER, COLO., APRIL, 1904.

No. 4.

Original Articles

PELVIC SUPPURATION.

B. H. OGDEN, A.M., M.D.*

Suppuration of the female pelvic organs is due to infection from some one of the pus producing organisms which has usually gained entrance through the vagina and uterus. Gonococcus infection—the most common cause—travels along the mucous membranes and is generally first a vaginitis, then endometritis and finally a salpyngitis, which may result in a pus tube, adherent to ovaries and frequently intestines. It is surprising how frequently the appendix is included in the mass. Six out of twenty-two cases, or fully one-fourth of those upon whom I have operated during the past two and one-half years through the abdomen for pelvic suppuration, have had this complication.

Streptococcus infection is the next most common cause, and in my experience is far more apt to result in the formation of a phlegmon in the parametrium, and the commonly recognized pelvic abscess. Infection in this case usually follows childbirth or abortion, particularly criminal abortion, also the introduction of sounds and dilators in office practice unless thorough antiseptic precautions are used. The germ seems to travel through the endometrium, setting up metritis and then a parametritis, or may be retained in the lymph channels and finally result in an abscess. The difference between these two varieties of infection is so marked, and the curative treatment also so different, that I think a few words upon differential diagnosis may be in place, and Kelly's summary is directly to the point. I will give you this, with a few modifications:

*Professor Obstetrics State University of Minnesota (Homeopathic Department). Gynecological Staff City and County Hospital, St. Paul, Minn.

GONOCOCCUS INFECTION.

1. Slow in onset, and often preceded by inflammation of external genitals and urethra.
2. Pain localized in one or both ovarian regions.
3. Fever does not run high, and may be absent in spite of pain.
4. Pulse not much changed—may be quickened.
5. Attack lasts about two weeks, but recurrences are common.
6. General health often appears good.
7. Usually able to find gonococci in cervical discharges.
8. History of male—positive.

STREPTOCOCCUS INFECTION.

1. Onset abrupt, usually with a severe chill. History of normal labor, miscarriage or topical treatment.
2. Pain more general over lower abdomen and more evidence of peritonitis.
3. Fever usually high 101-105.
4. Pulse quick and feebler.
5. Attack seldom lasts less than a month and often longer.
6. General health much disturbed.
7. Gonococci not found.
8. Negative.

The detection of pelvic inflammation and suppuration by digital examination is an art, and no one who does not resort to the bimanual method, using an anæsthetic if necessary, so that the pelvic organs may be outlined between the fingers in the vagina and those upon the abdomen, can give a satisfactory account of what he feels. Even then there is somewhat of guesswork, but it is surprising how uniformly one guesses (?) correctly. It is important to have in mind the possibility of rupturing an abscess, especially if the patient is anæsthetized and the consequent need of gentleness in all manipulations. In this examination the uterus is first to be outlined if possible. After a little experience this does not seem so difficult a task as one's first examinations would lead him to suppose, especially if the difficulty is in the tubes. Nearly always one can outline between the fingers the uterine fundus and detect the unilateral or bilateral swelling extending out from this body or dropping down from the cornu into the cul de sac of Douglas, provided the inflammation is confined to the tubes. When the parametrium is involved such an

outline is impossible and everything in the vault of the vagina seems glued into one hard mass, or this hardness may be confined to one side and be seemingly a part of the uterus.

In this latter condition there is nearly always a streptococcus infection. During the past two and one-half years I have removed the tubes through the abdomen twenty-two times and made vaginal drainage fourteen times. This does not include other cases of cystic ovaries or any abdominal operations excepting those in which pus was present. Two of these died. One after a vaginal section and drainage, followed immediately by a more thorough removal through the abdomen. This patient died from shock within thirty hours and my "after thought" convinces me that I should not have opened the abdomen unless symptoms developing later had made it seem necessary. It was a streptococcus infection involving the parametrium and tube. In opening into it through the vagina my finger went through the thin wall of the peritoneum into the abdominal cavity and I could feel the bowel adherent to the tube. I thought the patient's chances would be better after a laparotomy, which I now think was an error of judgment.

The other death was one following vaginal drainage for a gonorrhœal pus tube. I advised a laparotomy, but the patient and her physician strongly preferred the vaginal route. Just what the difficulty was in this case I do not know, as I was not permitted to find out. I suspected either a rupture of the tube into the peritoneal cavity or some injury to adherent bowels, as she developed a general peritonitis and died in three days. As soon as these symptoms developed I was anxious to perform a laparotomy but was not permitted to do so. All of the cases upon whom I performed laparotomy are well and have remained free from pain. Two of the vaginal section cases are still suffering more or less from pain and will, I fear, require an abdominal operation before recovering completely. My experience with these thirty-six cases has led me to form some decided beliefs with reference to the best method of treating such cases. In the first place I believe it is very important to distinguish between gonorrhœal and streptococcus infection. If there is a gonorrhœal pus tube I believe the best operation by all odds is its removal through the abdomen. With such infection the inflammation travels along the tube to its fimbriated extremity and pus is exuded there and glues

into a mass all the tissues, usually ovary and intestine, with which it comes in contact. Very frequently a tubal ovarian abscess is formed or pockets of pus connected with the fimbriated extremities are found. It is impossible to properly drain this mass without breaking up the adhesions, and this cannot be done safely without sight.

I feel certain that this was the difficulty in my second case that died, and that opening the abdomen in the first place would have saved her life. I believe in conservative surgery, but conservative operations which do not save life or suffering are not truly conservative. A patient who once has a gonorrhœal pus tube has a condition from which complete recovery without operation is doubtful. In my experience such persons suffer more or less continuously and have acute exacerbations of fever and pain from very slight causes. An operation performed carefully after the fever has subsided is nearly always successful in restoring the patient to the enjoyment of continuous good health, and removes an organ which in its diseased condition is worse than useless.

When the infection is of streptococcus origin, and it generally is such if it follows a full term delivery, a miscarriage or any instrumental interference such as dilatation, passing of sounds, etc., I have a wholesome dread of opening the abdomen. Vaginal drainage is much to be preferred, even if a laparotomy becomes necessary later. It is very important in vaginal drainage to make a wide incision, and I think it best to stitch one, often two rubber drainage tubes of at least three-eighths of an inch caliber into the opening and let these remain two weeks or more—sometimes a month. Through this a fifty per cent. solution of alcohol may be injected or bichloride of mercury, 1 to 5000. I have often found a dram of iodine to a pint of sterile water helpful. This should be continued until all discharge has ceased and the fluid injected returns clear. I have often found it of advantage to open into a phlegmon before it goes on to suppuration. In the great majority of such cases continued drainage will clear up the difficulty and no further operative measure is necessary—occasionally a subsequent coeliotomy will be needed. Much can be done to clear up the case by the administration of apis., sulphur, arsen. iod., calcaria iod., hepar., mercurius, kali iod. In all of my abdominal operations for pus tubes I did not use any drain-

age. It is almost impossible to break up the adhesions without liberating some small pockets of pus, but the quantity is usually small. Gonorrhœal pus is not so virulent, and I have seldom performed the operation until the acute symptoms have subsided. With the intestines well walled off by gauze packing and an assistant ready to sponge immediately upon the appearance of pus, it is possible to perform the operation with very little soiling of the peritoneum. Without drainage the patient is generally able to sit up at the end of two weeks, and is practically well after three or four weeks or sooner. I did not intend to write upon the treatment of gonorrhœa. I will only mention the subject briefly. Gonorrhœal infection travels along the mucous linings. It should be arrested before the tubes are reached. That it is not more frequently checked is probably the fault of the patient, but sometimes I believe the physician is not sufficiently radical in his treatment. Ordinary vaginal douching is apt to be ineffectual. Besides this I believe it advisable to wash out the cervical canal with a permanganate or bichloride solution or fifty per cent. alcohol, which can easily be done by attaching a catheter to the douche point. If the uterine cavity is involved it is very important to wash it out daily, using a recurrent catheter or intrauterine irrigator. If this is well done we will seldom have the infection extending to the tubes. When this does occur, the expectant plan of treatment is to be adopted, and usually within two weeks the fever subsides and the patient is able to be around again. Unfortunately this too frequently does not mean a cure. More or less pain remains and every few months there are recurrences of the trouble and the woman is a semi-invalid. It is for such cases that the abdominal operation comes as a great blessing.

S Y N E C H I A .

A Clinical Lecture Delivered by David A. Strickler at the Eye, Ear, Nose and Throat Free Clinic,
March 7, 1904.

Reported by LAWRENCE M. TAYLOR, M.D.

"We have before us today five cases of Synechia, demonstrating different forms and causes."

Case No. 1—Peter K., a miner aet. 27. History as follows: Victim of mine explosion occurring more than a year ago. He was blind immediately after the explosion and has continued blind in the left eye. Vision in the right improved until it is nearly normal—28-30⁺. Vision in left eye, light perception. He comes to see what may be done toward giving him vision in the left eye.

Examination reveals a number of small white spots scattered over the cornea, more numerous on the left, with transparent cornea between the spots. A dense opacity at the upper and inner margin of the left cornea, in the center of which is detected a small dark point. The pupil is drawn toward the upper and inner quadrant. Oblique illumination shows the iris attached to the cornea at the seat of dense opacity. This attachment of the iris being anterior to its normal plane, is designated Anterior Synechia. Through the pupil which reacts to light we find an opaque lens—cataract. Our diagnosis is, the small white opacities on the cornea with perfectly clear cornea between are result of burns by grains of powder. The dense opacity of left cornea with adherent iris—Synechia or Leukoma Adherens—indicates a perforating wound of the cornea at the time of injury. The opaque lens coming after and as a direct result of the injury is a traumatic cataract. As the eye is quiescent, with good light projection, we will advise an operation for removal of the lens and a better placed pupil.

Case No. 2—Mr. W. G. F., ranchman aet. 38. This gentleman, first seen yesterday, was struck five days ago in the right eye with red hot harrow tooth which he was sharpening on an anvil. The blow knocked him over and was followed by intense pain which continued until seen by us yesterday.

Examination reveals a bluish mass at the inner side of the right cornea extending in a vertical line for a distance of five or

six m. m. from margin to margin of the cornea, but not into the sclera at either end. Closer inspection shows this mass to be prolapsed (blue) iris. The pupil is displaced toward the wound and the iris is drawn forward. The cornea is opalescent near the prolapsed iris on both sides but otherwise clear and transparent. The eyeball is highly injected and extremely sensitive to touch. This sensitiveness extends to and includes the lids. There is no evidence of scar or burns on lids or ball unless the opalescent cornea may be considered as such. Vision is limited to light perception.

Diagnosis—Traumatic perforation of the cornea with prolapsed iris—Anterior Synechia—with possible hemorrhage into vitreous, the eye being too sensitive to examine.

Treatment.—In the treatment of this case I was in doubt as to whether the time for the use of iced applications might not have passed when first seen by us, but recommended its trial. In the use of heat and cold to the eye, you will recall our general rule to use cold in the early stages of traumatic inflammations and in sthenic conditions. To use heat in inflammations of diseased origin and in depressed conditions of the general system. In burns with destruction of tissue, I find heat more comfortable and more conservative of tissue. Hence in this case some doubt as to the best application. One point I feel cannot be too firmly impressed upon your minds is that whichever is used, should be persistently used. When iced applications are decided upon, you should make sure the cloths are changed often enough to be constantly cold. That sufficient cloths—six or eight, each made up of six or eight layers of old linen forming a pad one and one-half inches square—should be kept on ice so that when one is lifted from the ice and placed on the eye, others will be on ice to take its place. Before the first cloth has had time to get warm, in fact, while it is yet cold, the second cloth should be ready to place on the eye immediately upon the removal of the first, which is then returned to the ice, to be taken in its rotation after the others. This may seem a small matter, but it is vital to the successful use of iced applications. Per contra, when it is decided to use hot applications the same rule holds; the heat must be continuous. Alternate heat and cold when either the one or the other is indicated, is a positive detriment and must be guarded against with great care. When stimulation instead of sedative action is required, the two may be used in alternation, but the application

should be made with a like degree of system. Continuous dry heat can be best applied by means of the Japanese hot box, with sufficient fuses lighted to keep the desired degree of heat, bound upon the eye. This will maintain a steady and equable heat for hours at a time, and is most grateful to inflamed eyes in which heat is indicated, as you have had abundant opportunity to observe in iritis and corneal inflammations during the present term. Moist heat can be applied by means of cloths wrung out of hot water, but more satisfactorily by means of pads made of absorbent cotton drawn into a ball large enough to cover the contents of the orbit and slightly hollowed on one side to fit over the eye, dipped into hot water, the excess of which is easily expressed, when the cotton is applied to the lids. Patients generally appreciate this method, as it saves the hands from the extreme heat necessary in wringing cloths and admits of rapid changing.

In the case before you, the iced cloths were applied as I have explained, arnica 3x administered, and our patient tells us he had his first good night's sleep and has been entirely free from pain since shortly after beginning the treatment. The eye is less injected, much less tender to touch and he sees large objects. We shall continue the treatment. Had the case been seen soon after the injury the prolapsed iris should have been excised, but after five days had elapsed, its removal could accomplish little good and would of necessity be a painful proceeding without a general anesthetic. The case will be watched, and if there be any additional prolapse, the iris will be cut off; otherwise it will flatten and disappear. The eye should be healed in from six to eight weeks.

Case No. 3—George F., teamster, aet. 54. Gives a history of having received a slight blow on the right malar eminence with a small monkey wrench on February 14, 1904. It left some slight tenderness at that point, but gave rise to no further inconvenience. Two weeks later the eye began to trouble him. When first seen by us there was pus in the anterior chamber—Hypopyon—with corneal abscess. The surface of the cornea was smooth with no bulging. The condition and habits of life of patient made us hesitate to open the abscess, so the patient was given hepar sulph. 3x internally and dry heat applied locally. The next day relief from pain was reported and a diminution in the hypopyon with an apparent general improvement. This improvement apparently con-

tinued for several days, when during a severe coughing spell he was seized with severe pain in that side of the head extending to the occiput. Examination revealed a rupture of the cornea over the seat of the abscess. So far as I am able to determine, there is no adhesion of the iris to the cornea in this case, but the opacity is so large and the cornea so clouded that the question cannot be definitely determined. The conditions for the formation of anterior synechia of diseased origin were present at the time of rupture of the cornea and if adhesion does not exist, our patient has some good fortune along with his misfortunes. The case is shown as an example of a not infrequent source of anterior synechia.

Case No. 4—Mrs. D. C. D., aet. 48, comes with a history of some diminution of vision as early as fourteen years ago, with sudden blindness in right eye in 1893, and two years later equally sudden blindness in the left eye. No history of external inflammation in either eye. We find in the right eye a deep anterior chamber especially deep in the center, a pupil enlarged upwards; a white line across the upper part of the cornea near its margin, to which is attached the upper border of the pupillary margin of the iris. Through the enlarged pupil we see a white opaque mass which seems to fill the posterior portion of the globe. Inquiry develops the history of operation for the removal of cataract six years ago. In the left eye we find a shallow anterior chamber, a small pupil, a lenticular cataract, total blindness. Diagnosis—Blindness from fundus disease, exact nature not determined, but probably attended by extensive hemorrhage into vitreous, giving rise to sudden blindness. Secondary cataract in both eyes. Deep chamber in right eye due to removal of lens. Enlarged pupil due to small iridectomy. Anterior synechia due to pupillary margin adhering to line of incision in cornea.

Case No. 5—Mrs. Z. E. J., aet. 45. Gives a history of rheumatism, muscular, first noted during early part of January. In the latter part of February the left eye became inflamed and painful. Examination revealed a small pupil, irregular in outline, peri-corneal injection, some conjunctivitis with free lacrimation. She suffered considerable photophobia and excruciating pains, worse during latter part of the night. Atropine dropped into the eye dilated the pupil sluggishly and very irregularly, showing upon close examination, small dark points which seemed to drag

the pupillary margin of the iris toward the center of the pupil. The small dark points are seen most markedly at the upper inner and at the lower outer quadrants, giving the pupil an irregular oblong appearance running from above and outward, downward and inward. Continued atropine increased the size of the pupil and left scattered in the pupillary space a number of small dark points, seen by oblique illumination and by the ophthalmoscope. These are former points of adhesion between the iris and the anterior capsule of the lense. They are small masses of plastic matter which exuded from the inflamed iris. The iris lying in contact with the capsule adheres, the points of attachment are designated synechiæ or adhesions. Lying posterior to the plane of the iris, they are known as posterior synechiæ, in contra-distinction to anterior synechiæ in which the iris is adherent to the cornea.

Cases one, two, three and four demonstrate anterior synechiæ in different forms and from different causes; one, two and four are due to traumatic perforation of the cornea; one and two accidental rupture of the cornea; four from operative measures in which the cornea was incised by the surgeon. In three there was a rupture of the cornea during a coughing spell. In all of them, there was perforation of the cornea with more or less sudden gush of aqueous carrying with it into the wound a portion of the iris which remained adherent. The presence of an anterior synechia is proof positive—with the possible occasional exception of intense interstitial keratitis with extensive exudate into the anterior chamber—of a perforated cornea in the past. The perforation may have been traumatic,—accidental or operative,—or of diseased origin.

Posterior synechiæ are always indicative of present or past iritis. Posterior synechiæ should be prevented by the use of atropine during the attack of iritis. Neglect to use atropine for this purpose is little short of criminal. One point in reference to case No. 5. You will remember this case was given rhus. tox. on account of the character of rheumatism. Heat applied by means of the Japanese hot box. The lessening of inflammation was manifest from the first, but the pain continued out of all proportion to the amount of inflammation until Dr. Locke of our senior class suggested chamomilla for over-susceptibility to pain. The remedy was given in the 3x potency with complete relief from

pain after the second dose. There has been no return of pain and the eye is almost well; the synechiæ alone remaining to tell the tale.

Prolapse of the iris should be treated by removal of the prolapsed iris and an attempt to return the iris into the chamber if seen early after injury. It may be excised after ten days if there be a disposition to its increase. In leukoma adherens, the leukoma may be diminished by cutting the band of adhesion.

Denver, Colo.

[Fourth Paper]

ECONOMY IN HOMEOPATHY.

W. A. BURR, M.D.

The three papers already presented to the readers of *PROGRESS* do not include all there is to be said on the *Economy* in *Homeopathy*. Some other points are herewith briefly presented in this fourth paper which will close the series for the present.

Homeopathy is furthermore economical for the patient because it is calculated to rid the patient of every taint of disease, thus lessening the tendency to future attacks, and the sequellæ, when they appear at all, are less frequent and less severe. And the same system of medicine, as it is usually applied, conserves the strength and health of the physician.

It is ever the aim of the homeopathic physician to remove, from the human economy, every vestige and taint of disease. He not only aims to correct or remove the immediate and secondary causes of disease and their effects, but the original and prime causes of diseased conditions, by correcting the disturbed *vital force*, as well. In doing this he touches the very mainspring of life and health, and when this force is brought back to a normal state complete health is the result. The body thus becomes fortified in the best possible manner against the inroads of disease in the future.

Homeopathy does not claim to be able to thus restore the vital force and rid the body of every possible tendency to disease in *every* case, or perhaps to do this absolutely in *any* given case; but to do this as far as possible is the high aim of homeopathic

therapeutics. That there is an approach to this most beneficent end is attested by the curative results that follow. The very fact that the average duration of disease is shortened in so marked a degree by homeopathic treatment would show that the *vital force* is brought, at least *toward*, if not *to* a perfectly normal state.

Then it would naturally follow that the sequellæ, the dregs of disease, are reduced to the minimum by such medication, for in large measure the longer and severer the disease the more pronounced and the graver the sequellæ. Does not this correspond with the experience of physicians practicing in the new school?

But where is the economy to the *physician* who treats his patients according to the principles of Homeopathy?

As one writer puts it: "The advantages of homeopathy are not all on the side of the patient. Such a simple and readily-acting system of practice relieves the physician of much anxiety. As the late Dr. Wm. Sharp, an eminent physician, a former allopath, says: "I have not one-fourth of the apprehension in any acute attack of disease which I had in former times." When powerful anodynes and narcotics are given and in the maximum doses, the physician very naturally has not a little anxiety and concern as to their effects. All too often the large doses prove to be too large for the patient and condition and disastrous results follow.

On the other hand, where only small doses are given, and these are applied in accord with *similia*, the law of cure given to man by the bountiful *Giver* of all good, only the best of results follow. The physician who thus prescribes for the sick is working in harmony with the laws of nature. He is, in fact, a co-worker with the Omniscient himself and gives the medicine with the assurance that the very best is being done, and he awaits the result in serene confidence and composure.

At best the life of the physician is a hard one; but once let the anxiety concerning his patients be removed from his mind, or even materially lessened, and his work becomes very much easier.

CONCLUSION.

Five points of view have been considered in these brief papers about the economy there is in the use of Homeopathy:

1. It has a low mortality rate. This is the supreme test of the high value of any system of practice.
2. It lessens the average duration of disease. This is well attested by many indubitable proofs.
3. It greatly reduces the general expense of caring for the sick. This should commend the system to the management of all public institutions where the sick are to be treated, as well as to all persons needing the services of physicians.
4. The patient usually recovers so fully under its beneficent treatment, that the likelihood of future disease is reduced to the minimum. There are no ill effects of over-dosing to be overcome.
5. It is so direct and simple in its methods when applied in accord with the true principles of Homeopathy that the physician is relieved, in large measure, of the anxiety and worry generally incident to his calling.

These points of value in the homeopathic system of practice should commend it to the careful consideration of all students of medicine desiring to acquire a broad and comprehensive knowledge of the best means of curing the sick, as well as to every general practitioner who is seeking the best and most successful means of using medicines for the eradication of disease in the directest, surest and most economical manner.

[Selected]

*WHY STUDENTS OF MEDICINE SHOULD SELECT THE HOMEOPATHIC SCHOOL.

THOMAS G. McCONKEY, M.D.

Every year over 5,000 young men and women decide upon medicine as a career. Among these there must be many who are undecided which school to select, with which to become identified, and who will be grateful for any suggestions that may aid them in making a decision.

This essay is written to present some of the reasons why the decision should be for the homeopathic school. It seems also fitting to speak of the importance of taking the medical course at the college avowedly teaching the homeopathic system; for it is well known that there are many students who believe in the doctrine, yet take their medical course in one of the old school colleges. Mere accessibility accounts for this in most cases, but this

*Prize Essay, *Medical Century*, March, 1904.

is of small moment when compared with the imperative necessity of a homeopathic medical education. By homeopathic medical education is implied the mental habit of thinking in homeopathic language, the *sine qua non* for successful practice. The fact that some of the most illustrious members of the school have been graduates of old school colleges does not militate against the foregoing. They became worthy disciples of Hahnemann in spite of their allopathic teaching rather than because of it.

Fifty years ago there were but two homeopathic colleges, and these with limited facilities and no prestige. Today there are twenty, each of a high standard, furnishing better facilities for obtaining a general medical education than the average old school college. There are probably few if any allopathic schools with superior resources and stronger faculties than have our homeopathic colleges. The American Institute of Homeopathy, which, since its organization in 1844, has exercised a singularly judicious control of homeopathic interests, and itself has grown from a membership of forty to more than two thousand, is supreme in authority, especially in the matter of medical education. It was the pioneer in the movement for a four years' medical course, and for a high educational standard in the entrance and graduation requirements. The statement that the standard and teaching is of a higher average order than in the 123 allopathic schools is well within the truth. These twenty colleges are well distributed from Boston to San Francisco, and are, therefore, easily accessible. In addition there are in the United States eighty-four general hospitals, sixty-one private hospitals, fifty-eight sanatoriums, fifty-six dispensaries, all avowedly homeopathic, and sixty-six other institutions, state, municipal, etc., wherein homeopathic treatment is employed. Many of these 325 institutions, especially the general hospitals, require resident physicians or internes who are naturally chosen from the graduating classes of the homeopathic colleges. The motto of the new education, "We learn things by doing them," is observed in a medical course by the opportunities for clinical practice by the student. The smaller classes, besides ensuring a much closer personal contact with the professors on the part of the student, increase not only the chances for individual preferment during the course, but for hospital and other appointments on graduation.

While the commercial spirit is not compatible with the sacred and philanthropic character of the medical calling, it is not only proper for the student to consider the bread and butter aspect of the question, but his duty as well. If the field is already overcrowded, he owes it to himself, as well as to those in it, to choose some other calling. To the question: Is the medical profession overcrowded? there can be but one answer. If we take the total of all schools there is a great surplusage of graduates every year. As a consequence many are obliged to abandon the practice in spite of the great expenditure of time and money in fitting themselves for it. Many others with an income less, and more precarious than that of a skilled workman in almost any industry, eke out an unsatisfactory existence. This is especially true in the cities. But in spite of this recognized excess of physicians of all schools, there seems to be an actual dearth of homeopathic physicians. It was of sufficient importance to be taken up by the American Institute of Homeopathy at the Cleveland meeting in June, 1902. The following quotation from the Transactions is pertinent: "The demand for homeopathic physicians throughout the United States far exceeds the supply. Thousands of small cities, towns and villages are unable to secure the advantages afforded by the homeopathic system of medicine. Demands for graduates of this school of medicine are constantly reaching our twenty medical colleges. The demands for physicians come from every State in the Union. Especially is this true of the Southern and Southwestern States, into which thousands of people in quest of pleasure, health and business are going every year. The American Institute of Homeopathy, mindful of her obligation to the public, not only calls attention to this public need, but also to the fact that there are twenty medical colleges in the United States, thoroughly equipped effectively to teach all branches of medicine and the science and practice of homeopathy. These colleges earnestly solicit and will welcome young men and women of good, moral, physical and mental endowment, possessing a high school education, or its equivalent, with an elementary knowledge of Latin. Those who come from districts having but few homeopathic physicians will be especially welcome."

In view of the general impression of the overcrowded condition of the medical profession, this appeal will come as a surprise to most people. But a little reflection will explain this seeming

anomaly. There are in round numbers 125,000 practicing physicians in the United States, according to Polk's Register. Estimating the population at 80,000,000, this gives one physician to 640 people. Of this 125,000 about 15,000 are of the homeopathic school, or one to 5,333 people. In some communities where homeopathy has been adequately represented it is not unusual to find 50 per cent. of the population patrons of homeopathy. And what is very significant there will be a larger proportion of the educated, traveled and moneyed class among these. This is a matter of observation only, but it is probably a conservative statement of the case.

In 1901 there were 230 graduates from the homeopathic colleges. This number is not adequate to make up the loss by death and retirement from various causes among the 15,000 practitioners. Recalling the fact that there are thousands of communities in the country, especially in the South and West, that is virgin soil, as far as homeopathy is concerned, the official appeal quoted should not occasion surprise. Let no one suppose that this appeal was prompted by any feeling that homeopathy is on the decline. It has an aggravating way of disappointing its enemies in this respect. During its century of existence it has been the unwilling but imperturbed patient of learned doctors, pronouncing audibly the gravest prognoses, times without number; and yet never before has its influence been so potent or the attitude of its enemies so respectful. What is to be feared is a partial acceptance of the doctrine resulting from a superficial study and a desire to engraft it on old school therapeutics. There is a hygienic use of medicine and a palliative use of medicine that is perfectly compatible with the homeopathic curative use of medicine. But so-called "rational therapeutics" and homeopathic therapeutics are not compatible. He who attempts to combine them betrays at once his unacquaintance with the spirit of the homeopathic doctrine. An authority in the school of materia medica and therapeutics has said: "The college must take the lead in presenting homeopathy, like any other natural science, as a series of independent doctrines, as a philosophy. I deem it more important that the student should be thoroughly grounded in the underlying principles than in acquiring a stock of keynote symptoms, important and essential as this is."

It will be interesting and profitable to critically examine some of these underlying principles enunciated by Hahnemann in the light of our present knowledge. First a few words concerning Hahnemann and his medical environment. He was a regularly educated physician of great learning and very uncommon general culture and literary attainments. Sir John Forbes, one of his old school critics, said of him in 1846, three years after Hahnemann's death, when the opposition to homeopathy was most bitter :

"No candid observer of his actions, or candid reader of his writings, can hesitate for a moment to admit that he was a very extraordinary man, one whose name will descend to posterity as the exclusive founder of an original system of medicine, as ingenious as many that preceded it, and destined, probably, to be the remote, if not the immediate, cause of more important fundamental changes in the practice of the healing art than have resulted from any promulgated since the days of Galen himself. He was undoubtedly a man of genius and a scholar, a man of indefatigable industry and dauntless energy."

Hufeland, the Nestor of orthodox medicine in Germany, spoke of him in 1801 as "one of the most distinguished physicians in Germany." Jean Paul Richter, a contemporary, speaks thus: "Hahnemann, that rare combination of philosophy and learning, whose system must eventually bring about the ruin of the ordinary receipt-crammed heads, but is still little accepted by practitioners, and rather shunned than investigated."

Hahnemann, by general consent, had attained a position in the profession which entitled him to criticise prevailing methods. While realizing that prevailing methods in general did more harm than good, he was impressed with the fact that there were certain remedies used in certain diseases with such results as left no room for doubt that in these cases at least real cures were effected. This he observed in the use of mercury in syphilis and Peruvian bark in malaria, or "marsh fever," as it was then called. Hahnemann, like Bacon and Boyle and Sydenham before him, realized the immense importance of increasing the number of these "specifics." A casual observation of Cullen's *Materia Medica*, which he was translating, gave him the clue to his discovery as the falling apple did to Newton. From this observation it occurred to him that provings of drugs upon healthy persons might furnish a knowledge of their specific properties; and that the administra-

tion of drugs in cases presenting symptoms similar to those the drug produces in the healthy subject might be the law of the application of specifics. His hopes of rendering the medical art more simple and certain were raised, and he set himself with "his dauntless energy and indefatigable industry" to collect from the writings of ancient and modern medical authors all the instances bearing upon the subject, and to verify by instituting experiments first upon himself and then upon other healthy persons whom he could persuade to join him in these self-sacrificing labors. The further he advanced in such investigations and inquiries the more he became satisfied of the extensive application of his therapeutic law.

From 1790 to 1805, fifteen years of the prime of his life, were devoted to constant, exhausting labors of this nature, "for when we have to do with an art whose end is the saving of human life any neglect to make ourselves master of it is a crime." Actuated by that noble sentiment, sure of the truth of the great principle he had discovered—with all the incidental testimony of history to support it—with the positive results of a long experience to confirm it, he presented his views and the results of his labors to the profession in an essay of wonderful logical power, of the utmost moderation in expression, full of almost tender persuasion, and of the noblest enthusiasm.

The treatment of Hahnemann by his colleagues for attempting to give certainty and precision to therapeutics forms a melancholy chapter in the history of medicine, but it does not stand alone. Harvey was denounced as a quack and even held to be demented because he demonstrated the circulation of the blood. His book announcing his discovery was unable to pass censorship in England, and, therefore, appeared in a foreign country. Sydenham also was caluminated for efforts to improve the medical art. Hahnemann's teaching was even more revolutionary than either Harvey's or Sydenham's, for its success meant the annihilation of all the cherished methods of traditional medicine. He begged his colleagues to investigate it, and if it were found better than the old method to use it for the good of mankind and to give God the glory. Instead, they called him an imposter and attacked his character and his motives.

Time has shown that Hahnemann was right in his condemnation of the practices in vogue in his time, for they have all

been abandoned or are in process of abandonment. Up till the year 1840, seldom did an anti-homeopathic work appear which did not violently reproach homeopathy for its rejection of blood-letting. But let an old school authority bear witness to the influence of Hahnemann in reforming medicine. In 1899 there appeared a pamphlet under the imprint of the American Medical Association which was sent broadcast over the country with the evident purpose of dealing the "solar plexus" blow to homeopathy. It attacks the personal honesty of Hahnemann and his followers, but surprising as it may appear this sentence occurs: "Homeopathy has done a noble work; it has served its purpose well. Look back a hundred years to the time of its birth, and contrast the methods of practice then in vogue with those which are in favor today, and tell me whether a stupendous revolution has not been wrought, and largely through the instrumentality of Samuel Hahnemann." Evidently the value of the pamphlet as an anti-homeopathic document with such a sweeping concession lies in the implied inference that homeopathy as a medical system is a "has been."

Dr. William Osler, who wrote the article on "Medicine" in the *New York Sun's* series on the nineteenth century's progress in great subjects, says: "The century has witnessed a revolution in the treatment of disease and the growth of a new school of medicine. The old schools, regular and homeopathic, put their trust in drugs, to give which was the alpha and omega of their practice. For every symptom there was a score of medicines—vile, nauseous compounds in one case; bland, harmless dilutions in the other. The new school has a firm faith in a few good, well-tried drugs; little or none in the great mass of medicine still in general use." In the same article he attributes "above all to the valuable lesson of homeopathy, the progress in the battle against polypharmacy or the use of a large number of drugs (of the action of which we know little, yet we put them into bodies of the action of which we know less)." Hahnemann in 1797 wrote: "Is it well to mix various drugs in a single prescription, to administer baths, clysters, bleeding, blistering, fomentations and inunctions all at once or in rapid succession, if we wish to raise therapeutics to perfection, effect cures, and know with certainty in every case what the remedy has done in order to employ it in similar cases with still greater or at least equal success? How can we com-

plain of the intricacy of our art when we ourselves render it obscure and intricate? I, too, at one time suffered from this infirmity; the schools had infected me. This miasma clung to me, before it came to a crisis, more obstinately than the miasma of any other mental malady." This miasma has clung to medicine also more obstinately than some of the other mental maladies, for, as Dr. Osler says, that battle has not been fought to a finish. The following from an editorial on Mono- and Polypharmacy in the *Philadelphia Medical Journal* of January 10, 1903, is a hopeful sign of the present trend: "Many modern physicians have fallen into the habit of prescribing a single drug and depending upon it, in combination with various hygienic and dietetic regulations. Prescriptions of single drugs, unfortunately, unless combined with various diluents, are not imposing; but this is a matter too small, really, for consideration. A great advantage of monopharmacy—if we can so term it—is that the physician learns through his own experience (and this is practically the only way he can learn) to use drugs with accuracy and success." It will require many years yet before the old school abandons polypharmacy, but that it will, eventually, seems certain. Hahnemann, in the preface to his *Materia Medica Pura*, said: "The day of the true knowledge of medicines and the healing art will dawn when physicians shall trust the cure of complete cases of disease to a simple medicinal substance and, when, regardless of traditional systems, they will employ for the extinction and cure of a case of disease whose symptoms they have investigated one single medicinal substance whose positive effects they have ascertained which can show among these effects a group of symptoms very similar to those presented by the case of disease." The dominant school has ignored this teaching of Hahnemann and sought to develop a science of therapeutics along other lines, and with what results? Osler has already been quoted. Here is Goodhart in the annual address on medicine before the 1901 meeting of the British Medical Association:

"Why do we give drugs? Often not because the disease demands them, but because the patient is not happy until he gets them; too often he is not happy then. They are sometimes given to hide our ignorance, I fear, or to mark time while we watch and wait. They are sometimes given as a gambler on the exchange speculates in futures, an enhanced reputation being the windfall

that is hoped to secure; and then we often give drugs as an experiment in the hope that they may do good." Much more might be quoted from these and others very high in the councils of the old school pointing to the futility of giving drugs to cure disease and the chaos of "rational" therapeutics. It is not surprising that "one of the most striking characteristics of the modern treatment of disease is the return to what used to be called the natural methods, diet, exercising, bathing and massage," as Dr. Osler tells us.

So skeptical are the followers of "rational" therapeutics of the curative value of drugs that they regard the confidence of the homeopathic school in drugs as a case of self-deception. They would attribute the favorable results to the *vis medicatrix naturae*, which the "bland and harmless dilutions" did not inhibit. Dr. Osler says: "Nobody has ever claimed that the mortality among homeopathic practitioners was greater than among those of the regular school." Dr. Osler was evidently a little careless in his tenses when he wrote that sentence. He doubtless meant to say that "nobody today claims," etc., instead of "has ever claimed," etc. Sir James Y. Simpson, in 1853, published a book of nearly 300 pages with the title "Homeopathy; Its Tenets and Tendencies." The final paragraph reads thus: "At the same time there remains behind a far more serious and solemn view of this discreditable medical charlatanry. For, in relation to the question of homeopathy and infinitesimal doses as actually applied in practice, no one conversant with disease can shut his eyes to the dangers which were lately stated in the following forcible terms by Dr. Williams, a gentleman acknowledged on all hands to be standing in the foremost rank of the London physicians of the present day: 'You see' (says Dr. Williams) 'all sorts of quackery, with homeopathy foremost, rampant through the land, deluding by its unaccountable infatuations the powerful, the learned, the rich, and worse than all, the poor, in multitudes; and not only are riches placed at the command of the instruments of these fallacies, but, what are far more precious—and this is far more terrible to contemplate—the lives of our fellow creatures. In fact there is at this moment throughout this country an awful system of trafficking or gambling with the issues of life and death, a perilous tampering with the elements of mortality; nay, a jeopardizing not of the body only but even of the soul. For who can say where victims are hurried out of the world by a delusion, and for want

of proper treatment, who can say that some of such might not have been saved alive and given time for repentance as well as recovery? It is altogether an awful consideration, and I quite shudder when I look back at the number of melancholy cases which have come to my knowledge, where, at the eleventh hour, the regular practitioner has been called in when too late; when the precious time, in which medicine might have availed, has been wasted with homeopathy; and we could only shake our heads and lift up our hands and exclaim, Alas! what folly! and I fear we might add what knavery, too!"

This needs no comment. Its mere use in this essay is the most eloquent commentary that could be offered of the changed conditions which fifty years have brought about. Fifty years hence when homeopathy will be dominant it will excite surprise that Dr. Osler should not have known of the positive value of homeopathy, at the beginning of the century, just as we are surprised that Sir James Y. Simpson should not even see a negative value in it. If homeopathy had been the "disreputable medical charlatanry" that Sir James declared it to be, can anyone believe that it would have survived through the century? Even if it had been a reaction against the prevalent methods of the time, would it not have ceased to exist when these had been reformed? There is only one adequate explanation for the continued vigorous growth of homeopathy, and that was enunciated by Hahnemann himself in these words: "Homeopathy is a simple art of healing, unvarying in its principles and its methods of applying them. The principles upon which it is based, if thoroughly understood, will be found to be perfect and unassailable."

Let us examine some of these principles as laid down by Hahnemann. "What life is can only be known empirically from its phenomenon and manifestations, but no conception of it can be formed by any metaphysical speculation a priori; what life is in its actual essential nature can never be ascertained or even guessed at by mortals." In spite of the enormous increase of our knowledge of organs, tissues, cells, nuclei and protoplasm since that was written, it still remains true. We know that every cell is from a cell, and every nucleus from a nucleus, and that protoplasm is the physical basis of life, but of the actual essential nature of that life we are still ignorant.

“To the explanation of human life, as also its two-fold conditions, health and disease, the principles by which we explain other phenomena are quite inapplicable. The material substances of which the human organism is composed no longer follow, in this vital combination, the laws to which material substances in the inanimate condition are subject; they are regulated by the laws peculiar to vitality alone, they are themselves animated and vitalized.” How prophetic of our present knowledge of the living cell! And this was written in 1813, twenty-six years before Schwann proposed his cell theory of animal tissues. Today all physiology as well as pathology is merely a study of cellular activities.

“Now, as the condition of the organism and its health depend solely on the health of the life which animates it, in like manner it follows that the altered health, which we term disease, consists in a condition altered originally only in its vital sensibilities and functions, irrespective of all chemical or mechanical considerations; in short, it must consist in a dynamically altered condition, a changed mode of being, whereby a change in the properties of the material component parts of the body is afterward effected.” Starting from purely material conceptions, Hahnemann gradually arrived at dynamic views, though the general current ran in the contrary direction at the time. “We must localize disease,” that is, look for their seat, ran the general current, and we owe much to it, for modern pathology had its beginning in this effort, the beginning of French positivism in medicine. Hahnemann regarded these morbid changes as the *effects* or *results* of the disease.

“Disease must be considered as dynamic derangements of the vital character of our organism; they must therefore be cured by agents capable of causing dynamic change.

Sir Andrew Clark, before the Clinical Society of London, said: “The structural change is not disease; it is not coextensive with disease, and even in those cases where the alliance appears the closest, the statical or anatomical relation is but one of other effects of physiological forces, which, acting under unphysiological conditions, constitute by this new departure the essential and true disease. For disease in its primary condition and intimate nature is in strict language dynamic; it precedes, underlies, evolves, determines, embraces, transcends and rules the anatom-

ical state. * * * But always behind the statical lies the dynamic condition." He could hardly have been more explicit in affirming Hahnemann's teaching if that had been his purpose.

The following from the *London Lancet* of February 24, 1900, is pertinent also as showing that Hahnemann's views at the beginning of the nineteenth century are really the accepted doctrines of the medical profession at the beginning of the twentieth century: "That the physician has to study not disease, *per se*, but the diseased man, is a truth which took us some twenty-two centuries to learn, but which Aristotle knew some 350 years B. C. Until fifty or sixty years ago, disease was regarded as an entity distinct from the body, to be expelled from it by drugs, like a tapeworm, whereas we now regard it *as a state* affecting the entire man, body and mind, structure and function, so that it would be more correct to say that he is the disease than that he has 'got' it, and as this state varies with the constitution, inherited tendencies, antecedents and surroundings of the man, it requires a corresponding variety of treatment. The wise physician adapts his treatment to each patient's peculiarities; to one he may give a certain drug, to another with the same disease a different one," etc.

This is distinctly homeopathic in thought and language. Hahnemann deserves the credit of having insisted upon the strictest individualization, he taught it systematically in his numerous works. "Totality of the symptoms" or individualization of the disease is one of the essential tenets of homeopathy. Today the real teachers in medicine are seeing disease as Hahnemann saw it. Vierordt, in his *Medical Diagnosis*, says: "The objective point of the physician's investigations at the bedside is therefore an individual diagnosis; first, on purely scientific grounds, but still more important from the practical consideration that it must form the indispensable basis for individualizing the treatment. * * * For example, it is positively asserted that the exciting cause of a lung disease is the tubercle bacillus, but this says nothing of the disease, tuberculous phthisis, which is present. In order to discover this the patient must be examined. * * * But nowadays it suffices for many, unfortunately, to find the bacilli in the sputum. * * * The individual diagnosis can never be made at the study table, but only and always at the bedside, and there by a sort of artistic construction of the complete picture of

the disease out of its collective phenomena, anatomical and functional." "We must individualize the case." And this also from the preface: "And then a study of the whole organism, the totality of the picture of the disease." The phraseology suggests that he had been reading Hahnemann.

"Now because diseases are only dynamic derangements of our health and vital character, they cannot be removed by man otherwise than by means of agents and powers, which are also capable of producing dynamical derangements of the human health; that is to say, diseases are cured virtually and dynamically by medicines." Thus Hahnemann clearly states the corollary to the dynamic theory of disease. If any but Sir Andrew Clark has affirmed this it has not come under my notice. The nearest approach to it that I have seen is a paper by Dr. Baradat before the British Tuberculosis Congress, July, 1901, on the use of natural goat serum in the treatment of tuberculosis. "The use of natural serum has given me unexpected results. Natural serum seems to fulfill all the required conditions, for it is both dynamic and bactericidal. We find that a very small quantity produces an intense therapeutic effect. There is here a *quid divivum* due evidently to the intimate composition of natural serum. No one nowadays denies the dynamogenetic action of serum—it is a recognized fact. Whilst awaiting experiments destined to throw light on the obscure question of the mode of action of serums, we give preference to the theory propounded by Metchinkoff, who looks upon them not as antitoxic, but as stimulating agents of phagocytosis; in other words, as stimulines, provokers of organic resistance."

Serum therapy, or medication by curative or protective serums, is a new art in the healing of disease, of which much is hoped. Is it consistent with homeopathy? Dr. Baradat told us that this is the only way diseases are cured. The word "dynamic" as applied to a remedy is very new in the literature of "rational therapeutics." These "anti-toxins" (a misnomer, suggested evidently by a materialistic conception of their action are obtained from men or animals sick with a similar disease. That does not sound entirely inconsistent with homeopathy. It is surely more in accord with *similia similibus* than *contraria contrariis*. If, then, remedies may be curative in bacterial diseases, not because of any antiseptic or antitoxic quality, but because of their dynamic action, the germ theory of disease, so far from being subversive of

homeopathy, is actually confirmatory. Hahnemann anticipated the germ origin of at least one disease, for he says, literally: "On board ships, in whose confined spaces, filled with mouldy, watery vapors, the cholera miasm finds a favorable element for its multiplication, and grows into an enormously increased brood of those excessively minute, invisible, living creatures, so inimical to human life, of which the contagious matter of the cholera most probably consists." Notwithstanding this conception of the exciting cause of the disease, after reading a description of the symptoms he predicted the remedies for the various stages. These were used with such brilliant results that it forms one of the most gratifying incidents in the history of homeopathy. One effect was the repealing of the law prohibiting the practice of homeopathy in Austria.

"As little as we mortals understand the economy of healthy life, and as surely as it must ever be hidden from us, so impossible it will ever be for us to understand the internal processes of disturbed life in diseases. The internal process of diseases is only manifested by those observable changes, complaints and symptoms through which alone life expresses its inner disturbances, so that in every case we must remain unable to determine which of the morbid symptoms are primary effects of the morbid agency, or which are to be considered as the reaction of vital force in its spontaneous curative efforts." This was written by Hahnemann in 1813. To antagonize symptoms has been, and is, the practice of the self-styled "rational" school of therapeutics. Happily for humanity they are beginning to understand that many of the morbid symptoms in disease "are to be considered as the reaction of vital force in its spontaneous curative efforts." For example, we now know inflammation to be a conservative process, "the response of living tissue to injury." The four classical symptoms—dolor, calor, rubor, tumor—have a new reading today, and for this we are indebted to many investigators, but especially to Metchnikoff. As Dr. Andrew Wilson conservatively puts it: "Inflammation is thus to be ranked, not so much as an unnatural process, but as one which has a true physiological significance, in that it begins at least in an endeavor on the part of the leucocytes, to save us from the consequences of infection."

Enlightened physicians are beginning to see that fever is something that is not always to be antagonized. Bouchard, of

France, recently said: "There is a certain school of medicine that sees nothing in fever, but fever; with doctors of this class the thermometer is the source of all therapeutic indications; they see improvement only in lowering the temperature. No clinical practitioner can accept such a doctrine, and the audacity of the assertions of the school in question has given rise to a reaction in the opposite direction, in Germany as well as in France. Thus we now see the current of medical opinion take a new course. It is now urged that fever may do some good; that it should be treated with respect—a theory that has long been unheard of in the gravity of the disease, but does not cause it. Elevation of the temperature announces, but does not constitute the danger."

Friedlander goes farther and suggests the employment of artificial fever as a therapeutic measure on the ground that it represents a natural process, which serves the purpose of immunizing and eliminating pathological materials, like bacterial products, etc. He was able to show an increase of the leucocytes up to 25 per cent. after intense heat influences in moist media, like hot baths, steam baths, etc. If, then, such important disease processes as fever and inflammation are to be considered as a "reaction of vital force in its spontaneous curative efforts," Hahnemann's teaching, that prescribing for single symptoms on the principle of contraries, is "contrary to nature" receives striking confirmation.

Homeopathy has been willfully, or ignorantly, represented as ignoring causes. In the American Medical Association pamphlet already quoted from, this inference, "Hence, you see, it is not necessary to remove causes, nor even to know their nature," pretends to be a logical one from a study of Hahnemann's writings. On the other hand, read paragraph 7 of the Organon: "In a disease presenting no manifest exciting or maintaining cause (*causa occasionalis*) for removal—[in a note on this Hahnemann says: "As a matter of course every sensible physician will remove such causes at first, after which the illness will generally subside of its own accord"]—nothing is to be discerned but symptoms. These alone (with due regard to the possible existence of some miasm, and to accessory circumstances) must constitute the medium through which the disease demands and points out its curative agent. Hence the totality of these symptoms, this outwardly reflected image of the inner nature of the disease, *i. e.*, of the suffering vital force, must be the chief or only means of the

disease to make known the remedy necessary for its cure, the only means of determining the selection of the appropriate remedial agent."

We are not surprised to find misrepresentation in a controversial pamphlet, but the historian certainly should be guiltless in this respect. When Roswell Park, in his "History of Medicine," says that Hahnemann "denied disease, admitting only 'symptoms,' he either willfully misrepresents or betrays an inexcusable lack of acquaintance with his subject. When it was no longer possible to deny the truth of Harvey's discovery his enemies declared that it was not original with him. Park says of Hahnemann: "Simila similibus curantur was not original with him." The American Medical Association pamphlet says on the same subject: "Let me prove to you by quotations garnered by the late Professor A. B. Palmer and myself that the so-called 'law of similars' was common property hundreds of years before Hahnemann was born." This laborious gathering of two learned professors resulted in finding quotations from four medical and three non-medical men, viz.: Hippocrates, Paracelsus, Valentine, Stahl, Theophrastus, Shakespeare and George Chapman. Had they but consulted Hahnemann's introduction to the Organon they would have rich "garnering," for he there quotes seven medical men, including Hippocrates and Stahl, "who had presentiments that medicines, by their power of producing analogous morbid symptoms, would cure analogous morbid conditions." If they had then turned to the note on these quotations they would have found something singularly pertinent from Hahnemann himself. Here it is: "The following quotations from authors, having a presentiment of homeopathy, are not brought forward for the purpose of proving the stability of this doctrine, sufficiently firm in itself, but they are introduced to escape the accusation of having ignored the presentiments for the sake of the credit of securing the priority of the idea."

After setting up this man of garnered straw he is knocked down (in the before-mentioned pamphlet) in this fashion: "It cannot in reason be maintained that Hahnemann had never read of the doctrine of similars, for he was a man of great literary attainments, and for many years had earned his living by literary work. I think there are few men in the world today as well versed in the history of medicine as Hahnemann was. It was

not ignorance, then, which led him to claim the doctrine of similars as his own invention; it was dishonesty. It is not ignorance on the part of homeopaths of today which leads them to claim the doctrine of similars as the discovery of Hahnemann and the peculiar and exclusive property of their sect; it is dishonesty." Yes, Hahnemann was so well "versed in the history of medicine" that he anticipated just such an accusation and left a reply so consummately happy as to make his unversed accusers ridiculous.

There is evidence in almost any old school materia medica, especially Ringer's, that a sort of crude homeopathy is gradually replacing "scientific" therapeutics. Either these are arrived at as the result of observation and research, or taken directly from homeopathic sources. But in either case they carefully refrain from any reference to the law of similars.

Perhaps the chief reason why therapeutics has made so little progress in the old school during the century compared with the other medical sciences is that it has been a mere appendage of pathology. It is true an enormous amount of work has been done in the study of the physiological action of drugs, but how pitifully inadequate the practical fruits of all this vast labor! It would be interesting to know which had contributed more to this paucity of results—the absence of any law of the application of this knowledge to the cure of disease, or the fact that it has been obtained for the most part by gross experiments on the lower animals, and therefore is not always applicable to the human organism? The fact that they have been "toiling so long and found so little" argues the want of a true science of therapeutics. They have one law, *contraria contrariis*, and its application by Brunton in the use of amyl nitrite in the condition known as angina pectoris is a brilliant example of prompt palliative treatment by drugs. Here is a patient with intolerable anguish and pain in the region of the heart, face ashy gray and betraying terror, pulse small and contracted and surface covered with cold perspiration. A few drops of amyl nitrite applied to the nostrils and almost immediately his face begins to flush; he warms up, he breathes freely and the intolerable anguish is gone. This palliative use of a drug has the same relation to homeopathy as the use of chloroform or ether as general anæsthetics.

The accepted definition of a homeopathic physician is "one who adds to his knowledge of medicine a special knowledge of homoepathic therapeutics and observes the law of similia. All that pertains to the great field of medical learning is his by tradition, by inheritance, by right." He does not need to resort to palliative measures so often as one who knows nothing of the law of similars, but he may avail himself of every real aid that promotes the comfort or cure of his patient. The end and object of the medical art is to cure disease. Therapeutics, of all the collateral medical sciences which has most to do with the cure of disease, has made little or no progress among those who reject Hahnemann's teaching. It is anything but scientific. Therapeutics is the strong side of homeopathy. It is the explanation of its vigorous existence as a separate school. Is not the conclusion irresistible that in the one school they have not yet got hold of the right clue—of the true philosophy of the science? Hahnemann arrived at the doctrine of *similia similibus curentur* by the "exact" methods of the latter two-thirds of the nineteenth century, though his environment was of the speculative spirit of the eighteenth century, which overlapped the first third of the nineteenth. His was the experimental method. He put the question to nature. He says: "The true physician should know [regarding the action of drugs], first, what is the pure action of each by itself on the healthy human body? Secondly, what do observations of their action in various simple or complicated maladies teach us?" Read also this quotation from the preface to the *Materia Medica Pura*: "If a work on materia medica can reveal the precise qualities of medicines it must be one from which all mere assumption and empty speculation about the reputed qualities of drugs are excluded, and which only records what medicines express concerning their true mode of action in the symptoms they produce in the human body." Is not this in thorough accord with the exact methods in science today? It has been said that "the study of physiology and pathology within the past half century has done more to emancipate medicine from routine and the thralldom of authority than the work of all the physicians from the days of Hippocrates to Jenner." Homeopathy has stood this crucial test. Some of the new discoveries seemed at first subversive of the doctrine, but when finally relegated to their proper domain were found to be consistent with and in some cases confirmatory. The

germ origin of certain diseases when discovered seemed to imply a revolution in methods of treatment, but after twenty-five years it is found that the best bactericides for bacteria invading the body are dynamically acting medicines. Bacteria, being of the vegetable world, were here long before man, and man would not have survived if the special function of protection against these minute enemies had not been evolved; for protection from enemies is as important for the survival of the species as nutrition or reproduction. Indeed, "experiment has demonstrated that there resides within the tissues and fluids of the body that property of destroying disease-producing micro-organisms in large or small numbers." In vigorous health it is most manifest, while the effects of malnutrition, fatigue, debauch, disease, and, in short, all influences that materially disturb the equilibrium of physiological function are to diminish or destroy it entirely. We have already seen that inflammation and fever which are disturbances of the physiological equilibrium are conservative or curative exaltations of physiological function. May not the dynamically acting remedy applied in accordance with the law of similars serve as the awakener of this latent protective and curative function? In venturing this it is not with the idea of giving an adequate "explanation" of the law, but rather to refute the implied imputation that it is rational.

The common platform upon which all sincere adherents of homeopathy stand is that the most practical guide to aid in the selection of most, perhaps all, medicines in the cure of disease is the rule, *similia similibus curentur*. This is accepted, not as the result of any speculative reasoning, but as an empirical fact. Several plausible explanations of the *modus operandi* of the law of similars have been suggested, and one by Hahnemann himself, but he says he puts "a slight value upon an attempt at expalnation." No one has ever explained the *modus operandi* of the law of gravitation, but that does not affect our belief in the law.

In trying to present the essential principles upon which the doctrine of homeopathy rests, the founder has been quoted, for no one since has stated the case so clearly or convincingly. There is such an embarrassment of riches in quotable matter in Hahnemann's writings, pertinent for study at this beginning of the twentieth century, that these somewhat random selections are but meagre examples of the wealth of up-to-date medical philosophy.

Study Hahnemann's works. Begin with the Lesser Writings and see how the doctrine unfolds itself. The dogmatic and epigrammatic sentences of the Organon, each "like a ponderous block of stone, hewn and sculptured by the skill of an artisan, seeming to have been lifted with Titan power to fill its place and purpose in the structure," will be invested with new meaning. There is nothing in contemporary medical literature that will repay study so well. There is nothing in modern writers commensurate with his master's grasp of the philosophy of the art of medicine. Let no one think that its failure to be universally accepted argues against its truthfulness. Another great German philosopher has said: "Truth can bide its time, for it has a long life before it." Whatever is genuine and seriously meant is always slow to make its way, and certainly attains its end almost miraculously; for on its first appearance, it, as a rule, meets with a cool, if not ungracious reception, and this for exactly the same reason that when it is fully recognized, and passed on to posterity, the immense majority of men take it on credit in order to avoid compromising themselves, whereas the number of genuine appreciators remains nearly as small as it was at first. Truth depends upon no one's favor, or disfavor, nor does it ask any one's leave; it stands upon its own feet, and has time for its ally; its power is irresistible; its life indestructible.—*Medical Century*, March, 1904.

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PROGRESS

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Editorial

OUR ASSOCIATE EDITOR.

With this issue PROGRESS acquires a new Associate Editor. Dr. Fryer, our former associate, took a run into Washington some time ago, and finding that section congenial, determined to take up a permanent residence there. He has asked to be relieved of further duties on PROGRESS. The doctor is a capable physician and an able writer. He will be missed by our readers.

Dr. Stewart, our new Associate Editor, needs no introduction to our readers. He has been chief editor of the Department of Theory and Practice since PROGRESS first made its bow to the public, and has contributed to the original columns as well. He is an original and entertaining writer, as our readers already know and will have occasion to note from time to time. We bid God-speed to the former and welcome the new Associate Editor.
S.

THE AMERICAN INSTITUTE.

The time for the next session of the American Institute of Homeopathy approaches. All advance reports agree that arrangements for a successful meeting are well in hand and that the prospects are good for an unusually large attendance. To those who are members and in the habit of attend-

ing its sessions, this information has a definite meaning. Unfortunately the Institute is an unknown quantity to too many of the men who are practicing *similars*. A membership of two thousand out of fifteen thousand is too small to advance our cause as it should be. In these days of aggressive organization on the part of the A. M. A., organization along lines which enable men of our school to unite with them upon dropping the name "Homeopath," which to many seems a small matter when they are permitted to practice according to the dictates of their conscience, it is doubly incumbent upon those of us who believe that our work is not yet finished, to unite ourselves—names, energy and influence—in the one grand organization which stands for the advancement of *similia* in the world. The American Institute is not only the oldest national medical body in America, but it is as well the largest and most influential body of homeopathic physicians in the world. Much of the growth of homeopathy in the past sixty years is due to the wisdom of its deliberations in the past, and if the school is to go forward in the future; if *similia* is to be accepted as a medical fact in future years, aggressive work must yet be done by its devotees. In no way can this work be so effectively accomplished as through thorough organization into one grand central body whose influence may be felt in every nook and corner of this great nation. The move of the A. M. A. to unite the whole profession is a move in the right direction, and is seductive to many of our best men, but the conditions are not yet ripe for it. In the plan advanced there is no place left for the teaching of *similia*, without which medicine, to us, is not medicine. It is our duty to join the Institute; to attend its sessions if possible, but whether you can attend or not, join. Swell the membership and influence and a few years hence our brethren of the old school may come to us with a proposition for union that will enable us to lie in same fold with *similia* taught to and practiced by all.

You owe this to yourselves from the broad humanitarian platform of the greatest good to the suffering. You owe it to yourselves from the selfish standpoint of giving you the strongest backing in your own community and before intelligent people generally.

To get the proper enthusiasm you should attend the sessions. The next session will be held at Niagara Falls in June. We invite our readers who may wish to join to send to us at once for application blanks. Do not delay!
S.

THE NORTHWEST FOR AN OUTING.

The value of a summer's vacation is being more and more appreciated by the busy physician, the hard worked man, and the closely confined woman. Those of us who have chosen as our field of labor the higher altitudes find the sea level a pleasant and beneficial change. This change is sought by each in his own way, but usually with a tendency to gravitate eastward.

We wish to say a word for the Northwest for this class of individuals at a time when it may help them select a place for their summer's outing that will prove most pleasant and profitable. We refer to the Columbia River and the Oregon and Washington coasts. Here one finds during the heated term a cool and equitable temperature, a vegetation beyond the conception of those who have not seen it and which it seems almost impossible to imagine outside of the tropics; timber to burn; trees three looks high, and you can't get the third look because of other trees equally high; ferns fifteen feet high; water, fresh and salt, everywhere. Streams full of fish for the angler, and forests full of game for the hunter; sunshine, sea breezes and sea bathing for the idler. From the time one reaches The Dalles on the Oregon Railway and Navigation Co., which connects with the Union Pacific and Oregon Short Line from Denver, and starts on the boat trip to the mouth of the Columbia, a distance of nearly two hundred miles, the scenery is one of changing beauty. To him who has taken this trip the name of Columbia River must ever recall pleasant memories. The trip on the Columbia River can not be compared with anything else in the United States except by contrast with the Hudson and the St. Lawrence. It is wild and rugged, its banks covered with foliage and forests the like of which are seen in no other part of the United States. Few realize the size and importance of this great river, with its large commerce and

its world-wide fame for the Royal Chinook salmon; a river draining 245,000 square miles of territory.

As you proceed down the river various high mountains—Hood, Adams, Jefferson, St. Helen's, and Ranier, all snow-capped, are seen at various distances up to one hundred and fifty miles. These mountains differ from ours in that they range from 11,000 to more than 14,000 feet in height, starting from near sea level instead of from a mile or more above the sea, and by each standing alone unattended by other high mountain peaks.

The words "City Park" invariably brings to the mind beautiful green, well-kept lawns with shrubbery and flowers arranged in geometrical precision, with avenues of trees placed in soldierly erectness and precision, and the ever present "keep off the grass," until one longs for one of nature's own parks, inviting you, as only nature knows how, to walk on the grass, to rest in its shade, to loose all restraint and conventionality in its perfect naturalness. Stroll through its paths, now winding through a jungle of fern so dense that twilight seems present, now into space where glints of sunlight make mottled the earth, and always a sound of water purling over its bed of rocks, then softly through each turn in the tortuous course bringing some new beauty and surprise. Such parks are the city parks of the Northwest.

Long Beach, on the north of the mouth of the Columbia, or in the extreme southwestern corner of Washington, is a rapidly growing seaside resort with numerous firstclass hostelries, among which may be prominently mentioned "The Breakers," run by the genial Mr. Arthur, who finds time to make it pleasant for all who entrust themselves to his care. Here one finds entertainment of all kinds usual to the up-to-date seaside resorts,—social and otherwise,—but the primitive conditions of wild forests are so near at hand that social duties may easily be eliminated. For an ideal place to rest, free of care, and to recreate at sea level on land or water, we commend the mouth of the Columbia from July to September.

Try it, doctors! Send your patients there and induce them to take you along.

S.

been cherished that an antitoxin would be produced that would enable us to reduce its death rate. The early laboratory experiments with the antitetanic serum were very encouraging, but clinical experience failed to make good the promise of the laboratory, except that, as a prophylactic, if the serum were injected soon after the wound was received there seemed good reason to believe it efficacious; and the evidence in favor of its utility has steadily accumulated until at present it may be regarded as an established clinical fact that the timely subcutaneous injection of antitetanic serum will forestall the appearance of tetanus. But its *inutility* as a curative agent after the disease has declared itself is equally well established, with this qualification, that the practice of injecting the serum directly into the brain and spinal cord, where it comes in immediate contact with the toxin, seems entitled to consideration. All of this enhances the interest of the profession in some recent experiments of Meyer and Ransom, also those of Moltzer; their researches have proven that the point of entrance for tetanus toxin is in the terminals of the motor nerves, where they are devoid of the myelin sheath; the toxin reaches the ganglion cells of the cord by passing along the axis cylinder, after reaching the cord the poison diffuses itself upward, towards and into the motor centers in the brain. This explains the delayed appearance of the disease after the infecting wound. If tetanus toxin is injected directly into the spinal cord the symptoms appear at once. The application in practice of the facts cited has been made, and Sicard, of Paris, has reported two cases of tetanus cured by injections of antitoxin into the nerves leading from the wounded part, as well as into the subarachnoid space. Both patients so treated promptly recovered. And thus the conquest of disease proceeds, and thus the world witnesses the superb altruism of the disciples of the healing art who are untiring in their efforts to diminish suffering and postpone death; the mere incident that this involves a steadily contracting revenue for themselves is not regarded.

G. E. B.

Department of Theory and Practice

Conducted by { AMBROSE C. STEWART, M.D.
WILLIAM A. BURR, M.D.
C. P. HOWARD, M.D.

TOXIC BACTERIA.

In diffuse peritonitis examination of the fresh exudate reveals many more bacteria than an examination of a stained specimen. It is astonishing how few can really be isolated after a culture is made; either the culture soil or media is unsuited to them or they are anærobic—these of course do not appear in a culture; the anærobic bacteria largely influence the course and sequella of diffuse peritonitis and their presence must depend upon the co-existence of other infectious elements (ærobic group) which absorb the oxygen and make the existence of these propagators of the deeply toxic and putrid states, tenable.

It would appear then, that the highly toxic bacteric groups are largely anærobic rather than facultative, and this is Friedrich's view of the matter.

It is interesting to note that the toxic elements referred to as the anærobics developing in an atmosphere of infection, often do not exist—probably never exist—in a healthy bowel and hence the contents of such a bowel, if brought in contact with the peritoneal stomata even in the superior quadrant of this membrane, would not produce rapid infection, and this would establish a more hopeful prognosis in bowel perforations under these conditions.

A. C. S.

EXTENSIVE ABDOMINAL INJURY FOLLOWED BY RECOVERY.

A gun-shot wound of the abdomen causing 19 perforations of the bowel and four lacerations of the mesentery, is reported by Dr. Amyx, in *The Medical Record*. Seven of these perforations were closed by Lembert sutures, the other twelve were located in about eleven inches of gut which was resected and joined by a Murphy button which passed on the tenth day. A 44-caliber bullet was extracted in the second week from a gluteal abscess. The man recovered.

A. C. S.

Department of Skin & Venereal Diseases

Conducted by JOSEPH B. KINLEY, M.D.

A PROVING OF DIURETIN IN URINARY DISEASES WHEN THERE IS PRESENCE OF CASTS WITHOUT ALBUMEN.

In a recent number of *PROGRESS*, Dr. J. M. Walker of Denver made some observations concerning the presence of hyaline casts in urine in which there is no albumen.

In No. 27 *Wien. med. Wochenschr.*, Dr. Anton Mosauer of Karlsbad made provings of Diuretin upon 24 healthy persons with the following results: Each person taking 4 gr. a day, in each case the urine was tested for albumen. After the use of Diuretin he made 90 tests of the urine with the following results: 20 times he found hyaline casts, 8 times he found a trace of albumen, twice he found nothing, and three times he found *Cylindrurie*. In four persons only *Cylinders* were cast off without the presence of albumen.

The *Cylindrurie* would always promptly disappear, and in most cases would not last more than a day after medication. In each case it was found that Diuretin is a more or less powerful acting remedy upon the kidneys, and the longer it is used the more marked and lasting its action upon these organs.

It should be stated that Dr. M. is not a homeopathic physician, but that his method of giving the crude drug, his record of the results of symptoms produced and his observations are a true proving of Diuretin, and that his observations are of great use to the homeopathic physicians. By reversing the above observations and applying the homeopathic principle, viz.: using his pathogenesis, giving the remedy in infinitesimal doses, when we have cylindrical or hyaline casts without the presence of albumen.

Abstracts and Reviews

Conducted by GEORGE E. BROWN, M.D.

FINSEN AND X-RAY THERAPY.

Shamberg in *American Medicine*, December 19, discusses the relative value of these modes of treatment in skin diseases, and concludes as follows:

1. The Finsen light is generally recognized as constituting the best known treatment for lupus vulgaris. It is necessary to employ the large lamp used by Finsen. The smaller modified lamps may suffice for recent and superficial cases, but do not produce sufficient penetration of light to cure long-standing and deep-seated cases.

2. In lupus erythematosus the Finsen light, in our hands, has effected some improvement but no cures. Cases exhibiting telangiectases and but little thickening of the skin, showed the most improvement.

3. In certain cases of lupus vulgaris the Roentgen rays give most gratifying results. This method is to be given preference over the Finsen light when the lupus nodules are ulcerated, when the mucous membrane of the nose, lips or mouth is affected, and probably also in hypertrophic and vegetative forms of the disease.

4. The Roentgen rays have certain distinct limitations in the treatment of cancer of the skin. The rays will cure practically all patients having superficial cancer, but the majority of deep-seated cutaneous and sub-cutaneous growths do not do well. They may improve for a time and deceive both patient and physician, but relapse and subsequent spreading is common. Buccal epithelioma and deep-seated epitheliomas involving the lip had better be treated surgically and subsequently subjected to radio-therapy. The Roentgen rays find a splendid field of application in superficial epithelioma about the eyelids and the nasal alæ, and in rodent ulcers that are surgically inaccessible. Superficial epitheliomas may be cured by many methods, but none give such beautiful cosmetic results as the Roentgen rays.

5. The Roentgen rays are extremely valuable in acne, in which disease the most brilliant results are obtained even in long-standing cases.

6. The Roentgen rays are of value in many cases of eczema, both in relieving the itching and in effecting a disappearance of the eruption. The rays have proved of great benefit in recurrent vesicular eczemas of the hands and feet.

7. In psoriasis, the effect of the Roentgen rays is but temporary.

The rays have also been found to be beneficial in sycosis, lichen planus, hypertrichosis, ringworm and favus of hairy regions, tuberculosis of the skin, mycosis fungoides, blastomycetic dermatitis, localized pruritus, etc.

THE ROENTGEN RAY IN THE TREATMENT OF EPILEPSY.

At the annual meeting of the Medical Association of the Greater City of New York, Dr. J. H. Branth read a paper in which he reported very encouraging results in the treatment of epilepsy by means of the Roentgen rays. He stated that in many instances the occurrence of the seizures was believed to depend upon the instability of the cellular brain elements, or an abnormal metabolism, and as it was accepted by many authorities that the X-rays stimulate the vital activity of the protoplasm, it was upon this theory that the treatment was adopted. Naturally, he said, all cases of epilepsy are not amenable to it, as, for instance, those in which decided degenerative processes in the brain have set in. By means of radiographs Dr. Branth demonstrated that the X-rays pass through the skull, and therefore it was a fair inference that the brain cells were subject to their influence. In his cases three treatments per week were given, beginning with five minutes' exposure at fifteen inches distance, and gradually extending this to ten minutes' exposure, and ten inches distance. A hard or high vacuum tube is employed, and a different part of the skull is exposed at each sitting. In both grand and petit mal it has been observed that the seizures became lighter and of shorter duration, that the intervals became longer, and that if an attack occurred, it was followed by less prostration. In patients with six to eight seizures a day, after the treatment had been given for a few weeks, intervals of two and three weeks were noted. The hair may drop out in areas, but it returns in stronger growth than before, generally. In a few instances, where the patients had been taking the bromides these were continued in addition to the X-ray treatment. With few exceptions the patients gain in weight at an impressive rate. A remarkably successful case was presented to the society, that of a lad fourteen years of age who had not had a single seizure since the treat-

ment was commenced on November 8, and who had astonished his family and teachers by the extraordinary improvement he had made both mentally and physically. It is unnecessary to caution the profession against the premature acceptance of such reports as this, especially when epilepsy is the subject, as it is very well known that at least a temporary improvement quite commonly follows the inauguration of any new treatment, medicinal or other, the explanation of which would appear to be that epileptic subjects are peculiarly susceptible to suggestion; and still the contrary attitude,—that of skepticism or antagonism—is equally to be deprecated.

DISINFECTING INHALATIONS IN MEASLES AND SCARLET FEVER.

The isolation of the patient affected with measles or scarlet fever is at present the chief measure for the prevention of the spread of the disease. This mode of prevention is efficient if it is carried out thoroughly and sufficiently prolonged. But in private homes especially an effective isolation is difficult, and in hospital cases the time demanded is a most serious element, greatly restricting as it does, the capacity of the institution for the care of the acute cases of these and other diseases.

A recent number of *The Journal of the American Medical Association* reprints the views of Egart as they appeared in a German medical periodical. This writer believes that in measles and scarlet fever the earliest local symptoms indicate the point of entrance and the centers of diffusion of the specific virus, and that the upper end of the respiratory tract therefore should receive attention in the way of disinfection. Egart emphasizes the necessity of employing non-toxic and non-irritating substances, and has obtained satisfactory results with the following solutions: Lime water and water equal parts; 3 per cent. boric acid solution; .05 per cent. trichloride of iron, and 3 per cent. sodium chloride solution. He used all these four solutions in succession for five minutes twice daily. He believes that these disinfecting inhalations have been of distinct value in lessening the severity of the attack in the individual patient and in preventing the extension of the disease to exposed persons.

Current Events

Dr. J. M. Walker has gone to Hot Springs, Arkansas. His health has been impaired for some time, and he has found it necessary to take a rest from business and seek favorable conditions for restoration to health. He will remain for several weeks and devote his time to rest and the use of such agents as may be best adapted to aid his recovery. We hope to see him return in the full vigor of perfect health.

* * *

The Homeopathic Medical Society of the State of Kansas will hold its next meeting at Topeka in May, 1904. The secretary is Clay E. Coburn, M. D., Kansas City, Kansas.

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Dr. Walter D. Spoor of Schenectady, New York, a graduate of the Denver Homeopathic College in '96, was elected to permanent membership in the Homeopathic Medical Society of New York at the meeting held in Albany, February 9 and 10.

* * *

"In the world's broad field of battle,
In the bivouac of life,
The average Christian soldier's
Represented by his wife."

* * *

Dr. Samuel S. Smythe and daughter, Miss Grace Smythe, have given up housekeeping and taken rooms at the Plymouth Hotel, corner Broadway and Sixteenth avenue.

* * *

We have received a copy of transactions of the American Institute of Homeopathy for 1903. It brings the usual external appearance and contains about the average amount of material, reports, etc. The front page is adorned by a portrait of the president, Dr. J. P. Cobb. It would be out of place to attempt to review the book. Here we have a valuable collection of essays and discussions, treating many of the topics vital to the interests of the medical profession. We notice four papers on *Materia Medica*, eleven on *Clinical Medicine*, six on *Pedagogy*, and seven on *Sanitary Science*, besides a much larger number devoted to the interests of the various specialties. We have noticed a disposition in some quarters to criticise the little delay in getting the re-

port out, but we now forgive and forget it all, while enjoying the rich treat spread before us. Our national society is a great institution.

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The tenth annual commencement exercises of the Denver Homeopathic College will be held in Trinity Church, corner of Eighteenth Avenue and Broadway, Thursday evening, April 21, 1904. The address will be given by Rev. David F. Howe, D. D., of Denver. Valedictory address by Frank A. Burton, of the class of '04. A special musical program by the great Trinity choir of 150 voices. A cordial invitation to attend is extended to all.

* * *

E. B. Swerdfeger of the class of '04 has been absent for two weeks. He has been in charge Dr. Cramer's business at Loveland. He was cordially greeted by the class when he returned.

* * *

Dr. Guy S. Vinyard of Woodland Park has been in the city for a week past. His wife has been a patient at the Homeopathic Hospital. We are glad to know that although her illness was of a very serious nature, she is now recovering and will soon be able to return to her home.

* * *

The next meeting of the American Institute of Homeopathy will be held at Niagara Falls, New York, June 20 to 25. Charles Gatchell, M. D., Secretary, Chicago, Illinois.

* * *

Dr. Franklin P. Miles of Blackhawk is one of the busy men of this mountain region. The doctor is a generous patron of the Denver Homeopathic Hospital and is frequently in our city; his enthusiasm and cheer are like a fresh breeze from the mountains.

* * *

Dr. Joseph C. Irvine and Miss Mollie Hunter were married Thursday, March 10. The doctor has been a resident of Denver for many years. At one time he was connected with the Denver Homeopathic College as Professor of Physiology. PROGRESS extends to him and his good wife the most hearty congratulations and good wishes.

* * *

It is reported that a Board of Health somewhere in the East has instructed the city treasurer to pay out only clean fresh bank notes in all the disbursements from his office, only such as come from the Federal government and have not been used. This is regarded important as a sanitary measure.

The Cleveland Homeopathic Hospital held its annual meeting February 7, at the Hospital building. One thousand seven hundred and fourteen patients were admitted to the institution during the year. The receipts for the year aggregated \$45,860.34 and the expenditures \$35,793, leaving a balance on hand of \$10,066.39. The officers of the Board of Trustees are as follows: President, Hon. M. A. Hanna; first vice-president, Mr. Luther Allen; second vice-president, Hon. Myron T. Herrick; secretary, Dr. H. Pomeroy; treasurer, W. H. Webber. Also a full medical and surgical staff was appointed.—*Reporter*.

* * *

It was amusing to read a long and pretentious list of "don'ts" that appeared recently in a medical journal. The expectation was that they were all negative, but the reading revealed the fact that more than half the list had been so phrased to make them positive injunctions. This was in some sense a relief, for the "don't" microbe is not a very potent factor in successful practice. The person that "don't" isn't just the one the world is looking for. The physician that knows what to do and when to do it; what to say and when to keep silent, is the one that is in demand these days.

* * *

In a recent issue the *Denver Republican* gives the following statistics of the attendance at some of our great universities for the current year: Harvard, 6,013; Columbia, 4,557; Chicago, 4,146; Michigan, 3,926; California, 3,690; Illinois, 3,661; Minnesota, 3,550; Cornell, 3,438; Wisconsin, 3,221; Yale, 2,990; Northwestern, 2,740; Pennsylvania, 2,644; Nebraska, 2,247; Syracuse, 2,207; Ohio State, 1,710; Indiana, 1,614; Missouri, 1,540; Princeton, 1,434; Leland Stanford, Jr., 1,370; Johns Hopkins, 694. We notice the University of Denver is not in the list; it has an attendance of 1,311 for this year.

* * *

Dr. W. R. Welch contemplates spending some time in the East during the coming summer. He will visit the important hospitals and clinics and study the latest and best methods in vogue in surgical science.

* * *

The *Medical Visitor* for March comes out with the name of Harvey B. Dale, M. D., on the editorial page. Dr. Dale is not a stranger to the readers of homeopathic literature, and we congratulate the *Visitor* on securing such a competent gentleman to

conduct its editorial work. A brief statement of the future policy of the journal is given, and also the assurance that Dr. Dale will assume responsibility for the April number.

* * *

Our insert, "His First Case," is a very pretty conception, and we are sure our readers will enjoy studying the pose and expression of the future oculist, and wonder whether art or Cupid is in the ascendant. This very cute little work of art is a contribution to PROGRESS from the Williamson-Haffner Co.

* * *

The latest reports from Chicago show that pneumonia is still prevalent, the death rate for the week ending March 20th showing a total of 137 deaths from this cause, or 23.75 per centage of the whole number of deaths for that period. In New York there have been 6,000 deaths from this cause since December 1st, or an increase of 31 per cent. over the same period last year.

* * *

The Nebraska State Homeopathic Medical Society holds its next annual session at Omaha, May 4 and 5. It will convene at the Paxton Hotel. Dr. F. E. Way of Wahoo is President and Dr. E. Arthur Carr of Lincoln is Secretary. Our editor, Dr. David A. Strickler, has received a very cordial invitation to attend, and will probably accept.

* * *

Radium as an agent for the treatment of cancer has been given a thorough trial in the London Cancer Hospital, and has been abandoned. It does not seem to meet the requirements, and the patients were not benefited.

* * *

Prof. Schleich, who has devoted much time to the study of the best methods for local anesthesia, and is the author of what is commonly called Schleich method of infiltration, has been awarded the Rinecker prize by the University of Wurzburg, in recognition of his scientific attainments.

* * *

In the treatment of dysmenorrhea ichthyol is a remedy to be carefully considered. Many cures have been reported following its use. A good proving would greatly aid the proper study of this remedy.

Otis Clapp & Son, in the March number of the *New England Medical Gazette*, express their intentions as follows: "We intend to greatly improve the *Gazette*. A much more liberal policy will be adopted. You will soon hardly know the journal." The *Gazette* is now in its XXIX. volume, and old enough to be a leader in the journalistic field. It was our especial pride during the years of our professional youth.

* * *

The new law that goes into effect in France April 7th, 1904, requires that every resident of that republic, whether native or alien, shall be vaccinated during the first year of life, then again when eleven years of age, and again at twenty-one years of age. This is certainly making thorough provision for demonstrating the prophylactic virtues of vaccination. Will we hear a howl on personal liberty from the antis?

* * *

The following constitute the appointments for the medical and surgical staff at the Denver Homeopathic Hospital for the current year: General Medicine—J. P. Willard, M. D., W. A. Burr, M. D., H. K. Dunklee, M. D., C. E. Tennant, M. D., Clinton Enos, M. D., O. S. Vinland, M. D., Walter Joel King, M. D., H. T. Dodge, M. D., William A. Musmann, M. D., Alfred M. Moore, M. D. Surgery—J. W. Harris, M. D., J. B. Brown, M. D. Gynecology and Abdominal Surgery—William R. Welch, M. D., G. P. Howard, M. D. Nervous and Mental Diseases—C. W. Enos, M. D., A. C. Stewart, M. D. Diseases of the Chest—G. E. Brown, M. D. Diseases of Children—E. H. King, M. D. Oculists and Aurists—D. A. Strickler, M. D., G. S. Peck, M. D. Obstetricians—L. S. Ordway, M. D., R. O. Butterfield, M. D. Genito-Urinary Diseases—J. B. Kinley, M. D. Pathologist—F. Abbott, M. D. Bacteriologist—J. B. Brown, M. D. Dentistry and Oral Surgery—Rea Procter McGee, M. D., D. D. S. Chemistry and Toxicology—D. A. Richardson, M. D. Hospital Interne—James H. Daniels, M. D.

* * *

An egg an hour. In serious conditions of nervous exhaustion, and in the progress of pneumonia, diphtheria, typhoid and other fevers marked by high temperature and rapid waste, William S. Ely has frequently given one raw egg hourly with the most gratifying results. So far as the danger of albuminuria is concerned, he has seen albumin and casts disappear from the urine of a case of typhoid under this diet.—*Denver Medical Times*.

Some years since a writer from California gave the world the benefit of his observations in the use of the sunglass for the cure of epithelioma; by concentrating the sun's ray on the diseased part he was enabled to cure a large number of cases. Now we have the X-ray and the Finsen light doing valuable service in the same class of disorders. A report is current that the sunburns caused by prolonged exposure to the sun in the mountains of Montana will cure severe and chronic cases of eczema. We are not informed that there are especial virtues in the Montana ray more than elsewhere, save in the intensity.

* * *

In the last issue of PROGRESS may be found the appointments by President Strickler for the various departments of our State society. The last session was a good one, many interesting papers were read, and the discussions were spirited and profitable. We live in the great and progressive West and should catch the inspiration that comes from well doing and go forward to still better work. There is ample time before the next meeting for our leaders to work out extensive plans, and it is necessary that they begin at once and without delay to arrange for the presentation and consideration of matters of greatest importance to the profession. We are fortunate in the character of men we have in charge of the various bureaus, and our legislative committee is a strong one. Let the good work begin at once, that we may have a good session and every department of work well represented.

* * *

Law and Medicine.—We commend to the medical and legal gentlemen of Colorado, who have had such a serious time in the past trying to amend the laws and protect the public from wrong, the plan adopted by the Morgan County Medical Society and the Morgan County bar. They united in a grand banquet at the Dunlap House in Jacksonville, Illinois. Judge Owen P. Thompson gave an able address on the subject, "Forensic Medicine, or Where the Science of Two Professions Unite in the Cause of Truth and Justice." The occasion is said to have been a great social success, and of immense value to the practitioners of both professions. It is pleasant to recognize among the guests present old friends of other years: Dr. M. H. Goodrick, Dr. T. J. Pitner, Judge E. P. Kirby, Judge C. A. Barnes and others.

* * *

The writer has received from Dr. John H. McCaughan, Secretary, a most cordial invitation to attend the annual meeting of

the Alumni Association of the Homeopathic Medical College of Missouri, to be held in St. Louis, Missouri, April 13, 1904. This kind remembrance from my old college, where, with all my shortcomings, I was favorably considered for a medical degree, calls to mind many very pleasant things, and I return to it a tribute of thankfulness, and wish for my Alma Mater the greatest success.

* * *

Enlarged Prostrate.—Overall contends that the majority of cases of this character, even in old men, are due to a congestion, not to hypertrophy, and hence are curable by conservative methods. Pointing to congestion is a tender, firm and uniform prostate, with a urethral discharge which may contain gonococci after milking the gland. Indicative of true hypertrophy is a nodular prostate of cartilaginous hardness, with marked obstruction to micturation if the third lobe is involved, and no tenderness unless from complications.—*Denver Medical Times*.

* * *

On his Skibo estate in the old country Andrew Carnegie gives a bonus of ten per cent. on the wages of each laborer when he has been a total abstainer from the use of intoxicants for a year.

* * *

Dr. N. G. Burnham, for twenty-five years a practitioner in Denver and well known as a prominent physician throughout the state, recently addressed the Chamber of Commerce at the luncheon hour on "The Future of Colorado."

* * *

In certain parts of Africa there is said to be a new disease, a prominent symptom of which is protracted sleep of a very profound nature. This is preceded by a headache and swelling of the glands of the neck. It is spread by a fly called *kion*. This plague is known to the natives as the "sleeping sickness."

* * *

Five hundred thousand dollars for a homeopathic hospital is a note of cheer. The *Chicago Evening Post*, gives an extended description of the new hospital to be built as a memorial. Mr. W. M. Hoyt, a wholesale grocer, and Mr. R. T. Crane, a manufacturer, both of whom lost relatives in the Iroquois fire, are the heaviest contributors. The building will be eight stories high, and built as nearly fireproof as it is possible to construct it. "It will have a large solarium on the south side and a series of pri-

vate operating rooms, with all their various appurtenances and ante-rooms facing north, forming an attic at the eighth story." It will have all the latest ideas in relation to heating, cooling and ventilation, and it is hoped to make it germproof, and as absolutely sanitary as human ingenuity can devise." There will be accommodation for a large number of patients, a large proportion of which will be in private rooms. The wards will contain only five or seven beds. "It will be constructed at the northwest corner of Hermitage Avenue and York Street, in connection with the Chicago Homeopathic College." The *Post* gives an illustration of the building from the architect's drawings, showing it to be a stately and magnificent structure. We congratulate the Chicago Homeopathic College, and the profession in general, on the acquisition of this splendid memorial charity.

* * *

A letter from Dr. R. S. Copeland, Secretary of the Homeopathic College at Ann Arbor, Michigan, brings the news that he will be in Denver soon, on his way to the Pacific coast. If he arrives in time, before the close of school, he will be given an informal reception by the faculty and students.

* * *

Mrs. Ida A. Beck of the class of '06 has asked permission to return home two weeks before the close of school. She will return next fall, and hopes to bring a friend with her. She says she is well pleased with her year's work.

* * *

We have secured a copy of the *Indian Homeopathic Reporter*, "a monthly journal devoted to the science of Homeopathy and other auxiliary sciences." Edited by Sarat Chandra Ghose, M. D. Published at Calcutta. It asks for permission to go on our exchange list. We welcome the *Reporter*, and will be pleased to be in journalistic relations with such an able periodical.

BOOK REVIEWS.

DISEASES OF THE EYE.—By L. Webster Fox, A. M., M. D., Professor of Ophthalmology in the Medico-Chirurgical College of Philadelphia, Pa.; Ophthalmic Surgeon in the Medico-Chirurgical Hospital. With Fine Colored Plates and Two Hundred and Ninety-six Illustrations in Text. Price, \$5.00.

Pages, 584. New York and London: D. Appleton & Co., 1904.

Fox is a man of large experience in eye work. Those who know of his abundant opportunities have looked for something good from him, and this work proves that their faith was well founded. It is based upon lectures given to the students in the Medico-Chirurgical College, hence is nominally for the general physician, but it is rich garnering for the specialist, as it is strictly up-to-date in everything we have noted. For conciseness and definiteness of statement,—elements which impress the reader that the author knows his subject from experience,—he stands in the first rank. The work is especially full on Conjunctival Diseases, the X-ray and Skiography, Refraction and Muscular Defects, while in operative technique it leaves little to be desired. The binding, illustrations and mechanical execution of the book is up to the usual high standard of the Appletons. We take pleasure in commending the work to our readers, whether general physicians or specialists.

D. A. S.

BUSINESS BRIEFS.

The New York Homœopathic Medical College reports a larger increase in its student body than has occurred at any time during the last twelve years. This increase is made up very largely of advanced students and is attributed to the clinical advantages which the college offers its classes. It is the custom to give each class a large amount of bedside instruction, i. e., the class being divided up into sections, each section takes up a certain list of cases in the wards of the hospitals affiliated with the college, and has the opportunity of coming in direct contact with the patient, making examinations and directing the treatment under competent instructors, and then watching the progress of the disease and the effect of medical and surgical treatment.

As the college has a large amount of clinical material (over thirteen hundred beds, treating fifty thousand patients annually), the student is bound to encounter all of the ordinary medical and surgical diseases during his course. As the senior year of the college is made up almost exclusively of clinical work, many graduates of other colleges are attracted and have the advantage, not only of the clinical experience, which is better than that of the

course in any of the post-graduate institutions, but they also receive the diploma of the college, and this seems to be an attractive feature, for over one-fourth of this year's seniors entered the class either as graduates or as advanced students.

The AbilenA company has secured an important concession from the World's Fair at St. Louis by which AbilenA will be the only cathartic water sold at soda fountains on the grounds and the company's advertising will appear at every one of more than 200 soda water stands on the grounds. This is a recognition of merit as well as a high testimonial to the growing popularity of this famous water which is unexcelled by any similar water in the world. It being the only natural American cathartic water and being a product of the Louisiana Purchase territory, it is especially fitting that it be given this exclusive honor at St. Louis where 30,000,000 people will have a chance to become acquainted with it.

Providence, R. I., March 20, 1904.

Browers Antiseptic Soap Co., Denver, Colo.

Gentlemen:—Enclosed you will find a postoffice order for \$2.00 for which please send me one dozen of your antiseptic soap. I have used it in my own family for some time in some obstinate cases of pruritis and it has given the best of satisfaction.

Yours truly,

Dr. _____

Brower's Antiseptic Soap

GIVES POSITIVE RESULTS IN CASES OF

Eczema, Pityriasis, Tinea, Pruritus, Psoriasis, Acne, Etc.

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...Denver, Colo.

PROGRESS

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Original Articles

MECHANICS IN TABES.

By AMBROSE C. STEWART, M.D.

For a time the suspension or stretching method ran indiscriminately as at least an adjunct, in everybody's therapeutics of the spine, and like most fads (?) it did much harm, in cases where it was not applicable, before it became unpopular; unfortunately this too frequently occurs before the true value of a rational system of treatment comes to be appreciated according to the merits it actually possesses.

A mechanical system, however valuable it may prove in some lesions of the spine, must fall by the weight of its iniquities unless its employment is guided by mature judgment and a thorough knowledge of its possibilities as well as its dangers, and in the treatment of disease, general and special massage must ever be regarded as an adjunct, often very valuable, in the hands of the cautious and intelligent physician; to view the matter otherwise would perhaps not be more unreasonable from the standpoint of treatment, than to class the birth of infantile palsies with the progressive degenerations of the anterior or posterior cord or brain and it is here that the physician who is able to discriminate closely and apply the measure most applicable to the special case, based upon a correct estimate of its pathology and the toleration of the dynamics involved, is most valuable to his patient, whilst the fellow whose education has been hedged about by the theory that all the attendant has to do is to rub, pull, yank and twist, should be studiously avoided!

A few tabetics have been reported, from reliable sources, as having been brought back to usefulness and in others the prog-



ress of the disease has been stayed, and in nearly all of these, mechanical measures have in some way contributed to the favorable conditions.

Observation and experience has led us to believe that a successful issue in the handling of these cases will depend upon the following precautions; first, where the treatment is carefully prescribed according to the requirements of the individual case; second; where unremitting patience and perseverance is exercised both by physician and patient—it sometimes is a work of years; third; where the diet has been made to enter as a factor of first importance and, without overfeeding, food constituents are carefully adjusted to conform to a high degree of nourishment and systemic resistance, with the least possible strain upon the organs of digestion and assimilation—carefully avoiding stimulation; fourth, complete cessation of mental taxation; financial or business care will drag the patient down faster than he can be built up by our best attention; fifth, perfect physical relaxation at regular and stated periods depending upon immediate requirements and during which even gentle exercise is usually forbidden; sixth, peripheral irritations, especially of bowel, urethra, etc., must be carefully removed. Dilatation of these orifices, when not practiced in a haphazard way, has done much good by stimulating physiologically the endogenous elements of the posterior nerve-roots and general centripital pathways; seventh, to remember that the routine adoption of anti-syphilitics has killed its full quota (the mecurials especially), but if there is evidence that the disease is a degenerative sequel of syphilis, as it frequently is, this fact must enter as a factor in the general treatment and management of the case, which, however, does NOT mean anti-syphilitic medicines, these being applicable only where there is an *actual* syphilis present; teachers should dwell strongly upon this; eighth, appropriate medication, based upon the provings of remedies; ninth, massage and vibration, also applied according to the special requirements of the case, routine in this matter won't go; we must carefully estimate what is to be overcome and apply treatment accordingly; the conditions especially reached in this way are, the localized pains of viscera or elsewhere, constipation, sleeplessness, erethism, dysesthesia, etc. We must rely upon manipulation of muscles to compensate for the enforced general inactivity which must often

be maintained by these patients. Rubbing, pressing and flat-hand vibration or other direct or indirect vibration, with nerve and muscle stretching, are the usual forms of manipulation and in constipation, the abdomen should be deeply but gently kneaded and the muscles of the intestines and the collateral and terminal sympathetic thus stimulated, especially the hypogastrics and the descending arm of the colon.

Sections of the cord after death from intercurrent disease or early complications of tabes, reveal the fact that the posterior nerve roots and their ganglia appear twisted, drawn and compressed by the newer connective tissue growth and it would seem, therefore, perfectly consistent with our experience in nerve stretching and the relief of compressions of nerve and other tissues, that stretching of these structures would be followed by a partial re-establishment of function unless (of course) this treatment proved too harsh for the individual case or is otherwise contraindicated; at best, great care should be exercised not to prolong a suspension over about one-half minute, to begin with, and never over two minutes, whilst the suspensions should be grouped, say, one every second or third day for two weeks, and then stop the treatments for a month and watch results; the patient should not be permitted to make lateral movements while in harness—the stretching should be very gradual. As no two patients will sustain these mechanical treatments with equal toleration, we should exercise care lest we carry them to a point of fatigue, and it must not be forgotten that tabetics are often insensible to fatigue, even when their strength is being rapidly exhausted.

When we consider that up to within very recent years our tabetics were permitted to pass like abandoned vessels at sea drifting to a full measure of destruction, the results of modern methods are quite encouraging, and it must be admitted that not only do we frequently suspend the morbid process but we, by persistent and often prolonged effort, restore a greater or lesser amount of the lost function by cultivating the retained or partly retained integrity of muscle and nerve, to a reconstructive degree, often followed by decided improvement of static and kinetic co-ordination and pronounced muscular compensation.

It is unscientific in this age to permit your tabetics to drift hopelessly to destruction.

FLAT FOOT—AN INSTRUCTIVE CLINICAL CASE.

It was simply a case of flat-foot, or technically—*pes planus*; but it derives interest from the fact that it furnishes a good illustration of what is today the opprobrium of medicine, viz.: *carelessness*, in the examination of patients.

The lady who was the subject of the disorder had been under the care of no less than six doctors, successively, counting an osteopath, and only two of them even *inspected* the feet. The disorder had been variously called "neuritis," "rheumatism," "sciatica," and "dislocated vertebra" (osteopathic terminology). The patient had been sent to various famous medicinal springs; much of the time she was wholly incapacitated from pursuing her vocation, that of a school teacher, owing to the severity of her suffering, which was aggravated by standing upon the feet. She had gone the rounds of the "pathies;" she had been ineffectively "medicated" and "blistered," and at the end of four years of experimentation, whose only result was a sadly depleted pocketbook, she was about to resign herself to her fate, when a kind Providence directed her to my friend, Dr. G——, and on questioning the patient he elicited the following essential facts: About one year prior to the commencement of her trouble patient began to grow "fleshy," and rapidly increased in weight from 120 pounds to about 160. Vocation, teacher, and it was her habit to stand most of the time during school hours. Severe pain or aching across the back over the sacrum, extending down the legs posteriorly, and in the feet through the instep. Always better Monday morning, and the maximum of pain was experienced on Friday in the afternoon, but she suffered a great deal all day Thursday and Friday. The 4 o'clock p. m. aggravation had suggested to one of her advisers, a "key note" homeopathist, the use of *lyc.*, which was given in the 5,000,000th potency.

Mr. friend, Dr. G——, made a "mental" diagnosis on the above symptomatology and history. However, he thought it advisable to inspect the feet, and asked the patient to remove her shoes and stockings, then to stand upon a platform. A glance was sufficient to establish the diagnosis. The Woodford (?) aluminum insole was prescribed. The arching of the insole was

to be very gradually increased. Within two weeks the maximum curve was attained, and by the end of another week the patient, for the first time in years, was enabled to stand upon her feet with perfect comfort, and the relief was complete, not only to the feet, but the back and the legs. The latter was doubtless purely reflex. Six months have passed and immunity from pain has not been broken.

The present writer was so profoundly impressed with the unique interest of this case, and the many lessons which it proclaims in thunder tones, that he succeeded in persuading his modest friend, Dr. G——, to consent to its publication, which he did only on the condition of the concealment of himself, as well as the writer, behind a pseudonym. Particular attention is called to only two lessons which the case enforces,—others will readily suggest themselves: First—The primary place and importance of diagnosis in the practice of medicine. Second—The silliness and impotency of mere symptom prescribing in contempt of pathology.

BREDGE.

THE DENVER HOMEOPATHIC HOSPITAL

It is with unusual pride and satisfaction that we speak of the Denver Homeopathic Hospital; the past year has seen important changes in this institution, all productive of enlarged usefulness; correct business methods prevail in all departments as is shown by the improved condition of its finances; the books are in the hands of a competent accountant and are audited each month. The superintendent is always alert guarding carefully every item of expense and seeing that all waste is reduced to a minimum. The capacity of the institution for caring for the sick has been increased by the addition of four large rooms that were formerly used for college purposes, thus making provision for ten to fifteen ward patients. There is a constant demand for cheaper rooms, and this addition will meet this requirement and enable those who can pay but a moderate fee to secure good attention, and have all the advantages of first class hospital care.

There has been treated in the hospital during the past year three hundred and six patients, with a death rate of four per cent. There has been twenty-four operations for appendicitis during the year with a mortality of one.

At the last meeting of the Board of Directors the superintendent was authorized to make a number of important improvements, and give the building a thorough renovating; this will be done at once, and at the same time a large amount of new furnishings will be purchased, thus adding a new charm to the already quiet home-like institution into which we invite our patients. This building is FREE FROM THE NOXIOUS ODORS and offensive sights that too frequently greet the visitors to improperly managed hospitals.

We have carefully examined the statistical report of the superintendent made to the annual meeting of the association and find much to elicit our admiration; the following items are not without interest: The association is \$3,014.06 better off financially than it was one year ago. The entire expense for the year has been \$15,072.88. There are bills receivable and good \$1,150.13. The number of meals served was 39,892 at an average cost of 11 6-10 cents.

We appreciate the value of these facts, but rank them second in importance to the splendid growth in interest and good will toward the hospital manifested by progressive and philanthropic people of our city and state.

The hospital authorities cheerfully acknowledge their debt of gratitude to the noble and self-sacrificing ladies of the Hospital Club, who have met monthly and sometimes oftener to plan and work for the comfort and well-being of the sick and suffering ones. The large hearted enthusiasm of the members of this club has resulted in much financial help. During the year they gave a turkey dinner down in the city, from which they made a net profit of \$150.00. They have by various other means added \$270.00 to the free bed fund, and they are now energetically engaged in promoting a high class concert to be given May 12th for the special benefit of this institution.

We would feel that we were doing violence to the requirements of this paper if we failed to make mention of the corps of thirteen nurses that are on duty in this hospital. Clean and white, cheery and bright, moving about with an easy grace, ever

ready to soothe a pain or perform a gentle ministry for those under their care. Their duties are not always pleasant, but theirs is a labor of love and worthily do they perform it.

These and other matters that we might mention lead us to believe that the beneficent influence of our hospital is being more and more appreciated by the people of this city, and that the good work of the past is but an earnest of that which is to come. We cordially solicit the co-operation of all lovers of mankind in this noble work.

THE DENVER HOMEOPATHIC COLLEGE

By AMBROSE C. STEWART, M.D.

This institution, which has just closed its tenth annual course of instruction, has fully established its permanency and demonstrated the wisdom of its creation as well as the ability of its corps of teachers to maintain a standard medical college in Colorado; its present status is a lasting monument to the persistent energy of its promotors who have stood firmly and unswervingly in its behalf when its opponents sought its disintegration—its history in this regard does not differ materially from that of many other medical schools of note—and having successfully weathered the vicissitudes of her early career, she has risen to an enviable position of prominence in the broad mission of modern medical education in the galaxy of homeopathic medical colleges.

The rapid growth and development of this college during the past five years has been very exceptional. During this time the faculty has been strengthened by the addition of a number of teachers of unusual attainments; the course of instruction has been lengthened to seven months instead of six; new professorships have been added; the requirements for matriculation have been raised to conform to the standard requirements of the older colleges; bedside instruction and laboratory facilities have been increased and extended and a change of location has been made to accommodate larger classes and the newer methods of teaching, the college now being admirably situated in a section rich in clinical material and convenient to car lines reaching all parts of the city. Present indications point to the coming year as the most successful in point of numbers and class of matriculants in her history.

Some of the graduates of this college have already taken places of prominence in the profession of medicine.

SECRETARY'S REPORT.

To the Members of the Denver College and Hospital Association.

GENTLEMEN: Since our last annual meeting, which was held April 25th, 1903, the Board of Directors have met 13 times. Only one special meeting was called during the year. Twice we adjourned for lack of a quorum, which is a decided improvement over former years in the attendance at regular meetings. The past year has been the most satisfactory in advancement this institution has experienced since its organization. What other year can claim so much done in the payment of debts, in creating and extending good feeling for the hospital, improving the training school and enlarging the scope of the college work, and in every way striving to advance the Homeopathic idea. True, our advances have not been won without effort. Dr. Burr has labored hard and earnestly to secure financial assistance to save our institution from falling into the hands of our critics. I want to call your attention here to a point we have overlooked. Dr. Burr was made our financial agent and promised 10 per cent. for raising funds. I know that it has been through his personal solicitation that much has been raised, yet I fail to find where a single penny has been drawn for his commission. It was largely through his zeal that our Ladies' Auxiliary was organized. This society has accomplished more than we have time here to record; a picnic at Elitch's, a lawn social, a home party at Mr. Lee's, a turkey dinner at the Congregational church, at which \$150 was made, besides holding many meetings at the hospital rooms to sew and work for the comfort of the sick. They have also added \$270 to the free bed fund. Our greatest success, perhaps, was in securing Miss McFadden for our superintendent. Through her efforts in economy and watchfulness our floating indebtedness has been reduced about \$1,500, and this without in any way impairing the usefulness of the hospital. In fact, the arrangements for the comfort of the sick have been much improved since her advent, and the training of the nurses in their profession is much more thorough. New quarters for the nurses have been procured which are much more homelike and comfortable. The superintendent has been considerate of the workers' needs as well as the patients', and to this end a moderate sum has been invested in furniture, etc., for the Nurses' Home.

Our college was moved in December from the rooms in the hospital to larger and better quarters in the fifth story of the Pioneer building, No. 1509 Larimer street, where a much better attendance of both professors and students is noted. A larger enrollment of students is anticipated next September as a result of this move. Our graduating class this year was a most satisfactory body of young men, and will, we have no doubt, become an honor to the profession and reflect credit on their alma mater.

Perhaps the most unpleasant feature of the year was the investigation into charges made by the *Critique* that this was a private institution. The voluminous report of letters from parties interested in the charges, as well as the stenographic report on file, will bear out the assertion that the charges were utterly senseless.

The crowning event of the year was the reducing of the mortgage debt \$2,000. This was accomplished in the face of stringent finances and the loss of the support of some who should have helped raise the debt. There is nothing so successful as success. Gentlemen, if you will prevent me from becoming sick, I will here and now promise to enlist one more year for Homeopathy

HARPER LEIPER, Secretary.

Denver, Colorado, April 23rd, 1904.

COMMENCEMENT EXERCISES.

By L. M. TAYLOR, M.D.

The tenth annual commencement exercises of the Denver Homeopathic College were held at Trinity M. E. church, Thursday evening, April 21st.

The church was filled with the elite of Denver, many friends and relatives of the graduates being present from other cities. At the appointed hour, the nurses of Denver Homeopathic Hospital marched out and took seats reserved for them at the front of the house; next came the graduates, arrayed in the classic cap and gown, followed by Rev. David F. Howe, D. D., Rev. E. J. Wilcox and the members of the faculty, who occupied seats on the platform. In the impressive silence which ensued, the organ burst forth in the grand, sonorous strains of the "William Tell" overture.

An appropriate invocation was pronounced by Rev. E. J. Wilcox, president of the college. The musical selection which followed: a duet for contraltos, rendered by Mrs. and Miss Whiteman, was exceptional. The blending of their voices to the intonation and the interpretation were perfect.

Mr. Frank Albert Burton had been selected to give the valedictory address, and well did he perform his part. The subject was "Attributes of Success." His words showed how faithfully the faculty had performed its work as well as how marked had been the appreciation of those who received instruction.

After a solo by Mrs. Whiteman, the address of the evening was delivered by Rev. David F. Howe, D. D. Dr. Howe had an enthusiastic hearing. Passing comment will not suffice for an address so replete with wit, good sense and sound advice; so we give it to our readers intact.

The dean of the college, James Polk Willard, M. D., then presented each member of the class and with appropriate ceremony President Wilcox conferred the degree of Doctor of Medicine. The following received diplomas: John Galen Locke, Frank Albert Burton, Chas. Corwin Rowley, Birdsey Preston Peck, Daniel Augustus Richardson, Elbert Byron Swerdfeger and Loring Addison Buss.

The exercises of the evening closed most pleasantly with a selection by the Trinity choir, a chorus of one hundred voices.

The church was artistically decorated with palms; further ornamentation was unnecessary, since the handsome juniors acted as ushers and in fact nothing was lacking to render the occasion perhaps the most memorable of all Denver Homeopathic College commencements.

VALEDICTORY ADDRESS.

By FRANK A. BURTON.

ATTRIBUTES OF SUCCESS.—Dean, Members of the Faculty, Classmates, Friends: Perhaps one of the first of the attributes of success is the faculty of making opportunities. In the language of Garfield, "Things don't turn up in this world until somebody turns them up." Weak men wait for opportunities. He who would be great must make them. Many opportunities are unused because of lack of qualification. He who would succeed must be ready. He must seize common occasions and make them great.

HE MUST MAKE USE OF SPARE MOMENTS.—Great men have ever been misers of time. The present time is the raw material out of which one builds his future. One should not brood over the past or dream of the future, but make the best possible use of the present. Idleness incapacitates the mental and rusts the physical.

HE MUST CONCENTRATE HIS ENERGY.—One should be at the top in his chosen work. In most cases what the heart longs for the head and hands may attain. One should form a plan, have an object, learn all he can about it, and success will crown him her favored child.

HE MUST BE A GENTLEMAN.—This consists in being a gentleman, modest, considerate of others, slow to become offended and never offending. See the good in people and not looking for the bad. A gentleman holds his appetites in subjection, controls his speech, refines his tastes, forms good habits and keeps good company.

HE MUST BE CHEERFUL.—In no vocation of life is cheerfulness as imperative as that of the physician. He should cheer his patients if it lies in his power to do so. A laugh or even a smile is contagious. He should fight against any influence which tends to mental depression. A depressed mind prevents free action of the diaphragm and interferes with chest expansion. It impairs the secretory functions of the body, vitiates the blood and destroys nervous energy.

HE MUST BE ON TIME.—The mother of success is punctuality. The maxim "Better late than never" is not half so good as "Better never late." He must keep his appointments. When he has anything to do he should go and do it. The energy expended in postponing the duties of the hour is often sufficient to do the work. Upon the tombstones of many a man who has failed one can read between the lines "too late." The difference between victory and defeat is often made by the use or loss of a few minutes.

HE MUST BE ENTHUSIASTIC.—One should not go at his work in a half-hearted manner. Horace Greeley said, "The best product of labor is the high-minded workman with an enthusiasm for his work." The members of the graduating class are qualified to cope successfully with disease. They will bend every energy in that direction. This is the age of young men. The opportunity for the young man with enthusiasm has never been as great as it is today.

HE MUST HAVE ASPIRATION.—To aspire one needs to look upward. He needs to live a life of growth. Unattained heights beckon him to come up higher. One cannot have too much of that yearning called aspiration. It should not be spasmodic. It should be continuous. It is not enough for one to occasionally climb the Rockies of aspiration. He must habitually live there. The great man is he who remains easily on heights to which others arise occasionally but with difficulty.

HE MUST BE DILIGENT.—Those who fail in life usually lay it to fate or bad luck. Goethe says, "It never occurs to fools that merit and good fortune are closely united." There is about as much probability of one being struck by lightning as good luck. So-called lucky discoveries are usually made by those looking for something.

HE MUST BE PERSISTENT.—To the persistent, energetic young man of qualification it cannot be said: thus far and no farther. To obtain anything of value requires perseverance. One must not damp fires or cool off boilers when only half way across the Atlantic. He must keep up steam.

PROFESSIONAL LIFE IS WHAT ONE MAKES IT.—The union of his todays and yesterdays makes his tomorrows. One is what he is by virtue of what he has been. His future is determined by his present. He should do for himself that which will give him self-respect and self-confidence. He must be honest. He must remember character is power. He must be on the Pike's Peak of his profession. One having these attributes can reasonably expect success.

Members of the faculty, you have been untiring in your efforts in our behalf.

For four years you have directed us along the pathway of medical and surgical science. You have given us the benefit of your extensive study. You have given us the benefit of your years of experience.

Tonight, as we try to express our gratitude, be assured we shall endeavor to bring honor and credit upon the Denver College of Homeopathy.

Classmates, we have met for the last time in the capacity of students in the Denver College of Homeopathy. But let us ever be students of the best methods in combating disease. We have chosen one of the most sacred and responsible vocations of life. Let us be men and shoulder the responsibilities our choice incurs.

There are few whose opportunities for doing good exceed those of the physician. Likewise there are few whose opportunities for doing harm exceed those of the physician.

Let us resolve now, and ever keep our resolution, that our influence shall be for the betterment of humanity.

SYNOPSIS OF ADDRESS DELIVERED BY REV D. F. HOWE
AT THE COMMENCEMENT OF THE DENVER
HOMEOPATHIC COLLEGE.

Inspiration Point, so we call that turn in the mountain road from which we look down on the sublimities of the Yosemite valley; a downward look as into a gigantic cathedral whose walls and towers rise to the vaulted roof of the skies; a gigantic cathedral whose carpet is the velvet of grass and moss; whose baptismal bowl is Mirror lake, and whose great organ is the cataract that treads out on pedals and keys of foam ceaseless praise to the God who built it. But there are many Inspiration Points in human life and history that offer views of intellectual and moral grandeur as great as the physical sublimity of the Yosemite. The graduation days of our great educational institutions are Inspiration Points offering sublime vistas of thought and truth; and none more so than the graduation days of our colleges of medicine and surgery, such as this tonight. As I stand at this point, I wish that I could speak to you young gentleman from the knowledge and experience of a physician, but I cannot. Still, I have had considerable to do with the doctor. I came to this planet forty-nine years ago and the first person to bid me welcome was a doctor, and he has kept pretty close to me ever since. Some persons very generously bequeath their bodies to medical colleges for dissection; at a very early age I gave mine into the hands of the old family physician for repeated diagnosis. I furnished him many fine studies from cholera infantum to smallpox. His idea seemed to be that disease was some hideous entity that had to be fired bodily out; and to do this he brought into play all the thirteen-inch guns of the materia medica. Huge doses of calomel and Dover's powders, followed by liberal potations of niter to pull the pulse down, and eight-grain powders of quinine to whip it up; this was the usual bill of fare followed with a dessert of castor oil or senna tea, ad infinitum, and I may add, ad nauseum. This therapeutical bombardment resulted in such a demolition of the physical fortress that the disease sometimes moved out, like a tenant ashamed of a dilapidated house. When I contrast the huge nauseous doses of those days clumsily masked with slippery elm bark and home-made wafers with the miniature and palatable remedies of today, I take off my hat to the system

that has brought it about and thus made sickness a luxury in this respect, compared with years ago. I had additional experience with physicians while clerking in a drug store; and since entering the ministry I have always had my own list of patients to call on and have therefore been in close touch with the physician. And now as a result of all my observation I am ready to say to you young physicians that if I were not a minister I would rather have your calling than any other in the world. Let me give you a few reasons.

First of all, it is a calling that has no golden age; that is, no golden age in the past. There are many callings that must look to their past to see their greatest triumphs and their greatest men. Music today must look backward for its masters; so must sculpture and architecture. There are no triumphs today in these arts that surpass, if they equal, those of long ago. But in medicine and surgery the greatest triumphs are of today; as compared with the past it is now at its best. The young physician does not, like the young artist, have to look back to a day when they did things better in his profession than now. Again, I would like to be a physician because of its philanthropic character. The great value of medical science to the human race does not consist in what it does for the physical man alone; that is great, after all, but a small part of the ministry of medicine to the human race. Just as the glittering towers and substantial walls of some great temple rest on the foundation buried in the earth, so the brilliancy of intellect and even moral life rests on the foundation of the flesh, the physical man; and in ministering to that, medicine has its vital relations to the mind and the morals of the race and through them to the whole fabric of human society. The physician who laid his fingers on the pulse of the stricken McKinley was also laying his fingers on the pulse of the civilized world; and no matter how humble in life a patient may be, his physician is ministering to the larger life of the world through him. Then think what modern medicine has done for man and the world in a primitive way; here are some of its grandest conquests. Through the science of bacteriology we have learned to nip in the bud yellow fever, cholera and a number of other diseases that were once the scourge of the world. Thus we see how the science of medicine has been in a measure destroying its own business. Every disease prevented means that much less of work for the doctor to do. Compute, if you can, the money saved to

the race by the preventive work of medical science; and this money consideration is one of the least. And the hunt for these hidden sources of disease still goes on. It looks as though we would have to do for malignant bacteria what we do for quails and grouse, establish a closed season and warn the hunter off, otherwise they will all be destroyed. It is needless to speak of the philanthropic work done by every physician in the case of patients whose circumstances are poor. Ian MacLaren's beautiful picture of old Dr. McClure can be duplicated many times by doctors whose feet do not press the heather of old Scotland but tread the soil of our own land.

Then, again, I would like to be a physician because of what it would mean to me. It would mean the most perfect development of intellect, for the successful physician must be a hard and continuous student; and it would mean the development of moral character; for this is one of the best assets of the successful physician. There is no calling in the world that gives a grander field for the exercise of all the qualities; that make the true gentleman and the noble character. And I am ready to say that there is no position in the community more enviable than that held by the reputable physician; he has the honor and the confidence of the community and is beloved by its families.

To me it is a holy calling; the true physician stands between the remedies God has made and God's suffering humanity. He is the medium through which divine principles and powers find expression. To me, this is divine healing; at least a form of it, and far more in harmony with the divine mind than many of the blasphemous fads masquerading under divine garb. This is the true glory of your profession; standing close to God's truth and handing it down in practical methods to suffering humanity. The transfiguration of Christ was glorious. Sublime was He as He stood in the presence of Moses and Elijah and of God, with sky and mountain top suffused with celestial splendor. But the real glory of the transfiguration was not this, but when Christ brought his divine power down the mountain side to the poor boy who lay wallowing in convulsions at its base and at a touch banished his agony and the tears of his family. So the real glory shall be seen when you go down from here into the valley of the world and there bring what you have learned into contact with the disease-stricken, bringing back the boon of health and kindling the light of laughter in eyes that were tear-wet.

USTION FRATERNITY

By REA P. MCGEE, M.D.

The Ustion Medical Fraternity celebrated the commencement season by an evening's entertainment, April 20th, at the college. It is expected that in the future the evening before commencement will be monopolized by the Fraternity for a similar gathering. As the members of this and kindred organizations leave college and become actively engaged in professional work, they forget the finer points of fraternity work and have left only the hazy recollection of the times when they trod the uncertain and uncanny paths leading to fellowship in the Ustions. Some may also retain a recollection or two of how they helped others along the same devious and uncertain way. In order to refresh the memories of the forgetful, reward the faithful, and convince the doubtful, Vertebra Quinta of the Denver Homeopathic College presents a certificate of membership with appropriate ceremony to each member of the graduating class. It was for this purpose that the members and their friends gathered in the college halls on the eve of graduation.

The program was short and very interesting. A piano solo by Miss Abraham was the first number. Prof. Le Rossignol rendered vocal and violin solos. Miss Powell read several selections. Dr. J. W. Harris delivered an address which sparkled with wit and good humor. Dr. McGee presented the diplomas. The remainder of the evening was devoted to a social good time and dancing.

The seniors in whose honor the affair was held were Dr. John Galen Locke, Dr. Elbert B. Swerdfeger, Dr. Birdsey P. Peck, Dr. Frank A. Burton, Dr. Loring A. Buss, Dr. Charles C. Rowley and Dr. Daniel A. Richardson.

THE SENIOR CLASS.

It is not to be expected that the senior class will be neglected in this issue of our journal. Their faithfulness as students of the science of medicine; the high standing made by each member of the class; the gentlemanly conduct that characterized them at all times; and their abiding loyalty to all the interests of our institution, has won for them a warm place in the affections of their Alma Mater.

Dr. John Galen Locke was president of his class. He is a resident of Denver, and has been reared in an atmosphere of medical thought, his father being a well-known physician and surgeon. He will locate in this city and be associated with his father and Dr. J. B. Kinley in the practice of his profession.

Dr. Daniel A. Richardson is a graduate in medicine from the University of New York, and now takes his degree from a college that teaches the principles of similia. He has been practicing in this city during the past ten years. He is a chemist of superior attainments and an expert anatomist. In each of these departments he has given valuable service to our school. He will continue his residence in this city and fill the chair of chemistry in the college for the coming year.

Dr. Frank A. Burton has been well known as a practitioner of Osteopathy in our city for several years. After passing the examination of the State Board of Medical Examiners of Colorado, he entered our college and completed his course in medicine. Dr. Burton was given the honor of valedictorian of his class, and at the commencement exercises of the college he spoke for his class with a dignity and grace that won most hearty applause. He will remain in this city and continue the practice of medicine and surgery.

Dr. Elbert B. Swerdfeger is a thorough-going student of medicine, not afraid of work, intellectual or manual. He has taken his four years with us. When asked why he took a wife during his junior year, his prompt reply was—"I just couldn't help it." He married Miss Isabella Dye, at that time Principal of the Training School for Nurses. They have bought a home on the North Side and will remain in this city. Dr. Swerdfeger

has been a valuable assistant to Dr. Strickler in the Eye and Ear Clinical department.

Dr. Birdsey P. Peck spent his four years of medical study in the Denver Homeopathic College, and is known by all to be a royal good fellow, always in demand when a good time is expected. His standing in the monthly reports was always good. Dr. Peck is not married, but the boys insist that Birdsey is "greatly interested." We predict for him a successful future. He has not decided where he will locate.

Dr. Loring A. Buss is a Canadian by birth. He has had a thorough training in the Battle Creek Sanitarium as a nurse and massuer, and subsequently in a medical college. He took his senior year with us. He expects ultimately to practice in Ontario as a loyal subject of King Edward. Dr. Buss and his good wife have made many friends during their stay in our city. The D. H. C. will ever have a kindly interest in them and confidently hope their efforts may be crowned with success.

Dr. Charles C. Rowley came to us from Herring College of Chicago, bringing with him a genuine love for homeopathy. He is a careful student and has made a good record while here. Dr. Rowley is not married, but those well informed say his degree should be *cum laude* because of his deep searches into the sympathetic action between the eye and the heart.

TERTIARY SYPHILITIC ULCERATION OF THE THROAT.

By W. A. JONES, M.D.

Mr. L., aet. 32, came into my office October 19th, 1903, complaining of sore throat. As we had just experienced one of our sudden atmospheric changes, accompanied with fall of snow, I jumped at the conclusion that the case was one of follicular tonsillitis. The clinical history, however, soon convinced me that a different condition existed. His throat had been troubling him the past eight weeks, and in spite of the fact that he had been through the hands of two physicians previous to coming to me, he was gradually growing worse. One of these practitioners had promised him a cure in a short time, but had failed to give him any relief. The other had treated the throat only, and when, after some weeks, he informed the patient that tonsillotomy was necessary, the patient came to me.

The following history was given: A little more than three years ago he was infected with syphilis. He was treated by a doctor in the town in which he lived, "secundum artem;" salivation, and other necessary things for a classical treatment were endured, and he was finally pronounced cured. After recovering from the medicinal effects of the treatment, he experienced no recognizable indications of the disease until the beginning of the present trouble.

On examination, the throat presented a dull, rather livid red appearance, the redness involving the left tonsil, the anterior and posterior pillars of the pharynx, and extending to the uvula. The left tonsil was much enlarged, and to the right of it the tissues of the soft palate were perforated by the ulcerative process. The throat was not especially sensitive, no titillation was experienced, had no cough, and had no pain except when attempting to swallow, and at night. The voice was husky, with marked nasal intonation; tongue slightly covered posteriorly; the appetite impaired; and rest at night much disturbed by pain and choking spells as soon as he fell asleep.

Considering the history of the case and the symptoms, objective and subjective, a prescription of what I considered my sheet-anchor in throat troubles, viz.—mercurius biniodide, was given, together with the following wash:

℞ Sol. formaldehyde $\frac{1}{4}\%$ ounces ij.
 Kali chlor. drachms ij.
 Boracic acid drachms j.
 Glycerinæ ounces ss.
 Aquæ dest. ounces vj.
 M. Sig.—Swab or gargle the throat
 with equal parts of hot water night and
 morning.

The above local prescription I had used before with good results, both for its local effect, and the mental impression.

The patient was then informed of the probable time necessary to effect a cure, arrangements were made for the payment of his bill, and he was dismissed for the time being. In my own mind I felt satisfied with the manner in which the case had been handled, and expected marked results. The patient returned in a few days, according to appointment, and, to my surprise, no progress was discernible; in fact the redness appeared a little more extensive, and the opening in the palate possibly a little larger; but mercurius biniodide had never failed me, and it was continued. Some four weeks went by with ulceration gradually extending and dissecting away the marginal part of the soft palate from its support above.

The patient by this time began to manifest some uneasiness, and I began to wonder if my favorite remedy was going to fail me, but the prescription was continued, and I began to do some studying. When he came again I, having considered the marked nightly aggravation, began the use of mercurius solubilis, 2x in increasing doses. This, for a time, arrested the progress of the disease, but soon developed dysenteric symptoms of the remedy, and the dose was decreased. The improvement was short-lived, and following a slight exposure, the ulceration continued its course across the soft palate to a point above the uvula. I then had a hurried and incomplete talk with an older physician, after which the protoiodide of mercury was given for a considerable time, although the ulceration continued to extend. Matters were now growing desperate, the tissues supporting the uvula were destroyed, the uvula itself prolapsed into the throat, the patient experienced difficulty in swallowing, liquids returning through the nose, he began to lose in flesh from the need of sufficient nourishment, he rested poorly, and it later became necessary for

him to give up his work on account of his condition. Of course, by this time, his confidence had begun to wane perceptibly, and my own faith had long since departed. It was at this time that I had a consultation with Dr. G. S. Peck, who suggested that inasmuch as the mercuries had been given a thorough trial, it would be a good plan to put the patient upon increasing doses of a saturated solution of the iodide of potash, starting with five drops three times a day after meals and increasing the dose one drop daily till twenty drops were being taken, then to reduce at the same rate; and to use the nitrate of silver locally. I was gratified to note, after following this line of treatment for a short time, that the ulceration was not extending, although it had already passed beyond the median line, and the uvula had become an offending foreign body. A little later the case was taken to the Tabernacle Nose and Throat Clinic, and the prolapsed uvula and palate were removed by Dr. Peck. The mass of tissue removed was greatly thickened and irregular in shape, little resembling the normal structure, and almost completely obstructed the passage into the laryngo-pharynx. The local and internal treatment were continued with steady improvement until, when the patient was last seen, about the middle of March, the tissues were all healed, the patient felt well, had regained his normal weight, and was eating and sleeping, and doing his work without any inconvenience whatever.

This case has been to me one of especial interest and benefit. It has demonstrated that mercurius biniiodide will not cure all cases of sore throat with syphilitic history; and also called my attention to the usefulness of kali iodatum in tertiary syphilitic conditions. I feel personally grateful for the assistance received by the physician who helped me out of my dilemma, and saved to me a good patient.

PROGRESS

DAVID A. STRICKLER, M.D.....Editor
AMBROSE C. STEWART.....Associate Editor
JAMES B. BROWN, M.D.....Business Manager

The editors of *Progress* are not responsible for opinions expressed by contributors. We invite original articles—short, practical and to the point preferred—suggestions and helpful criticisms. All contributions for publication must be free from personalities. It is requested that original articles accepted by the editor of *Progress* do not appear elsewhere. Unused manuscript will be returned to the writer.

Original articles, communications of a literary nature, books for review and exchanges should be addressed to the Editor, 706 Fourteenth street.

All communications relating to business matters, subscriptions, advertising rates, etc., should be addressed to the Business Manager, Nevada Building.

All matter, of whatever nature intended for publication should be in the hands of the proper editor on the first day of the month in which it is to appear. All contributors are requested to write plainly and on but one side of the paper. If reprints are desired they should be ordered when the contributions are sent in.

Editorial

OUR LOCAL INSTITUTIONS.

We give some space this month to our local institutions. The college year has just closed with a graduating class of seven men who, we believe, will render a good accounting of themselves in future years as they have done in the past.

The college year was much benefited by moving into a larger building in an excellent clinical district. Under the stimulus of large clinical facilities the students exhibit greater enthusiasm, which should reap its reward in an increased number of students next year.

The Commencement exercises, reported elsewhere, were exceptionally pleasing and gratifying to the friends of the College.

We also publish the report in full of Harper Leiper, secretary of the Denver Homeopathic College and Hospital Association, for the year just closed.

It tells a story that will please all who are interested in the success of our Institution. It tells the story of increased efficiency in both College and Hospital; of diminished debt, both floating and mortgage; of superior management on the part of the Super-

intendent, and of willingness on the part of the Secretary to continue his labors in behalf of these institutions for another twelve months. All of which is most pleasing to our friends.

D. A. S.

THE DOCTOR'S PERSONALITY.

The doctor's success in the sick-room does not by any means depend wholly upon his knowledge of the *materia medica* or the fatal doses of drugs; *personality* enters as a prominent factor in the success or failure of most physicians, and this influence is exerted not upon the patient alone, but also upon those by whom he is surrounded, and this frequently includes neighbors as well as relatives, immediate and remote; it is believed that this is a matter of enough importance to merit the attention of the applicant for instruction in medical technique and where the candidate does not possess requisite personal characteristics, both mental and physical, the profession of medicine, as a vocation for such a person, will usually not insure a successful career.

A degree of mental and physical development in advance of the usual should be considered a necessary basis for the acquirement of a medical education since, in this age, at least among intelligent people, the time is at hand when the physician is regarded from the standpoint of his true personal and professional status and not, as heretofore, from his sign-board alone, and the public is awakening to a distinct realization that their duty in selecting a physician does not cease until they have instituted reasonably careful inquiry into his ability to cope with disease in a scientific way and that his personal and professional standing are in keeping with a calling that daily involves the sacredness of human life.

The importance of the personality of the doctor can hardly be over-estimated—his education, manly instincts and environments will determine what he IS; whilst his fitness for the work and his psychic reach will establish what he CAN DO. It is here suggested that the new therapeutics in this connection is not less beneficent in that it is not an element of conflict in the higher flights of the true physician, than it is as a potent ally in modern medical influence and achievement.

The weakling has no place in the practice of medicine, and as the higher mental and physical status, with normal moral tendencies, is incompatible with a vicious life, hence, vice in the true physician is as unpardonable as it is shocking to the ethics of a professional career.

The doctor should studiously avoid narcotics in every form since he is most strongly tempted to their illusive embrace, to tide over periods of exhaustion of body or mind; the odor of tobacco is not more pleasant to the sick than that arising from neglected teeth or catarrhal *debris*, whilst the odor of whiskey does not add roses to either. * * * The physician who forgets that there is no substitute for truth in his intercourse with his patients must be regarded as having entered the profession "for revenue only" and usually sooner or later gravitates to the ranks of those medical tithe-takers who "practice both systems or schools" and whose "specialties" are limited only by their window space or commercial subterfuge. * * * The respect and confidence of the patient is, many times, not a full measure of the sentimental relation necessary to achieve our best results; a slight mingling of fear seems to leaven sporadic tendencies to rebellion, and whilst fear in our patients is a dangerous element where inopportunately aroused, it is often a most valuable adjunct in the armament of the competent physician.

* * * The physician never knows how keenly his face and his actions are studied at the bedside—it is also true that he often fails to realize, until too late, how quickly an unguarded word or a moment of uncertainty or hesitation will rob him of the confidence of patient or friends; the question of justice, unfortunately, is too frequently overlooked in the verdict against the doctor, and hence, while unquestionably he should be endowed with a warm heart and abundant compassion (as he usually is), yet a moment of weakness even under mental and physical pressure is often fatal to a reputation, the labor of years! He must therefore be firm in his judgment—he must be master of the situation whatever it may be—and this can be possible only to those who are able to maintain perfect self-control, along with the ability to control others by a masterful will, and a wholesome respect

for their own ability based, of course, upon a thorough knowledge—hence the necessity for exhaustive preparation—of the conditions to be met *and how to meet them.*

A. C. S.

MY DEAR DR. STRICKLER: I read with interest your April editorial on "The Northwest for an Outing." Knowing from experience the delights of the trip mentioned, I take pleasure in addressing these lines of approval.

The population residing east of the Mississippi river following the bent of habit and environment, look to the East for health, wealth, luxury and light.

Through the evolution of time and sense new eras dawn, new energies evolve, and with it all new equations appear upon the scene.

Apparently the different nationalities of the world are taking on changed conditions with new activities.

The Orient is no longer sought exclusively across the Atlantic waters from our shores. The tide of empire has been largely turned to the Pacific coast. Trade, commerce and new monetary centers are reaching out into larger fields of conquest for occupancy. To know one's own country, her topography, her people, her present, and her future possibilities, lends an accomplishment worthy to be sought for by all classes. We learn of things past and present largely by proxy, but to have personal observation gives a new and more satisfactory charm to the practical ways of life. The West that Daniel Webster classed as a desert waste of sage brush and cacti unknown to civilization, has largely been transformed into a land of promise and unlimited wealth. To appreciate its magnitude, to comprehend the possibilities of its present and future resources, claims the personal attention of the enterprising, loyal citizen of every portion of our country. With a rapidly increasing population, with thriving towns and cities emerging to the front sustained by the prosperous agriculturist, the thriving stockman with his herds, the intrepid miner delving for gold in the fastness of the mountains, all of which creates a demand for the manufacturer vying

together to establish an empire on a solid foundation for the present and future: such are the conditions to be found in that great expanse of country west of the Mississippi—with the Orient—800 miles nearer the great Northwest than any other portion of the continent. With railroads traversing her domains laden with the diversified products of her soil, her ranges and her mountains, seeking the market of the Pacific coast; with palace cars luxuriantly equipped, rendering long distance journeys but seasons of rest and recreation, at the same time taking a birdseye view of the country, and finally to skirt the banks of one of the most beautiful rivers in the world for hundreds of miles, is a journey worthy to be coveted by all.

To traverse the Columbia for two hundred miles in a well equipped steamer from the Dalles, with its ever-changing views on either side, its sunshine and storm often adorned with rainbow effects arching the river and the mountains is a panorama that richly repays the traveler for his time and expenditure.

Portland, a thriving city situated on the banks of the Willamette, twelve miles above as a confluent of the Columbia, is a substantial city of a hundred thousand population. Her river front commodious enough for the largest steamers; her many beautiful residences, substantial public buildings and business blocks, with her bluffs and many scenic views in the background, with the Portland hostelry and its unexcelled appointments, is an ideal place for rest and recreation.

To renew the journey to the coast, you board the T. J. Potter, "the greyhound of the Columbia," for a day's ride to Astoria, thence twelve miles across the river to Iwaco, where you disembark for an hour's ride by rail to the famous seaside resort, the Breakers.

Commodiously housed, after refreshing the inner man, you repair to the drawing room where music and mirth with sociability and good cheer abounds, or retire in quietude for rest. What a glorious transition from the plains and mountains, with the dryness of the air and electrical conditions of high altitude to relax, and listen to the "song of the sea."

Our host and hostess, the genial Mr. and Mrs. Arthur, are untiring in their efforts to entertain their guests from both far and near. Sequel: If you are looking for a genial place to rest for recreation and enjoyment, sea-bathing and the vitalizing influences of pure ocean air, don't fail to board a Union Pacific train for the West, connecting with the Oregon Short Line and Navigation Company, and on reaching Portland, calling on the genial general passenger agent, Mr. A. L. Craig, who will interest himself in directing you over his highway to the Breakers.

708 14th Street, Denver.

N. G. BURNHAM.

We wish also to call the attention of our readers to the following circular letter which has been mailed to all members of the Colorado Homeopathic Society and which may be found in this issue.

We believe this a very important matter for our school to take up at this time, and want to make a good showing at the annual meeting in September. These reports are not intended to be limited to members of the Society, and we wish to extend a cordial invitation to any and all of our readers to send us the very best clinical proofs of the truth of *Similia* they can furnish. As said before, to convince others it is necessary that the cases be fully, carefully, and truthfully reported, and that each case shows definitely the action of the remedy selected according to the law of *Similars*.

The potency and frequency of dose should form a part of the report, but as we are after facts, demonstrated in the experience shown in the case reported, we respectfully request that theory be omitted from all reports.

D. A. S.

DEAR DOCTOR:

We wish to call your attention to the meeting of the Colorado Homeopathic Society, to be held in Denver in September. While the meetings of the past have been of much interest and profit, and the Homeopaths of the state have been more than ever united in purpose and concentrated action, energy and con-

stant effort must be the order of the day if we are to keep up the pace. It is said by some that our meetings have not been sufficiently flavored with the "Homeopathic Idea," to attract attention as having something more valuable than is to be found elsewhere. In this age of research and investigation we must not forget that physicians, of all schools, and the laity as well, are looking for something better, and there is a clamor for demonstrations and not theories, practical results and not declarations of the faith.

There has never been a time in the history of medicine when the inquiring members of the fraternity have been so eager to investigate that which has large probability of merit. Too often the enquirer is repulsed by blatant claims of superiority which lack both judgment and courtesy, and instead of being convinced, he is disgusted and opportunity is thrown away.

May we not at this coming meeting have such an array of intelligently presented evidences of the practical value of the Law of Similia that visitors who may be even prejudiced against the "theory" may be convinced of its truth, and lead to further investigation?

The very able chairmen of the several bureaux have undertaken to make this meeting one of unusual force along this line, but they cannot succeed without the earnest co-operation of the membership. This, it is hoped and confidently expected they will have.

Enclosed you will find a slip giving the different bureaux with chairmen. You will greatly facilitate the work of the Society if you will at once mark with the figures 1, 2 and 3, opposite your first, second and third choice of section and mail to the Secretary. This will put the officers in possession of valuable information and place you where you can work to the best advantage. DO IT NOW.

Besides the bureau work every member is urgently requested to report at least one, more is desirable, case from his practice not heretofore reported, of clear, clean-cut proof of the action of similia. This is the most practical work that we, as Homeopaths, can present at this time, and we beg of you to take up the matter seriously without delay. Do not let this opportunity pass.

Faternally yours,

DAVID A. STRICKLER, M. D., President.
G. P. HOWARD, Secy., Steele Blk.

Department of Theory and Practice

Conducted by { AMBROSE C. STEWART, M.D.
WILLIAM A. BURR, M.D.
G. P. HOWARD, M.D.

DIAGNOSIS OF INTESTINAL INJURY.

In traumatism of the abdomen it is often very difficult to determine just where the greatest injury has been sustained, whether it is simply a matter of the muscular walls or whether the more serious danger of injury to intestines or other viscera must be met, and whilst an exploratory incision is doubtless justifiable in cases of conflicting symptomatology and some phenomena pointing to the graver conditions, yet it is well to avoid the risk of infection, etc., if it can safely be done, and we may often use with profit some of the direct indications for operative procedure or the more conservative methods of treatment. Dr. O. C. Gaub, *Pennsylvania Medical Journal* for September, believes the peristaltic movements, as elicited by auscultation, are valuable in diagnosing non-penetrating wounds of the abdomen. Any injury sufficient to abolish peristalsis is a grave one, and if at the end of four hours, all means to combat shock having been instituted and peristalsis has not returned, and if the pulse increases in frequency, sufficient evidence is at hand to justify operation; * * * Le Conte, in *Annals of Surgery* for April, 1903, believes diagnosis ought to be "moderately assured" before operation is undertaken, as otherwise we will frequently find surgical procedures to have been unwarranted. Thirty or forty per cent. of abdominal contusions may demand operation.

During shock diagnosis of intestinal injury cannot be made. No one system is pathognomonic, but the two most reliable are; gradual increasing rigidity and facial expression. Others are: deep and perhaps radiating abdominal pains, respiration becoming more and more thoracic; vomiting after the shock *has ceased*; distension; increasing pulse rate and secondary fall in temperature. One or two of these may be prominent and the others absent and operation may usually be postponed for some hours to make a diagnosis reasonably certain.

A. C. S.

ANAL FISSURE.

What seems to be a valuable suggestion, among the newer things in the non-surgical treatment of anal fissure, appears in the *Medical News* for May last, from the pen of Dr. S. Lewis. This gentleman has made a series of experiments with a saturated solution of the permanganate of potash applied directly to the cleft in successive treatments and concurrently uses a suppository containing sulphichthyolat of bismuth; the doctor's method is about as follows: There is usually little or no difficulty in locating the fissure or ulcer—and at times it may be multiple—as on exposing the mucocutaneous junction either the lesion or an inflammatory demarcation leading to it, will be visible. The preliminary work is usually facilitated by using a 6% solution of cocaine, although some cases do not require it, much of course will depend upon the pathologic irritability of the parts. A saturated cotton plug is the method employed for cocainization; spasm, if any, is overcome by persistent gentle pressure in the form of a flexible bougie for a few minutes.

Locate the fissure and apply the permanganate to this and surrounding parts; the burning consequent upon the action of the permanganate is not severe and is short lasting.

One of the anusol suppositories is inserted by patient or nurse night and morning; measures should be taken to permanently eradicate constipation and the patient should be asked to return for the second treatment in two days; later treatments may be extended to from four to ten days when the suppositories may be reduced to one at bedtime.

If the treatments are not followed by prompt relief, careful examination will probably reveal other fissures, but if this does not prove to be the fact, it is then suggested that a few "blind" treatments be given or the parts anæsthetized and sphyncter relaxed to permit of extended and thorough exploration.

The doctor's experience in at least eight cases has been almost complete and uniform cessation of painful stools and early and perfect cicatrization, and this even "in cases in which for weeks, even months preceding, the patients have after every stool rolled in agony lasting sometimes two hours."

These cases, where severe, are asked to recline or even to rest in bed for a few days until the condition has well advanced toward recovery.

A. C. S.

Department of Surgery

Conducted by JOHN WESLEY HARRIS, M.D.

POINTS IN ASEPTIC SURGERY.

(Continued from March)

All open wounds, even though just made by the surgeon, contain more or less pyogenic bacteria, yet if the vitality of the tissue is not lowered too much, it can take care of a certain number of bacteria without suppuration. Hence, it is necessary for the surgeon to maintain the vital force of the various tissues in the field of operation. First, by making clean-cut incisions whenever possible, instead of tearing; second, by avoiding all unnecessary handling and traumatism of the tissues with retractors, etc.; third, by keeping the local temperature as near that of the normal body as possible; fourth, by seeing that all bleeding points are checked before closing the wound, so that there may be no oozing of blood into the tissues, as a blood-clot forms a good culture medium for the propagation of bacteria, also by pressure reduces vitality and produces necrosis of the tissue; fifth, by accurately co-apting the edges of the wound, and not too tightly. If the wound is not accurately co-apted, there will be dead spaces which will fill with clots, and open spaces in the cuticle permitting the entrance of infection. If the stitches are drawn too tightly, the tissues swell, increasing the tension, producing unnecessary pain and necrosis. The healing of a wound depends much on how it is made, how it is handled, and how it is closed.

We now come to the consideration of the suture material to be used in the wound. This is a question that no two quite agree on, certain materials being easily sterilized, but not ideal, to be used if they are to be buried, or left in the wound. Others, ideal for almost all purposes, yet very difficult to properly sterilize. Kocher and a few other noted operators are using, almost exclusively, silk for the buried suture, whereas in this country the animal tissue ligature, known as catgut is the favorite. The objection to the silk is that it is non-absorbable, must be encysted and remain in the tissue as a foreign body, and many times forms what might be termed a stitch fistula, and needs to be removed before complete healing takes place. This can be overcome by making it antiseptic as well as aseptic. Boiling it for a short time does not suffice. Kocher's method is as follows:

Place in ether for 12 hours.

Place in alcohol for 12 hours.

Boil 10 minutes in 1-1000 bi-chloride.

Wind with clean hands around glass spoons.

Boil 10 minutes in 1-1000 bi-chloride, just before operating.

Hand from this last solution.

Prepared in this manner, silk can be used as a buried suture without any fear of future trouble from its presence in the tissue. The Florentine suture, or silkworm gut, should be used only when it can be removed and is prepared by boiling for at least one hour; then, if one desires to keep it indefinitely, store it in bi-chloride alcohol, 1-10,000, with a few drops of glycerine to keep it soft and pliable.

The preparation of catgut is receiving much attention from the surgeon, and also the surgical supply houses. From the vast experience some of these firms have in the preparation of dressings, etc., the facilities they have and the care and attention they give to this subject, I see no reason why one cannot obtain a perfectly satisfactory catgut already prepared for use, and many surgeons today are using catgut prepared by some good, reliable firm. Yet there are those connected with some hospitals, who like to know exactly what process the material goes through, who prefer to prepare it, or superintend the preparation themselves. I believe here, as in the preparation of the silk, that the best results are attained by using an antiseptic, instead of merely an aseptic gut; for instance, you use the suture to control hemorrhage, drawing it quite tight, you will have a little pressure necrosis following, which with the gut suture, makes a good soil for propagation of bacteria and suppuration, and no open wound is perfectly free from all bacteria, whereas, had the suture been antiseptic, the development of the bacteria would have been prevented and healing by first intention have taken place.

There are many different ways of preparing catgut. The one I have used for the past five years is the same as adopted by Dr. A. J. Ochsner at the Augustana Hospital, Chicago, from whom I obtained it. It has been so satisfactory and is so easy to prepare I append it:

Cut it into desired lengths and make into small rolls for convenience.

Place in sulphuric ether one month.

Place in strong commercial alcohol with one grain of bi-chloride to the oz. one month, renewing each of these once during the time.

Then, in the following solution: Iodoform, 1 part; ether, 5 parts; alcohol, 14 parts. I leave it in this last solution four to six weeks, until the gut is thoroughly colored with the iodine, then store in absolute alcohol.

It should not be handled by anyone except the surgeon and his first assistant. You can prepare your sutures as carefully as possible, yet frequently they are contaminated by the one who handles them, drawing them through the fingers; hence, before handling sutures, the hands should be re-sterilized and the sutures handled as little as possible.

Irrigate as little as possible. This rule applies to suppurative wounds as well as clean ones. The irrigation will only carry the puss into parts which it would not have reached without it; instead of circumscribing you scatter the infection. In washing the surfaces around the wound after closing it, I allow no water to touch the line of incision, and have found by so doing that better results are obtained.

Department of Skin & Venereal Diseases

Conducted by JOSEPH B. KINLEY, M.D.

THALLIUM ACETATE IN ALOPECIA AREATA.

Some valuable provings upon the use of thallium in falling out of the hair have been made by Dr. A. Busche in the *Berliner Klinische Wochenschrift*.

He gave minute doses of the salt of thallium to white mice and rabbits; after a short time, a circumscribed alopecia developed. Occasionally the alopecia was diffuse, but always limited to the head and face. He was, however, unable to determine the mode of action of thallium in producing this result. Yet this very useful result is noted, viz: That its action is limited to the head, and that the hair nearly always falls out in patches unlike that of the mercurial and lead salts, also nat. m. lyc. and the kalis in which the alopecia is always diffuse. Nor is it similar to the loss of hair which is so commonly observed during convalescence from many infectious diseases, wherein it is undoubtedly due to general reduction of the vitality of the organism. Thallium has a decided action in reducing the activity of the sweat glands as well as the oil glands.

It also causes a functional disturbance of parts of the nervous system. Its local effect is different, since it never causes alopecia upon any part of the body except the head and face, while the mercurial salts are useful in causing a cessation of falling out of the hair upon any part of the body when due to syphilis. In other words, mercurial alopecia and the luetic disease must be coincident. With plumbum there is encephalic congestion which attracts the blood away from the scalp, thereby depriving the hair of its nutrition, practically starving the hair. Hence its loss of vitality from inanition. Pathologically, the difference in the three salts would be about as follows; The mercury corresponds to the luetic disease, plumbum to malnutrition, thallium to nerve enervation.

J. B. K.

Abstracts and Reviews

Conducted by GEORGE E. BROWN, M.D.

THE GENERAL PRACTITIONER AND THE TUBERCULOSIS PROBLEM.

An individual who is the victim of pulmonary tuberculosis is a menace to the community, and particularly to the members of his own household, from the time of the commencement of the disease, practically, to the time when the true nature of his disorder is discovered, for usually, in recent years, at least, the laity is acquainted with the source of the infection, and with the comparatively simple means that are effective for its suppression or limitation. So that it is upon the family doctor that the great responsibility rests for making each individual case as innocent of harm to the community as possible. In order that he may acquit himself like a man and maintain the traditional honor of the profession, it is necessary that he be watchful for the earliest indications of the disease, because it is no doubt true that failure in diagnosis is more frequently due to want of care than to lack of skill.

This subject was discussed very impressively by Prof. Wm. Osler at the Phipps Institute, Philadelphia, and the address appeared in *The Medical News* of December 12. The following is a liberal synopsis:

"In the warfare against tuberculosis the man behind the gun is the general practitioner. The battle cannot be won unless he takes an active, aggressive, accurate part. That he is not always alert must be attributed in part to the carelessness which a routine life readily engenders, and partly to a failure to grasp the situation in individual cases. The two points to be impressed upon him are, first, *that early recognition of the disease can only come from better methods of practice and greater attention to the art of diagnosis.* The insidiousness of the onset, the protean modes of advance, and the masked features of even serious cases should never be forgotten. As Garth so well puts it in his Dispensary (1699):

'Whilst meagre phthisis gives a silent blow
Her strokes are sure; but her advances slow.
No loud alarms, nor fierce assaults are shown.
She starves the fortress first, then takes the town.'

Too often precious time is wasted and the golden opportunity is lost by the failure of the physician to make a thorough examination of the chest. I am every day impressed with the necessity of more rigid, routine examination, even of the 'ordinary case.' In illustration of the carelessness which is so readily acquiesced in, let me mention a patient who was brought to me only a few weeks ago, supposed to have a protracted fever after typhoid. Her father a physician, her husband a physician, and it is scarcely credible that neither of them had the faintest idea that the poor soul had advanced consumption, though it had reached a stage in which there was shrinkage of one side of the chest, and the diagnosis could almost be made by inspection alone. The carelessness is a sort of mental inadvertence, to which even the best of us at times seem liable. A very distinguished and careful physician brought his daughter to me a few weeks ago to have her blood examined, as he felt sure she had a chronic malaria. She had little or no cough, but an afternoon rise of temperature, and it turned out to be the usual story—quite pronounced local disease at her left apex. There had not been a suspicion on the part of her father or of the family.

"On the other hand, we must be careful not to diagnose tuberculosis too readily. The physicians of our sanatoria have a good many tales to tell in this matter.

"The second point is the *necessity for a more masterful management of the early cases*. Here comes in that personal equation so important in practice, and which has such a vital bearing in the prognosis of the disease. The dead hand of the Arabian still presses sore upon our practice and precious weeks are too often lost in trusting to a polypharmacy which in some instances would make the heart of Avicenna or Averroes to rejoice. It may seem hard to say so, but my firm conviction is that more tuberculosis patients are injured than helped by drugs. We have not yet come to the belief—to the practical belief, at any rate—that the disease is not to be *treated* by drugs. After so much has been written and spoken, one would suppose that the essential features of the treatment of the disease were generally recognized, but the practical experience of any man who sees a great deal of tuberculosis is directly to the contrary. It is not so much that the drugs do harm *per se*, but that weeks of priceless value are lost in trying to check a cough and quiet a fever in a patient who is allowed to continue his work and is up and about."

(The sentiment here expressed by Dr. Osler is very prevalent among the best men in the dominant school today; they have had excellent opportunity for judging and we would be presumptuous to contest their conclusion, so far as it refers to the principles of the practice of drug administration that is in vogue with them. But we believe that if drugs are given in accordance with the law of *similia* not only may it be affirmed with confidence, is *no harm given*—but positive benefit accrues in innumerable instances; by this means we are often able to control the disorders that attend the disease and are themselves sources of exhaustion. We do not prescribe medicines for tuberculosis as a *pathological entity*—but we prescribe them according to the indications in the individual case, and we believe that this gives us no mean advantage,—we apply and carry out, in the meantime, the principles of hygiene upon which the *whole stress* is laid by Osler and others.)

“I cannot agree with a recent writer who says that the tendency at present is to make too little rather than too much of medicinal treatment. Perhaps in advanced cases we are more sparing, but in the early stages *I know* that we are still leaning on the Egyptian reed in which our fathers trusted and trusted in vain year by year. I see too many instances in which the mental attitude of the physician toward the disease clearly indicates that the idea of an efficient home treatment by fresh air had never been entertained. What I would like to plead for most earnestly is this home treatment of early cases by modern methods. I am not addressing myself now to city physicians. But I would appeal to the practitioners in the country and in the smaller towns and in the suburbs, where the conditions are so much more favorable. I have been much interested for several years past in a group of cases scattered all over the country, usually in the farmer or mechanic class, in which I have supervised with the physician a home treatment, often with striking success.

“The remarkable case which I reported in 1900 gave me great encouragement, as the complete arrest of the disease was accomplished under the most primitive surroundings by the persistence and devotion of the patient herself, who richly deserves the good health she enjoys today. There have been disappointments; all cases are not suitable, all cases are not curable, and it is not easy to say which ones are likely to do well. The most favorable looking patient with a small patch at the apex may have a progressive disease and die in the best of surroundings, while a

case with high fever, sweats and an extensive lesion may improve rapidly.

"On November 24 a fine, stalwart fellow came to see me, in whom I did not recognize the *poitrinaire*, of September 28, carrying his diagnosis in his face. The sunshine and open air of a Maryland village had been enough to put him on the high road.

"Let me mention in a few words the essentials in this home treatment of consumption in the small towns, country places and suburbs of our large cities. *First*, the confidence of the patient, since confidence breeds hope; *secondly*, a masterful management on the part of the doctor; *thirdly*, persistence; *benefit is usually a matter of months, complete arrest a matter of many years; fourthly*, sunshine by day; fresh air by night and day; *fifthly*, rest while there is fever; *sixthly*, breadstuffs and milk, meat and eggs."

NEBRASKA STATE HOMEOPATHIC MEDICAL SOCIETY.

The thirty-first annual session of the Nebraska State Homeopathic Medical Society met at the Paxton hotel in Omaha, Tuesday, Wednesday and Thursday, May 3rd, 4th and 5th, when an excellent program was given. There were present a greater number than at any time in the past, showing that the Nebraska Homeo's are alive and interest is increasing in the things that seem most dear to the followers of Hahnemann.

Dr. George Royal, dean of the Homeopathic Medical Department of the University of Iowa; Dr. Strickler, Register of the Denver Homeopathic College and Dr. W. E. Cramer of the Hahnemann Medical College of Kansas City, were guests with us during the sessions and were by a resolution given the privileges of the floor of the convention at any and all times. Each, out of the abundance of his experience, gave valuable suggestions from time to time.

Among the papers read of state and national interest was one by Dr. Lenore Perky of Lincoln, former physician to "State Home for the Freindless," entitled, "The State Toward Crippled and Deformed Children," which both merited and received long and full discussion. It recommended the passage of measures in our next legislature whereby the state can care for this class of sufferers which at present have no place for them. The society

may congratulate itself that this movement has been started by the Homeopaths, as it will undoubtedly receive the endorsement of the State Board of Charities and be pushed forward until Nebraska will stand about fourth in the list of states taking care of this class of citizens. The recommendations being fully endorsed by the society, Dr. Lenore Perky, E. B. Finney and D. A. Foote were appointed a committee to draft a bill and look after the same before the next session of the legislature.

Many other valuable papers were read, but cannot be given special notice at this time.

Several new applications for membership were received and acted upon favorably. Wednesday evening a banquet was given at the Paxton hotel by the profession of Omaha, at which about seventy were present.

Dr. J. B. Righter of Lincoln presided as toastmaster and a very pleasant evening passed.

The following officers were elected for the ensuing year :

President, A. P. Welles, M. D., McCook.

First Vice President, E. B. Woodward, M. D., Lincoln.

Second Vice President, E. Arthur Carr, M. D., Lincoln.

Secretary, Frederic Y. Teal, M. D., Omaha.

Treasurer, O. S. Wood, M. D., Omaha.

After selecting Lincoln as the place of next meeting, the society adjourned.

Fraternally,

E. ARTHUR CARR, Secretary.

NOTES ON NEBRASKA STATE SOCIETY.

The sessions of this society were unusually well attended. Out of a total number of about one hundred and fifty in the state there were present between fifty and sixty, the attendance ranging from thirty to more than forty most of the time of the sessions.

A few of those who were down for papers were not present when their names were called, but an unusually large proportion of the papers promised were read and discussed.

Like other localities, Nebraska has its standbys that may be found in regular attendance from year to year. We do not know how long our friend, O. S. Wood, has been treasurer, but believe he must have reached his majority in this capacity. He says he makes his living at it and there seems to be no evidence that he may not continue to do so for years to come. Then there is Righter of Lincoln, for the past twenty-five years, everybody who is acquainted in Nebraska knows him—always present, and especially in evidence this year as toastmaster at the banquet given by the Physicians of Omaha. No Nebraska meeting would be complete without our friend Bailey—this meeting was complete. Foote of Omaha is another of Nebraska's men well known out of the state as well as within it. Our friend A. P. Hanchett of Council Bluffs is one of them. He, too, is widely and most favorably known to the profession. To name specifically all the stronger men is not within the scope of these notes, but one is impressed after meeting the members of the Nebraska State Society that the state has a lot of good material that is too little known to the neighboring states. It shall be our pleasure from time to time to favor our readers with articles from members of our sister State Society.

The use of the word "sister," calls to mind the unusually large number of lady physicians in attendance. We were pleased to note that their strength was not alone in numbers, as some of the very best papers presented were by them.

It is always a pleasure to meet Royal of Des Moines. We trust that the American Institute may honor itself by making him its next president. We are sure he will receive the backing of the whole western country, and that, if elected, the A. I. H. will be given an impetus along lines of practical work that will last for years to come.

Perhaps one of the most encouraging signs of the times was the unanimous adoption of the following resolutions:

“Whereas, There is known to be a proposed plan for the re-organization of the American Institute of Homeopathy along lines that shall give a greater cohesion among the members of the profession and that shall affiliate all local and state societies; and,

“Whereas, There is known to be in the American Institute of Homeopathy a proposed plan for the re-proving of the drugs of our materia medica with the aid of all modern methods and instruments of precision, and

“Whereas, There is a proposed plan of publishing the transactions of the American Institute of Homeopathy in the form of a monthly medical journal, the annual Institute fee to include a subscription to this journal.

“Therefore be it Resolved, That the Nebraska Homeopathic Medical Society, in annual session, do most heartily endorse these proposed changes as being wise solutions of the necessary problems of stronger organization, closer affiliation and a more scientific materia medica.”

We hope to see a better acquaintance and a closer union between the members of the profession in Colorado and Nebraska, believing that it would not only be of advantage to the individual members of each state, but to the cause in general.

The president's address, which we shall publish soon, speaks for itself and voices the sentiments of all who have looked deeply into the question considered.

D. A. S.

Current Events

Appendectomy was recently successfully performed upon Mr. W. R. Tyler at the hospital. It is with a great deal of pleasure we announce the perfect recovery of the patient, who is 76 years of age and the father of Dr. F. H. Tyler of Kalamazoo, Mich., who was present at the operation. Dr. Tyler is well known to some of the staff, and whilst prompt recovery after difficult surgical procedures at our hospital has come to be regarded as a natural sequence and are far too common, of themselves, to be matters for special congratulation, yet other coincident features in the case of Mr. Tyler make it a pleasure to congratulate these gentlemen and express our further pleasure upon a renewal of old acquaintance.

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Dr. Alfred S. Mattson of Omaha will be in Denver soon, on his way to the West. He is out for recuperation.

* * *

The editor of PROGRESS has just received the wedding announcement of Dr. E. Weldon Young of Seattle. He was a student in the University of Minnesota when our editor was connected with that institution and the warm friendships created then continue to the present. We extend hearty congratulations to Dr. and Mrs. Young.

* * *

Dr. F. A. Faust of Colorado Springs went to New York, April 29th. He will attend the Practitioners' Course at the New York Homeopathic College while absent, and also visit the various hospitals and important clinics. On his return he will stop at Niagara Falls and attend the session of the American Institute. His wife and son are with him.

* * *

The alumni association of the Denver Homeopathic College held their annual meeting in the office of Dr. Giles F. Roosevelt, Steele block, Friday evening, April 22d, 1904. There was a good attendance, and loyalty to their Alma Mater was the ruling spirit of the occasion. After transacting the usual business and the election of the recent graduates to membership, the following per-

sons were chosen officers for the coming year: President, Rea Proctor McGee, M. D., D. D. S., '03; First Vice-President, Daniel Augustus Richardson, M. D., '04; Second Vice-President, Charles E. H. Armbruster, M. D., '01; Secretary, Elbert Byron Swerdfeger, M. D., '04; Treasurer, John Galen Locke, M. D., '04.

* * *

Mr. I. N. Rogers was elected a member of the Board of Directors at the annual meeting recently held. Mr. Rogers is a gentleman well known in this city, and the board is fortunate to have a friend and fellow worker in a gentleman in every way so worthy.

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Boericke & Runyon Co. are getting ready to move their pharmacy to 330 Post street, Hotel Savoy building, opposite Union Square, San Francisco, California. Boericke & Tafel have moved their pharmacy from 15 West Forty-second street to 129 West Forty-second street, New York; also their Chicago house from 44 East Madison street to 57 Wabash avenue.

* * *

Dr. Grant S. Peck is making extensive additions to his office building. Besides bringing everything up to date as a first class office building, he is making an extension that will add sixteen rooms to the property. No. 1427 Stout street is a popular place, and the new rooms are nearly all taken.

* * *

Dr. Wm. A. Secrist, a prominent surgeon from Michigan, has been spending several months in Colorado for the benefit of his wife's health. His business interests in Michigan are very extensive, and he has found it necessary to return home and complete his arrangement for closing out his business in that state. Then he will make Denver his permanent home and enter upon the practice of his profession in this city. We cordially welcome the doctor to our city, and we are also pleased to state that he will be connected with the faculty of the Denver Homeopathic College.

* * *

Dr. Freemyer of Benton Harbor, Mich., writes a very feeling, but brief, article for the April number of the *Medical Visitor*, in which he has nothing good to say of Arizona, New Mexico or Southern Colorado as health resorts. His observations as he

gives them would indicate that he "got in" on a bad day, and probably was a little homesick before he got the corns on his feet. We have a lingering suspicion that the last clause of his paper indicates a large amount of experience: "They will show a stranger rich ore and take your money and disappear from your vision."

* * *

Mr. David K. Lee has been elected for the third time chairman of our Hospital Committee. Mr. Lee is a man of extensive acquaintance and large business interests. He has brought to the work of this committee a business capacity and training that has been of inestimable value to the institution. The management rejoice in the warm friendship of Mr. Lee and hope to have him associated with them for many years to come.

* * *

The members of the senior class of '04 of the Denver Homeopathic College have placed in the College building a handsomely framed class picture. It is an artistic picture of a fine body of men and completes the set up to date. The faculty appreciate it very highly.

* * *

Mr. Edward J. Wilcox, President of the Board of Directors of the Denver Homeopathic College and Hospital Association, is spending the month of May in Los Angeles. He is a delegate from Colorado to the national general conference of the Methodist Church now in session in that city.

* * *

Dr. Benjamin F. Bailey of Lincoln, Nebraska, writing of the Nebraska state meeting to be held in Omaha May 4-5, anticipates a good time and urges a large attendance. He incidentally remarks that Green Gables is full to the roof and they are not able to take care of all the people who apply. This is very gratifying, and we rejoice at the prosperity of our neighbor.

* * *

Dr. Wm. R. Welch goes East May 20th. He intends to study in the hospitals of New York and other important medical centers. He will be gone for some time and expects to attend some of the important medical meetings during his absence.

Dr. G. P. Robinson of Colorado Springs has gone East with a patient. He will visit New York before his return.

* * *

A letter from Dr. R. C. Bowie, class of '02, asking for a physician to fill a vacancy in a neighboring town, indicates that the demand for homeopathic physicians is not yet supplied. Dr. Bowie is doing a fine business and still has time to keep in touch with his Alma Mater.

* * *

"To obtain a permanent place in the materia medica, as Psorinum, the principal of the nosodes has already achieved and not be the victim of a passing therapeutic fad, as is the fate of most old school therapeutic novelties, they must be proved on the healthy, and the pathogenetic effects thus obtained be the only guide for their therapeutic application."—Principles of Homeopathy by Wm. Boericke.

* * *

"Our remedies go straight to the diseased part; do not disturb other organs or functions, and when the diseased part is well the patient is well."—Prize Essay, *Medical Century* for March,

* * *

Dr. F. P. Taft recently passed through Denver on his way to the East. He will visit in Wisconsin and then proceed to New York, where he will attend the Practitioners' Course given at the rooms of the New York Homeopathic College.

* * *

Herbert C. Enos, son of Dr. C. W. Enos of Denver, who is attending Columbia College in New York, mining department, has won the honor of membership in the 'varsity crew, and will belong to the crew that represents Columbia College in a number of regattas this summer. We congratulate the fond father on his fine boy.

* * *

Since January 1st, 1904, there has been treated at the Eye, Ear, Nose and Throat clinic, at the Denver Homeopathic College rooms, fourteen hundred patients. The students have access to, and take part in, the study and treatment of all these cases. It is a very fine opportunity for the study of these specialties. This clinic is under the management of the following staff of

physicians: David A. Strickler, M. D.; C. E. H. Armbruster, M. D.; L. M. Taylor, M. D.; R. F. Lamberton, M. D.; E. B. Swerdfeger, M. D.

* * *

We have received a very neat little pamphlet from the Denver Crematory Association, giving all necessary instruction relative to this institution. The crematory is now in operation. It is constructed upon the most modern and scientific plan, and is perfect in every detail. The good people of this city should feel grateful that such an institution has been erected at Riverside cemetery. In the matter of disposing of the ashes of friends that may be cremated, we quote the following: "The grounds surrounding the Chapel and Crematory are embellished with beautiful trees and the ashes may be strewn under them if desired. It is believed that the burial in a family lot at Fairmount or Riverside will be the most satisfactory way to dispose of the ashes or receptacle. In this way the sentiment connected with trees and shrubbery, the songs of birds and the quiet landscapes will be preserved, and the cemeteries will be beautiful memorial parks."

* * *

When discussing a paper on "Bronchial Coughs and Winter Colds," Dr. E. O. Adams spoke as follows: In considering the causes of "colds" of the respiratory tract, and thus securing hints for their cure, I believe attention should be given to diet. Physiology teaches us that carbonic acid gas is chiefly excreted from the lungs, and thus must pass through the air passages. Carbonic acid gas is formed in the body by the oxidation of carbons contained in the carbo-hydrates. It has therefore been suggested that a diet rich in these compounds, such as sugar, candy, cakes, bread, etc., supply a larger amount of carbonaceous elements than are needed, and at the same time necessitate a larger amount of carbonic acid gas being excreted through these passages than normal. As a result the mucous membranes become irritated and congested the same as though air too heavily impregnated with the above gas were inspired. So far this is theory; but it seems to me I have frequently seen a respiratory cold follow a too free indulgence of candy by children. And I have thought that the reason we have more colds now than in the good old times which our forefathers tell about, is due in part at least to the increased number of confectionery stores and bake shops. If this really does have an effect of this kind, of course it is intensified by living in close rooms, where there is not plenty of free oxygen present

to dilute carbonic acid gas as it is given off by the lungs. Believing, partly at least, in the above idea, I am accustomed in treating colds, especially if recurring frequently, by replacing the carbo-hydrate foods partly, by advising more milk, eggs and lean meat, with, I believe, much benefit.—*Cleveland Reporter*.

* * *

We take the following from the *American Physician*, for March. Dr. W. A. Dewey says: If I am positive of any one thing in medicine it is the power of conium 30th to cure certain "lumps" in the female breast. It has been my experience repeatedly to see tumors of a suspicious nature in the mammæ disappear by the use of conium in this potency. Of course the indications must present themselves here, as with any other remedy. There are piercing pains, a tender gland, with a fugitive stitching here and there in it. More especially is it indicated if the lump dates from some injury such as a blow. I do not know but that other potencies would do the same, but I am sure of the 30th, and could relate a number of cases wherein it has prevented the advised use of the surgeon's knife. If we wait too long, or if the case is too far advanced, time may be lost to the detriment of the patient. Of this I am aware, but in most cases in the earlier stages of mammary tumors the waiting for a few weeks will not result in harm to the patient if the case be watched. It is in the formative stage of these neoplasms that the remedy will act by checking the development of the growth.

* * *

We take the following from the *New York Medical Journal*: According to the *Lancet*, a correspondent of the *St. Bartholomew's Hospital Gazette* suggests the adoption of nursery rhymes for the instruction of physicians' children. Here are a few specimens:

Sing a song of sickness, yellow in the eye,
Four-and-twenty Gall-stones choledecto-my!
When the wound was opened, the bile began to flow;
Where the deuce it's going to stop the doctor doesn't know!

Three blind boils!
See how they run!
They all ran, after the farmer's wife
Had cut off their heads with a septic knife;
You never saw such a mess in your life
As three blind boils.

Great thoughts even occur simultaneously in more than one great mind. Here is one from a correspondent of the *King's College Review*:

Sing a song of sepsis,
 Pocket full of pus;
 Half a million cocci
 Patient wuss and wuss.

When the wound was opened
 How the surgeon sings—
 "Nasty bad condition
 To occur at King's."

BOOK REVIEWS.

POLK'S MEDICAL REGISTER AND DIRECTORY OF NORTH AMERICA.
 1904. Eighth revised edition. R. L. Polk & Co., publishers,
 \$10.00. Baltimore, Detroit, Chicago.

This voluminous work is at hand representing vast labor, inquiry, correspondence and capital. Its value to the physician is unquestioned, containing as it does, a great fund of information aside from its "register" pages; its reliability is wonderfully sustained notwithstanding occasional and unavoidable instances where individuals are encountered—fortunately rare in our profession—who cannot withstand the test of truth, and realizing that their statements must go uncensored, seek capital upon the reputations of others; this, as said, is as rare as unfortunate and cannot in any way be laid at the door of the publishers, as they give ample opportunity for correction of statements up to the hour of going to press.

A. C. S.

DISEASES OF THE SKIN, by C. D. Collins, M. D., Chicago, Ill.
 P. H. Mallen Co., Distributors, Chicago.

This is a very useful volume on dermatology, for the student as well as the practitioner, and is both theoretical and practical. A perusal of this little volume shows it to be the result of much clinical experience. It is doubtless the most up-to-date work in our school on this subject. While he does not delve deeply into the pathology (a rather obscure pathology) his treatment makes up for any defect. A new and very useful feature is Part III, which devotes 168 pages to the *Materia Medica* pe-

cular to skin diseases. The work will find a particularly useful place for the student, since there is a dearth of dermatological literature in our school.

J. B. K.

PSYCHO-THERAPY IN THE PRACTICE OF MEDICINE AND SURGERY, by Sheldon Leavitt, M. D., author of the Science and Art of Obstetrics, Chicago. A volume of 247 pages. Price \$2.00. Published by Gomer-Taylor Press, 79 Fifth avenue, Chicago.

I have with much interest read this book. On learning of the expected publication of the book, from one of the known ability of Dr. Leavitt, as a professional man, author and teacher, I could scarcely withhold approval of the work before an opportunity to study the same, but on investigation my expectations have been more than met. The principles and thought presented by the author in this book are in a concise form.

Throughout the book, extensive experience as a teacher and master of deep thought is revealed, in the author's statements being clear, comprehensive and to the point. He also shows the result of long and continued investigation, and more clearly presents thoughts in suggestive therapeutics previously hinted at.

Those who have given thought to mental therapeutics will have their limited ideas widened and prepared for active and beneficial services by a careful study of this book, and the reader will herein find much of practical value, especially in the line of, or in connection with, medical treatment. There are but few physicians who do not know the benefit of suggestion, in his daily work, but to have the matter concisely presented and put in form for broader application and more lasting service we are deeply indebted to Dr. Leavitt and also for the careful compilation of the practical part of psycho-therapy that has been presented by former writers, together with his deeper, newer thought, investigation and long experience.

W. R. W.

BUSINESS BRIEFS.

NOTICE TO THE PROFESSION.

DEAR DOCTOR—Realizing the magnitude of the Louisiana Purchase Exposition now in progress in this city, the St. Louis Homeopathic Medical Society has appointed a committee to furnish to all homeopathic physicians and their families such in-

formation and literature as may be desired concerning this greatest of all Expositions.

Considering the difficulties of securing proper accommodations, this committee will be pleased to answer inquiries sent by mail relative to this subject, and will undertake to reserve desirable quarters in hotels, boarding houses, rooming houses or private families. *There will be no charge or expense for such information or service.*

In corresponding with this committee concerning accommodations, physicians must state definitely the date for which they are to be reserved, the approximate length of their visit, the number in their party, and the price which they wish to pay.

All hotels, boarding houses, etc., require a deposit at the time reservations are made, such deposit to be placed to the visitor's credit.

The committee hope by these means to contribute to the comfort and pleasure of all members of the homeopathic profession.

Fraternally,

W. E. JONES, M. D., *Chairman.*

W. W. GILBERT, M. D.

WILLIS YOUNG, M. D.

Committee.

Dilley's Pharmacy.

The Abilene Company, Brazil, Ind., Mar. 8, 1903.
Abilene, Kansas.

Gentlemen:—Enclosed find coupons which have been redeemed by us, and results have been very satisfactory. We have a nice trade on Abilene, and are now using our fourth case. We consider this a good showing for a town of this size.

Very truly yours,
Dilley's Pharmacy.

METHOD IN HIS MADNESS.

(Cleveland Plain Dealer.)

It was an absentminded man who ate the holly berries and used the cranberries for decorative purposes, but there wasn't nearly as much method in his madness as in that of the other man who kissed the girl under the branch of evergreen supposing it to be mistletoe.

AMERICAN MEDICAL ASSOCIATION CONVENTION.

We have been informed that the Deimel Linen-Mesh Co. will again have an attractive exhibit at the American Medical Association meeting at Atlantic City in June. Dr. Deimel underwear is deservedly popular with the physician who knows that the linen-mesh is a delight to the skin and that its absorbent qualities quickly remove all bodily moisture, giving a perpetual feeling of cleanliness and comfort.

The quickest, surest and most permanent relief in pruritis ani, itching piles, etc., is obtained by using Brower's Antiseptic Soap, making application morning and evening.

Braces made to fit, by Wm. Jones, 1430 Stout street.

E. J. Shepherd & Company,
Wholesale and Retail Druggists, No. 3, North Main St.
Adrian, Mich., Mar. 19, 1903.
The Abilene Company, Abilene, Kansas.

Gentlemen:—We have handled Abilene for the past 18 months, and it is giving the best of satisfaction. We are now selling from two to five cases per month, and honestly believe it the best water on the market. Respectfully yours,

E. J. Shepherd & Company.

WARNING.

Go 'way, Mistah Skeeter! Don't you sing dat song to me!
I's hyuhd about yoh doin's; you's es tough as you kin be.
You's been aroun' a-lunchin' on malaria an' things
Till you's jes' about as danj'us as a rattlesnake wif wings.

I didn' use to min' you when you come a-browsin' roun',
Case I knowed a slap 'ud send you tumblin' senseless to de groun',
But since I hyuhy dem white folks I's as skyah't as I kin be.
Go 'way, Mistuh Skeeter! Don't you sing dat song to me!

Washington Star.

PROGRESS

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No. 6.

Original Articles

DRUG RE-PROVING.

NOTE.—Believing that the time for pushing the matter of drug re-proving in the American Institute is at hand, and that the work can not safely be longer delayed, PROGRESS this month presents in a few words the opinions of men who are in position to speak; men who are widely and favorably known throughout the homeopathic world, and whose positions of trust, present and past, entitle their thoughts to careful consideration.

We had hoped to add three or four other short papers from men of like reputations, but were disappointed at the last moment because of their other pressing duties.

The sentiment is sufficiently uniform, as is well shown by those who have written, to carry the project through if taken up by the powers that be.

It is the policy of PROGRESS to further this move with all the force it may command, as it is our firm belief that true progress for homeopathy lies in this direction.—THE EDITOR.

SHALL WE RE-PROVE OUR MATERIA MEDICA.

JOHN PRESTON SUTHERLAND, M.D.

The movement now on foot looking toward a thorough re-proving of our homeopathic materia medica, under all the conditions imposed by the most recent and approved methods of scientific investigation, is a movement deserving the hearty support of every earnest and progressive Homeopathist. The idea of enlisting the members of the American Institute in organized

effort toward this end is a timely one, and should be crowned with notable success.

Truth cannot suffer by experiment. We are not so uncertain in our faith, as Homeopaths, that we need shrink from any investigation, however searching, into the powers of the drugs that are the weapons of our warfare against disease. If such investigation proves that certain of these drugs are of doubtful efficacy in altering demonstrable physical conditions, then no one can so eagerly welcome this fact as the physician who might be tempted to rely on such drugs in some hour of emergency. On the other hand, to watch the drugs on which he has long placed faith, triumphantly demonstrating their power under the most stringent tests modern instruments of precision can impose, cannot but wake in the mind of every Homeopathist a more fresh and living enthusiasm for the therapeutic specialty that is his reason for separate medical existence. There can be no doubt that the great drugs which are the stand-bys of our *Materia Medica* will thus triumphantly stand the tests of re-proving. More, they will, under re-proving, discover new spheres of action, and define more exactly than ever before the fields in which they can do their most telling work.

It is not that the drug-proving of the past was careless or unworthy. It is that the multiplication of instruments of precision unknown to our earlier provers makes re-proving a scientific necessity.

A prover of *baptisia*, for example, "estimated" the rise of his pulse under the influence of that drug; he "judged it to be 90 or over." Today our prover not only will accurately count, but will call on the sphygmograph to say, and say past contradiction, just what influence *baptisia* or any other drug under observation has on the quality of the pulse. So with the effects of a given drug on heart or lungs; we no longer have to trust to the sensations,—the "feel-as-if's"—of any observer; the stethoscope or phonendoscope will speak, and none can contradict. And the ophthalmoscope will speak of drug-effects on the eyes; the laryngoscope of their effects on the throat; urinary analysis of the powers of drugs to affect the composition of the urine; and so on, down the list. In the multitude of witnesses there is conviction. The old truths will be seen to rest on a firmer foundation than even their strongest supporters dared to claim for them, when the new drug-

provings stand on record. Here and there a drug once believed in may drop below credit; but what is there in that for regret? What soldier will demand a tin sword back on the wall beside weapons of tested steel! Nothing but good, and lasting good, can come of such a noble piece of work done on our materia medica as the Institute did a few years ago on our Pharmacopœia. Let our voices be heard in no uncertain support of this work, and our best efforts lend themselves to its furtherance!

Boston, Mass.

THE QUESTION OF RE-PROVING OUR HOMEOPATHIC MATERIA MEDICA.

JOSEPH P. COBB, M.D.

I am heartily in accord with the idea which has of late been gaining ground, viz: That our materia medica should be re-proved, making use of all the means at our disposal to guarantee scientific accuracy.

To my mind the weakest point in our materia medica is the fact that we are unable to demonstrate its accuracy from a scientific standpoint, or that we have not applied to it the scientific measurements of the age. We have been willing to let it stand in much the same condition in which the original provers gave it to us. To those who are familiar with scientific research and are also students of materia medica this is not a serious matter, for it is possible to read between the lines and find verification for much of the truth contained within the materia medica and to use any knowledge which scientific investigations have given us; but for the man who has not an analytical mind and who simply gets his materia medica from memory, it is impossible for him to draw any close comparison between the facts there stated and those developed by scientific investigation.

We should remember that this is a technical age in all lines of work. That the men who are leaders of thought in any particular direction are those who have devoted themselves to technical investigation and study; that the student of to-day is the technical student, and that he is being educated on technical lines. If we expect to interest this class of students and hold within our

ranks the men who are eagerly following up the advances in the scientific world, it is necessary that we shall incorporate into our materia medica and therapeutics all the information and truths which scientific research is placing at our disposal.

I have called attention several times to the fact that the relative number of college graduates in our Homeopathic schools is decreasing; that whereas at one time from twenty to twenty-five per cent. of the graduates in Homeopathic medicine were holders of either the degree of A. B. or S. B., in the last few years only five to ten per cent. had evidence of having had such scholastic training. It is a serious matter and one to which the professional educator needs to give careful thought.

To my mind the lack of proper appropriation of scientific technical work into our materia medica and therapeutics is one of the greatest factors to which this condition may be blamed. We have appropriated all that scientific research has developed in anatomy, in physiology, in chemistry, and in the development of all aids to diagnosis, both clinical and laboratory; but we have not made the same effort to use this aid in the development of therapeutics and the verification of our materia medica. The dominant school of medicine has not only appropriated to its aid all of the advance that has been made in anatomy, in physiology, in chemistry, and in diagnosis, but has by its aid also very materially helped to lift their therapeutics and materia medica out of its medieval jungle and given it a degree of accuracy that is startling when compared with the methods of twenty-five years ago. Of course there are not the same opportunities for the complete rebuilding in the homeopathic materia medica as there were for the remodeling of the therapeutic methods of the old school; but we all know that our materia medica would be more exact and precise, and better qualified to stand the light of scientific criticism if it were based upon scientific as well as clinical evidence; if its statements, so far as possible, were measured by the rules of scientific accuracy of today.

I sincerely hope that the effort which has been started will not be allowed to disappear; that the proposition to establish an institute for drug proving will eventually materialize, and that a proper corps of workers may be found and properly supported to do this work in a way that shall redound to the credit of the institute and the permanent upbuilding of our materia medica.

Chicago, Ill.

RE-PROVING.

DR. EUGENE L. MANN, M.D.

As to the re-proving of the materia medica under the auspices of the American Institute of Homeopathy, it seems to me there can be but one opinion, inasmuch as the majority of the provings were made before the science of pathology was at all developed, before the findings of the ophthalmoscope, laryngoscope, stethoscope, clinical thermometer, primary tests and many other scientific aids to precision were understood or the aids themselves developed. The necessity of the re-proving needs no argument, and that the work should be undertaken by our national society goes without contradiction.

In the medical advances of the last 50 years the homeopathic physicians have been so alive to every achievement and so eager to apply any means of real value in the treatment of the sick, that the old school men have begun to think that all that is needed is a little soaping and we can be swallowed whole. It seems to me that we must do something to vindicate our right to be a separate school of medicine, and I know of no better way to accomplish this than by improving and developing our materia medica.

The homeopathic physician should know all of medicine *and* his own materia medica. The old school are developing the general field of medicine; it should be our duty to develop the materia medica; we know how, and we should be about it.

St. Paul, Minn.

DRUG RE-PROVING

J. P. WILLARD, M.D.

I am convinced that our materia medica is too cumbersome and much of it not well authenticated. We have a law that is positive and reasonably simple in its application, so much so that the man of average professional intelligence is able to apply it when caring for the sick. I wish I could say as much for our materia medica. It seems to be made up of a collection of indications gathered from many sources, some of which are good, and many of which are untrustworthy. The work of the careful, conscientious student has too often been mixed up with or covered over by the mass of stuff gathered by the enthusiast who has given play to his zeal and imagination, and filled sheet after sheet with the fantastic product of an erratic brain, stead of the solid results of reasonable observation and study. This we find illustrated in the history of *thuja occidentalis* and *apis melifica*.

It is time this subject was having more careful consideration. The records of our colleges show a lack of growth in the student body that is not pleasing to our professional pride. As a teacher of some years of experience and observation, I am convinced that if we want to move forward as a school of medicine we must take up this subject of drug proving and place our materia medica in such relations to present day scientific standards that it will commend itself to the inquiring minds of educated and thoughtful young men and women who contemplate the study of the art of healing. All drugs are not of equal value in the cure of the sick; no two drugs are of the same value; yet we find a given remedy of extensive service in practice that has over fifteen hundred indications placed to its credit; by its side is another remedy, so-called, that is seldom used and less frequently indicated, and it has placed to its credit as long a list of indications as the former drug. This we all know to be true.

There are few remedial agents that are capable of producing in the human economy over three hundred symptoms that are of any practical value whatever to the healing art, and not over half that number should be recorded for the great majority. This I am aware is a radical statement and may sound heretical to many, but that does not change the fact. It is not the great

mass of recorded symptoms that makes a given drug of service. It is the results that follow its administration and demonstrates its correspondence to the condition for which it is prescribed. Here we should concentrate our investigations and pursue the study with great care and diligence. We should purge the records of our materia medica of the mass of non-essential symptoms, and when we have done so the profession will be infinitely better off.

The scientific researches of recent years have not invalidated our law nor placed us at a disadvantage, but it has opened up a field for study that we must cultivate. Pathology has made rapid progress in recent years, and its teachings cannot be ignored in the intelligent consideration of diseased conditions; hematology is practically a new science and must be taken into the account when dealing with certain disorders; diagnosis is based upon the correct interpretation of objective and physical symptoms, and it is equally important that the indications given in our materia medica be the product of correct interpretation or we will often be led into serious error. Is our patient a victim of sepsis or is it a case of anæmia? Whichever it may be, we should have some knowledge of a remedy that corresponds to the symptoms and condition we are about to treat. At this point I fear we are at a great disadvantage because of a lack of investigation along these lines when our provings were made. Arsenicum and baptisia are suggested to the mind, but it is the result of clinical observation and reasoning at the bedside, and not the product of careful scientific study of these remedies to find out what their effects are upon the blood and tissues that make the correspondence complete. Symptomatology is good and we should study it in the light of the latest discoveries, but we need a broader platform and a wider range of knowledge than it now affords when dealing with many diseases as we understand them in the light of modern research.

It is easier to criticise than suggest a better method, but I am convinced that our great national society is competent to deal wisely in this matter as it has in so many other cases, and I sincerely hope the coming session may be characterized by a strong determination to initiate this progressive movement. The duty before us is imperative if we desire to retain the respect and confidence of the large and intelligent patronage that has so long been our joy and pride.

Denver, Colo.

SOME REASONS WHY OUR MATERIA MEDICA SHOULD BE RE-PROVED.

L. C. McELWEE, M.D.

I take pleasure in setting forth the reasons that appeal to me as to why the remedies in our materia medica should be re-proved. The first reason I should urge would be that the provings we *now* have are somewhat antiquated and are not even with the times in point of phraseology and scientific accuracy. The symptomatology, if full of tautology, and in the special senses the symptomatology, would be embarrassing to an up-to-date man to reconcile to present day methods of diagnosis and accurate scientific observations. In order to correct these defects I should like to see the materia medica revised so as to be *up-to-date*. Then, too, I'd like to see it re-proved, because I believe it is true, and I should like to have recent indisputable evidence of the truth of our therapeutics as a two-edged sword, cutting forward and backward. Backward, as having cut a wide swath through prejudice, error and medicinal abuse in the past; forward, as being able to incise its way to the front and stay there when in the "*benevolent assimilation*" that seems to threaten in the future, the avowed advocate of Similia will be fewer than they are now, and when the inevitable attempt of prejudice to discredit all the achievements for good and the entire revision of allopathic therapy which has followed in the wake of homeopathy, shall be made, it will be repulsed by the mighty rock of Truth.

St. Louis, Mo.

PROGRESS, THE LAW OF NATURE AND THE HOPE OF HOMEOPATHY.

ROYAL S. COPELAND, A.M. M.D.

Astronomy, dealing with the ephemerides of the sun, moon, and planets, takes into strictest account the orbits of these heavenly bodies. Were there but two or three to consider, the problem would be simple, but, as it is, their multiplication, the intersections of their orbits, the varying relative positions, or configurations of the planets, make the task a difficult one. Perturbations of these bodies, or deviations from their regular courses, by reason of the action upon them of other worlds, add to the burden of the student of the stars.

In the astronomy of life, physiology, pharmacology, chemistry in all its branches, and every department of biology, represent so many planets. In the study of this science no one planet can be considered by itself, nor can its functions be understood if it be taken from its orbit and removed from the influence of its companions. Homeopathy is but a single element in this great system. To realize its importance it must be studied in connection with all its associate sciences.

Chemistry, physiology and every part of biology, as they are understood today, are hardly to be recognized even as the evolution of the same sciences of fifty years ago. Wonderful as these changes have been, the true scientist feels he has but touched the outer rim, the center of knowledge being still far beyond him. Physiology has acknowledged its dependence upon chemistry and chemistry has unlocked the doors of many secret rooms heretofore denied the physiologist. The natural scientist no longer lives by himself, but looks to his neighbors for daily help and advice. With this spirit of co-operation each science has found its progress accelerated and giant strides have been made toward the ultimate goal of perfect knowledge.

Would I could say as much of homeopathy! But who would dare state the science of homeopathy has progressed materially since the death of its founder? If it is to be studied apart from its associate sciences and the progress in these sciences remain unstudied in their relations to homeopathy, there can and will

be no advance. As well might the astronomer, turning his telescope upon the planet Mars and fixing it there for a hundred years, attempt to understand the solar system. Foolish indeed would be that astronomer who neglected the use of the improved instruments and the new methods, who failed to direct his gaze occasionally to the other planets and to consider their influences upon Mars, and who, for a century gazing through his antiquated instrument upon this one small part of the solar system, dreamed he had a monopoly of all knowledge relating to the universe!

To be honest with ourselves, it not this the position of homeopathy? Have we not for half a century, at least, depended upon *materia medica* born two or three generations ago?

If homeopathy came into the world, perfect in every part, suited to every clime, adapted to every age, there is nothing to say. But if, as is probable, reasoning from the world's knowledge of all other sciences, it came to us like a sweet rose bud, beautiful and attractive, but capable of development into the full blown rose, more beautiful and more attractive, why is it that we have contentedly guarded the bud and shown no anxiety to view the perfectly developed flower?

In many quarters it is all but heresy to suggest the possibility of improving our *materia medica*. To my mind such a mental condition is narrowness itself. The test tube; the microscope; the improved methods in physical diagnosis, in hæmatology; the x-ray; the ophthalmoscope and the many other means of sounding the depths of life, have materially changed the view-point of the physician and, of necessity, altered his opinions of drug effects in general and of many symptoms in particular. Therefore, it seems to me, the reasonable and sensible attitude of the homeopathic profession should be one, not only of friendliness to, but also of intense desire for a re-proving of our remedies in the light of modern knowledge. Whatever of value can be found in the associate sciences should be turned to the advantage of homeopathy. We constantly demand of our prescribers that they take the "totality of the symptoms," that the whole body be considered. Let us apply the same doctrine to the study of homeopathy, which is but one world in the universe of science! Let us study the whole scientific stellar system, and thus the better understand the one planet, possibly the fixed star, Homeopathy!

The time is ripe for united effort on the part of the profession looking to the scientific verification of our provings. There is need of leadership, and I congratulate PROGRESS upon an idea thoroughly in keeping with the name and motto of this journal—Progress!

Ann Arbor, Mich.

A JOURNAL FOR THE AMERICAN INSTITUTE.

BENJAMIN F. BAILEY, M.D.

At the Atlantic City meeting in 1899 it was urged that the American Institute establish a journal for the publication of its transactions and as an organ which should keep the officers in close touch with the members and the members in close touch with each other. This was recommended upon the belief that it would, first, render perfect organization more possible, that in place of a volume of transactions months old, it would give to the members new and live matter each month, that inasmuch as it would give to the members live, and, we believe, classical matter in a form easily read and digested each month, they would receive from this journal a satisfactory return for money expended each year for membership in the American Institute, the plan being that the membership fee to the Institute should also be for a subscription to the journal. At the same time that this journal would publish the transactions in this form, it was the plan for it to publish so far as might be possible, other high-class contributions.

It was believed that this publication was a feasible project, first, because it is a recognized fact that the advertising department is the profitable department of all journals, and second it is a *prima facie* fact that advertisers would take space in the organ of a national medical society at least as freely as in any journal that might be published. Thirdly, it was reasonable to suppose that this method of publishing the transactions would very largely increase the membership, and that the advertising department, together with the amount that could be legitimately set aside from the Institute's income for the publication of transactions would be an ample fund for the publication of said journal.

A committee was appointed for the consideration of this mat-

ter. They reported on at least two or three occasions to my certain knowledge, and the report of the chairman of this committee was favorable to this method of publication of the transactions. It was, however, defeated, I am sorry to say, largely through the efforts of those interested in the medical journals of our profession, and one of the arguments that was brought to bear in the last part of the session, I think at Cleveland, was the statement that the *Journal of the American Medical Association*, was for sale, that it was a losing venture and they would be glad to unload it at almost any price, and that, I am told, although I was not present at the meeting, was the clinching argument which finally defeated the project.

Now, what are the facts? No great organization, national in scope, has ever reached beyond its infancy without an organ definitely devoted to its interests. Secondly, whenever an organization has attempted to live without its medium of intercourse, it has stopped short of greatness. Thirdly, at the same time that it is a beautiful picture to believe that a great mass of people will subscribe \$5.00 or \$7.00 per year for a sentiment, it is not at all probable that they will do it, and in as much as the large body of the A. I. H. is unable to attend the meetings of the Institute and never receives anything but the long-belated volume of transactions and a hope of benefit to the common weal, which, although it is valuable, yet seems to most of them merely as a sentiment, you can not convince the body politic of the profession that they are getting value received for the annual membership fee.

Again, since the American Medical Association took up this work it has made it possible for them to send throughout the country one soliciting membership subscriptions and developing organization in its ranks until today it is the greatest and best organized medical body in the world, and instead of being anxious to be rid of its *Journal* and having found it a losing venture, it has become a paying investment, is the pride of the profession, has been enabled to increase the salaries of its officers, and has today property reaching in the neighborhood of \$100,000 as a surplus fund.

As a result of its publication, not one single journal of the profession that was worthy to live has died, nor so far as I can learn have any suffered, in their subscription lists or in their ad-

vertising departments. There is a field for the good at all times, but there are many journals published in the great field of medicine which not only are without value, but are a positive injury to the profession.

At the present time the annual income from the membership of the A. I. H. is in the neighborhood of \$8,000. With a live medical journal devoted to the interests of the profession, with an agent in the field to solicit subscriptions and memberships and to forward proper recommendations of the executive board of the Institute, there is no reason why the membership of the Institute could not be increased to 5,000 members, and this would not be as large an increase in proportion as has taken place in the ranks of the American Medical Association. The income from such membership would be, instead of \$8,000, \$25,000 per year, and I would suggest at this point that in order that this might be forwarded, the initiation fee of \$2.00 be done away with and that the fee of \$5.00 be the straight fee for annual membership, including the initiation fee. Out of this \$25,000 we will suppose that we pay \$1,200 per year and his expenses to a man for continual work among the profession of this country. We will assume for expenses, that we may be exceedingly liberal, \$10.00 per day. With \$1,200 salary, we would have a little less than \$5,000 expense, and we still have \$20,000 left as the income of the Institute, as against \$8,000 as shown by the report of the treasurer at the last session. With wide-awake business management these figures can be bettered, and we have, in addition to this, the income from the advertising department of the journal, and it has been admitted to the committee of the Institute by advertisers all over the country that they would certainly seek for space in such a journal.

This plan, together with the proper revision of the *materia medica*, is a course which will give to the American Institute a reason for existence and a probability of existence, of rapid growth and of increased and well-merited power in the profession, and the only reason that can prevent the recognition of these simple business facts will be the specious arguments of those who may, from selfish motives, attempt to prevent that which is for the good of the great whole, and in such selfish arguments they forget that they, too, will be involved in the continued fall of the

power and prestige of the association which fails to adopt modern methods in modern days.

There are a number who have the deepest interest of the Institute at heart who will be glad to aid in convincing the membership of the Institute that this plan has in it no business or professional discrepancies. They wish to come before the Institute with a plan for its salvation and for its prosperity, and feel equally sure that unless selfishness is pushed aside, unless the members forget the narrowness which has led them to be unwilling to follow in the paths of great organizations, medical and others, that have been great in growth and success, unwilling to, because they fear to "emulate," when it is a sign of strength to be ready to follow and "emulate," if you will so call it, whatever is best—if, I say, we fail to reach this high plane the "hand-writing is on the wall," and the best days of the A. I. H. will be in history and not in future conquest.

Lincoln, Nebraska.

GONORRHEA IN WOMEN.

JAMES C. WOOD, A.M. M.D.

Gonorrhœa was supposed to be a self-limited disease until, in 1873, Noeggerath wrote a most startling paper on the subject in which he said, "I believe that I do not go too far when I assert that of every 100 wives who marry husbands who have previously had gonorrhœa, scarcely 10 remain healthy; the rest suffer from it, or some of the diseases which it is the task of this paper to describe, and of the 10 that are spared, we can positively affirm that in some of them, through some accidental cause, the hidden mischief will sooner or later develop itself."

It may be that Noeggerath put the case too strongly when he made the foregoing statement. Lawson Tait, in support of the teachings of Noeggerath, contends that gonorrhœa is responsible for infinitely more suffering, and is infinitely more serious in its consequences, than is syphilis. I am inclined to concur in the opinion of these two great teachers. Almost daily I run into the disease, the victims being women, the vast majority of whom do not suspect the cause of their trouble, and often are sad wrecks because of it.

While dictating this article a patient came to me with the following history:

She is 37 years of age, and has had five children. The eldest was born 13 years ago and the youngest 20 months ago. The first four children died in infancy. The present trouble began as a feeling of bearing down in the rectum. Menstruation every four weeks; the last two periods were excessive; labors all severe. There is a history of an escape of pus through the rectum; burning sensation in the urethra with frequent desire to urinate. Constant pain in right ovarian region which extends down corresponding limb. Pain in the back of the neck extending into the eyes. Eyes blur and vision is defective. Appetite poor with pain after eating. A dark and offensive leucorrhœa which irritates the pudenda. Patient is exceedingly nervous, and insomnia is a distressing symptom. Never could nurse any of her children; both breasts have been lanced four times. After the birth of her first and second child she had peritonitis, which began with pain on left side. Patient looks pale and anæmic.

Physical examination reveals the uterus enlarged, heavy and soft with a nasty offensive discharge from the cervix; a bacteriological examination of the discharge shows it to contain gonococci. The cervix is badly lacerated, and the fundus of the uterus presses hard against the rectum. There is a marked relaxation of the pelvic floor. A mass is felt in the left side which probably consists of a distended tube, with an adherent ovary. The probable explanation of the discharge of pus from the rectum is that an old pyosalpinx has broken into the rectum.

I do not think that anything short of radical work, which in this case would consist of a divulsion, a curetting, a trachelorrhaphy, a perineorrhaphy, rectal work, and a celeotomy with ventral fixation will do this patient any permanent good. I present this case because it is typical of the many that come to the specialist.

Let it be said in behalf of the husbands of the many women who have gonorrhoea, that the larger number of them infect their wives innocently; they contract gonorrhoea previously to marriage, think they are cured, but have lingering in the urethra germs which become active after the marriage vow is consummated. Then there occurs a history like the following:

Patient 17 years old and not well developed for one of her years. Previously to marriage, her physician had treated the husband for gonorrhoea, and all discharge had ceased. Soon after marriage the wife was taken with severe inflammatory symptoms, accompanied with agonizing pain in the pelvic region. Her symptoms grew from bad to worse, the temperature running very high, and presenting all the characteristics of pyæmia; the pulse became more and more rapid, and her general appearance clearly indicated a fatal termination if the progress of the disease was not arrested.

An examination under chloroform revealed a board-like hardness of the pelvic roof. I opened the abdomen two days after making the first examination (about six weeks from the onset of the first symptoms), and dug the distended tubes, and the friable ovaries from a mass of inflammatory exudates. Many intestinal adhesions were separated; the abdomen was washed with sterile water, a drainage tube inserted, and the wound closed. The patient came near dying from shock while on the table, the opera-

tion requiring 50 minutes, but rallied, only to succumb 15 hours later.

This case was operated upon in 1892, and I believe that had I again to contend with the same conditions the patient's life might have been saved. Unless the symptoms are exceedingly urgent, few surgeons today operate upon acute cases of gonorrheal pyosalpinx and pelvic inflammation. The tendency is for the pus to become sterile as time goes on, and the surgeon's mortality record was greatly augmented by operating upon these acute, virulent cases.

I present this case also, because it is typical of the acute manifestations of the disease, and shows how serious it becomes when the peritoneum is invaded. It began undoubtedly as a gonorrheal vaginitis, then involved by continuity the cervix, the corporeal endometrium, the tubes, and finally the peritoneum. By no means do all, or even the majority, of cases of gonorrhœa in the female end so disastrously. However, the larger per cent. of the cases of diseased appendages requiring surgical interference, have for their beginning specific vaginitis. This being so, it behooves the general practitioner to be on his guard as regards both the diagnosis and the treatment.

The *diagnosis* of acute specific vaginitis is not always easy, and in fact a positive diagnosis is utterly impossible without the use of the microscope. The presence of the gonococcus of Neisser is conclusive evidence of the specific nature of the attack; its absence, on the other hand, by no means as conclusively proves that the attack is not gonorrheal. The latter statement is especially true as regards chronic gonorrhœa and its sequelæ. In gonorrheal pyosalpinx, if the pus has been confined for some months or years, it usually sterilizes itself, the gonococci becoming destroyed.

In dealing with acute vaginitis there are certain symptoms other than those obtained by the microscope, which will at least lead the physician to suspect the form of vaginitis to be dealt with. Of first importance is *the infectious character of the discharge*. There is no question but that specific vaginitis is infinitely more liable to excite urethritis in the male than is the simple form. In proof of this, it is only necessary to remind the reader of the frequency of vaginal catarrh in married women, and the comparatively few cases of urethritis in the male resulting

from the same; whereas, a single cohabitation with a woman who has specific vaginitis will, in at least a goodly per cent. of cases, give rise to virulent urethritis.

The *acuity and intensity* of the symptoms will lead us to suspect the specific nature, though simple vaginitis not infrequently runs a course quite as acute and virulent as has the specific form.

Urethral complications occur oftener, as has been shown, in the specific form of the disease. Indeed, the inflammation may, in gonorrhoea, be confined almost entirely to the urethra.

Other circumstances should be noted. For instance, if the foregoing symptoms suddenly develop in a woman who has never before suffered from a vaginal discharge, we are at least warranted in suspecting gonorrhoea; on the other hand, if a girl preserves all of the evidences of virginity, as shown by the hymen, etc., and if her reputation is such as to make illegitimate intercourse improbable, we ought at least to give her the benefit of the doubt, and consider the case one of simple vaginitis.

In the *treatment* of acute vaginitis quiet must be observed, the patient being confined to her bed for at least two or three days. Aconite, belladonna and cantharis are the remedies oftener useful in controlling the pain and slight fever present. Frequent douching of the vagina with the hot, normal salt solution, will not only relieve the local distress incident to this stage, but will many times shorten the duration of the disease. If the itching is very intense, a saturated solution of boric acid may be substituted for the salt solution. The douches should be repeated every five or six hours. If persevered in for a few days this treatment, combined with proper rest, will accomplish a cure in many cases. If it does not, and the disease becomes more chronic, a 1:4000 bichloride douche should be substituted. Later on when the discharge assumes a purulent character, a solution of calendula and glycerin can be advantageously used after the parts have been washed with a 1:4000 bichloride solution. When the acute symptoms have subsided the douches need not be administered oftener than twice a day.

More direct and specific treatment can now be resorted to. In 1901 I published an article in *The American Journal of Obstetrics* on "The Use of the Spray in the Local Treatment of Gynecological Diseases." I have found its use so beneficial in the treatment of all forms of vaginitis and cervical catarrh, that I

should hate to practice gynecology without it. Given a case of specific vaginitis, subacute or chronic in character, I proceed as follows:

The parts are first thoroughly sprayed through a fenestrated speculum with a 50 per cent. solution of peroxide of hydrogen which, after the excess fluid is wiped away, will leave them perfectly clean and blanched. This is followed by a 50 per cent. solution of glyco-thymoline. Should there be hanging from the cervix a tenacious, white-of-egg discharge, which is so hard to dislodge by ordinary methods, an alkaline spray, such as is used by nose and throat men (Dobell's solution being one of the best) will quickly dissolve it and clear the cervix in a most thorough manner. Next the parts are thoroughly sprayed with a 4 per cent. solution of protargol, care being taken to apply the spray over the entire vaginal and cervical mucous membranes, as well as to let it play upon the external os. With the pressure at my command (20 pounds) the spray will penetrate, unless the os is very small, the entire cervical tract. In order to reach all of the vaginal mucous membrane, a fenestrated speculum is at least a great convenience. Should the urethra be implicated, both the cleansing and the medicated sprays are forced into the meatus, pressure being made by the finger upon the bladder end of the canal, in order to prevent vesical infection. If Skene's glands are involved these are treated in like manner. This treatment is followed by the introduction of a good sized lamb's wool tampon, medicated with a 10 per cent. glycerin solution of ichthyol. The patient is instructed to remove the tampon, and take a 1:3000 bichloride douche before again presenting herself for treatment. The treatments are made from two to seven times a week, according to the acuity and intensity of the symptoms, and are persisted in until all discharge ceases, and all gonococci disappear, which will require from one to four weeks. Should the disease have invaded the uterine cavity, curettage is of course often called for. I have entirely discarded, since using the spray, the so-called "dry treatment" of vaginitis.

I believe that if the practitioner will observe the diagnostic points noted, and will follow the local treatment prescribed, he will be able not only to shorten the duration of the disease at least one-half, but that he will also be able to prevent many of the

distressing sequelæ, which it is the province of this brief paper to describe.

The following internal remedies will be found useful :

Belladonna.—Shooting pains in internal organs at every step; dryness of vagina, with burning and stinging; urging, as if everything would be forced from the vulva; aggravated by sitting bent and walking; ameliorated by lying down and sitting erect; fever with marked cerebral symptoms.

Mercurius cor.—Inflammation of vulva; vagina swollen, red, hot, with discharge of watery mucus, then of mucus tinged with blood; forcing downward as in labor; slight hemorrhage from vagina.

Cantharis.—Swelling of vulva and vagina, with irritation; burning in vagina and vulva, with a thick white discharge; swelling of neck of uterus, with burning in bladder; dysuria; pruritus of vagina; menstruation too early, with great soreness of breasts.

Hydrastis Can.—Chronic specific vaginitis associated with ulceration of the cervix and prolapse of the uterus; thick tenacious leucorrhœa; vaginitis is associated with great prostration and palpitation, or with derangement of the liver, giving rise to constipation, hemorrhoids, etc.

Kreosote.—Itching and smarting in the vagina, worse at night; genitals swollen and hot; on urinating, sore pains in vagina; voluptuous irritation deep in vagina, with discharge from vagina preceded by pain in small of back; yellow leucorrhœa, staining linen, with weakness in legs; great acidity of leucorrhœa, which causes itching and biting of external genitals.

Cleveland, O.

CHOLERA INFANTUM.

GEORGE ROYAL, M.D.

Professor of Materia Medica and Dean of College of Homeopathic Medicine, University of Iowa.

As summer approaches it behooves the general practitioner to review his materia medica and therapeutics in order to be better prepared to treat the various diseases of the season.

Among the diseases caused by the heat of the sun, cholera infantum is important for two reasons: first, because of the suddenness of its attack and the severity of its symptoms; second, because of the sequelæ and long convalescence.

By cholera infantum I do not mean all intestinal troubles like gastritis, colitis, entero-colitis and dysentery, which are often called cholera infantum by the laity and some physicians; but that condition which is characterized by marked disturbance of the thermic centers, violent vomiting and purging, often accompanied by cramps, spasms or convulsions; also prostration, which comes on early in the disease and is profound.

The stomach is emptied of whatever food it contains by the first or second attack of vomiting. After that the vomited matter consists of mucus and bile mixed with the liquid which the child drinks. The first and second stools of the attack also consist of fecal matter. Afterwards the evacuations are composed, for the most part, of watery serum.

In four cases out of five the patient's face is pale and the features are sunken. In the other case the patient may have a hot, flushed face. The temperature is always high. Although the thermometer may be normal or even below normal under the tongue or in the axilla, in four-fifths of the cases (those which have the pale face), nevertheless if taken in the rectum it will run up to 103 or even 106. The pulse is rapid and weak. The patient is restless and nervous at first, but may soon become semi-unconscious or comatose.

Etiology. As has already been stated, summer heat is a prominent factor. Our best authorities would have us believe that the high temperature so affects the milk of bottle-fed babies that bacteria develops therein, causing the milk to become an active poison. While I accept the above, I have, nevertheless, a belief that somehow the heat has a direct action on the nerve centers.

Remedies. Veratrum Album.—Violent vomiting and purging at the same time; intense thirst for large quantities of water; face pale, pinched and covered with cold sweat; body also cold; cramping of the legs; great prostration, rapidly tending to collapse.

Arsenicum Alb.—Violent vomiting; intense thirst; great and rapid prostration; frequent stools, which at first are serous and light-colored but soon change to dark or brown watery; rapid emaciation; face pinched but warm or even hot; restlessness marked.

Cuprum Arsenicosum.—Marked restlessness; violent convulsions followed by partial or total unconsciousness; frequent and copious vomiting; scanty or suppressed urine; yellow or dark green stools; pale, pinched face; rolling of the head; contracted pupils; cold extremities.

Cuprum ars. has done me the most good when the above symptoms suddenly supervened in chronic cases of gastritis or gastro-enteritis.

Belladonna.—Hot, flushed face, covered with sweat or alternately dry and moist; dilated pupils; convulsions followed by a long period of semi-unconsciousness; drowsiness with twitching of muscles; greenish mucous or bloody mucous stools; vomiting; retention of urine.

The convulsions and the hot skin have been the most marked symptoms for me in this disease. The few remedies whose indications I have named above, giving the symptoms of the groups in the order of their importance, are those generally called for. For a few individual cases whose symptoms differ from the general ones given, you may need any of the group of remedies which act on the nerves of the intestinal tract. I will mention, without giving indications, *zinc metallicum*, *zinc cyanide*, *apis*, *merc. cor.* and *phos. ac.* and *acon.*

Auxiliary Treatment. While I believe that the number of bottle-fed, compared with the number of breast-fed babies, has been over-estimated, nevertheless it is my experience that every case has been benefited by prohibiting the use of milk. One thing has been demonstrated, viz: that milk is the best medium in which to either cultivate or propagate the bacilli. Therefore eliminate milk from the diet.

Toast-water has done my cholera infantum patients more good than anything else. Take thick slices of bread, brown them thoroughly, then pour hot water over them, and after letting them stand fifteen minutes strain and add ten grains of salt to the pint. This, given hot or cold, as the patient prefers, will slake the thirst and "settle the stomach."

Barley-water agrees with some patients. Take good barley and wash in cold water. After washing add one quart of cold water to every ounce of barley and let it boil slowly till the quantity is reduced one-half. Five grains of salt should be added to every quart of the barley-water. I prefer this hot to cold.

Horlick's Malted Milk is the only exception I make to milk in any form. This I also use hot.

Arlington Co.'s Liquid Beef Peptonoids I am confident has saved the life of three infants for me. I use this in hot water if I can get the patient to take it that way; if not, give it in cold water. They can take a teaspoonful of the Peptonoids in a teacup of water every two hours.

Rectal Alimentation should not be forgotten, especially for those cases which require verat. or ars. I order for my veratrum patients enemas of large quantities of hot water, into which I put any of the above articles of diet. I make the temperature of the enemas the same as the fever thermometer registers in the patient's rectum. The enemas should be repeated according to the frequency of the stools. They will check the discharges, warm up the patient externally and overcome the prostration. I order a teaspoonful of salt to every pint of whatever is used for the enema.

The verat., ars, and cup. ars. patients should also be warmed up by the application of heat externally. Hot cloths over the abdomen, either dry or moist, will be of help. I sometimes put the verat. patients into hot water. I remember putting a girl of 13 months of age into hot water of 103° six times during three hours. As the body became colder and the pulse weaker she was immersed in hot water of the above-named temperature. The pulse would improve at once. She was kept in the water about ten minutes. Once an hour, after stool, we injected, per rectum, about a pint of hot malted milk, temperature 104° , into which a teaspoonful of salt was put. The girl made a good recovery.

After-Treatment. The after-treatment of such patients requires much care. The attempt to return to the former diet should be delayed from seven to ten days, for the bottle-fed babies; for those who nurse their mothers, from 48 to 72 hours. The milk, however, should be drawn from the breasts at regular intervals during this time.

Oils and fats should be added to the diet for the after-treatment. Cream in water, by the stomach or in the enemas, should be tried. Cod-liver oil or a good olive oil by inunction may be used daily. In nearly every case some remedy other than the one used during the acute stages will be needed during convalescence. Such remedies as china, chin. ars., calc. phos. and fer. phos. will be called for to restore and build up the general system; while cham., scutellaria and zinc will be required to restore the equilibrium of the nervous system.

Des Moines, Iowa.

EUCALYPTUS IN ASTHMA.

WILLIAM BOERICKE, M.D.

My own experience in the treatment of asthma has been so discouraging that any contribution recording specific action of our remedies, even in isolated cases, should be remembered. We all, by means of constitutional and continued treatment, are able to modify the attacks, lengthen the interval between them and sometimes, however seldom, radically cure. This latter desirable result is met with especially in children, where, after removal of adenoids, enlarged tonsils and cure of eczematous conditions, the underlying dyscrasia that may give rise to all these objective symptoms, including asthma, will be eradicated by anti-psoric medication. I have seen definite results and permanent cure from natrum sulph. from the sixth to the 200th potency in such cases. But in adults, this is a more difficult, if not hopeless task. Perhaps it is because most of the victims have become accustomed to bear their affliction stoically, trusting to some palliative nostrum or other, each doing satisfactory work, as palliatives go, for a time at least. Perhaps, too, we physicians are too apt to turn mere routinists when it comes to treat this obstinate affection and rest satisfied by prescribing for *asthma*, instead of for this special asthmatic *patient*. Hence the meagerness of our results.

But striking and permanent effects due solely to the administration of *eucalyptus* in two adults seem to justify me to again call attention to this remedy. I have repeatedly mentioned it for its marked catarrhal symptoms. These have been verified by many observers and in the treatment of acute and chronic catarrhal states, *eucalyptus* locally and especially internally does yeoman service.

A middle-aged man for many years a victim of asthmatic attacks coming on frequently and always after every cold to which he was especially liable on account of the nature of his business, had been under treatment for years for the several attacks which always ran a more or less regular course, notwithstanding the ordinary symptomatic treatment. A few years ago I first prescribed for him *eucalyptus*, led thereto by the marked catarrhal symptoms, the bronchorrhœa especially. This was benefited, but more im-

mediately and surprisingly, the asthma itself. And instead of the frequent recurrence of the attacks they came much more seldom and only very slight and always yielded in a day or two to eucalyptus. Soon an interval of years passed and when, once again, after more than ordinary exposure in the wake of a severe cold, another attack of asthma came on, eucalyptus again came to the rescue almost immediately, relieving at the same time, neuralgic head and face pains incident to the cold.

Case No. 2 is that of a young lady who had suffered with asthma most of her life, and having run the gamut of all sorts of treatment and advertised nostrums, she came from her home in a distant town at the request of the man in case No. 1, with the message to give her the same medicine that had done such good work for him. It seemed an easy way to settle a difficult problem and offered a test case besides. So eucalyptus was given, half hourly doses during an attack, otherwise night and morning for some time. This was over three years ago, and there has been no attack since, and the patient is perfectly well and correspondingly happy.

The preparation of eucalyptus used in these cases was the first attenuation made from the fresh plant tincture. Old school physicians have used cigarettes made from the leaves, but with these I have no experience. The special symptoms calling for eucalyptus are humid asthma in bronchitic patients; here it relieves the cough and greatly aids in expelling the thick, frothy mucous. The more free and muco-purulent expectoration, the more certain its beneficial effects.

Great dyspnea; it has been found of use in cardiac asthma, allaying the dyspnea; crampy feeling in chest and back; more or less painful palpitation. Of course, the presence of catarrhal symptoms, influenza, slow digestion with much fetid gas and dysenteric symptoms are other excellent contributing and guiding symptoms to the use of eucalyptus.

San Francisco, Cal.

RECURRENT APPENDICITIS—TO OPERATE OR NOT TO OPERATE?*

L. E. WHITNEY, M.D.

The physician who has had even a cursory acquaintance with the literature of the last ten or twelve years, on the management of this most interesting, most advertised and most abused malady, appendicitis, can not fail to have observed the kaleidoscopic changes that have been rung upon the classification, as well as the treatment thereof.

From being regarded as a not altogether serious disease, and classed as clearly within the legitimate domain of the general practitioner and subject simply to therapeutic consideration, it was suddenly seized upon and claimed as his prey, by the surgeon; as promptly usurped by the specialist, who, in his greed, left nothing to the general practitioner except the privilege of making a diagnosis, and then forthwith charged him with criminal negligence for not having turned the case over to him sooner. Finally, by slow and bitterly contested stages, it is being won back to its previous heritage, and the world is wondering what all the fuss was about, anyway.

But while a more conservative opinion now prevails as to the proper method of treatment, in primary attacks of appendicitis, it is still claimed that in recurrent cases an operation is always indicated—to call in question this claim, is the object of this paper.

The writer makes no pretense of being a surgeon, in the understanding of the specialist. He never made a hip joint amputation, performed a nephrectomy, and, perhaps the confession should be made with shame, never did a laparotomy—his claim being simply the possession of some skill in knowing when to let the other fellows do the operating. But all physicians are influenced in their opinions in great measure by their own personal experience, and he is no exception. Without having had a long hospital experience or a "record of a hundred thousand cases without a failure," he *has* had about the number which usually falls to the lot of the average reasonably busy physician in the course of twenty-five years of practice; and such experience has

*Read before the Missouri Institute of Homeopathy, at St. Louis, Mo., April 28, 1904.

not been of a character to warrant the survival of the hard and fast rule, that "cases of recurrent appendicitis invariably demand operative treatment."

The three following briefly recorded cases are selected from a list of nine such, in which there has been a total of two operations, and no deaths.

Case I. Wm. G., aged about sixty, had his third attack of appendicitis in April, 1900, the two former ones having occurred one year and three years, respectively, previous. In both preceding attacks, an abscess had formed, the pus finding exit through the rectum. The third experience was severe and protracted, and on the 23rd day of it, he was taken from his home in the country to a hospital, and an operation performed, a very large abscess being opened, from which it was estimated that there was a discharge of three pints of pus. His recovery, while slow, was uneventful, and in three or four months his health had again reached normal, where it remained for three years, when he had another attack, which was repeated nine months later. Perhaps these last two attacks could not properly be called appendicitis, though with each there was the rapid formation of an abscess in apparently the same locality as before—this being in both instances opened through the cicatrix of the incision for the operation.

Case II. Roy S., aged eight, had his initial attack of appendicitis in November, 1892. It was of moderate severity, continuing for ten days, and terminating by discharge of pus through the rectum. Six months later there was a second and lighter one, in which there was no evidence of an abscess, but two months later there occurred another, even severer than the first, and terminating in the same way. Following this there were two mild attacks, and then about a year from the second severe one was another, quite similar to the first. After this for three years there were mild attacks every few months, gradually growing lighter in character, until no physician was deemed necessary, the mother explaining that by employing such auxiliary measures as had been ordered, the trouble would usually subside in from three to four days. The case was then lost sight of until a few weeks ago, when upon meeting his mother, it was learned that for five years there had been no indications of a recurrence, and that now the patient is a strong and healthy young man.

Case III. Mrs. L., aged about twenty-five, was taken with her fifth and most severe attack of appendicitis, Nov. 22, 1901. The previous experiences had all been during the preceding two years, and since she changed her place of residence frequently, no two of them had been treated by the same physician. In this fifth attack, there was early evidence of pus which discharged on the eighth day through the bowel, as it had done, according to her statement, in at least two of the preceding ones. As soon as she was able, an operation was strongly urged, but, notwithstanding the suggestion was seconded by her entire family, it was declined with decision. Four months later she was again seen, while being treated by an osteopath for another attack, and two months later it was repeated. Again she moved away, but from her mother it was learned that during the following year she had two or three light attacks, since which time, now something over two years, she has felt no symptoms of a recurrence, and has enjoyed excellent health.

These last two cases are reported as evidence that even oft recurring cases can quite generally be expected to ultimately recover without surgical interference; while case one is instanced to show that apparently necessary and successful surgical treatment cannot be depended upon to guarantee the patient against further trouble. It is readily acknowledged that three cases of a disease so prevalent as the one in question, or even three times three—are not a sufficient number upon which to formulate a principle of treatment; yet straws are recognized as of value in indicating the direction of a current, and since one straw will do so as well as a thousand, the report of these three cases is made with the object simply of showing that the slow march of the procession is still back toward conservatism, and that it has not yet reached the limit.

Carthage, Mo.

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Editorial

OUR MATERIA MEDICA.

Some familiarity with homeopathic physicians, individually and en mass, together with a careful survey of the trend of medical matters generally leads us to the conclusion that if homeopathy is to live and grow its advocates have a definite work to perform.

Hahnemann was a wonderful man. His work was many years in advance of his time, but it is absurd to assume that future ages can add nothing of value to it,—that he was the alpha and the omega of homeopathy. If similia be a law of nature, as he taught and as we believe, it is as capable of demonstration today as it was one hundred years ago, and will stand the most rigid tests that science can apply to it. Otherwise it is not a law of nature, and it is foolish for us to cling to it as an article of faith.

We have no inclination nor reason to find fault with Hahnemann and his provings. They were so much in advance of his age, and were productive of such grand results that the world owes him a debt of gratitude not easily comprehended. Nor do we wish to convey the impression that our *Materia Medica* is

without definite merit,—it is the best in existence today. We should remember, however, that, with few exceptions, our main drugs were proven in the time of Hahnemann, by him and his collaborators, that though the work was well done for the age, it was done without the aid of instruments of precision. Our present day methods of investigating diseases with the thermometer, the microscope, the stethoscope, the ophthalmoscope, the sphygmograph, chemical analysis, and with numerous other instruments and methods of precision, render provings made by methods and instruments of one hundred years ago of problematic value.

A re-proving by modern scientific methods should retain all the truth of the old and add much of real value for the present day physician. The chaff of the old can not be too quickly disposed of.

Hahnemann taught the necessity of considering the totality of symptoms, but the totality includes objective as well as subjective symptoms. How different the objective symptoms must appear under present day methods of investigation, and what a flood of light must be thrown on to the subjective symptoms,—a light that will enable the physician to prescribe with a definiteness not dreamed of heretofore.

We are aware there are those among us who decry any changes from Hahnemann's provings and methods; who would have us believe that the ages can add nothing of value to his work. Science gives credits where they are due, but it is not given to hero-worship. Hero-worship belongs to the past. It has no place in the present, which is the age of progress.

There is little in the symptomatology of Hahnemann's time to attract men educated along lines of original investigation as taught in our advanced educational institutions. If we are to attract this class of men we must present to them a *materia medica* that bears some relationship to their other studies. To teach them all the modern methods of investigating disease, and then ask them to match subjective symptoms from a *materia medica* based on methods of one hundred years ago is to admit the value of modern methods in studying disease and to deny the value of

the same methods in the study of the action of curative agents;—an inconsistency that costs homeopathy large numbers of its brightest students every year, and which, we fear, will work ruin to our cause if allowed to continue.

We are confronted with an anomalous condition of affairs when we study supply and demand for homeopathic physicians. The officers of the various homeopathic colleges are constantly receiving requests for physicians of our school from different localities. There are many populous counties in almost every state in the Union without homeopathic representation. Notwithstanding this apparent demand, our colleges are not increasing their annual number of graduates. We find by comparing the periods of 1880-3, 1890-3, and 1900-3, there were respectively 1,218, 1,315, and 1,470 matriculates per year, and 416, 370, and 352 graduates per year; showing an increase in the matriculates and a diminution in the number of graduates. This latter fact is due, in part at least, to the lengthened term, but it shows a diminution in the actual number of physicians turned out and is not a healthful sign for the perpetuation of homeopathic teaching.

It is the custom of many to lay this decline to imperfect teaching of the organon, the materia medica and therapeutics. While we are of the opinion that there is much truth in the criticism as applied to many of our colleges,—not so much, however, as our critics would have us believe,—we are more firmly convinced that the real fault lies in the character of the materia medica and therapeutics we have to offer our students.

The criticism of our colleges is the stock in trade of a few men in every city. As a rule they are men who have plenty of time to criticise others and who require very little time for their own practice. Their chief success is in creating dissensions and in driving progressive men from our colleges and the profession.

We have faith in the intent of college men, faith in the honesty of purpose of the average student of scientific attainments.

Given a materia medica proven according to some well defined plan in accord with present day scientific methods and homeopathy will have an impetus that will soon show in the increased number and intelligence of its graduates.

How may these provings be made? By "A College of Provings," established and controlled by the American Institute of Homeopathy, the largest and most influential body of homeopathic physicians in the world. It will be no small task, but measured in results it will be the greatest work ever done by this band of noble workers.

It is a vital necessity. The time to do it is NOW.

Let all who are of this opinion come forward, put their energies into the work, push it to the front, when we are confident that ways and means will be found to carry it to a successful issue.

D. A. S.

ANNIVERSARY.

One year ago *PROGRESS* came into the field of medical journalism. At that time a phenomenal career was not anticipated, and beyond the fact that the field was an open one and that her creation was demanded without a dissenting voice by the loyal, energetic and progressive profession, who were devoting a large measure of their time, energies and money to the maintenance and advancement of their public institutions, and who believed that a medium for the dissemination of facts concerning these institutions and the profession at large had become a necessity, anticipations for an immediately successful financial issue or a lasting enthusiasm on the part of the profession in its literary support, were not entertained.

It is with a great deal of pardonable pride, therefore, that we announce that *PROGRESS* is today practically paying her way, with a very comfortable and growing list of subscribers, which enables her to enter at the postoffice as second-class mail matter, and a liberal patronage of her advertising columns, whilst included in her list of contributors are many of the most prominent medical writers throughout the country. This statement can easily be verified by an examination of the files. The literary feature has been characterized almost universally by a tone of professional moderation and ethical freedom from fanatical bombast, hypothetical explosions and kindergarten criticisms of fellow phy-

sicians. The theory that a contribution to the reading columns of a medical periodical, no matter how absurd the statements made, constitutes and establishes the reputation and prestige of the physician, is not believed. The columns of PROGRESS must conserve a higher professional brotherhood and the general good of the cause, must impart something of value to its readers, must confine itself to modern, rational medical reasonableness from the pens of physicians of character and established reputation, or its honored patrons will no longer be asked to support it.

A. C. S.

Department of Theory and Practice

Conducted by { AMBROSE C. STEWART, M.D.
WILLIAM A. BURR, M.D.
G. P. HOWARD, M.D.

MILK DIET IN DIABETES.

In the treatment of diabetes, which is acknowledged to be an intractable disease and one of which no end of controversy is continually waging, too much stress cannot be laid upon the importance of a milk diet. It has been somewhat overlooked by a great many authorities, and when given, is not administered in the proper form or with the knowledge that every stomach is incapable of preparing for assimilation large quantities of milk. Milk when drunk, in many cases, passes into the colons undigested and in the form of a cheesy substance, is deposited and plastered throughout their entire length. It should be sipped or taken with a spoon in small quantities properly diluted to suit each individual case. This diet is superior to meat, and is not objectionable to the patient. In cases where these rules have been faithfully observed for its administration, its use has given flattering evidence of curative value in the treatment of diabetes mellitus, and prompt and efficient results have been obtained and, in some cases, an improvement in the patient is noticeable in a few days, but *milk diet must be taken persistently and exclusively* until convalescence is established. The disease, according to Jousset, is due to a nervous disorder of the liver, whereby that organ does not perform its function, and glucose in the urine is a pronounced characteristic, and he recommends as the principal remedy nitrate of uranium. This remedy was introduced to the notice of the profession nearly thirty-five years ago by Dr. E. T. Blake, a homeopathic physician, and has been extensively used in the European hospitals. It is indorsed by leading therapeutists as reliable when the leading indication is glycosuria.

HORACE T. DODGE, M. D.

Department of Eye, Ear, Nose & Throat

Conducted by GRANT S. PECK, M.D.

EYE COMPLICATIONS OF MEASLES.

The idea is prevalent among the laity that measles leaves many of its subjects with so-called "weak eyes." That the eyes are nearly always affected during an attack of measles is true, and that some serious complications, as well be hereinafter pointed out, may arise, but it cannot be said that many cases seemingly having their origin in an attack of measles are weak as a result of the measles. A careful examination of most of these cases will show them to be weak from errors of refraction, or from muscular asthenopia.

As a result of this idea of the after-weakness, it is customary to exclude the light, as well as the fresh air, from the sick room, lest the eyes be weakened thereby, it never occurring to the attendants that the foul atmosphere due to the emanations from the sick person is apt to be, at least as harmful, or more so, than a moderate amount of light and air. Measles affect both the skin and the mucous membrane, consequently the eye inflammations of this disease are, in reality, most commonly, a catarrhal conjunctivitis, the eruption making its appearance on the conjunctivæ at the same time as upon the faucial or nasal mucous membranes. These cases are usually severe only during and immediately following the period of eruption, this period beginning, however, on the membranes earlier than it makes its appearance upon the skin, hence the dry hollow, exasperating cough, and the redness, suffusion and photophobia which characterizes the first stage of measles. Attention to this conjunctivitis should not be overlooked; frequent bathing with a boric acid solution several times daily, continuing for a longer or shorter period, as the case may require after the disappearance of the eruption; shading the eyes from too intense light, and the admonition not to use the eyes for reading for a week or two, will usually result in no ill-effects from the disease.

There are few, if any, cases of measles which are not complicated by conjunctivitis, but occasionally where the inflammation is marked by much swelling the cornea may become involved, giving rise to corneal ulcer, or even to abscess of the cornea. In these complications more caution must be observed, lest serious

sequelæ result. A lesion of the cornea which is constantly exposed to the infection of the exanthem is very liable to extend, either over a large area, or to involve the deeper structures, or both. In the former case the ultimate effect may be to very materially lessen acuteness of vision owing to the remaining cicatrix, while in the latter the tissues may be so weakened as to produce a staphyloma, or even go on to perforation with all of its consequences: prolapsed iris, irido-cyclitis, and even loss of the eye.

Fuchs says: "The conjunctivitis of measles sometimes takes on a blennorrhœal or even a diphtheritic aspect (without actually turning into a true blennorrhœa or diphtheria). In such cases the cornea is endangered. During convalescence in some cases of measles, when the conjunctival inflammation has already become pretty slight, I have observed numerous Meibomian glands, both on the upper and lower lids, becoming inflamed and suppurating (*horeola meibomiana*). The purulent contents were evacuated partly through the orifices of the glands, partly upon the inner surface of the lid after breaking through the tarsus and conjunctiva." Phlyctenular keratitis or conjunctivitis may result from measles.

As there is usually quite severe rhinitis present, it sometimes extends into the tear duct, causing occlusion of the duct, or catarrhal inflammation of the sac. Optic neuritis is more commonly observed in measles than in some of the other infectious diseases. It is quite probable that some of these cases are secondary to a nephritis, and others to meningitis following measles, but it is not unlikely that some of them infect the trunk or the intervaginal space of the nerve, while in other cases the optic neuritis may be the result of a general toxæmia.

When there is considerable impairment of nutrition, a temporary strabismus may result, but this will usually readily respond to such remedies as causticum, belladonna or phosphoric acid, and the improvement of the general nutrition. Purulent choroiditis has resulted from measles and other infectious diseases, probably, generally, from an extension from involvement of the meninges, particularly from cerebro-spinal meningitis.

From the various complications of the eyes in measles as above recited, while seldom dangerous to vision, we are not surprised to know that blindness does sometimes, though rarely, occur. According to Hayes of Philadelphia, it caused 2.8 per cent. of blindness from known causes in the United States in the year 1890; and of sixteen cases tabulated, fifteen were due to destruction of the cornea, and one case to atrophy of the optic nerve.

The eye complications arising from the other exanthematous diseases does not vary greatly from those belonging to measles, excepting that they oftentimes present more severe symptoms, so that it follows that the eyes must receive attention in treating these diseases.

G. S. P.

Department of Obstetrics

Conducted by R. O. BUTTERFIELD, M.D.

IMPORTANCE OF PROFESSIONAL SUPERVISION DURING THE LAST MONTHS OF PREGNANCY.

The importance of a woman securing her accoucheur some months previous to parturition, should be impressed upon the laity. The physician as chosen will not be worthy of the trust placed in him, if he does not familiarize himself with his patient by systematic examination, taking into consideration her personal and family history. By so doing he may recognize and many times prevent impending obstetrical accidents and complications.

Naturally the obstetrician will fix the probable date of confinement as accurately as possible for his patient and also inform her of the list of articles he expects her to procure.

If it is the first pregnancy, an examination of the pelvis should be made, to determine if such a shortening of the diameter exists as will preclude the safe passage of the foetal head at full term. If such a condition is found, the advisability of the induction of premature labor after the thirtieth week, or Cæsarean section or craniotomy at term should be studied.

In threatened eclampsia, generally speaking, the most reliable signs are the presence of casts and albumen in the urine. Of the next importance is a careful estimate of the daily amount of urine and of the total solids excreted; of less importance is the urea index.

Family and personal history will give suggestions as to the liability of puerpureal hæmorrhage. Hæmophilia, hæmorrhages in previous labors, an over-distended or misplaced uterus, or one lacking in tone should put the physician on his guard.

If placenta prævia has been diagnosed, it should be insisted on that the patient be placed in a well-equipped hospital during the last week of pregnancy and every precaution taken for the accouchement.

The early recognition of what may be possible sources of infection, as discharging abscesses, running ears, etc., gives the physician a better chance to make use of prophylaxis against sepsis.

R. O. B.

"A TEST CASE."

E. G. FREYERMUTH, M.D.

Several months ago, a young man called on me to engage my services for his wife's first confinement. The prospective mother was a devoted member of the Christian Science Church, but it was agreed that a medical man should be present at her accouchement. As is my custom, after making such an engagement, I called on the lady at the earliest possible moment, to become acquainted with her; second, to ascertain if any abnormalities needed correcting, and third, to give instructions concerning the rest of her pregnancy and the confinement. I found a young lady, about 20 years old, presenting every appearance of good and robust health. She assured me that were it not for the amenorrhœa, abdominal enlargement and foetal movements, she could not believe herself pregnant, as she had not suffered the slightest inconvenience up to that hour of her gestation. Palpitation and auscultation defined the foetus lying in the L. O. A. position. Prognosis: Early delivery. Instructions: Do not venture far from home; at first appearance of regular pains take full bath, thoroughly washing the genitalia and inside of thighs, a high enema and notify the physician. The following forenoon the telephone called me to her bedside, when I learned that pains had awakened her at midnight. Two hours later the healer was sent for, but she did not think it necessary to come until 4 o'clock, at which hour she promptly arrived. At 6 o'clock the nurse arrived and two hours later it was thought time to send for me.

An examination per vaginam was readily allowed, I later learned, to satisfy all that "everything was all right." The os was well dilated and the occiput presenting in the anterior left quadrant of the superior strait. The healer, with book in hand, was giving constant treatments. The pains were regular and hard, and were cheerfully and patiently endured for a time; then the "Oh! dears" could no longer be suppressed.

No further examinations were permitted until things began to look desperate, so I was in constant ignorance as to the progress of labor. Once I suggested the thought that a little attention on my part might prevent serious lacerations, which was met

with the rejoinder from healer and patient: "There will be no lacerations; this is going to be a test case." The time came when the patient seemed to be losing strength and courage, and demonstrations of suffering became more marked. At last I was asked if I really thought I could help matters along. I assured them I could. An examination showed the head resting on a hard, tense, thick and unyielding perineum, presenting a condition which is tractable under proper treatment, but which will invariably tear if left alone. The danger of laceration and how it might be avoided were carefully explained and I made ready in my usual way to protect the perineum, but instead of giving heed to my instructions she increased her voluntary efforts at a critical moment and with a sudden movement drew her body away from my supporting hand and forced the head through the soft parts, causing the most extensive rupture I have seen for a long time. After the secundines and clots were removed I informed the patient and attendants of the injury and explained the importance of its immediate repair. Expressions of doubt came from healer and patient, and only after demonstrating its nature and extent, and recounting the evil results following its neglect, did the healer consent to the operation. The parts were properly trimmed and coaptated with a number of interrupted silk worm and continuous catgut sutures, without anæsthesia, and each brought forth expressions of pain and the anxious query, "How many more must you take?" When the work was completed she heaved as deep a sigh of relief as any one would who had passed through a trying ordeal.

On my second call, two days following, I found the patient dressed and moving about the house, feeling "splendid." On the ninth day, when I had promised to call to remove the stitches, the officious nurse telephoned me that it was not necessary for me to call, as she had removed the remaining stitches and "everything was all right." I have more than a passing curiosity to know the condition of that perineum.

Christian Science did not get much glory from their "test case." On the contrary, it demonstrated its danger, for I am satisfied that a reliance upon my method of protecting the perineum would have saved the integrity of that body. That Christian Science, alias hypnotism, alias psychopathy, alias suggestive therapeutics, fills a niche, small though it may be, in the healing art, no thoughtful practitioner can question. The time has come when the profession must recognize the influence of mind over body in morbid conditions, and to ignore the fact that so-called

healers sometimes accomplish what medication fails to do is equal to the extravagant claims made by the Eddyites. If all could be influenced by hypnotic suggestion as a certain few are, the terrors of child-birth would be a thing of the past and anodynes and opiates could be cast into the sea.

Occasionally statements come to us from such reputable sources as to leave no doubt that a painless accouchement has occurred under psychical conditions. The little woman of this paper went to her lying-in room confidently feeling her's would be painless, but she suffered as much as the average parturient woman, and sustained a more serious injury than had occurred in my obstetrical practice in years. Those who hold extreme views may argue that mental telegraphy communicated a doubt from my mind to that of the patient's which nullified the healer's suggestions. But I was not conscious of entertaining a doubt that her labor would be painless; in fact, I hoped it would be so. Again it may be said that my suggestion of the possibility of a laceration was responsible for the injury. But I am confident of preventing the accident when it appeared that I was going to have control of the patient. In other words, mental telegraphy should have in this instance conveyed the thought of my mind to the patient. My conclusion is that Christian Science is a valuable adjunct in the lying-in room only for those patients who are susceptible to hypnotic suggestions.

South Bend, Ind.

Abstracts of Reviews

Conducted by GEORGE E. BROWN, M.D.

RETROSPECT AND PROSPECT.

"It is always darkest just before dawn." This proverb seems about to be verified in the domain of medicine, more particularly of therapeutics in the dominant school. The medical historian of the future will refer to the period from about the year 1880 to about the year 1900 as the period of therapeutic nihilism, during which there was a practical and almost universal renunciation of drugs as curative agents. It was the era of the operative surgeon pre-eminently, and the conditions that made it possible were of a positive and of a negative character; on the positive side we may enumerate anæsthesia and antiseptis, which made it practicable to extend the field of operative surgery in all directions, and into territory that had been considered inaccessible without too great hazard; no organ or tissue or cavity was esteemed too sacred for the touch of steel, providing that the hand that guided it was consecrated by the chrism of Lister; another positive factor that aided in lifting the art of surgery to the first rank was a better knowledge of pathological anatomy and the discovery that many diseases were of a surgical nature that had been thought to belong to the domain of medicine, or to be irremediable.

These were some of the attractive and seductive features that made surgery almost irresistible, both to doctor and patient, so that in the hey-day of the era it was not uncommon for individuals (I will not say patients) of the gentler sex to present themselves to the surgeon for the ablation of certain encumbering organs or appendages, and the surgeon, generally, was willing. It was said that there was quite a rivalry among the younger members of the craft in the collection of these anatomical adnexa. But surgery derived a part of its distinction from the circumstance that the Healing Art proper, the Art of Internal Medicine, as practiced in the major school, had declined to so low an estate. Rationalism, which had become the governing principle in theology, had permeated the intellectual world generally, and at the period of which we write it was at the zenith in Medicine, and the prevailing sentiment among members of the profession was not only disbelief in the traditional or current medical treatment of disease, which was to their credit, but a rejection of the *theory*, as

of that which was totally *irrational*, that drugs were remedial or curative, except in a very restricted sense. Among conditions that were influential in the genesis of this medical skepticism, outside of the general influence of the *Zeit-geist*, as the Germans call it,—the school of Hahnemann has been a factor of the greatest importance. Originating at a time in medical history when poly-pharmacy and wholesale medication was the prevailing fashion, it has steadfastly held aloft its light and maintained its confidence in the potency of drugs as curative agents. Medical theories in the meantime have come and gone in the “Rational” school; the medical treatment of this and that disease has changed at the dictation of the ever-shifting theory of its pathology until, at last, in sheer weariness and disgust, and, encouraged by the example furnished by the low mortality rate under homeopathic treatment (which they regard as nil so far as its *medical* treatment is concerned), the majority of the best educated members of the “Regular” school cast themselves upon the ever-indulgent, ever-resourceful Dame Nature, or the *vis medicatrix natural*, and renounced and vituperated a theory, a belief, a trust that was as old as human history.

We read in an ancient book: “The Lord hath created medicines out of the earth, and he that is wise will not abhor them.”

What wonder is it that during the period of medical nihilism, a period when the regularly ordained priests of the Catholic Church of Medicine offered no balm for the ills of the flesh,—that the sick and infirm, who shrank from the surgeon’s knife, and who had sought in vain among the “regular” ministers of health for a reassuring voice, a confident accent; what wonder that they were victimized by the positive promise of the charlatan, or the fanatical but cheerful hopefulness of the “faith curist,” or the ignorant and blatant but smiling assurance of the Eddyite. These “healers,” at least, had the merit of holding out to the chronic invalid something more than a barren pathology, or an impotent diagnosis; their very confidence in their healing resources is an asset of no mean value, granted that this is their *only* asset, it will still outweigh all the learning of the schools, if that learning has no issue in the one thing needful, viz: the ability to *cure* disease. The one event that probably marked the beginning of returning hope to the “regular” school of medicine, the day-dawn, as it were, of the restoration of confidence in the *curative* power of drugs, was the demonstration of the efficacy of antitoxin in diphtheria. The serum treatment has extended to other infectious diseases, and will extend, and, recently, in some experiments con-

ducted by Ehrlich, we have an intimation of the fact that the serum treatment may be only an intermediate step toward the goal of scientific medicine; and it will not surprise us of the school of Hahnemann if the therapeutic law proclaimed by him, discovered by a process of sublime deduction, be found anew by processes entirely different, but satisfying the most rigid scientific requirements.

The Journal of The American Medical Association, May 7, prints a brief abstract of a paper by Ehrlich and Shiga on "Influence of Drugs in Inducing Immunity." This abstract describes some experiments of the authors and proceeds: "The above experiments are interesting, further, because they throw light on the therapeutic action of drugs. The trypan red in itself does not kill the trypanosomata, but *it induces conditions in the organism which destroys them and leads to active immunity.* It is possible, Ehrlich concludes, that a cure by chemical agents may afford conditions more favorable for the realization of immunity than those that follow the use of specific serums."

ARTERIO-SCLEROSIS.

There is a well-known saying that "a man is as old as his arteries." Like all axioms, this must be regarded as a statement of what is frequently if not generally or universally observed. We have, therefore, a ready means of ascertaining whether or not an individual is really older than the number of years he has lived indicate. And it is sometimes possible to push back the hands of time, *virtually*, by banishing the marks of decrepitude and in some degree at least restore the elasticity and vigor of youth. When an individual of forty-five years suffers with infirmities and impediments to activity that normally appear at the age of sixty or seventy years, the fact may be ascribed to heredity, but very often it is due to a faulty mode of living, to vices and excesses, to worry and fret, to physical strain and hardship. Such an one has lived "fast," and has simply arrived at the goal, that under normal conditions is not reached until fifteen or twenty years later. But thanks to a merciful "Nature," who "forgives" the infractions of her laws, in a sense, some of the years, at least, that have been forfeited, may be restored if the individual, with steadfast heart and purpose true will live as he ought and accept the aid of the physician's art. These remarks are introductory to a synopsis of two interesting articles; one from the pen of Alfred Stengel on "The Early Diagnosis of Arterio-Sclerosis" and the other by

Swithin Chandler on "Truneceks Serum," which is attracting attention as an important means of treatment of the arterial degeneration discussed by Stengel. This disease is far more common than is supposed, but will not be observed by the practitioner unless he looks for it and knows what to look for. The following physical signs of its presence are pointed out in the first paper mentioned above: (a) Changes in the character of the pulse wave, as determined both by the finger direct and by the sphymograph; (b) Elevation of the blood pressure; (c) Accentuation of the aortic second sound; (d) Gradual loss of the muscular element in the first sound at the apex. The author believes that these signs should only suggest the presence of arterio-sclerosis, as they may occur in other conditions. The general symptoms vary greatly according to where and to what extent the sclerotic process is localized. But the following symptoms should attract attention: (1) Reduced vitality, many cases of neurasthenia are due to this condition; (2) The arterio-sclerotic facies; this consists of a peculiar pallor specially conspicuous around the mouth, temples and eyes; (3) a change in the activity of the sweat glands. Late in the disease there is dryness of the skin, but early there may be hypersecretion. (4) Renal activity is altered, the urine is more abundant, and is apt to have a variable specific gravity. Late in the disease there is usually albuminuria, at times intermittent, and casts finally make their appearance. (5) The early heart symptoms may be vague, *arrhythmia* in persons about forty is suggestive of arterio-sclerosis. Too often this is attributed to gastric disturbance, tobacco, tea, coffee, etc. (6) By ophthalmoscopic examination the thickened retinal arteries may be observed,—De Schweinitz has called attention to the high light of the arterial image and the compression of the veins where the arteries cross them, as evidence of this condition.

If the sclerotic process involves the peripheral arteries, like the temporal or the radial, the former will be observed standing out prominently on the forehead and in a tortuous form; the radial will be felt as a hard cord, scarcely compressible. An hypertrophied left ventricle in the absence of valvular disease or nephritis is suggestive. Chronic interstitial nephritis is often associated with this disease.

A history of gout, or rheumatism, syphilis, lead poisoning, alcoholism, venereal excesses, hard manual labor, exposure to cold, will generally be obtained.

Trunecek's serum, named after its originator, has the following composition:

Sodium sulphate	0.44	gramme
Sodium chloride	4.92	"
Sodium phosphate	0.15	"
Sodium carbonate	0.21	"
Potassium sulphate	0.40	"
Distilled water to.....	100	c.c.

The above corresponds to the blood serum with the exception of greater concentration. Chandler has given this solution in doses of 16 c.c. twice daily. Its effect is believed to be to maintain the blood in its normal reaction and thus prevent endothelial deterioration and deposits.

"The deposit in arterio-sclerosis is mainly calcium phosphate. This is dissolved by Trunecek's serum." Chandler gives the clinical history of six cases affected with various disorders, such as asthma, cerebral circulatory disturbances, ringing in the ears, anæmia; these cases all had an attending arterio-sclerosis, and were successfully treated with Trunecek's serum. This combination of inorganic salts is also put up in the form of powders, pills or cachets.

THE IOWA STATE SOCIETY.

The Hahnemann Medical Association of Iowa met at Sioux City on the 24th ult. with a large attendance. The meeting was an unusually interesting one in the matter of the papers presented, the resolutions adopted, the large addition of new members and the social features of the occasion. The physicians of Sioux City are evidently beyond the ordinary in true hospitality and good fellowship. We regret we have not the space to give a full and detailed report of this meeting.

The most important resolutions adopted were those relating to the re-proving of drugs and the establishment of an institute of drug proving and one asking that makers of patent or proprietary preparations be compelled to print their true formulæ on their labels and in cases where poisonous substances are employed, that their exact quantity be stated. This is an excellent measure and one that should merit the attention of State Boards everywhere. That relating to provings is as follows:

"WHEREAS, A plan for the establishment of an institute of drug proving was presented before the last national meeting by

Dr. H. P. Bellows, of Boston, and the subject referred to a committee with instructions that a report be given at the Niagara meeting next month; therefore,

“Resolved, first, That the Hahnemann Medical Association of Iowa do most heartily indorse such a plan for drug proving; and

“Second, That the delegates of this body to the national convention be and are hereby instructed to use every effort to secure the adoption of the above mentioned plan; and

“Third, That a copy of the above be sent to the secretary of the National Association and the chairman of the committee to which the plan was referred.”

These officers were elected for the ensuing term: A. Perry Bowman, Sioux City, President; W. L. Bywater, Iowa City, Vice-President; Ruth Marvin, Sioux City, Second Vice-President; Wm. Woodburn, Des Moines, Secretary; George Royal, Des Moines, Treasurer.

NEBRASKA STATE HOMEOPATHIC MEDICAL SOCIETY.

At the recent meeting of the Nebraska State Homeopathic Medical Society this resolution bearing upon the re-proving of drugs was unanimously adopted and is strikingly evident of the tendency of thought along these lines:

“WHEREAS, There is known to be a proposed plan for the reorganization of the American Institute of Homeopathy along lines that shall give a greater cohesion among the members of the profession and that shall affiliate all local and state societies; and,

“WHEREAS, There is known to be in the American Institute of homeopathy a proposed plan for the re-proving of the drugs of our materia medica with the aid of all modern methods and instruments of precision, and

“WHEREAS, There is a proposed plan of publishing the transactions of the American Institute of Homeopathy in the form of a monthly medical journal, the annual Institute fee to include a subscription to this journal; therefore, be it

“Resolved, That the Nebraska Homeopathic Medical Society, in annual session, do most heartily endorse these proposed changes as being a wise solution of the necessary problems of stronger organization, closer affiliation and a more scientific materia medica.”

A. C. S.

MINNESOTA STATE HOMEOPATHIC INSTITUTE.

St. Paul, Minn., May 20, 1904.

My Dear Doctor: The Minnesota State Homeopathic Institute held an active three days' meeting with a good attendance. I enclose the program. As State Institutions to report were: The University College of Homeopathic Medicine and Surgery; The University Dispensary with over 5,000 prescriptions a year; The Insane Asylum at Fergus Falls; The School for the Deaf at Fairbault; Maternity Hospital, Minneapolis; Cobb Hospital, Merriam Park, St. Paul, and the homeopathic staffs of the City Hospital, Minneapolis; City Hospital, St. Paul; St. Luke's Hospital, St. Paul; St. Joseph's Hospital, St. Paul.

The Institute heartily indorsed the proposed re-proving of the materia medica by the American Institute of Homeopathy. The following officers were elected for the year 1904-1905: President, A. B. Cole, Fergus Falls; First Vice-President, R. B. Leach, St. Paul; Second Vice-President, A. S. Wilcox, Minneapolis; Treasurer, Margaret Koch, Minneapolis; Secretary, E. L. Mann, St. Paul.

The meeting was an enthusiastic one, and the discussions lively and interesting. Adjourned to meet in St. Paul in May, 1905.

Sincerely,

E. L. MANN.

Current Events

Dr. W. R. Stephens of Wilksburg, Pa., has been visiting friends in Denver recently. The doctor has just returned from an extensive trip through the West extending to the coast, and is now on his return trip home. This office enjoyed a very pleasant call from him.

* * *

Dr. W. R. Welch of Denver was married in New York City, June 1st, to Isabella, daughter of Dr. and Mrs. Kublinski of Dresden, Germany. The happy pair will be "at home" at 1245 South Pennsylvania avenue, Denver, after June 14th. This will surprise many of the doctor's friends. We congratulate the doctor and extend to his happy bride a cordial welcome to Denver.

* * *

Dr. Walter Dake of Nashville, Tenn., has been visiting in Denver and Colorado for some weeks past. He is a son of Dr. Jabez B. Dake, who was for many years a leader in the ranks of the homeopathic physicians of this country. The doctor has been studying conditions in the West and will probably make it his home in the near future. He is an old acquaintance of Dr. Kinley, and under his care the doctor visited our hospital and college and expressed himself as well pleased with the progress these institutions are making in this community.

* * *

Dr. S. S. Kehr of Sterling, Illinois, still retains a lively interest in the Denver Homeopathic College and Hospital. He was for six years intimately connected with each of them, he being one of the original incorporators of the enterprise. A letter from him brings news of his success in business. He is now building a new home and office combined, and will soon be permanently located. His letter is full of questions relating to matters in which he is interested in Denver. We expect a visit from him in the not distant future.

* * *

Dr. J. B. Kinley will go East with his family about the 15th inst. He will be gone two months. His wife and the children will visit much of the time with relatives and the doctor will take advantage of some of the great clinics of the East to brush

up a little on his specialty. They will return in time for the opening of the schools.

* * *

Dr. A. E. White, of Baggs, Wyoming, brought to the Hospital a very interesting surgical case recently. A report of the case will appear in PROGRESS later. Dr. Baggs graduated from the University of Minnesota in 1890. It was while a student he became acquainted with the editor of PROGRESS.

* * *

Dr. Charles E. H. Armbruster went East June 1st. It is his intention to spend two months in the best hospitals of New York and the New York Ophthalmic Institute studying the diseases of the eye and ear. He will also visit Chicago, St. Louis and other important cities.

* * *

The writer acknowledges the receipt of an invitation to the commencement exercises of the Boston University. Enclosed is the card of Rev. Phillip Frick, Ph. D.

* * *

Dr. H. K. Dunklee is contemplating an extended trip through the East soon. He will go by way of New Orleans and try the "water route" up the east coast. The doctor is a genuine Yankee, and will rejoice to once more be on the green hills of old Vermont.

* * *

Dr. Rupert O. Butterfield and wife and son started for the East June 3rd. They go by St. Louis, where they will study the great Fair. Later they will spend some time in New York, returning by way of Chicago. The doctor will devote considerable time to the study of his specialty both in New York and Chicago, while his family will enjoy visiting with friends of other years.

* * *

A judge of the court of common pleas No. 5, of Philadelphia, has decided that where the insured has been executed for crime, the policy is void and forbids recovery upon the insurance policy.

* * *

A tablet in memory of the late Dr. Egbert Guernsey, until his death President of the Medical Board of the Metropolitan Hospital B. I., was recently unveiled by the Commissioner of the Department of Public Charities of this city. Dr. Arthur L. Root delivered the address on the part of the Medical Board.—*Medical Times*.

Mr. Jere B. Stott, the publisher of *PROGRESS*, and his wife are now in the East visiting with his parents and the friends of his boyhood. If old Pennsylvania has any more boys like Jere to spare, Denver will be glad to get them. We wish them a most enjoyable trip and safe return.

* * *

Mrs. Elizabeth Morton died in New York City, April 21st, of pneumonia. She was the widow of Dr. W. T. G. Morton of Boston, Mass., the discoverer of the anæsthetic properties of ether. The first public demonstration that the use of this agent was safe and practicable was made in the Massachusetts General Hospital, October 16th, 1846. Dr. Morton was a dentist by profession. Ether was first administered in a case of labor, April 7th, 1847, by Dr. N. C. Keep. It was given very cautiously, and the results were highly satisfactory.

* * *

Dr. John W. Harris and wife sail from New York, June 23rd, on the *Frederick de Grosse* of the North German Lloyd Steamship Company. They will be gone about three months. During this time they expect to visit Berlin, Vienna, Rome, Milan, Florence, London and other important places. His especial purpose is to study in the best surgical clinics of the old world, giving more particular attention to certain specialties that have assumed great importance in recent years.

* * *

The writer has a distinct memory of the blue light craze, introduced by General Pleasonton some years ago. Marvelous effects were published, and the glass was sold in large quantities. We occasionally see in recent journals reference to the therapeutic powers of this agent. Among the latest is one from Paris to the effect that neuralgia of the trigeminus is cured by it. Also neuralgia of one of the spermatic nerves "was speedily jugulated by the treatment." (?)

* * *

Dr. Fred B. Morgan of Fort Collins made a very pleasant call at our office last week. The doctor reports everything favorable in his locality. We are pleased to hear a good report from Dr. J. H. Daniels, who has lately become a confrere of Dr. Morgan.

* * *

The laryngoscope, like most things of value, was not kindly received when first discovered, but was for sometime regarded more as a toy or plaything of the inventor than an instrument of

great interest to the profession. Manuel Garcia has lived long enough to see his instrument a necessity in every medical man's office, and of peculiar value to the specialist in nose and throat work. He was born in 1805, and last March 17th passed his ninety-ninth birthday.

* * *

Dr. William A. Burr and wife are now visiting in Mount Vernon, Iowa. This city is the seat of Cornell College, from which Dr. Burr received his degree, A. M., in 1867. The occasion of his return at this time is the celebration of the semi-centennial of the founding of this great institution of learning. The doctor is a loyal friend of his Alma Mater and never fails to speak in its praise at all proper times. We do not know what part the doctor may have on the program, or whether his voice will be heard amidst the rejoicing, but we do know that he is an honor to the institution that graduated him, as well as to the one with which he is now connected. We wish him and his good wife a prosperous journey and a joyous time.

* * *

It is with a sense of deep sorrow we record the affliction that has recently come to the household of Dr. and Mrs. W. Carey Allen of Colorado Springs, in the death of their daughter Caroline. Mrs. Allen and her daughter were spending a time in Pasadena, California, and anticipating many delights in that sunny country, when Miss Caroline was taken suddenly ill and become worse very rapidly. Her father was telegraphed for, and he started for California at once, but before reaching there received a message that his child had died. It was a terrible blow to him, and with a sad heart he continued his journey to Pasadena. The disease that terminated this bright young life so suddenly was diphtheria in a malignant form. But a few moments before her death she was talking with her mother and received cheering words from some of her friends. The remains were cremated and the small casket with all that was left of the once brilliant, beautiful and loving child of Dr. and Mrs. Allen was brought back to Colorado Springs for interment. The funeral was very largely attended, and every token of love and sympathy was extended to the sorrowing parents by the people of their home city.

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