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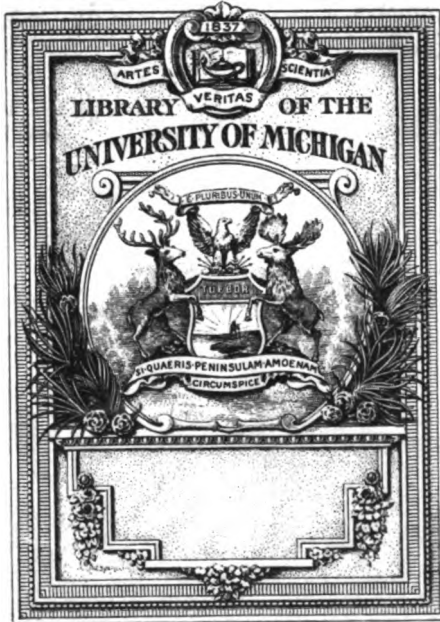
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# PROGRESS

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Monthly Journal  
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Progressive Scientific Medicine

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**GEORGE ROYAL, M.D.**

# PROGRESS

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## *Original Articles*

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### ENCOURAGE HOMEOPATHIC INSTITUTIONS.

JAMES P. WILLARD, M.D.

Reports from the recent session of the American Institute indicate that a very lively interest was manifest in all enterprises calculated to promote the welfare of our school of medicine. The claims advanced from some sources that we are not making the progress we should, and that ultimately we will be amalgamated with the old school and eventually lose our identity seems to have caused an awakening on the part of many who for the time have seemed to lack the interest of former years. In the effort to give homeopathy the impetus it should have and restore the lost prestige (if such is the case), we know of no better method, or field of activity than in promoting the interests of our institutions. We have a sufficient number of medical journals, probably, and they are of a high order, most of them capable of taking care of themselves. Let them be liberally patronized both with subscriptions and advertisements, and then let unjust criticism cease, and wherever a good word can be spoken and encouragement given for real merit, let it be done heartily.

Reports to the intercollegiate committee seem to indicate that our colleges are not as prosperous as they should be. The classes are not growing as rapidly as we believe they should. Our physicians should work for the interests of our colleges more energetically than heretofore. Stop giving a half-hearted support to homeopathy, and then sending your son or student to some old school college on the specious plea that they give a better and more scientific course of instruction. A careful investigation will convince an unprejudiced observer that such is

not the case. On the contrary, our schools are up-to-date in every respect and give as thorough a course, and one as well suited to the needs of the medical student as can be obtained anywhere. Study the conditions surrounding our colleges, examine the curriculum, look into the personnel of the faculties, and be intelligently informed on the whole subject, and then work for the development of this important factor in the progress of scientific medicine.

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### SHALL WE AFFILIATE.\*

F. E. WAY, M.D.

*Fellow Practitioners and Members of the Nebraska State Homeopathic Medical Society:*

I trust that you will pardon me for departing somewhat from a well-established precedent, in coming before you with an address of this character. Because I refrain from any allusion to the very notable discoveries in the field of general medicine does not imply that I am ignorant of such discoveries or underestimate their importance. Because I fail to refer to the advances made in the art of surgery does not indicate that I fail to appreciate the progress made along this line during the past year.

I have simply elected to occupy the few minutes allotted to me in directing your attention to the general situation in the broad field of medicine, and analyze to some extent the position we occupy as a separate school of practice.

I am well aware that the "warner-off" is always laughed at, and that the prophet of evil is never popular, but to some extent I shall assume the role of both. Instead of patting you on the back, instead of telling you of your triumphs and successes, of your steady growth and wider recognition as a school of medicine, instead of tickling your ears with flattery and platitudes, I shall endeavor to show you the precarious position occupied by our homeopathic organizations and awake in you a fuller recognition of a very evident danger which threatens our

\*President's Address Before Nebraska State Homeopathic Medical Society, May, 1904.

institutions. I trust that the few words which I may be able to say at this time will arouse a train of sober, serious thought, which, as you return to the fields of your busy labors will go with you and, together with your well-known loyalty to our homeopathic institutions, aid in working out the right solution to the present situation.

Is it possible that Homeopathy, as a distinct sect in medicine, has nearly accomplished its mission? If so, its decay is certain. Has Homeopathy already left a sufficient impress on medical thought to insure the permanence of its principles and teachings throughout coming ages? If so, the fall of its distinctive organizations cannot be prevented.

Is it possible that the sectarian name applied to those who follow the teachings of Hahnemann is a hindrance rather than a help to the more general acceptance of those truths by all who practice the healing art? If so, those organizations must give way, for nothing that stands in the way of the wider recognition of a truth can long exist. The world moves, and in a mysterious way the eternal verities gain gradual recognition. Centuries may be occupied in the development of a single truth. We labor on amid ridicule and disappointment, sustained by an unflinching faith in the ultimate triumph of our ideal, but we live not to enjoy the victory. The generation which shall reap will have had no share in the watering, as we have had no share in the planting.

Truth, in its infancy, is a tender child, needing the fostering care of its natural parents to keep it from being crushed by the forces of evil to which it is naturally opposed. But having outgrown its swaddling-clothes and attained full stature, it disdains the restraints of the guardians of its youth and pushes out, confident of its ability to carve out for itself a place in the world.

Our homeopathic organizations have been the guardians of a therapeutic truth. For a century we have fostered and protected an idea which has gradually grown in recognition until its adherents are now numbered by the hundreds of thousands. Has that stage of progress been reached when, were it not for the restraint of our sectarian organization, and the stigma which naturally attaches to those who practice sectarian medicine, its recognition and acceptance would be more rapid and general, and its truth admitted as one of the well-proven laws of nature?

Is our solicitude a hindrance rather than a help? Is it a mistaken kindness which causes us to watch so carefully the steps of our child, who has long since discarded his short-pants and jacket? Let us take a look at the conditions existing in the medical field today, and see if we are no longer needed. I think the signs of the times are plain and the answer easily read.

Our traditional enemy, the dominant school of medicine, beams upon us benevolently, and wears a smile benign and charitable. Its attitude toward us is as friendly as could be desired, but is it sincere? The offer of affiliation is still open to us, and that they really desire us to affiliate I cannot doubt. Affiliation certainly has a smooth and pleasant sound, harmonious to the ear. To the mind it appeals enticingly, speaking of brotherhood and love. Affiliation! At first thought it seems to be the goal for which we have been striving, the recognition of our principles by the general body of educated physicians, an admission of the scientific truth of our claims. But let us take a second and more careful look at the proposition they have made us. Is affiliation what they really offer?

Being naturally of a gentle and trusting disposition, I at first thought so. I wanted to think so. But alas for the day-dreams of youth and inexperience! A more careful investigation of the proposed compact revealed the fact that the *name* did not properly fit the *plan*. It was to be not an alliance *with* them, but a conquest *by* them. Not a recognition by them, but a surrender to them. Not a union with them, but an absorption by them; a reorganization for them and a disorganization for us; in fact, not an *affiliation*, but an *assimilation*, and we were the unfortunates who were to furnish the pabulum for their assimilative organs to work upon. Naturally I object to playing the passive part in their digestive exercises, to furnishing the fat for increasing their adipose.

As a piece of statesmanship this new scheme is a monument to its originators. As a bit of smooth work it surpasses anything I have seen. For devilish ingenuity it would be a credit to a Machiavelli. I think our regular brethren have been reading the "Wandering Jew," and it has given them a valuable hint. Do you recall the little scene in the St. Dizier house, when Rodin, the arch-conspirator, in assuming full direction of the plot to obtain for the Society of the Jesuits the inheritance which had

been so carefully guarded by the faithful Samuel and Bathsheba, characterized in the following language the methods of his predecessor: "What mistakes! What poverty of invention! What coarseness in the means employed to bring it to bear!"

After years of bungling; years during which they have employed the coarsest and crudest methods to exterminate us, with no other success except to cement more closely the bonds of fraternity which have bound together the homeopathic practitioners of this country, and cause them to fortify themselves in their organizations, they have at last awakened to the fact that Homeopathy has thrived on this form of persecution, and there has arisen in their ranks a second Rodin, who proposes to show them a better way.

Hence they have abandoned all attempts at adverse legislation as being crude and uniformly unsuccessful in the past. They have also discarded ridicule and misrepresentation as being puerile and only worthy of the small boy, who from a safe distance hurls bad names and other things at the antagonist he is afraid to meet in the open. They have learned a lesson from the methods of Rodin, and under a pretense of liberality and friendship have thrown open the doors of their society and invited us to come in. It is the invitation of the whale to the immortal Jonah: "Come in, Jonah, out of the wet." They well know that within their organizations the homeopaths will ever be in a hopeless minority as far as voting power is concerned, and will simply be submerged and their identity completely lost. They also know that homeopathy unorganized is homeopathy disorganized. On this fact they depend for the success of their plan: "Will you walk into my parlor?" said the spider to the fly.' No, this little fly will not, as long as the hereditary enemy of all flies inhabits that parlor. The motto of the astute politician is a good one, and applies to this case: "Avoid all entangling alliances."

Wahoo, Neb.

## ELECTRICITY AS A THERAPEUTIC AGENT IN THE TREATMENT OF DISEASES OF THE EYE, EAR, NOSE AND THROAT.\*

LAURA J. BROWN, M.D.

Successful results in using electricity in disease depends upon a knowledge of the therapeutic action of electricity; second, upon an understanding of the pathological condition to be relieved, and third, skillful methods of applying electricity to the parts affected.

One must always keep in mind the fact that the positive pole is astringent antiseptic, producing sedation and having an acid reaction. The negative pole is just the opposite in effect; stimulating, non-antiseptic, alkaline in reaction, increasing the blood supply, and a solvent of connective tissue. We do not claim that electricity is a panacea, but that it does produce a more decided benefit in certain unfavorable cases than the stereotyped remedies cited in many journals and text-books.

If atrophy of muscle or nerve can be produced by non-use, by interference with vascularity or proper nutrition, it is reasonable to expect that such an agent as electricity, which does stimulate circulation and discuss the hyperplastic interstitial tissue of the nerve, thus preventing secondary contraction and atrophy may restore function and favorably modify nutrition. In optic atrophy surprising results may be obtained by the application of electricity. One case of six years' duration, which had been under the care of the best oculists of this and other countries, was able to count fingers but uncertainly when held close to her face, and who could go about only when accompanied, was given the sinusoidal current to lids and nape of neck, with marked improvement from week to week, until at the end of the year she was able to read and write her own letters. She then declined to continue treatment, leaving her case, as she said, in the hands of her heavenly Father, in this case meaning her heavenly mother, Mrs. Eddy.

In blepharospasm we have the opposite condition, and would reverse the treatment, applying the positive current as the active electrode to the closed lids and the negative as the indifferent to the back of the neck.

\*Read before Nebraska State Homeopathic Medical Society, May, 1904.

One case, the result of measles, was relieved from all pain and mictation after one week's treatment.

Asthenopia and headache of months' duration was given galvanism as a last resort, with immediate benefit. After four months' treatment no headache, and could read day or night without glasses.

A case of embolism of two years' standing was given daily treatments with steady improvement, his vision improving in thirteen days from fingers at a short distance to second hand numerals on a watch.

For corneal opacities, cocaine the conjunctiva and apply negative electricity, one half ma for from one-half to one minute, over scar tissue.

In trachoma cocaine and apply copper electrode directly to the granulations, using the positive pole with three, four, or even ten ma for one minute, or until the tissue begins to take on the green hue of the copper.

For diseases of the ear electricity is of inestimable value; stubborn eczema of the auditory canal often yields readily to positive electrification or X-ray from a soft tube applied from three to ten minutes tri-weekly, exposure made at a distance of eight inches.

Acute otitis media is of two varieties and demands different treatment. If purulent, early paracentesis and drainage, with dry dressing and positive electricity is indicated. If simply catarrhal, avoid perforating the ear drum, dehydrate the tissues with positive electricity, followed by a ten per cent. solution of carbolic acid in glycerine.

Chronic suppurative otitis media may originate from either of the acute forms. If necrosis of bone, granulations, or polypi exist, appropriate treatment may be required; but most cases will yield readily to copper electrolysis. A fine coil of copper wire covered with wet cotton may be introduced until in contact with the mucus membrane of the middle ear, when positive galvanic current may be turned on as strong as the patient will bear; sometimes as much as one ma may be applied, if increased very slowly.

Impairment of hearing is more often due to chronic non-suppurative otitis media. The many pathological conditions all depend primarily upon the more or less complete closure of the



eustachian tube, which in turn is due to chronic naso-pharyngitis. In the early stage the application of the positive pole to the drum membrane gives excellent results. Faradism is of almost equal benefit. Later, when the hypertrophic stage is reached, we may need to use the negative pole to soften the connective tissue. Apply by means of a pencil of damp cotton on an applicator to the tympanic membrane while the indifferent electrode may be held in the hand or passed through the nostril to the inner meatus of the eustachian tube. Use only a mild current, one-fourth ma for ten or fifteen minutes daily for a week, then less frequently. No permanent benefit can be obtained if the eustachian tube is occluded. The electrolytic bougie may need to be used to overcome this. Electrolytic dilatation of the eustachian tube requires special instruments. First a hard rubber eustachian catheter, a set of olive tipped gold wire bougies, two inches longer than the catheter, and a measure for determining the progress of the bougie through the tube. The bougies should be of three sizes, tips about one, one and a half and two millimeters in diameter. Know how much longer the bougie is than the catheter. The progress of the tip can then be known by observing the end of the bougie which has not passed into the catheter. Introduce the catheter accurately into the meatus of the eustachian tube. Test by inflating while the auscultating tube is passed from the patient's to the operator's ear. Pass the bougie until an obstruction is met. Attach the bougie to the negative pole, place the positive pole in the patient's hand, turn one from one to three ma and exert a gentle, steady pressure upon the bougie until the obstruction is passed; then continue until the tip encounters the middle ear. As the tip completes its passage through the tube the patient will experience a slight bubbling sensation at the cessation of the pain, which should be slight or entirely absent. Repeat the treatment in from five to seven days.

The pathology of the internal ear is less definitely understood, hence treatment is less satisfactory. A few general principles, however, may be followed to advantage. Hyperemia gives rise to tinitus, which is worse when lying down, and calls for remedies to lessen the blood supply to the brain, and the application of positive electricity to the external auditory canal.

In anemia the tinitis with impairment of hearing is better when lying down or when glonoine and kindred remedies are given, and the negative pole to the canal is indicated.

Much benefit can be obtained both in hypertrophic and atrophic rhinitis from electricity. If simply catarrhal the positive electrode, a cotton covered wire, moistened in some simple esstringent, introduced into the nostril so contact is made with as much mucus membrane as possible will give fine results. Use four to six ma for from seven to ten minutes every other day. If necessary, the turbinates may be cocainized and sharp electrodes passed into the tissues for one-eighth inch and a similar amount of electricity used for a like period of time. In atrophic conditions stimulation is necessary; so the negative current should be applied by means of the cotton covered electrode, which should be saturated with a stimulating fluid.

Practically the same conditions exist in pharyngitis and laryngitis as in rhinitis, so the treatments for one would simply need to be modified to suit the case under consideration, bearing in mind the pathological conditions to be overcome, and the therapeutic actions of the different currents of electricity.

Lincoln, Neb.

## TUBERCULAR MENINGITIS.

JAMES B. BROWN, M.D.

This disease occurring more frequently among children, is one of the worst troubles that we have to treat. It occurs as a rule, between the first and seventh year. It is characterized by an inflammation of the meninges of the base of the brain, and usually, but not always, by the formation of tubercular granulations.

It is classed in three forms, viz: The common or regular; the febrile, called also typhoid, and the irregular form. Although there are cases reported cured, Jousset says he has never mentioned a cure, as it seems to him problematical. However, there are authentic examples of considerable remission in all the symptoms of temporary cures, but almost always after a number of months or years a relapse occurs and carries the victim away.

The morbid anatomy of this condition shows that the principle lesion is at the base of the brain. The chiasm of the optic nerves, the floor of the fourth ventricle, Pon's varolii, madulla-oblongata and fissure of sylvius are covered with a jelly-like substance, under which are almost always found gray granulations and even crude tubercles (Jousset).

Tubercular meningitis is caused by heredity and infection, but more often by the former. According to certain scientists, tuberculosis is not directly transmitted from parent to offspring, only the susceptibility. My observation upon this subject leads me to believe this to be true only in certain cases. I have seen tubercular meningitis occur in a child of a few months of age, whose mother was suffering with tuberculosis during gestation, she being so weak with this disease at birth and in such circumstances that she could not care for it. The child was cared for by healthy people and amid sanitary environment, which to a certain extent would preclude infection, showing most positively that it came through inheritance.

It is claimed that if a cure is effected, the child's mentality will be dulled, or suffer from paralysis later, and perhaps have a relapse, or tuberculosis will occur in another portion of the body.

Within the past two years I have treated two cases of tubercular meningitis at the orphanage with which I am connected; both had a tubercular history; one died, the other is now enjoying fair health, though it has been ten months since recovery. As to the diagnosis, there can be no question. In order to do justice to the history of the case, I beg to submit the following report in detail:

W. T., male, aet. 8 months. A strumous child of tubercular parentage, bottle fed, of average size, with waxy skin, size of head little above the average, silken hair, light in color, enlarged abdomen with flabby muscles, in fact, a typical calcaria carb make-up. This child never had a healthy appearance, but seemed to thrive as well as the average strumous child. He had not been resting well for a week or more, when suddenly he developed a high fever. I was called to see him July 12th, 1903. Found the child lying across the nurse's lap, face flushed, pupils widely dilated, fontanel bulging, eyes rolling upwards and moaning pitifully. The least jar or noise would cause it to utter a shriek. It was very thirsty, grasping the spoon when brought near it. Temperature was 106, pulse 165. I ordered the child placed in dark room and quiet maintained, cold cloths applied to its head, water given freely and bell. 30 x every two hours.

July 13th found the child some better. It had not slept any during the past 24 hours, still moaning and occasionally uttering a shriek, could see nothing but the whites of the eyes, would take nothing but water, temperature 104, pulse 150. Remedy continued.

July 14. Child very weak. It had slept about 2 hours during the past 24; would fall asleep for a few moments, only to awaken with a shriek. It lay on its back, occasionally rolling its head sideways and moaning, eyes rolling upward and diverging, lids only one-half open. The child was rapidly falling away, the eyes had lost their luster and looked hazy; the child lay motionless with the exception of the head, and to all appearances blind and unconscious. It did not seem that life could last much longer. The temperature was 99 and pulse too weak to count. I ordered 20 gtts of trophinine given every 2 hours in water and same remedy continued.

July 15. Found the child still alive, but very weak. Still moaned and rolled its head occasionally; had slept in cat-naps,

awaking with a shriek; the eyes were decidedly divergent, pupils unequal, and the eyes covered with a greyish mucus; temperature 96; the bowels still loose and the child was reduced to a mere skeleton and so weak it could scarcely make a noise. Trophinni continued, as before, and the remedy was changed to iodoform 3x every 2 hours. From all appearances this case was hopeless, and I did not expect to see him alive again.

July 16. Still alive; nurse said it had not moaned after giving the second dose of iodoform; it had slept most of the time, but I think it more of a stupor than a natural sleep. The child lay motionless and looked more dead than alive, eyes partly closed and covered with a gluey discharge. Could not get much nourishment down. Could not see any change for the better except it seemed easier, but imagined that came from sheer exhaustion. Remedy continued.

July 17. The only change noted was that the child seemed to be resting better, i. e., he appeared to be enjoying a natural sleep. Remedy continued.

July 18. Appeared stronger and would take trophinine regularly, sleep natural, somewhat improved. Remedy continued.

July 19. The child had taken an ounce of food from the bottle for the first time since sick; could move its head; eyes were not so badly divergent, but still looked fishy and rolled upwards. It would try to cry but could not make a noise. I found three small boils at the base of the brain and one on the back of the neck. On general principles I now gave sulphur 30x two doses per day.

July 20. Child improving slowly, taking more nourishment, eyes clearing up and no divergence, sleep restful. The boils were opened and I removed about one dram of thick yellow creamy pus. Remedy continued.

July 21. Very much improved. The child from this time on convalesced slowly for ten days, when it had a relapse and went through practically the same symptoms, only with less severity. The same treatment was given and the sickness terminated into a crop of boils at the base of the brain and on the back of the neck. These were opened and I evacuated approximately one-half ounce of thick creamy pus. A sample of this was saved, but the nurse unintentionally destroyed it before I

could make a microscopical examination. This ended the trouble. The child was marasmic for a few months afterward, but has since recovered. He is now 18 months old, has several teeth, does not talk but shows considerable intelligence. His mother died with tuberculosis during the past winter.

"One swallow doesn't make a spring," and this case may not be a permanent cure, as time alone will demonstrate. However, he has had an attack of measles since and recovered without any serious sequelæ, which is a good test. I believe the iodofrom saved this child's life. I did not use this remedy in a case previous to this one, and lost the case. Such remedies as bry, hellebore vert, etc., were given—without effect.

Denver, Colo.

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## NOTES ON Dr. BELLOW'S ADDRESS BEFORE THE INSTITUTE

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### THE YEAR'S PROGRESS IN THE TEST DRUG PROVING OF THE O. O. & L. SOCIETY WITH SOME RESULTS OBTAINED.

The work has been delayed because of various reasons, among which were necessary supplementary provings to strengthen weak points, especially upon menstruation.

The main reason, however, lies in the large amount of material collected in the proving requiring an immense amount of time for editing, this work devolving on a busy man, showing the necessity for an institution with time and opportunity for the work.

The drug proven was bellad—53 provings.

Of the 53 provings, 23 shows the most marked action on the mind and nervous system, 14 on the alimentary tract; 10 showed more prominent effects in the nose and throat, and the remaining 6 in the eyes.

That as regards tissues the chief effects of bellad, as exhibited in this proving, are first upon the nervous tissue, and second upon mucous membranes.

Taking up individual symptoms, dryness of the throat was present in 50 of 53. In one instance it lasted continuously 19

days, in another 15 days, in two others 12 days each. On the whole, it is recorded in 245 daily records, and this symptom, according to the scheme of condensation, will be entered "Dryness of the throat 50-245," meaning that this symptom was experienced by 50 provers upon 245 different days. This gives the symptom a definite value in itself, and for comparison, which it never before had, and, as it is one of the first symptoms developed, it will occupy a position near the head of the list of symptoms pertaining to the nose and throat, since it is proposed in this scheme to present to the eye, as nearly as possible, the order of sequence in the development of all symptoms."

Frontal headache recorded in 31 provings out of 53, in one case lasting 16 days continuously and mentioned in all. Upon 132 days of these, neither side is specified in 17 of the 31 provings (a matter to correct in institute work), both sides in 4, the left side in 2 for 6 days, and the remaining 8 in right side for 57 days. This symptom in condensed scheme will appear "Frontal headache 31-132; (right sided 8-57, left sided 2-6)," and this symptom will appear among the earliest pertaining to the head.

The remedy is found to have a much wider symptomatology in diarrhoea than according to older provings.

In these provings diarrhoea was developed in 30 provings for 84 days, this being one of its prominent symptoms. The concomitants are definite, but not now reported.

Upon the eye as found by the ophthalmoscope, hyperæmia of the fundus in 5 provings, hyperaemia of discs in 6. congestion of retina 4, venous congestion of fundus or retina 7, veins of retina tortuous in 3, congestion of discs in 4, capillary congestion of discs 1, discs hazy in outline in 1 on 4 different days, vessels of fundus hazy in 1 proving on 2 different days. Albumen was found in urine of 8 different provers, and its presence is found recorded in 21 analyses upon different dates.

In closing, I wish to say that there are two very important points upon which I have purposely refrained from touching. One is, how far our new proving will show certain statements in our older records to be positively erroneous. The second is, what new therapeutic uses of bell. will be opened up as the result of our new method of investigating its pathogenic powers. Any attempt to deal with either of these questions, at this time, would

be premature and unfair. They will both be answered in the finished report which will appear in our forthcoming book. It has merely been my purpose to-day to glean a few facts, here and there, from our voluminous returns to show that, both as regards quantity and quality, results of our test drug-proving demonstrates conclusively the success of our method and its promise in the future development of our materia medica. D. A. S.

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### APIS MELLIFICA.\*

By F. B. RICHTER, M. D.

The numerous involuntary provings of apis have made us pretty well acquainted with its primary or physiological symptoms. Presumably there is hardly a member of this society who has not at some time experienced the more or less unpleasant effects resulting from a too intimate application of the business end of the honey bee. Like other poisons, its effects on different individuals vary markedly. While in one person the effects are scarcely more serious than the bite of a mosquito, yet in another the symptoms may be so alarming as to give us the greatest anxiety. Deaths resulting from the sting of the honey bee have been reported in the papers. I have not read of one authenticated case in any medical work or journal, of such a result. Observations show that the poisonous effects of the sting are, compared with many other animal poisons, evanescent in their character. The long list of chronic ailments cited by Hering are probably more or less mythical. Numberless involuntary provings show no such an array of symptoms as Hering claims are curable by the administration of apis.

As we should infer from the provings, the principal sphere of the curative action of apis is in certain acute inflammatory affections, as follows: 1st, ophthalmia, whether rheumatic, catarrhal or erysipelatous; 2nd, inflammation of the tongue, mouth or throat; 3rd, vesicular erysipelas; 4th, acute eruptive disease, such as measles, scarletina, urticaria and acute pemphigus.

\*Read before Nebraska State Homeopathic Medical Society, May, 1904.



In the less acute affections, apis is curative in dropsical effusions, viz. : hydrothorax, ascites, anasarca, hydrocephalus. In typhoid inflammation of the abdominal mucous membranes, with tenderness of the abdomen, constipation or diarrhoea, strangury, apis may prove very useful.

Apis has a specific action upon the mucous membrane of the urinary organs. It causes inflammation of this membrane with burning, constant urging, but inability to urinate. Red and hot urine, and even bloody urine, hence in cystitis ischuria stranguary, apis will prove curative.

In all inflammatory conditions where urinary difficulties are present as a complication, apis is especially indicated.

Apis is especially useful in the following conditions: Ophthalmia, erysipelas, diarrhoea, dysentery, cholera infantum, urticaria, haematuria, dropsy, hydrocephalus. Now if we are to get curative results from apis in the diseases just named, we must be careful to note this one thing, and that is the *characteristic absence of thirst and drowsiness*. I will not detain the members of this society by an enumeration of all the indications for the exhibition of apic. However, as the season is approaching in which we shall have bowel troubles to meet, a word in regard to its application here.

Sensation as if stool were coming on, urgency, pressure, tenesmus, great uneasiness just before stool. Every morning, soft stool, light yellow. Diarrhoea, yellow, watery, slimy, without pain, especially in the morning. Offensive diarrhoea, tenesmus, blood, also mucus, heat and throbbing in the rectum. This yellow stool with the greatest prostration and weakness. The stools pass with every motion of the body. Some of the most brilliant results I have ever witnessed from home-medication have been in those cases of severe cholera infantum, where apis was given as the indicated remedy. In those severe cases where the discharges are serous, watery, yellow, especially in the morning, accompanied by great prostration, and almost painless, apis is as near a specific as anything in the materia medica. Those yellow, serous, watery discharges coming as they do from the blood, so drain the system of its vitality as to put an end to the scene in a few hours unless checked. Whoever expects to relieve one of these desperate cases, by internal, *infernal*, intestinal local antiseptis, will get left, and so will his patient. These

cases are not curable by any such mechanical procedures. At the risk of seeming dogmatic I am willing to make the statement that cases of cholera infantum that cannot be cured by the proper affiliated homeopathic remedy, cannot be cured at all. But we shall need to differentiate carefully between such remedies as apis, arsen, æthusa, calcarea and veratrum.

In regard to the best method of preparing apis for our prescriptions, opinions differ. Inasmuch as alcohol is more or less of an antidote to all animal poisons, we might logically infer that the alcoholic preparations were not the most useful or potent.

In conclusion, I will add a little personal experience in the preparation of apis. In the sunny but cold days of March bees will come out of the hives and are immediately chilled and drop on the snow in front of the hive. Once upon a time I removed nine of the stings and triturated with 90 grs sac-lac. I fought bees in my dreams all that night. At the time I thought this a mere coincidence or suggestion, but a later incident changed my mind in that respect.

I made the third triturate of this preparation and a year or more afterwards, in another state to which I had removed, I had occasion to prescribe apis in a somewhat severe case of diphtheria. The case was in a strong, robust and ordinarily healthy girl of ten. No one but myself knew what the prescription was. The prescription was made in the afternoon. That night the monkey and parrot time the parents had with that girl was a caution. She fought bees all night. It was impossible to keep her in bed. She would fly from one room to another and insist that she was surrounded with swarms of bees that were going to light upon her and sting her. I was routed out early next morning to see the case, and would have been called in the night but for the fact that the case was in the country.

In an experience of more than 30 years, in which I have treated a great many cases of diphtheria, I have not met with any case in which hallucinations of any kind were present. I have no doubt, therefore, that the hallucinations described in the above case were caused by apis.

Lincoln, Neb.

## THE BASIS OF HOMEOPATHIC PRESCRIBING.\*

E. N. LEAKE, A.M., M.D.

The thought that occurred to the writer, that if our homeopathic colleges and societies were more homeopathic in nature and teaching that our members would not be so easily inveigled into combining with old school societies by their seductive invitations. I have been struck with the lack of homeopathic principles instilled in our recent graduates. This is prima facie evidence that they are not rooted or grounded in the faith, their argument is that there isn't much difference in the schools and they are coming together, not so much because the old school is adopting homeopathic principles, but because the homeopathic school is becoming more liberal. Is this statement true? I think it is, and the remedy is to study our homeopathic bible and make ourselves good bible students. To this end we will study our bible (the organon) what is the basis of homeopathic prescribing? What are symptoms? How are they obtained? We learn in the first four paragraphs of the organon, section 1st, that the first and sole duty of the physician is to restore health to the sick. Section 2nd, that the perfection of a cure consists in restoring health in a prompt, mild and permanent manner. Section 3, that when the physician clearly perceives the curative indication in each particular case of disease and when he knows how to apply that which is curative in medicine to that which is diseased in the patient, both in regard to the choice of substances (i. e., the proper remedy), the precise dose (the potency) to be administered, and the time of repeating it, then only can he merit the title of genuine physician or a man skilled in the art of healing. Section 4, the physician is likewise the guardian of health, when he knows what are the objects that disturb it, which prolong disease and can remove them from persons who are in health. Thus we see that a physician according to the organon is for a two-fold purpose: first, to cure the sick, and second, guard the health of the well. We learn from sections 6 to 8 that symptoms are changes of the body and mind, i. e., deviations from the former sound state of health—which are felt by the patient himself, noticed by those around him and observed by the physician. Also that the totality of these signs or symp-

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\*Read before Nebraska State Homeopathic Medical Society, May, 1904.

toms represents in its full extent the disease itself. To cure disease it is merely requisite to remove the entire symptoms, also that the totality of the symptoms should be the great objective in view in every disease, because when the symptoms are all extinguished the disease is internally cured. Section 14, there is no curable disease in the interior of man that is not made known by symptoms to the physician of accurate observation—a provision entirely in conformity with the infinite goodness of the All-Wise Preserver of man. Section 18, the totality of the symptoms is the sole indication in the choice of the remedy, and beyond the totality of the symptoms there is nothing discoverable in disease by which they could make known the nature of the medicine they stand in need of. How are we to know what the curative powers of medicines are? Section 27 says the curative powers of medicines are grounded upon the faculty they possess of creating symptoms similar to those of the disease itself, but which are of a more intense nature. In other words, the curative virtues of medicines depend solely upon the resemblance that their symptoms bear to those of the disease. How are we to obtain symptoms? Section 84 says the patient details his subjective symptoms, his friends note what he has complained of—how he has acted; the physician remarks all the objective symptoms he can. Section 87 warns against asking questions in such a way as to suggest the answer. Section 91 is a reminder that the symptoms which appear, during the use of medicine or shortly after do not furnish a true image of the disease—this section should receive consideration in the treatment of every chronic case. Sections 95-97 call for all the symptoms and state the importance of going into the minutæ of chronic affections, as patients pay no attention to the lesser symptoms which are often decisive in regard to the choice of remedy, while section 96 warns against the opposite extreme: those who depict their symptoms in lively colors and make use of exaggerated terms. Section 98 says the physician must be possessed of an uncommon share of circumspection and tact, a knowledge of the human heart, prudence and patience to enable him to form to himself a true and complete image of the disease in all its details. Section 104 says the totality of the symptoms which characterize a given case being once committed to writing the most difficult part is accomplished, for thus there is at all times a perfect image

of the disease, revealed by its symptoms, at the commencement and during the progress of the treatment.

Dr. Hering said that "the physician who takes no notes of his case is like the artist who professes to draw from recollection." Section 152, a disease with numerous and striking symptoms admits of finding the homeopathic remedy with more certainty. Section 153, in searching after a homeopathic specific remedy we ought to give almost exclusive attention to the symptoms that are striking, singular, extraordinary and peculiar, for it is to these latter that similar symptoms, from those created by the medicine, ought to correspond. Sections 172-184, inclusive, describe the measures to be taken in the treatment of diseases that have too few symptoms. These paragraphs deserve special study, as we all know how our souls have been tried by the apparent dearth of symptoms. Section 253, the signs of incipient improvement. In all diseases the state of mind and general demeanor of the patient are among the first and most certain of the symptoms that announce the beginning of any slight improvement or aggravation of the malady. If improvement begins in ever so slight a degree, the patient feels more at ease, is more tranquil, his mind is less restrained, his spirits revive, and his character is more natural. When there is an aggravation this is all reversed. In the foregoing we have given a hasty resume of the paragraphs of the organon which refer chiefly to symptoms, what they are, how they may be obtained, what their removal signifies. And verily I say unto you it is indeed an art to be able to do it. You must be at it everlastingly with a Scotch accent. But like everything else, "practice makes perfect," and oh! how beautiful the results. When you become master of this wonderful art you will not need palliatives and combination tablets in your curable cases. What wonderful work Hering, Lippe, Dunham, Raue, Guernsey and a host of others used to do with the potentized remedy. They did it by first studying symptoms as taught by the organon; second, they studied their materia medica and learned to apply it to "symptoms." You never heard these men say, "I know I had the indicated remedy, but it would not work." On the contrary, if they had a tough case and did not get results they would say, "I have not found the similimum in this case; help me find it." And thus they would help each other. Now the style is to blame the law of cure for our fail-

ures. "I am sure I have the remedy, but it won't work." It's balky, you know. The truth is we are too lazy to look up the indicated remedy and we don't prescribe often enough by the similimum to know how to do it with any degree of accuracy or to know when we have not done so. Let us be honest and put the blame where it belongs and then we will go to work and study our materia medica. The best method to make ourselves expert prescribers is to add to our general knowledge, such as reading Hering, Dunham, Farrington, Hughes. It will give us a symptomatology which can only be obtained from repertories. The most comprehensive and satisfactory is Boeninghausen's, Allen's American edition. Add to this H. C. Allen's Keynotes and you are pretty well equipped to form a basis for homeopathic prescribing which is symptomatology.

*Illustrative Case.*—Mr. N., man 50 years old, florid complexion, nervous temperament, developed a so-called rheumatic pain in the right orbit, and was cured of that by an old school doctor with some kind of liniment, but after this was cured a pain developed in the calf of the leg. The pain was described as acute cramping, jerking, tearing frequently interrupted by stitches from within outwards. In morning hours when pain was less severe it was a dull boring pain, with a bruised weak feeling. During paroxysms of pain was inclined to outbreaks of anger and decided nervous excitement; pain became worse toward evening and during rest, especially after previous motion while sitting or standing, especially if he did it during a walk in the open air. While walking pain often jumped suddenly from right calf to left upper arm if he put his hand in his coat pocket or breast and kept it quiet, but it was relieved by moving arm when it would jump back to the right calf. The greatest relief was experienced by walking up and down the room and rubbing affected part. The concomitant symptoms were sleepless before midnight, frequent attacks in evening of flashes of heat with thirst without chill, a disagreeable fatty taste in mouth with nausea in throat and almost constant pressing pain in lower part of chest and pit of stomach as if something were pressing itself outward. Dead easy, you say, surely—pains changing from place to place, and toward evening and during rest, together with fatty taste in mouth, sleeplessness before midnight, and it indicates what? *Puls.* But we are not sure about the mental symp-

toms and many others, so let us look a little further, and as we do so, we are satisfied it does not cover the important mental symptoms, indeed, is contrary to them. As we work our repertory we notice the character of pains are paralytic and bruised as well as the jerkings, tearings and the stitches from within out and jumping from place to place indicate china and the concomitant symptoms look like china, but the repertory gives me too many contradictions. I notice, however, a drug in the repertory in working this out, in large letters under every heading. Mind, Parts of Body, Sensations, Sleep, Fever, Concomitants, Aggravations, Ameliorations. Just one remedy covers them all. But it is such an outlandish drug that really it don't seem as good as either of the two already considered. However, according to scientific prescribing it must be the remedy and we will give it. So it was given, in a single dose of the high potency, and in three days this man was entirely cured. What was the remedy? Valeriana, and what a wonderful drug it is when you learn the scope of its pathogenesis.

**Fremont, Neb.**

# 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.

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## *Editorial*

### AN INSTITUTE FOR DRUG REPROVING.

PROGRESS hails with much pleasure and satisfaction the action of the American Institute in establishing an *Institute for Drug Proving*. The reasons for the establishment of such institute were fully dwelt upon in our last issue by men whose opinions are of weight in matters homeopathic. We are aware there are in the homeopathic ranks men who are satisfied with present conditions, who look upon any effort to improve them as sacrilege, but we are pleased to note that their number is small, and their influence still less. The motto, "Prove all things and hold fast that which is good," is good enough for us. The truth in our materia medica can not suffer by crucial tests, and no man will be asked to discard anything in the old that may have proven its merit to him. Men of inquiring minds will have a firmer basis for their prescriptions. With nothing to lose and much to gain every man having the interest of scientific medicine at heart ought to assist the movement to the extent of his ability.

The institute is to be known as "The Institute of Drug Proving of the American Institute of Homeopathy." It is to be



managed by a board of trustees, which board, under proper bonds, is empowered to receive and disburse funds for the purposes designated in founding the institute.

A short talk by Dr. Bailey, a member of the board, brought subscriptions to the sum of \$1,000 in the space of twelve minutes. It is the intent of the board to make a systematic effort to establish a well endowed institute for the purpose indicated. They will need the assistance of a united profession, which, together with a rich and philanthropic clientele, should make possible, without individual hardship, the founding of a permanently endowed institute which will fittingly commemorate the one hundred and fiftieth birthday of Hahnemann.

D. A. S.

#### THE AMERICAN INSTITUTE.

The sixtieth annual meeting of the American Institute of Homeopathy has passed into history. While not one of the largest meetings in its history it was one of the most satisfactory it has been our pleasure to attend. It was a decidedly busy meeting, with plenty to do for all who were disposed to do. It was harmonious to an unusual degree. All present seemed bent on doing for the cause. Where differences of opinion were developed the disputants were generally courteous, and we mistake in judgment if great good does not result from the meeting as a whole.

President Sutherland presided with dignity and fairness to all, and words of commendation for him were heard on all sides. His address was a gem in thought and expression. We had hoped to publish at least a synopsis of it, but will have to defer it to another issue.

There was an entire absence of political wrangling and wire pulling. With the exception of the offices of First Vice-President and Secretary, there was but one candidate nominated for each office, as one candidate for Vice-President withdrew his name before the balloting began there was but one contest, and this of such an amicable nature that the writer neither saw nor heard of any solicitation for votes for either.

We believe the Institute honors itself in the selection of Dr. George Royal of Des Moines as its standard bearer for the coming year. We are greatly pleased to note that the choice was unanimous, thus showing that sectionalism in the Institute is a thing of the past. We are further pleased because in Dr. Royal the Institute will have a leader from the class which places the homeopathic materia medica first. He is a teacher of materia medica and the dean of a high grade institution, and is thus in position to recognize the needs of the school from the standpoint of the college man, and the well versed student of materia medica. His loyalty to the cause is unquestioned by all.

He well states that the three needs of the school are :

1st. The need of teaching, in our medical colleges, such vigorous, attracting, sustaining homeopathy as shall greatly increase the number of homeopathic graduates.

2nd. The need of a scientifically re-proven materia medica which shall assist in so equipping these Homeopathic graduates as shall enable them to become successful homeopathic physicians, and

3rd. The need of such an organization as shall attract, interest and retain these successful homeopathic physicians as members of this, the mother of all homeopathic societies.

Along with the above we are pleased to note a growing sentiment in favor of issuing the transactions of the Institute in journal form. We believe this will be done in the near future and feel sure it will be a step in the right direction.

D. A. S.

#### A NUISANCE.

Perhaps the most flagrant illustration of the utter disregard of the rights of others and the absolute forgetfulness of even the common rudiments of cleanliness and decency, is the beating of carpets in back yards and on the streets of our city.

The Board of Health, to whose attention a very aggravated case was called some days ago, declare themselves ready to prosecute with vigor all persons who are caught in the act or who may be traced by locating the carpet.

As physicians, we should render to the board all aid in our power to punish some of these people and in that way break up this filthy and unsanitary practice.

The case referred to above was one where carpets were being beaten at the very doors of the hospital at Park avenue and Humboldt. When officers arrived the offenders had made their escape.

The beautiful parkings along Park avenue are favorite spots for little children, who greatly enjoy the shaded lawns, and it would seem little short of criminal to thus subject them to the manifold dangers of infection by irresponsible persons who have no regard for the health or comfort of others. Let carpet cleaning within city limits cease!

A. C. S.

#### ARM THE BOARD.

Whilst it must be admitted that the insatiable desire to be "taking something"—the application of all sorts of preparations to any and every part of the human body—is a fanaticism so well grounded with us as a people that even the fanatical opposites, Weltmerism, Dowieism, Eddyism, and the many drugless "pathies" have failed to modify it to any appreciable degree, yet it would seem that when vendors openly advocate pouring their mixtures into childrens' eyes because "all childrens' eyes need it," the limit has been reached and that the state board should, in the interest of the public health and within the strict purpose of its creation, find a way to reach the matter.

Another concern, on a prominent street, sets forth in large letters the virtues of a "bug-killer," and heads the whole matter with the touching and appealing statement: "You drink it" and "lady agents wanted."

This preparation (sulfurous and sulfuric acids) was originally devised for the destruction of tree-bugs and grubs, and its successful (?) application here probably suggested the idea that its commercial scope might be widened by introducing it into the human family, and while "lady" agents might be highly successful in bringing this about, it is suggested that at this stage of the proceedings it might be well to call a halt in the killing.

Such absurdities would seem beyond human belief, yet the fact is apparent that the "medical" monstrosities of this age are in a highly prosperous condition and unless means are adopted to curtail their ravages the coming races must face a penalty not pleasant to contemplate. Relief, if it comes, must come through the medical profession, which should have *authority* to deal with this matter. Arm the Board!

Such sporadic protests as are occasionally seen in the interest of temperance or from other departments of the lay press, cannot avail—are incompetent to work the reform. There should be a rigid censorship instituted and formulæ should always be forthcoming on demand of the state authorities (medical) and, as in other countries, the advertiser should be held to strict account for promises unkept. For testimonials ground out at so much per dozen there should be a penalty, as for any other fraud. To longer view this matter with charity is to admit the right of unscrupulous persons to traffic and grow fat upon the health and happiness of their fellow men.

With all the safeguards thrown about the filling of prescriptions and the use of medicines, where crude drugs are used, many lives are annually sacrificed and addictions created which make death a mercy by comparison. What then can be said of the results of the unskilled use of the commercial trash that is handed over the counter to old and young—to anyone who has the price? Stop the traffic in human life and happiness—Arm the Board!

A. C. S.

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## CORRESPONDENCE.

### *Editor Progress:*

It was my fortune in June to attend the semi-centennial celebration of Cornell college, Mount Vernon, Iowa. This successful institution of learning, with its ample grounds and five buildings, is located in a most favored spot. The "mount" on which it is located is sufficiently elevated to afford a fine view of the surrounding landscapes, which have been pronounced to be "the loveliest lay of land that any American college looks out

upon." The vernal loveliness is unsurpassed and only equalled by the varied richness and beauty of the autumnal splendors. Even among Iowa's beauteous landscapes a prettier spot could scarce be found.

Located on the line of the Chicago & Northwestern railway, which favors the college by giving reduced fare to the students, Mount Vernon is a village of only about 2,500 inhabitants, whose main interest is the well-being of the college from the classic halls of which there go out annually, into the various activities of life, from fifty to eighty graduates. Throughout the middle and far West there is not a state and scarcely a city that is not today feeling the beneficent influences of some of the alumni of this college. Endowed with a liberal education, the sons and daughters of Iowa make most valuable citizens, and not a few who have gone out from this college have risen to considerable eminence in the various callings of life.

The semi-centennial celebration was a most important event for this institution. The alumni and patrons and friends of higher education by the hundreds came from far and near to be present at the various meetings and exercises, which continued for a period of six days.

Teachers, preachers, lawyers, physicians, judges, senators, state governors, college presidents, chancellors, editors and bishops were present in numbers. Two members of President Roosevelt's cabinet were there, the Hon. James Wilson, Secretary of Agriculture, and Hon. Leslie M. Shaw, an alumnus of the college, Secretary of the Treasury, both of whom are among the grand sons of Iowa, and both of whom received the title LL.D. on the great occasion.

It has always been the custom of this college, at the annual commencements, for the people to come from the rural districts near by in large numbers to listen to the orations and music and be present at the other exercises in the grove. On this notable occasion they came in greater numbers than ever to hear special music, orations and addresses, to view the processions and to take such part as they were entitled to in the class and society reunions, receptions and banquets, and to witness the unveiling of portraits and the presentation of diplomas.

It was a great and notable occasion of a most worthy and successful institution of learning in which leading men and women of church and state were present and participated. Well might the trustees and faculty take pride in the successful issues of a half century of labor. Such loyalty and devotion to an in-

stitution of learning as was exhibited here is seldom seen. Such "loyalty and devotion" as was shown when Dr. Wm. F. King, for forty-one years president of the college, gave one hundred thousand dollars for 100 free scholarships; one for each of the 100 counties of the state for all time, is inspiring. Other gifts, aggregating some fifty thousand dollars, were made by others. Such "loyalty and devotion" on the part of the officers and friends is what builds up an institution and gives it permanence and perpetuity.

The exercises of the whole six days was a continued inspiration and delight. Such "loyalty and devotion" as was manifest here is what is needed, Mr. Editor, to make The Denver Homeopathic College and Hospital a great success. A united effort on the part of the officials, the faculty and the hospital staff would give unprecedented prosperity to these institutions. Add to this such help as the homeopathic physicians of this region can, and it seems to me, should render, and the rapid growth of college and hospital is assured.

This visit to my Alma Mater was a real pleasure and delight; the remembrance of it will be a help and inspiration to me as long as I live.

The success and happiness of the trip was due in no small measure to the kindness of the officers of the well-equipped Union Pacific and Northwestern railways. Their uniform courtesy, the fast time of the special trains, the excellent service of the dining cars and last, but not least, the "double track" railway beyond the Missouri river giving comfort and assurance of safety, all conspired to make the journey a most pleasant one. The physician whose very life-work is to prevent disease and save life appreciates such safeguards as is afforded to the tourist by the double track railway. Provided with such security against accident, the passenger goes to sleep in his berth with serene composure, for the chance of any possible accident is reduced to the minimum, and he is at least a little more sure that he will reach his journey's end in safety.

W. A. BURR.

#### INSTITUTE NOTES.

There were in attendance about 350 members. Though small in number, the enthusiasm and interest were unusual.

The Western New York Homeopathic Medical Society, assisted by the citizens of Niagara, spared no pains for the entertainment and comfort of the visitors. The visiting ladies were

well cared for by the ladies' reception committee and the Meissen co-operating.

The papers presented were of unusual merit, and were well discussed. In this respect the Institute was a noted success.

The sessions of the Ophthalmological, Otological and Laryngological Society were well attended and appreciated. The evening given to verifications of Similia in eye, ear, nose and throat diseases was well attended by both specialists and general physicians. It is a valuable part of the program, and should be continued. All true homeopaths will be pleased to know that an effort is being made to bring this society in closer affiliation with the A. I. H. which bid fair to succeed in another year.

The officers-elect for the following year are:

*President*, George Royal, M. D. . . . . Des Moines, Iowa

*First Vice-President*, Wm. R. King, M. D. . . . Washington, D. C.

*Second Vice-President*, Wm. Boericke, M. D. . . . .

. . . . . San Francisco, Cal.

*Secretary*, Charles Gatchell, M. D. . . . . Chicago, Ill.

*Treasurer*, T. Franklin Smith, M. D. . . . . New York City

*Registrar*, J. Richey Horner, M. D. . . . . Cleveland, O.

*Censor*, Eldridge C. Price, M. D. . . . . Baltimore, Md.

*Appointments for the 1905 Meeting of the A. I. H.*

*Necrologist*, John James, M. D. . . . . Philadelphia

*Organization, Registration and Statistics Committee.*

T. Franklin Smith, M. D., *Chairman*. . . . . New York

W. D. Hough, M. D. . . . . Niagara Falls

H. R. Stout, M. D. . . . . Jacksonville, Fla.

D. A. Strickler, M. D. . . . . Denver, Colo.

H. C. Aldrich, M. D. . . . . Minneapolis, Minn.

*Transportation Committee.*

Wm. O. Forbes, M. D., *Chairman*. . . . . Hot Springs, Ark.

J. B. Garrison, M. D. . . . . New York

Fred W. Wood, M. D. . . . . Chicago

J. Herbert Moore, M. D. . . . . Boston

*Publication Committee.*

John R. Kippax, M. D., *Chairman*. . . . . Chicago

O. S. Runnels, M. D. . . . . Indianapolis

E. C. Price, M. D. . . . . Baltimore

*Press Committee.*

S. H. Aurand, M. D., *Chairman*. . . . . Chicago

Gilbert Fitzpatrick, M. D. . . . . Chicago

L. C. McElwee, M. D. . . . . St. Louis

*Resolutions and Business.*

- B. F. Bailey, M. D., *Chairman*.....Lincoln, Neb.  
 Edw. Beecher Hooker, M. D.....Hartford, Conn.  
 J. C. Wood, M. D.....Cleveland, O.  
 E. H. Porter, M. D.....New York  
 C. Gurnee Fellows, M. D.....Chicago

*International Bureau of Homeopathy.*

- George B. Peck, M. D., *Chairman*.....Providence, R. I.  
 Walter Wesselhoeft, M. D.....Cambridge, Mass.  
 T. L. Bradford, M. D.....Philadelphia  
 D. C. Noble, M. D.....Middlebury, Vt.  
 W. A. Humphrey, M. D.....Toledo, O.

*Medical Examining Boards and Medical Legislation.*

- Augustus Korndoerfer, M. D., *Chairman*.....Philadelphia  
 J. M. Lee, M. D.....Rochester, N. Y.  
 W. E. Green, M. D.....Little Rock, Ark.  
 H. E. Beebe, M. D.....Sidney, O.  
 S. H. Calderwood, M. D.....Boston  
 W. S. Briggs, M. D.....St. Paul, Minn.  
 J. H. Cowell, M. D.....Saginaw, Mich.

*Memorial Services.*

- J. W. LeSeuer, M. D., *Chairman*.....Batavia, N. Y.  
 J. P. Rand, M. D.....Monson, Mass.  
 S. P. Hedges, M. D.....Chicago

*Homeopathic Pharmacopia.*

- Charles Mohr, M. D., *Chairman*.....Philadelphia  
 J. W. Clapp, M. D.....Boston  
 T. H. Carmichael, M. D.....Philadelphia  
 Lewis Sherman, M. D.....Milwaukee  
 William Boericke, M. D.....San Francisco

*Committee on Drug Proving.*

- Eldridge C. Price, M. D.....Baltimore, Md.

*Inter-Collegiate Committee.*

This Committee consists of two delegates from each College, and it elects its own Chairman.

*Inter-State Committee.*

This Committee consists of two delegates from each State, and it elects its own chairman. In 1904 J. B. G. Custis, M. D., Chairman; A. W. Baily, M. D., Secretary.

*Local Committee of Arrangements.*

- Jos. P. Cobb, M. D., *Chairman*.....Chicago



## SPECIAL COMMITTEES.

*On New Members.*

H. E. Spalding, M. D., <i>Chairman</i> .....	Boston
J. W. Ward, M. D.....	San Francisco
Chas. E. Kalke, M. D.....	Chicago
J. H. Ball, M. D.....	Bay City, Mich.
W. E. Reiley, M. D.....	Fulton, Mo.

*On the "International Congress."*

J. H. McClelland, M. D., <i>Chairman</i> .....	Pittsburg
J. B. Gregg Custis, M. D.....	Washington
H. F. Biggar, M. D.....	Cleveland
O. S. Runnels, M. D.....	Indianapolis
J. P. Sutherland, M. D.....	Boston

*On the 150th Anniversary of Hahnemann's Birth.*

A. C. Cowperthwaite, M. D., <i>Chairman</i> .....	Chicago
A. L. Blackwood, M. D.....	Chicago
H. C. Allen, M. D.....	Chicago

*On the Formation of a National Association for Clinical Research.*

Walter Wesselhorft, M. D., <i>Chairman</i> .....	Cambridge, Mass.
H. C. Allen, M. D.....	Chicago
O. S. Haines, M. D.....	Philadelphia
W. B. Hinsdale, M. D.....	Ann Arbor
C. E. Tennant, M. D.....	Denver

*"Standing Committee" on the "Hahnemann Monument."*

J. H. McClelland, M. D., <i>Chairman</i> .....	Pittsburg
J. B. Gregg Custis, M. D.....	Washington
G. J. Jones, M. D.....	Cleveland
F. H. Orme, M. D.....	Atlanta
T. Franklin Smith, M. D.....	New York

*Chairmen of Bureaus.*

<i>Of Materia Medica and General Therapeutics</i> .....	
Wm. A. Geohegan, M. D.....	Cincinnati
<i>Of Homeopathy</i> .....	
Royal S. Copeland, M. D.....	Ann Arbor
<i>Of Clinical Medicine and Pathology</i> .....	
E. B. Hooker, M. D.....	Hartford, Conn.
<i>Of Pedology</i> .....	
F. F. Teal, M. D.....	Omaha
<i>Of Sanitary Science and Public Health</i> .....	
Geo. B. Haggart, M. D.....	Alliance, Ohio

REMARKS OF DR. GEORGE ROYAL, PRESIDENT-ELECT OF THE  
AMERICAN INSTITUTE.

*Members of the A. I. H., Ladies and Gentlemen:*

None but the proverbial *heart of stone* could remain untouched at such a time as this. I assure you that it is from *no such heart* that there wells up an almost overwhelming feeling of gratitude; and especially have the expressions of confidence, yea, of affection, touched me. I assure you that because I was *born* over here under the Berkshire hills, received what little education I have at Willimantic, Conn., Amherst, Mass., and New York City; the fact that you have made me, the candidate of the West, your *unanimous* choice, moves me more than words are able to express. If being a recipient tends to contentment, I ought to be a contented man today.

Speaking of medical things, my own *county* has given all she has to give, my own *state* has laid at my feet every honor she has had at her bestowal, and now this *national*, after formerly honored with the chairmanship of two bureaus and the first vice-presidency, asks me to accept the highest office. Surely, as I said, I ought to be a contented man. But I am not. I am not satisfied because, by accepting such honors, one must also assume the obligations and responsibilities which the honors carry, and as I arise to accept the responsibilities there appear before my mental vision three great, crying, pressing needs of our beloved society.

First. The need of teaching, in our medical colleges, such vigorous, attracting, sustaining homeopathy as shall greatly increase the number of homeopathic graduates.

Second. The need of a scientifically re-proven *materia medica* which shall assist in so equipping these homeopathic graduates as shall enable them to become successful homeopathic physicians.

Third. The need of such an organization as shall attract, interest and retain these successful homeopathic physicians as members of this, the mother of all homeopathic societies.

When I went West 21 years ago I found it the custom there, if you wanted anything, to promptly, politely and persistently ask for it. Ladies and gentlemen, I have lived in the West till I have become thoroughly acclimated. I ask each and every one of you to promise to assist in relieving our grand old A. I. H. of the three above-mentioned needs. Are you going to give me what I want? [Applause.]

And now, fellow members, again I thank you, not only for the honor bestowed upon me, but still more for the promise to assist in carrying the responsibilities.

Chicago was selected as the next place of meeting. Dr. Cobb chairman of local committee.

President Sutherland said of the negative vote on conferring upon the executive committee the right to change the place of meeting, "vociferous but convincing."

Where were Peck of Providence, and Dudley of Philadelphia? They were missed by regular attendants.

Denver delegation consisted of Drs. Burnham, Kinley, Tennant and ye editor. A goodly showing for the distance. Next year we will do better.

#### THE NIAGARA FALLS MEETING.

The recollection of this meeting carries with it an exceedingly pleasant impression, because of the prevailing good feeling and harmony, as well as the general high character of the work presented. It was certainly a profitable pilgrimage to have made, and it only confirmed ones confidence in the progressiveness of the conscientious homeopathic physician of today.

There were but few essayists who failed to present papers and read them in person, and naturally all the bureaus were crowded for time in which to finish their work. Discussion was free, to the point and exceedingly profitable. Especially was this noticeable in the Surgical and Gynecological Society. This bureau alone had twenty-seven papers, fully eighty per cent. of which were read. The genial secretary, Dr. J. Wyllis Hassler, was untiring in his efforts for the success of this bureau, and the results must have been gratifying to him.

The bureau of Clinical Medicine was another of the profitable ones of the week. Dr. Halbert's sectional address has already done much toward modernizing this bureau, for, acting upon a suggestion contained therein, a committee of three was appointed to recommend at its next annual meeting such plans as will best secure the organization of a permanent society of Clinical Medicine of the A. I. H.

Another notable feature of this session was the full and regular attendance at the meeting. Niagara Falls is a very small place, with but few side attractions. There are ample hotel accommodations in the two hotels where the meetings were held, and much time and inconvenience was thereby spared the members. But notwithstanding all this, it was impossible to attend one-half

of all that was going on, so much have these meetings grown the past ten years.

No better nor popular man than our Dr. Geo. P. Royal could have been chosen as President for the coming year, and the next meeting assures good attendance because of the accessibility of Chicago to members from East or West.

No doubt our Chicago Confreres will add much that is profitable in the way of material and clinics, and we shall all expect to be shown "a good time."

C. E. TENNANT.

### RETROSPECTIVE.

PROGRESS quotes the following from Dr. B. F. Bailey's presidential address, made before the A. I. H. at Atlantic City in 1899, believing that the doctor may well be pleased with the present trend in the Institute, and that he may justly claim some credit for the same:

"Many centuries ago Du Chauliac said of the sciences, and especially of medicine: "They are created by successive additions. We are as children carried on the neck of a giant; aided by the labors of our predecessors, we see all they have seen and something besides. The same man can not lay a foundation and perfect the superstructure."

We admit this truth, but we have not acted upon it. With the wonderful results which our school has accomplished in the practice of medicine under the law of similia by the use of materia medica, which was largely formed in the early part of the century without recourse to the many methods of scientific study which are today ours; with almost no idea of the powers of prophylaxis, what might we not accomplish by the continuation of the proving of new remedies and by the revising of the old, with the help in each proving of the biological, microscopical and chemical laboratory? Today we search for the well defined indication of the remedy to be used in diseases of the kidney. The decision of our prescription is fairly successful because of the light of experience which illumines our way, but how much more successful it might be if these provings were made without continued urinary analysis, both microscopical and chemical, so that our prescription might be exact rather than general. The same might be true in studying by the microscope the changes in the blood under the effect of different remedies, and watching the different actions of

the microbes as the fluids of the body are changing with the exhibition of the remedies to be proven. This is a work that in these days can only be done by organized bodies with money at their disposal, with scientific men thoroughly equipped, and with a profession who realize that they live not for themselves alone, but also for others.

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I recommend the appointment of a committee by the American Institute of Homeopathy and the placing of a reasonable amount of money at the disposal of said committee, to make a beginning in the work which we have reviewed, by carrying on during the coming year the re-proving of a certain number of our old remedies, the same to be done with a view to studying by the microscope and by the chemical laboratory the effects of said remedies upon the urinary and other secretions. In order that this may be done accurately, I recommend that there be enlisted in the work the most careful observers, and that the provings be carried on through the use of subjects selected on account of their especial fitness, kept under proper surveillance and paid for their use. In this way and this only can we improve our materia medica. An attempt to prove and prove scientifically upon the persons of students and voluntary subjects is at this day and time impracticable; but by carrying on this work in the way suggested, each year taking up the provings with a view of studying specifically and scientifically some special organs or biological sphere, we may build up the materia medica and receive from the now immortal Hahnemann the words, "Well done, good and faithful servants." This, our duty to our materia medica.

#### A PLEA FOR BREADTH OF RESEARCH.

Remember with Bouchard that "the causes of disease are innumerable; but in order to attack and conquer us they must be associated, as without this necessity they would no doubt have annihilated the human species." To quote further from Bouchard: "If nerve reaction, by corrupting for the moment nutrition, can produce the morbid opportunity, it may also modify nutrition in a lasting manner, and develop diathesis, but it will be the acquired diathesis, the permanent disturbance of nutrition." Then that sage assertion, "What renders possible the development of an infective disease is not the chance meeting of man and microbe," and his resultant assumption from this, "The healthy man is not attractive to the microbe," and from these well-proven the-

ories we can be naturally deduce the theory that man has the right to be born well, to fill out the measure of his days, and to die like the ripened grain. This because the Creator has designed a perfect man, with protection from foes, within and without. By perfect physiological functions he is protected from the ills of auto-intoxication, and is unassailable by those little microbes of disease that are continually seeking what they may devour—those “little foxes that spoil the vines.” “It is only the ignorant who despise education.” The American Institute is made up of the cultured men of the profession: our only aim to learn, to teach to use; admitting that many infective diseases are due to microbes and bacilli, that many pathological lesions are the result of long-continued functional disturbances, which, by the long disturbance of nutrition, effect permanent lesions, and admitted that the latent cause of many diseases is an auto-intoxication due to imperfect assimilation, dis-assimilation and elaborations of the secretions and excretions, it becomes our duty as unbiased, thoughtful men and women of judicial mind, to make a careful study of biology, bacteriology and pathology.

In addition to this, we should study the laws of immunity, we should investigate the action of the coal-tar products, we should study the toxins. The danger is that great damage may be done to the medical profession by the continual presentation of new products and new theories based upon hypothetical ground alone, and with decisions as to their value and recommendations as to their use, resting more upon this hypothesis and a pre-conceived theory than upon well-proven ground. It is our duty not only to follow closely in the lines of other investigators, and be able to accept or reject with definite and positive proofs for or against, but to originate and investigate with a view to new discoveries in pathology and in practice. We do not deserve the name of scientific men if we are afraid to allow for our own similia the severest test that can be given or if we refuse to investigate the theories and supposed discoveries of others. A negative is only strong when given with abundant proof. Our late lamented friend and senior, one of whom I can not speak without a shadow on my heart, one for whom I bear a deep and lasting affection, Dr. Ludlam, said: “I do not share the fears of those who fancy that the attractions of the branches of science which are allied to medicine, will decoy our best minds and damage the ultimate interests of a school that for a century has been almost exclusively devoted to therapeutics. In these matters there must be a tide with its ebb and flow, and if it sets out now it will surely

return; but if our conception of our own therapeutical pre-eminence is exaggerated, the reaction will be against us." "We owe our preservation to the adaptability of homeopathy, to the varying stages of medical progress, as well as to its intrinsic worth and merit. It is a clear case of the survival of the fittest and furnishes the best possible proof that homeopathy includes the germ of therapeutical immortality." Such are the words of Dr. Ludlam.

#### PLEA FOR SYSTEMATIC STUDY IN INSTITUTE WORK.

"Could we penetrate the hidden depths, story of nature, no longer scattered as in truant leaves, is bound with divine love in a mystic volume. We should find therein no traces of hazard or incongruity." With this end in view, believing that our work should be more definitely outlined, that we should thresh less old straw and seek more to improve, becoming better conquerors of disease, it seems to me that it would be wise if the American Institute of Homeopathy would determine something of the work that it desires its sections to do, outlining for them certain lines of investigation, when we meet in annual sessions. That this may be carefully considered so that we may become an advancing body as well as the strongest upholder of the old faith, is my earnest recommendation. I wish to congratulate the Institute on the evident improvement in the class of papers which are presented at the annual sessions. It is the right of the members of the Institute to receive from those who are permitted to address them, original thought and the results of ripe experience preserving the old law of similia, improving the *materia medica* upon which that law is dependent, making original researches in new fields; and we have a right to the conviction that we rank any other medical body in the world to our truly unprejudiced, just and persistent scientific work.

#### PLEA FOR PUBLICATION OF TRANSACTIONS AS JOURNAL.

The American Medical Association publishes its transactions in the form of a weekly journal; that weekly journal, issued by the secretary, who receives a salary large enough to give his entire time to the work of the Association, is sent gratis to every member of the Association who has paid his annual dues. I am told that this journal has very largely increased the membership of the American Medical Association, has increased its income, and at the same time rather built up than pulled down the other medical journals of the profession. I believe if the American Institute

were to publish its transactions, together with the best productions of the pens of the members of our school, in a bi-weekly journal, a thorough canvass being made for new members in the American Institute, each member to receive this journal gratis upon the payment of his fees, that we would come much more closely in touch with the other members of our profession, and that we would within one short year, through the inducements offered by and through our journal of transactions, find ourselves with a trebled membership, a full treasury, and that other journals of our school would be raised in standard and increased in circulation. I make this as a recommendation which we may carefully consider."

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## *Department of Theory and Practice*

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

### INTESTINAL BACTERIA.

A case of intestinal fistula opening into an old wound on the belly wall, at the Homeopathic hospital, has demonstrated to an unusual degree the virulence of bowel bacteria, accompanying the liquid or semi-liquid bowel contents, especially. (Purgatives in any form increases their production and their invasion being destructive, tissue waste is correspondingly rapid).

It has been found that to conserve improvement—although fistulae of this class rarely permanently heal without surgical interference—a careful supervision of food is of first importance; normal peristalsis must be maintained and whilst formed stools are least favorable to bacteric growth, the production of gas—decomposition—within the stomach or general alvine tract, must be reduced to the minimum.

The bacteria of feces (found by Strasburg to amount to about one-third the bulk by weight, of the bowel contents) under abnormal surroundings, cannot in any way be estimated by conditions in health, when the saprophytics practically maintain the suppression of the pathogenics.

The case in question illustrates nicely the action of the bacteria upon surrounding capillaries; the tissues comprising the base and sides of the ulcer assume a glistening brown, "soggy"



appearance during rapid bacteric multiplication in the bowel and tissue death is rapid, whilst more normal bowel states are shown by the rosy, moist appearance and the presence of granulations. This condition of increased nourishment and general tissue vitalization becomes apparent at once when effective germicidal dressings are used and is more markedly the fact if potent bowel antiseptics are added (in this case pix-cresol, externally and internally has proved most efficacious). Calendula dressing is applied after the pix has been plentifully dusted over the parts.

A. C. S.

#### RHUS TOX—A FEW NEW SYMPTOMS.

We are in the midst of a cycle of agitation occasioned by a universal demand for the reproof of drugs, apropos of which we submit a few interesting facts in the action of rhus toxicodendron, repeated three times upon the same individual during fourteen days and manifesting exactly the same phenomena, the patient being unaware that the drug was the same and the symptoms beginning to become apparent within a half hour after the first dose of the 3x and continuing upon its repetition, until the following were brought out each time: subject 55 years of age, female, very robust and having a good history:

Dizziness, but don't want to sit down.

Feeling of restlessness—must get up and go—go somewhere, do something.

“Awful” feeling—must sit, then walk, can't keep still. “Can't take that medicine—it will ruin me!”

Eyes watery.

“Balls of gas rise in my throat and choke me, after I take the medicine.”

Must relax clothing about throat and chest. Choking but *no nausea* or flow of mucous.

“Gas rolls up and out of my throat.” No gas noticed in the bowel.

Oppression of chest (breathing) and “heartburn.”

Must lie down, can't lie on the back, must roll over, feels better on the side—either side, but can't lie there long—must move again.

Too “fussy” to sleep.

Don't want to eat. (Did not effect the urinary flow).

*Allen's Hand Book* gives some of these symptoms, in fact, all of them in a vague way, except the “balls of gas,” but Pur. Hughes and these earlier provers, aside from some hoarseness, rawness, etc., mention none of the symptoms here enumerated.

A. C. S.

# *Department of Obstetrics*

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

## PLACENTA PRAEVIA.

The term placenta praevia has reference to the implantation of the placenta near or over the internal os uteri. It is spoken of as lateral, marginal or central; the first when the placenta is placed low down on the uterine wall near the os, marginal when coming to the margin of the os and central when the insertion is over the os. Placenta praevia occurs once in about five hundred and seventy-five births.

The placenta in this class of cases is often abnormally developed. Often it is horse-shoe shaped from the fact that development has not taken place on one side.

Many theories have been advanced to explain the aetiology of placenta praevia. One is that conception takes place after the ovum has entered the uterus and that by this time the ovum has lost much of its vitality and is not able to attach itself immediately to the wall of the uterus. Another theory which covers the preceding and others in its exposition, is that placenta praevia is the result of an arrested abortion; that the ovum, instead of stopping in the upper part of the fundus and becoming attached, moves downward, or having been attached slightly, is detached and is about to be cast out of the womb, when its course is arrested just at the outlet.

In placenta praevia, the main symptom the obstetrician has to base his diagnosis on is hemorrhage. If this occurs in the second half of gestation, placenta praevia should be thought of at once. Statistics show that the hemorrhage occurs first most frequently as gestation proceeds, after the thirty-sixth week.

The prognosis is grave both for mother and child, especially the latter. Both suffer from hemorrhage and there is danger of infection. Many times the pregnancy ends in abortion, or premature labor, and the child dies from lack of maturity. At term, if the placenta is detached before the delivery of the child, the latter must die if not delivered at once. Formerly the maternal mortality was from 30 to 33 per cent., but in later years it has been reduced below 7 per cent. In some large special maternity clinics, with every convenience at hand, it has been reduced below 3 per cent., with the infantile mortality about  $1\frac{1}{2}$  per cent.

In general practice, the only figures at hand would suggest that infantile mortality is above 40 per cent. Since the danger to both mother and child is so great and the chances of saving the child are comparatively so small, the main thought must be given to saving the mother, regardless of the child, unless plenty of assistance is at hand.

If the hemorrhage appears before the seventh month, perfect rest in bed should be tried, with vaginal suppositories containing styptics. Even if the child is dead at this time it is well to try this course, as the placenta will atrophy and the danger of bleeding at labor will be lessened.

If the hemorrhage occurs after viability, no attempt should be made to prevent premature labor, unless the hemorrhage has been very severe and the patient badly weakened from loss of blood, in which case, if the hemorrhage can be controlled temporarily, the mother should be given a little time to recuperate. If dilatation of the cervix and os has not taken place it is safe to wait, provided the vagina is firmly packed with sterile cotton. Yet the patient should be carefully watched for symptoms of concealed hemorrhage. If the tampon does not soak through with blood, it may be left in two or three hours and replaced by another packing if thought best.

If the cervix is dilatable and the patient is in condition to stand immediate delivery, the cervix should be dilated so that one or two fingers can be introduced and the placenta separated from the uterine wall as far in every direction as can be reached. The obstetrician now has the choice of either Hick's or Ribes' method of procedure.

According to Hick's method, as soon as two fingers can be inserted and that portion of the wall adjacent to the internal os is cleared of placental material, the child is turned and one foot is brought down, the breech serving as a tampon to check the bleeding from the area from which the placenta has been removed. In case the attachment of the placenta is central, the placenta is punctured immediately with some blunt instrument, as an artery forceps, the opening enlarged with the finger and the leg and thigh brought down as soon as possible. The cervix is then given one-half to a full hour to dilate before the child is extracted.

By use of Ribes' method, infantile mortality was lessened. Ribes used a large pear-shaped rubber bag, the size of a foetal head. After the membranes were ruptured as extensively as possible and, when necessary, the placenta was also punctured, the

bag was introduced with the larger end uppermost, and inflated with water, and the tube connected with it closed. A weight was attached by means of a strong cord which passed over a pulley at the foot of the bed. On account of the shape of the bag and traction through the cord, pressure was made on the bleeding surfaces, the hemorrhage was controlled and dilatation was produced. When the cervix was fully dilated the bag was expelled, the forceps applied immediately and the child extracted.

After the uterus is emptied, if bleeding continues, it should be thoroughly tamponed with sterile gauze and uterine contraction stimulated by drug action and the Faradic current from a coil of short, coarse wire.

If the patient is exsanguinated, the foot of the bed should be raised, and the patient lie without a pillow. Normal salt solution per rectum and subcutaneously should be used freely. The patient should be kept warm by woolen blankets and hot water bottles. The circulation will be aided by rubbing the extremities, stroking toward the body.

R. O. B.

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## *Abstracts and Reviews*

Conducted by GEORGE E. BROWN, M.D.

### THE LOCAL USE OF ALCOHOL.

There can be no doubt that alcohol has lost its place of honor as an almost universal auxiliary in the treatment of disease. Men of eminence in the profession have, one after another, and in increasing numbers in recent times, added their testimony against this drug, and in support of the doctrine that it is a narcotic and paralyzant, and if ever used in internal medicine it must be used for brief periods only and in limited quantities. Its chemical and physical properties, however, would suggest its possible usefulness, externally and locally in a variety of disorders, and experience has sustained the inference.

In a paper on "The Legitimate Therapeutic Uses of Alcohol," O. T. Osborne, M. D., in *The Journal of A. M. A.*, devotes considerable space to a discussion of the local use of this substance. Following is the gist of it:

The stronger preparations of alcohol may be applied to any part of the surface of the body as an astringent to stop secretion and to harden the tissues. For this purpose it may be used to harden the nipples to prepare for suckling, to stop profuse perspiration of the axillæ or feet, to prevent bed-sores, and weaker alcoholic preparations may enter into the composition of hair tonics to prevent too much sebaceous secretion and oiliness of the hair. Strong alcohol is hemostatic to capillary oozing. Absolute alcohol more or less constantly applied to the surface over a beginning boil may prevent its culmination and abort it.

In concentrated form it will act as a rubefacient if rubbed on the skin, but if allowed to evaporate it will cool the surface of the body. If diluted it will evaporate more slowly and the cooling is prolonged, hence it is often used to reduce temperature. If the surface of the body is sponged with warm alcohol it is very soothing, quieting restlessness and producing mental calmness in a feverish patient.

Probably a large part of the advantage of the different tinctures and extracts used for sprains, bruises, etc., is due to the alcohol which they contain. Alcohol diluted somewhat, depending on the thinness of the skin, applied on gauze or lint and covered with rubber tissue or other impervious dressing and changed every six hours, will remove the swelling and pain from a sprain, and aid in the prevention or cure of synovitis, myositis, or inflammation of the tendons quicker than any other treatment we can institute. Diluted alcohol, one to four or five parts of water, or weaker, makes a good astringent and antiseptic mouth wash, hardening the gums and sweetening the breath.

Flannel or towels wrung out of very hot water then sprinkled with alcohol and placed on the abdomen or other part of the body, the seat of pain, and changed every fifteen minutes for an hour or two, is a most efficient counter-irritant and analgesic. A brick heated in the oven, wrapped with three or four layers of flannel dipped in boiling water and allowed to drain, and then a liberal amount of alcohol poured on it and placed beside a warmly covered patient in bed will constitute an efficient alcohol steam bath. Locally applied to the back in this form it is unexcelled as a palliative in lumbago.

A use not named by Osborne in this paper, but which has been found by the writer of almost magical efficacy is the application of a compress of absorbent cotton or of gauze saturated with 95 per cent. alcohol as a dressing after opening an abscess, suppurating glands, or pus collection, in short, the inflamed and sup-

purating process comes abruptly to a close. Try it, doctor, at your first opportunity, and if you are not greatly surprised and delighted,—well,—let us hear from you also.

#### THE GROWTH OF HOMEOPATHY.

Oliver Wendell Holmes was a scholar, a delightful poet and doubtless a good physician, but when he turned his hand to prophecy he made a dismal failure. He prophesied the death of Homeopathy in a prophetic article written in 1848. At the threshold of the twentieth century there are more institutions, hospitals, public and private, in the United States than there were practicing physicians of Homeopathy in 1848. Prof. Holmes lived to realize his prophetic failure.

In 1875 there was established in the University of Michigan a homeopathic department. Michigan was the first of our States not only to recognize the claims of the new school, but also that the taxpayer who supported State medicine, many of whom, and especially of the better and thinking class, should not contribute alone to the education of physicians of a school in which they had no faith. About that time there was much bitterness shown our school, not by the people nor authorities, but by the physicians of the dominant school.

A physician who was practicing in a town in Southwest Missouri, and a graduate of the old school department of that university, wrote a letter to the *Detroit Review* bemoaning the disgrace of admitting Homeopathy to the university. He stated in his communication that Homeopathy was dead in that part of the country; that there was only one homeopathic physician within a radius of one hundred miles from his town, and that he was on his last legs. He said that he felt like turning his diploma with the face toward the wall because of the indignity thus brought upon his Alma Mater. Today the number of homeopathic physicians within a radius of one hundred miles from his town has increased over three thousand two hundred per cent., and it is far from being a populous community.

Ever since Homeopathy was promulgated it has been declared either dead or dying, but somehow or other, like Banquo's ghost, it will not down.

During the last two decades of the nineteenth century the growth of Homeopathy has been commensurate with that of any previous period. Let us compare briefly the status of the school in 1880 and in 1900:

In 1880 there was one national homeopathic body; in 1900, ten.

In 1880 there were twenty-three State societies; in 1900, thirty-four.

In 1880 there were ninety-nine local societies and homeopathic clubs; in 1900, one hundred and fifty.

1880 there were eleven homeopathic colleges; in 1900, twenty-two.

In 1880, there were sixteen homeopathic journals; in 1900, thirty-three.

In 1880 there were thirty-eight general homeopathic hospitals; in 1900, seventy-six.

In 1880 there were thirty dispensaries; in 1900, sixty-three.

In addition to this there are about two hundred and fifty private hospitals and sanitariums devoted to the treatment of patients by the homeopathic method. Thus it is seen that there has been a doubling of these figures all along the line in the past twenty years.—“Que Dites Vous,” in *Medical Century* for March.

## Current Events

Dr. Loring Buss of the class of '04 is now visiting the great Fair at St. Louis. After a short stay in that city he intends to go to Chicago, where he will remain for a year or more, and probably make his home there.

\* \* \*

Dr. M. H. Goodrick of Jacksonville, Ill., is chairman of the bureau of obstetrics of the Illinois Homeopathic Association. We prophesy a full report from that department at the next annual session.

\* \* \*

The eleventh annual announcement of the Denver Homeopathic College is ready for distribution. In style and finish of workmanship it is a credit to the publishers, Kistler Stationery Co. We hope it may be instrumental in bringing to this enterprising institution a large number of students for the coming year.

\* \* \*

We are pleased to announce the arrival of a son in the family of Dr. and Mrs. Guy S. Vinyard.

Dr. E. B. Swerdfeger and wife are the proud possessors of a son. Congratulations from the class of '04 are in order.

\* \* \*

Dr. A. M. Moore of Brighton, Colo., passed through Denver recently on his way home from St. Louis. While in the southern city he visited the great fair, attended the session of the Missouri Institute, and took the examination before the State Board of Medical Examiners.

\* \* \*

One of the most enjoyable single day trips out from Denver is that over the "Switzerland Trail," going by way of Boulder and up as far as Ward. This differs from many similar trips in that from Sunset on to the end of the line you get your views from the tops of the mountains instead of down in the canons. The elevation has an exhilarating effect on the individual, and the views are grand beyond description. One pleasant feature is the superb roadbed over which you get an easy, pleasant ride.

\* \* \*

Dr. James B. Brown has moved into rooms all by himself in the Nevada building. Call and see him. First door to the left.

\* \* \*

Dr. Frank A. Burton of the class of '04 has recently purchased a new attachment for his static machine, especially made by the Carstarphen Electric Company. We presume now every patient gets the latest in electrical science, when the doctor gets a chance at them.

\* \* \*

July 5th, 8 a. m. At this hour the daily papers report forty-eight deaths and fifteen hundred injured as the result of our highly American style of celebrating our natal day. The deaths, it is thought, will reach one hundred; already over two hundred thousand dollars' worth of property has been destroyed, and several states to hear from.

\* \* \*

Drs. R. O. Butterfield and David S. Strickler are the first to return from their journeyings in the East. They report a good trip. Drs. Tennant, Kinley, Dunklee, Armbruster and Harris will return later.

\* \* \*

Dr. N. S. Davis, who has been called "Chicago's most famous physician," and who has been actively engaged in the work of his profession the unprecedentedly long period of 65 years, died recently at the advanced age of 87.



Dr. G. P. Howard has returned from his trip through Kansas and Nebraska, and is now taking his vacation on the west side of the range. His first stop was at Grand Junction, and from there he, in company with friends, are now camping on the Grand Mesa, about thirty miles up the country. We hope he may find great benefit from his outing and return to his home restored to good health.

\* \* \*

A professor of the California University at Berkeley has recently discovered a hundred new double stars. Time alone will tell what wonders the science of astronomy will unfold for coming generations. This science, as well as the homeopathic materia medica, is capable of endless development.

\* \* \*

A heroic bronze statue of Dr. Benjamin Rush, the eminent physician and statesman, and signer of the Declaration of Independence, for whom Rush Medical College at Chicago was named, was accepted on behalf of the government, June 11, by President Roosevelt. The statue is the gift of the American Medal Association, and stands in the grounds of the United States Naval Museum of Hygiene.

\* \* \*

The record made at the Homeopathic Hospital, Denver, is steadily improving. The mortality rates in recent years has been as follows:

During the year 1902.....	6.92 per cent.
During the year 1903.....	4.89 per cent.
April 1, 1903, to April 1, 1904.....	4. per cent.

\* \* \*

Cornell College, at Mount Vernon, Iowa, has just celebrated its first semi-centennial anniversary. Only forty of its more than one thousand graduates have chosen medicine as a profession.

\* \* \*

Dr. S. S. Smythe gave a wide berth to the heat and dust of the East this year, and took his vacation among the mountains of southern Colorado. It is reported that he visited Buena Vista and other points of interest in that part of our state.

\* \* \*

A member of the editorial staff of PROGRESS was recently called in great haste to see a case of strangulated hernia. The call was urgent, because the patient had suffered for several hours and had come to the limit of endurance. There is nothing remark-

able about that, except that the patient was a very ardent Christian Scientist, and had a desperate fight before he would give up his fad and allow reason and common sense to come to his rescue. With proper treatment he received prompt relief.

\* \* \*

Hepatocholangoenterostomy is said to be the longest word in the English language. Study it etymologically.

\* \* \*

The free clinics at the Denver Homeopathic College are moving on prosperously. The staff of physicians and surgeons has been strengthened by the addition of new members. The same is true at the Tabernacle clinic, where the staff has been reorganized and strengthened in every essential particular. This is very encouraging and promises well for a large and varied amount of clinical material for the coming session of the College when it opens, September 14th.

\* \* \*

Novelties never cease, and the search for something new is ever active. For years past we have recognized the efficiency of rhythmical traction on the tongue as a potent agent in restoring cases of suspended animation. It is an agent always at hand and gives the appearance of doing something. It is now regarded as the proper thing in such cases to elevate and depress the nose in the same rhythmical fashion. Extensive claims are made for the operation. We are aware that pulling the nose under ordinary conditions has a very striking effect upon some minds, and why not a restoring effect when the vital energies are depressed? Try it.

\* \* \*

The necessity for a clean thermometer is recognized by all, and the facilities for properly preparing it for use are not always present when needed in general practice. The latest suggestion on the subject is by Dr. Denny. He advises the use of formalin. Place a small wad of cotton saturated with a few drops of formalin in the thermometer case and press the instrument down upon it. This is said to be destructive of germ life and will keep your instrument in proper condition for use. It may be renewed weekly.

\* \* \*

We are pleased to record the fact of Dr. J. M. Walker's improved health. For some months past he has been disabled for the duties of his large practice, and has spent much of his time

in the south and at various health resorts, resting and recuperating. The doctor was among the first physicians of our school to locate in Denver, and he has gathered about him a host of friends that will rejoice that he is again strong and vigorous for the duties of life.

\* \* \*

We notice the local newspapers have given considerable prominence to the pretended recent discovery that the poison of the honey bee is a cure for rheumatism. This is an old chestnut that is brought out and toasted over again every few years. The same old story is told of the swarm of bees stinging a rheumatic patient and he is cured of his rheumatism. This single case may be a true story, for there are certain forms of this disease for which *apis mel.* is the best remedy, but it does not follow that because it cured a given case it is a general curative agent for rheumatism. It seems very difficult for the lay mind and not a few of the medical fraternity as well, to appreciate the necessity of studying each case separately and treating it individually. No two cases of rheumatism are exactly alike; not all cases arise from the same cause, hence, each case should be considered an entity and studied with a view to its cure. Farrington gives the following indications for its use in this disease: May be of articular or muscular origin; more frequently indicated in articular or acute inflammatory rheumatism. Affected parts feel stiff, exceedingly sore to pressure, and often a sensation of numbness. The joints are swollen and have a "stretched feeling." The swelling is of a pale red color, and there is often fluctuation about the joint. Burning and stinging pains, worse on motion.

\* \* \*

The *Eclectic Medical Journal* thinks the time has come to retire such terms as scrofula, rheumatism and malaria. The first is lymphaderitis, generally of tubercular origin; the second term is loosely applied to arthritis with myalgia, to synovitis and neuritis, while it is now almost proven that so-called malaria is nothing more than anophelitis. Query: Is the patient afflicted with inflammation of his anopheles?—*N. A. Journal.*

\* \* \*

In these later days we have been taught that our bodies are the dwelling place of an infinite variety and an innumerable host of germs, and all the resources of the laboratory have been at work to discover some agent that would render us immune to the attacks of these foes to our peace and happiness. Now, if the newspapers can be believed, a representative from the Pasteur Institute, an institution from which discoveries of value frequently

come, has made the discovery that our lives may be prolonged to an indefinite length if we can only regulate the proper numerical proportions between two given germ cells, namely, the phagocytes that are the protective cells, and the macrophages, which are the agents of destruction. This certainly simplifies matters very much, and seems to increase the probability that some inquiring genius may soon find the long sought serum by which this adjustment may be accomplished. But our courage halts when we recall that but a brief time since, the great and distinguished Prof. Brown-Sequard gave us a similar hope and based his confidence in the possibility of perpetual youth upon the administration of an extract from the testicle of a sheep. Next!

\* \* \*

There is a signed editorial by G. Frank Lydston in the June 18th number of the *New York Medical Journal* that is strong in its assertion and so sweeping in its statement that it is worth consideration. It seems to be a general attack on the training schools for nurses as they now exist in the mind of the writer. No doubt there is a vast difference in the work done in different schools, and it is probable that some of them do inferior and inefficient work, but it does not follow that all of them are bad or that a general "graft" on the part of the management exists in the great majority. It seems probable that the gentleman has had an unpleasant experience along this line, and proposes to give the whole subject a ventilation. There are abuses connected with this work, and many changes could be made that would greatly improve the present status of training in this branch of education. He states that the worst imposition is the requirement of a three years' course, and proceeds to say that all that is necessary can be taught in one year. He would eliminate about all the didactic teaching and put the stress on aseptic methods. As a specimen we give the following extract: With reference to the time required by the training school, I venture to say that, with a proper course of training, the woman who has not mastered all that properly belongs to the field of nursing at the end of one year will be no better as a nurse at the end of three. While a reasonable course of training is essential, it is my opinion that the greater part of the course at present prescribed is essentially hospital "graft." His gratuitous insult to the usual interne in hospitals and training schools is discourteous and unjust, and would indicate that the doctor himself still has a humid spot on his post-auricular region. The tone of the article smacks of vindictiveness.

PROGRESS disclaims any attempt at boasting, but some things occur that are very gratifying to the management of this journal. At the last session of the American Institute at least three of the contributors to the last issue of our journal were signally honored. One was elected to the presidency, Dr. George Royal. One was elected second vice-president, Dr. Wm. Boericke, and one, Dr. R. S. Copeland, was made chairman of the Bureau of Homeopathy. He was also elected president of the American Homeopathic Ophthalmological, Otological and Laryngological Society. We also note that from the first we have advocated a progressive movement in regard to our materia medica, and in the last issue gave the subject special prominence. It is with pleasure we record the fact that at the recent session of this same American Institute a strong movement was inaugurated and established for the re-proving of our materia medica, and the enthusiasm for the movement was so intense that in the brief space of twelve minutes one thousand dollars was contributed to be used for the advancement of the work. We revere the past and will hold tenaciously to all that has been found valuable, but this journal stands for progress, and just at present it seems to have a large amount of most excellent company.

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### BOOK REVIEWS.

**THE CHRONIC DISEASES.** Their Peculiar Nature and Their Homeopathic Cure. (Theoretical part only.) By Dr. Samuel Hahnemann. Translated from the second enlarged German edition of 1835, by Prof. Louis H. Tafel. 269 pages. Cloth, \$1.25. Postage, 10 cents. Philadelphia. Boericke & Tafel. 1904.

The homeopathic profession will be glad to have this theoretical part of Hahnemann's great work, *The Chronic Diseases*, published separately, thus making it more accessible to both student and practitioner. It should become a text-book in every homeopathic college; it may profitably be read by every practitioner of medicine, whatever be his school of practice. If it *has* excited criticism and controversy among the followers of Hahnemann it is nevertheless a work of immense practical value to him who studies its pages without prejudice or bias. The candid student will be impressed by its ponderous logic, and, unable to successfully controvert its truths, will accept them.

W. A. B.

## BUSINESS BRIEFS.

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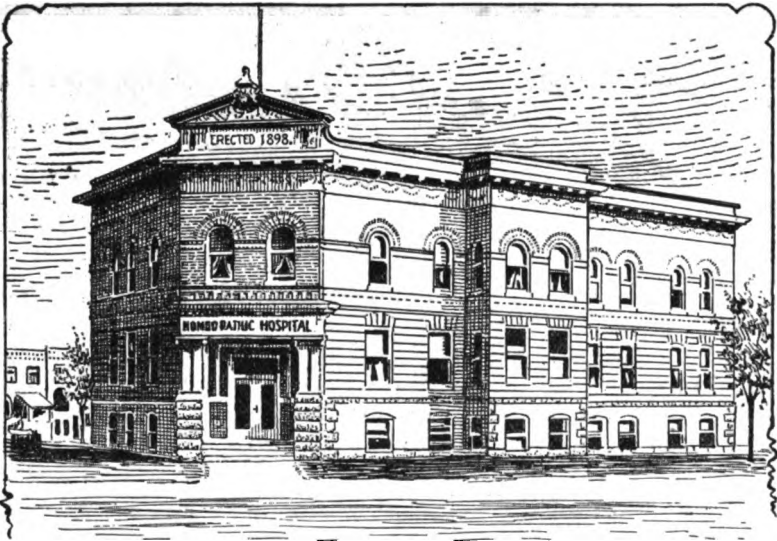
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**THE DENVER HOMEOPATHIC COLLEGE**

# PROGRESS

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## *Original Articles*

### ON TREATMENT OF DISEASES OF BACTERIAL ORIGIN.

C. E. TENNANT, M.D.

At the recent meeting of the American Institute of Homeopathy, at Niagara Falls, Dr. Goodno read an optimistic article relative to rational treatment in certain diseases well known to be of bacterial origin, especially that of pneumonia. His argument that it was reasonable to aid the phagocytic function of the blood in its battle against the invading micro-organisms, was consistent and provoked much earnest discussion on the part of members present.

Dr. Goodno cited several cases in his own extensive experience, where he had seen phenomenal results from the use of guaiacol carbonat. This has also been confirmed by the writer's own clinical experience in public hospital practice, during the past few years. Cases of typical pneumonia in the same stage and about the same extent of pulmonary involvement, lying side by side, were assigned to the staff men representing the two schools. One would receive the routine carbonat guaiacol, the other the homeopathic remedy as nearly as could be determined, and it was no uncommon thing to see the patient treated for the specific infection abort, while the other progressed with the usual history to crisis; nor could one conscientiously say that the guaiacol carbonat produced complications. This observation refers principally to cases of acute lobar pneumonia in early and middle adult life. In the later adult life there is usually not so much of the sthenic lobar pneumonia, but rather the atypical lobular variety. Here the guaiacol although commonly used, did not seem to exert the same specific action, and pulmonary oedema was often

sequential. These last cases under homeopathic care, seemed more fortunate in recovery.

Another comparison worth making is the treatment of acute articular rheumatism. Most authors and experienced writers to-day agree in the microbial etiology of this disease, and while it has never been conclusively demonstrated as yet, the time is not far off when it, as other lesions, will yield its obscure etiology to persistent investigation. Patients suffering with acute inflammatory rheumatism were placed in the ward side by side and the treatment and clinical charts were matters of record; one of these patients invariably received the sodium salicylate and bicarbonate treatment to saturation, so soon as the diagnosis was made; and it was the common observation that the temperature dropped and pain subsided within the first forty-eight hours. From that time on there was seldom rise in temperature, nor active involvement of new areas, while the period of disability was no greater than those under homeopathic care, and so far as could be ascertained, there was little if any valvular complications following such treatment. On the other hand; the case under homeopathic care seldom reacted so quickly or so definitely. I know that some who have not had this kind of experience will say it was all because the right remedy was not given, and we will grant it for the sake of the argument, but if the alkaline and salicylic treatment gives such satisfactory clinical results in case after case of acute articular rheumatism, why delay to seek the remedy while the patient endures unspeakable torture that may extend into weeks, and provoke cardiac complications, because of the persistently rapid invasion?

The alkaline remedies and the salicylates certainly seem to modify the disease directly through the medium of the blood, either destroying the (theoretical) acidity, or neutralizing some specific toxin; but at any rate, we should be fair to the patient and ourselves, nor sacrifice their trust on the altar of a faith; but relieve suffering and shorten disability to the greatest possible degree.

Science has grown, and will grow in spite of opposition. And the physician who strives to investigate and prove his work by modern methods of diagnosis and clinical bedside comparison of treatment, will most certainly be the first to afford relief to

suffering humanity, and advance our cause. The principle of similia, if true, should be sufficient to live and to grow of itself, to need no bolstering nor repairing of fences. If our faith in it is strong we should not fear the most careful and scientific investigation. When we do this we will at least win consideration of the dominant school, and draw our recruits from the graduates of the established schools of learning. The members of the dominant school are not all fools or knaves, and they have success in their work which we must recognize; and the unbiased mutual comparison of methods and results will prove of value to both.

Slowly but surely during the past century has some theory and much experience crystalized into fact, but there is much that is yet in the process of formation; and until this matures, that which is purely personal opinion may be mistaken for fact.

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## INFAMMATORY RHEUMATISM.

SARAH E. CALVERT, M.D.

Inflammatory rheumatism, or rheumatic fever, is a constitutional disease, not infectious, though at the present date its exact nature is not understood. It is characterized by high fever, inflammation in and around the joints, occurring in succession with a tendency to affect the heart.

*Pathology.* The joints are chiefly affected, the lesions being in the serous membranes. The synovial fluid is increased and is thinner, and of a reddish color. The surrounding connective tissue is swollen and edematous.

*Etiology.* One of the factors is exposure to cold, though some of the severest cases I have had report no exposure of any kind. There have been several theories, but none of them have been satisfactorily established. Some of these are the nervous theory—that the rheumatism is due to disturbances by cold of the nerve centers presiding over the nutrition of the joints, the lactic acid theory, the uric acid theory and the germ theory.

*Symptoms.* The patient may have for a day or two before the attack some languor and aching. There may be a chill or some chilly sensations followed by fever and the swelling in and of the joints, or the patient may have no coldness, but the pain and swelling of the joints begin at once. Except in extreme cases the fever is not high, as one joint is less swollen and painful another may be attacked, frequently affecting all the joints of the extremities in the course of the disease. The patient is extremely restless, wanting to be moved continually, yet screaming when the attendant moves an arm or a leg, be it ever so gently done. There may be extreme perspiration if the disease has been violent in its attack. The perspiration is usually acid, sometimes giving an acrid odor to the room. The blood becomes rapidly anemic. A disposition to recurrence is one of the characteristics of this disease. No age or condition hardly is exempt, though it is rare under ten years of age. A chronic case may follow an acute case lasting for months, with stiffened joints and sometimes complete loss of function. The urine is scanty and high colored.

*Complications.* These may be endocarditis, pericarditis and myocarditis, the pericardium and endocardium becoming involved in mild as well as severe cases. Children are more liable to these complications, the liability diminishing with increasing age. The lungs and brain are sometimes involved as well, though of less frequent occurrence. When the brain is involved there is delirium and coma, and sometimes symptoms of spasms. When the fever is high there are some patients who are delirious with little or no symptoms of the disease affecting the brain, as any high fever from any cause whatsoever produces brain symptoms.

*Prognosis.* Recovery is usual, though the course is apt to be slow, and there may be several relapses before the patient begins to feel anything near well. All writers tell us that rheumatism leaves the heart crippled and ultimately fatal valvular lesions become evident. I may not know much of this disease, but I believe the treatment of most patients produces the heart lesions instead of the disease. I have never had a patient who had not had plenty of the old school of medicine before I saw him, but I firmly believe that a patient who never had any treatment but homeopathic will have no heart lesions in rheumatism.

*Treatment.* I have never been able to demonstrate any drug or drugs more clearly than in this disease; I use the mother tincture of colchicum in a glass of water one-half full, giving two teaspoonfuls every hour, and when the fever is high I alternate with ferrum phos. 3x. When all the swelling and soreness is gone I give puls. 3x until the rheumatism seems gone, then give china ars. the 5th or 6x. I have had such excellent results from these remedies that I feel almost certain that they are the "indicated remedy" we hear so much of when a homeopathic M. D. tells us what to do at the bedside of the sick.

Denver, Colo.

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## ADRENALIN IN GLYCOSURIA.

BENJAMIN F. BAILEY, M.D.

It is quite possible that many remedies and mineral waters have attained to some repute as curative agents in the treatment of diabetes by a return to an absolutely normal condition of a urine that was never markedly abnormal. Certainly I have known a number of cases to be diagnosed as diabetes when there was no sugar in the urine, and it seems to be but a short time that it has been generally known that an excess of uric acid and creatinin may produce a reaction with copper. The simplest method of settling this question of diagnosis is a filtration of the urine through animal charcoal. If the sugar reaction with copper is evident after this filtration it is a positive result and there is no question as to the diagnosis of glycosuria.

Given a positive diagnosis of diabetes, together with the other accompanying clinical symptoms, it is very easy even for the moderately skilled general practitioner to make positive assertions as to his results in the use of different treatments. With sugar in the urine, and without the clinical symptoms, it must be remembered that certain conditions may induce temporary glycosuria which do not by any means signify a genuine diabetes mellitus, as for instance, prolonged physical exertion, excessive consumption of alcoholic stimulants, and the pregnant condition.

It has seemed to me that for some years the profession has been absolutely in a maze so far as the therapeutics of diabetes are concerned. From the standpoint of the dominant school of medicine, it is hardly necessary to say the entire outlook has been and must be at present entirely experimental and empirical. From our own standpoint it is at present one of unrealized possibilities and will remain so until the American Institute shall define and with modern methods prove remedies on the well from which we have some right to a reasonable belief that the symptomatology of diabetes or glycosuria may be demonstrated.

In the use of phloridizin Cartier says: "It is possible to bring on glycosuria and maintain it a long time provided a copious alimentation is assured." Cartier also says: "All authors who have studied phloridizin unite in saying that the animal experimented upon becomes voracious and if not overfed rapidly wastes \* \* \* and grave phenomena appear." Pavy in experiments with phosphoric acid produced marked glycosuria. Claude Bernard produced glycosuria in dogs with strychnia. Curare has also produced glycosuria, and the experimental morphine glycosuria is so well known as hardly to need mention. Sajous states that "the list of drugs that are able to produce glycosuria includes all those that produce suprarenal overactivity." He also states that "toxic glycosuria is primarily due to over-stimulation of the adrenal system, the excessive functional activity which increased oxidation produces giving rise to the inordinate production of an agency that converts glycogen into sugar." It has also been noted by a number of others that toxic doses of adrenal substance or extract have produced glycosuria.

Reasoning upon this basis and with so barren a field of therapeutics, it occurred to me a number of years ago to attempt the treatment of diabetes or glycosuria by the use of adrenal trituration. In these days of scientific research, experimental therapeutics—at least, experimental upon the sick—are hardly warranted in most conditions, but in a condition which has been so generally either fatal, as in the young, or unsatisfactory, as in the stout middle-aged, it becomes a privilege and a duty to attempt by action upon a reasonable hypothesis, to secure some experimental results which may make a certain result and a firmer hypothesis in the treatment of such a disease.

I regret that the brief time given me to present this short paper renders it impossible to give the exact number and record of cases treated, but as my object is more to bring a suggestion for future work, I may say that in a large number of cases of glycosuria extending over at least four or five years, I have used the second decimal trituration of adrenal extract, the same being made with sugar of milk; that even in the most advanced stages it has removed the sugar and evidences of acetone and diacetic acid and resulted in the rally of the patient and prolongation of life; that I have yet to use it in a case in which the sugar was persistent in the urine after a weeks' use of the drug, the drug being prescribed in about three grain powders of the second decimal trituration, occasionally in the third decimal, one powder every four hours. In its action it has presented to me some of the most marvelous results of any that have ever come to me in long years of practice.

It would seem to me a wise and scientific course for our Institute trustees of drug proving to take up immediately the proving of these substances, together with some other remedies which are known to produce marked glycosuria, and produce, if it may be possible, a materia medica which shall have in it something of promise for those cases which have been the dread of the profession for many years. So long as we have every reason to believe—and let me emphasize this—so long as we have any reason to believe that a disease is, or at least may in its origin be, though fatal, yet functional and without any organic change, we have a right to brave aspirations toward the correction, and hence cure, of such functional disturbances as unchecked may pass on either to organic change or fatal termination. Such, it seems to me, is the problem presented to us today by glycosuria.

Lincoln, Nebraska.



## THE MEDICAL COLLEGE.

The time approaches when the embryo physician is casting about to find the best place, all things considered, for him or her to attend a medical college. This is an important matter and should not be decided without due care and attentive consideration.

The character of the institution from which students graduate has an effect in no small degree in shaping the future of those that pass from its doors. The course of instruction is important and should be adapted to the needs of active practice in all its varying demands. The capacity to impart instruction on the part of the teaching corps is no small item in the results of college education; every man that can talk is not necessarily a teacher. When we have combined a curriculum that supplies all the essential requirements of an up-to-date medical education, and a corps of competent and faithful instructors, and associated with these ample clinical facilities, we have the requisites of a successful medical college, an institution that will send forth students qualified for success in the world of medicine, become an honor to the profession and reflect credit on the school from which they graduate.

For the past ten years the profession in Denver and the West have been engaged in a strenuous effort to establish in this city an institution that would supply all the above indicated requirements, and this effort has not been without success. This school offers today to the student of medicine all that is requisite to qualify him for the responsibilities of a professional life.

Besides all this the privilege of living during the winter months in the delightful and health-giving climate of Colorado is a consideration of no small value. Many whose health will not permit them to study in the trying climate of their own state can do full and successful work here, and at the same time enjoy the fact that their health and vigor is steadily improving.

The next session opens September 15.

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SOME OBSERVATIONS AT PROF. VON BERGMAN'S  
CLINIC IN BERLIN.

J. W. HARRIS, M.D.

The thoroughness of the diagnosis is the first thing impressed upon your mind at this clinic—the patient is brought before the class and all vestige of clothing removed so that the examination can be conducted without any hindrance. A student is asked to come into the pit and make the examination, and that, too, without any loss of time, then to give his diagnosis with reasons.

The professor asks him many questions to bring out the chief points and the peculiarities of the case, not sparing the student in his ignorance, no doubt to impress the facts upon his mind the more thoroughly and that of the class, yet it is all done in a kindly manner, with no signs of any great self-importance in the professor's actions, although one sees that the students have that peculiar respect for their teacher which prompts them to their utmost—and each diagnosis was a veritable examination in the anatomy of the parts under consideration. The technique of their asepsis is very thorough, the assistants spending much time in their preparation, but not so much so with the professor himself. The efficiency of the assistants is excellent, the chief one many times continuing to operate while the professor stops to lecture upon the work, yet there were too many hands in the wound to keep the risk of sepsis at the minimum, there being three or four assistants for each operation. No gloves are worn by any of them. The incisions are longer than we usually make at home, and the tissues are markedly retracted so as to give full view of the field of operation, yet a method which is bound to produce more or less traumatism of the tissues. The method of closing the wounds is in layers, using catgut for sutures, and the wounds are kept dry and clean. The work is what we term neat and clean, with no show of haste, yet sufficiently rapid and no time lost.

One day all the cases were hernia. Those that had been operated were brought before the class and stitches removed and redressed. All cases seemed to have healed by first inten-

tion. There were four cases diagnosed and operated that day. His method consists principally in the free dissection of the various tissues and a thorough careful coaptation of the various layers of fascia according to the Bassini method although he uses plain catgut and the interrupted stitch.

Another day we had chest cases, seeing emphysema and empyæmia in the various stages. The arrangement of the amphitheater is the same as in other places, in a circle, with raised seats, but it is impossible to see the operation well unless one secures one of a few seats, as the operator makes no effort to keep out of one's view. Much more attention is paid to the diagnosis than to the technique of the operation.

Berlin, Germany.

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## THERAPEUTIC RESOURCES.

W. A. BURR, M.D.

A homeopathic physician of Denver recently returned from an Eastern city, where he attended medical and surgical clinics of both schools of practice. In speaking of his experience, he made the significant remark that he was surprised at the poverty of the medicinal resources of the old school. The number of medicines from which they would select was usually very small, and if the patient did not promptly improve he would be given over to hygienic measures or to some of the non-medicinal methods of healing as hydrotherapy, electrotherapy, climato-therapy or some form of mechanotherapy.

How different in homeopathy, where the prescriber has a large number of well-proved remedies from which to select. Here the medicinal resources are all but unlimited, where there are many remedies so arranged and classified that the curative remedy may be readily selected.

The homeopath is very loth to have recourse to palliatives, well knowing they often work irreparable harm and leave the patient in such a condition as to render future curative treatment hopeless. He does not usually have recourse to these until he

has well considered the remedies that have a bearing on the case in hand, using, in connection with the chosen remedy such non-medicinal measures as are appropriate. He furthermore carefully reviews the case time and again if necessary, that he may find the most curative remedy.

As a rule this is quickly selected. Even a glance at a patient will often enable the homeopathic physician of experience to choose a curative remedy. At least before he is through examining the patient he usually decides upon the best remedy.

The standard text books and repertories are so arranged as greatly to facilitate the selection of the similimum. Raue, in his *Special Pathology and Therapeutic Hints* gives the indications for 54 remedies in typhoid fever, 40 in pneumonia and 72 in rheumatism. Even from so large a number the trained prescriber easily finds similar remedies for curable cases.

He rarely finds the same remedy to be the one most applicable to several cases, even though they have the same disease in the same place and at the same time and with the same etiology, for individuals, different in age, sex, temperament and condition, present different combinations of symptoms with characteristics peculiar to each.

Homeopathy is really the science of therapeutics. A proper knowledge of its principles enables the educated physician to do the best that can, as yet, be done in the medicinal cure of disease. The good results achieved in both private and hospital practice seem to support this claim.

Whatever may be said in regard to other systems of medication, it can never be truthfully said that there is "poverty" in the therapeutic resources of homeopathy. On the other hand, it is all but limitless in its resources. Any apparent limitation being due to the limitation of human knowledge which obtains in other branches of science as well as in homeopathic therapeutics.

Denver, Colo.

## THE BENEFITS DERIVED FROM ATTENDING NATIONAL MEDICAL ASSOCIATIONS.

N. G. BURNHAM, M.D.

Of the 15,000 to 18,000 members of the medical profession in this country who are not limited to the physiological objective, but who recognize the subjective or dynamic action of drugs for the cure of disease. I trust that I may not be classed as a pessimist when I allude to the fact that but a small percentage avail themselves of the social and scientific advantages to be derived from the annual meeting of the oldest national medical organization in this country.

As with nearly all other organizations, whether social or religious or political, the burden of responsibility and regular attendance is limited to the few, and that few, clothed with seniority, should so enlarge the mantle of their attainment in cordial attractiveness as to draw the multitude without to the folds. It was my good pleasure and, I trust, profit, to have attended three national medical conventions during my six weeks' vacation in the East. While visiting the Fair in St. Louis the American Surgical Association was in session, with a very creditable attendance of the knights of the scalpel, who in their papers and discussions very learnedly reviewed their personal experience in the line of surgical acumen, but largely ignoring the action of drugs, save in the use of tonics, stimulants and narcotics to prompt the vital energies against surgical shocks. All in all, as they saw afflictions through surgical eyes, insofar as their special work was in evidence, they did not impress one as a bloodthirsty contingent of the profession, but of a high order of men clever in their chosen pursuit. To give variety and rest from the exuberance of sightseeing at the World's Exhibit, I made my way to the Epworth League hotel and found it occupied from base to dome, a thousand strong representatives of the eclectic medical faith, enthusiastic and of good cheer, counting their successful works along the line of specific physiological drug action. The papers I listened to were commendable, and the discussion pointed and often pithy, giving zest to their deliberations when under the fire of sharp criticism. Evidently their hobby is "specific medication."

After a week in St. Louis, with its marvelous and world-wide attractions from an esthetic and general educational point of view so prodigally evolved in her fair as well as in contracting the wonderful growth of the city within the past few years, with her present monumental business blocks and miles of substantial residence homes, the product of the enterprise and substantial wealth of her people, with the past, we decided to move on to Niagara, the city of "many waters," to be in attendance upon the sixtieth session of the American Institute of Homeopathy.

Promptly upon the appointed day the cohorts from both far and near gathered for the opening ceremony, and as promptly did the members of the various bureaus assemble for work on the following morning. The papers presented at the various bureaus were of an exceptionally high order in point of research and diction and from the very able discussions that followed indicated interest and culture with the rank and file creditable to individual members and the cause they represent. Among the aggressive measures proposed and acted upon favorably was the establishment of a bureau of provings and censorship, whereby our materia medica may be so purged of superfluous suggestions and made so replete with verified knowledge pertaining to each drug that it may stand out in bold relief upon a purely scientific basis, forcing acceptance and commendation from all branches of the profession. Herculean as the work may be, it will be one of the brightest stars in the firmament of medical literature and crown the achievement of the past with a diadem of glory and practical worth for future generations.

Not to have been a regular attendant upon the meetings of the Institute is to note oneself a back number calling for more self-sacrifice in other lines to reap the rewards of a well-spent week in social and scientific converse with the culture and broadest attainment of our confreres.

Instead of hundreds assembled at the annual reunions, let us in the future increase the number to thousands, that the echo may resound throughout all the land that we mean business for science and the welfare of all humanity.

Denver, Colo.

# PROGRESS

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JAMES B. BROWN, M.D. .... Business Manager

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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.

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## *Editorial*

### PHYSICIANS' INCOMES IN BERLIN.

Government investigation of the incomes of all physicians in Berlin, Germany, reveals the fact, rather startling perhaps, to those who have been under the impression that our professional people are better paid than those of Germany, that of the 1,950 physicians there, over 40% of them earn above \$1,500 per annum; a few, about 4%, go as low as \$750 or even less, while at least one man earns \$73,000 per annum.

When we consider the natural thrift of the German and recall that living expenses in Germany, especially for the native, are moderate as compared with our own, it would seem to suggest to us that we look to our fences.

A. C. S.

### THE DOCTOR'S FINANCE.

The downward tendency of fees in our profession is, for many reasons, most unfortunate, both to the profession and to the public at large. The physician who has to expend the last vestige of his energies to secure a mere livelihood is not usually

to be relied upon for a high degree of professional skill, and a still more disastrous phase of the matter is that the profession cannot reasonably hope to prove attractive to a creditable class of students when the compensation is disproportionate, and everything considered, relatively and actually less than that of other professions or even many of the mechanical pursuits.

There are many causes contributing to present conditions; It would *seem* perfectly natural that where competition is keen and where one physician is regarded as the competitor of another simply because both hold the degree of *medicinae doctoris*, that the one would be expected to accept for his services what the other asked or was willing to receive. This absurdity—one of the most potent factors in the divulsion of reasonable professional compensation—on the part of the public, should be treated as any other stigma upon the profession and the laity be made to realize that the doctor who perhaps has devoted long years to the study and practice—the man who thinks enough of his work and his people to buy books and read them, to keep in touch with the brilliant minds of his and other countries, who, at reasonable intervals, takes his place in the clinical arenas at medical centers for observation and study of advanced methods, who is constantly on the alert against the *mental pollution of fanaticism*, who, in other words, devotes his hours to the cultivation of those mental qualities which make him valuable to his people (wholly distinct from the commercial phase and in a manner often possible only to those of natural adaptation to the work), should certainly not be classed with the men who feel they have done their whole duty when they have harmonized the financial and social ends of their professional life and made them dovetail nicely with the commercial view of things. As well take a few vials of the infinitesimals and enter the practice with absolute innocence, or purposeful omission, of all knowledge of diagnosis, pathology or the ability to read and intelligently interpret the phenomena of heredity and occupational tendency—this, unfortunately, is not a rare mental paranoya and ought to deprive us of our right to criticise those who make their novena to a relic of bone and hang the crutches on the wall.



This class of "competition" is of course actively potent in still further fastening upon the minds of the public the view that the doctor, at best, is in many cases, to be estimated according to his ability to guess at their ailments with an additional guess at what might be a suitable measure for their relief, and incidentally, perhaps pardonably, they have very little respect for the sacredness of their obligations in return.

Fee bills do not reach the evil and the sporadic reforms in this direction do no good. It is our opinion that so long as the public lends support to the class of doctors whose commercial instincts alone recommend them, or who, due to a temporary fall of fruit, from their having stumbled against the unsuspected and unsuspecting tree of patronage, assume the right to exploit their theories to cover their ignorance of progressive scientific thought, and whose vagaries are apt to lodge anywhere upon the gamut of erratics from polypharmacy to dogma, for the cure of disease, the strife for livelihood will continue to palsy the efforts of many able members of the medical profession.

A. C. S.

#### MEDITATION.

The writer met an acquaintance recently while riding on a car and the following conversation took place: "Oh, doctor, I lost my mother; of course, life doesn't seem the same to me now, and it seems very hard indeed that we were not permitted to know what ailed her and why she had to be taken away; she seemed so well before it all happened. She was sick only a few days. We called the doctor on Friday, and mother then suffered with severe pains in her left side, and the doctor thought she had enlargement of the spleen. He gave her two or three hypodermic injections and she got quieter. The next day when he came he found her kidneys were not acting, and on the third day mother hardly knew us, *but the doctor thought it was due to the opiate* and that she would be all right, but in this way she passed away two days later. Now, doctor, what was the matter with mother?" (How I was tempted to answer *morphia!*) Of course the patient had *not*, as the family thought, been well previously and

probably was uremic, but—how would you like it—this is a progressive age—well, meditation along this trend will not hurt us.

A. C. S.

#### THE COLORADO HOMEOPATHIC SOCIETY.

September 13, 14 and 15 has been set as the time of meeting of the Colorado Homeopathic Society, and Denver selected as the place of meeting. Strong efforts are being made to interest the profession generally in this meeting, and it is the hope of the officers to have in attendance leading men from other sections.

The cause should receive the hearty support of its adherents in the state, and while the chairmen are making their efforts to present full bureaus, it remains the duty of each individual member to attend the sessions. It is not only his duty to attend, but to come prepared to present something that will add to the common fund. Every member has been urged, and is again urged, to present at least one case in evidence of the truth of similia. It is earnestly hoped that this opportunity will be taken advantage of by all, and that we may thus have an enjoyable and profitable experience meeting.

The local committees are arranging for the entertainment of our visitors and present indications are for an enjoyable social function during the sessions, when our visitors may have an opportunity of becoming acquainted with all in attendance.

Let every member come prepared to do his part and the success of the meeting is assured in advance.

#### PROF. QUINE'S ADDRESS.

The editor of the Department of Abstracts and Review for *PROGRESS* desires to call particular attention to the address of the President of the Illinois State Medical Society, at its last session. Very extended excerpts are given in our present issue, taken from the *Medical Standard*, Chicago. It should interest the disciples of Hahnemann because it probably represents the views of the most advanced, the most enlightened, in short, the most Hahne-

manized members of the dominant school today, regarding medical therapeutics. Read it, doctor,—it can not fail to warm the cockles of your heart to observe the lines of approach toward the philosophy of the Organon that characterizes medical thought at this time in the traditional school. Our dear brethren of the “opposition” will not think us impolite or lacking in a due regard for “professional” decorum if we indulge in a quiet chuckle (restrained and dignified, you know) over the fact that the much-lauded science of *pathology* and the “despised” *symptomatology* have changed places in the view of our “rationalistic” compeers, at least the prospect seems very good that the Hahnemann dictum—that the *symptoms, for purposes of treatment*, constitute the disease is coming to its own with the *advanced wing* of the “regular” school. But, is it not a somewhat puzzling, if not amusing feature of current medical philosophy and teaching that the ground about to be vacated by the “regulars” is being occupied by the followers of the sage of Coethen. The closing paragraphs of Prof. Quine’s address will give you a hint of the present writer’s meaning.

G. E. B.

#### THE HORROR AT EDEN.

The recent railroad disaster at Eden, with its attendant appalling sacrifice of human life, would seem to be accentuated in its horrors, if possible, by the suspicion now gaining ground of gross and criminal carelessness in the management of affairs by everybody concerned. We trust a thorough investigation may clear up and remove the criminal phase of the matter but, that the bridge was old in years as well as in type of construction, and that it belonged to what may be termed “economical” in railroad construction, cannot be doubted and that another road, at the same point, had removed an earlier and similar structure and replaced it by a more modern one which withstood the flood, would seem to reflect very gravely upon the management in the roadway department of the service. Since the moment of the wreck the company has called into play its vast resources to succor the injured and recover the dead, and its service has been at the com-

mand of relatives and others who took part in the search for victims, their identification and removal for burial; these kindly offices have mitigated much suffering and suspense and has been much appreciated.

Present indications point to the sad fact that the bodies of some of the unfortunates may never be recovered, but it is hoped that every effort known to human ingenuity will have been tried before efforts cease or the recovery of all the dead will have been assured. At present the unrecovered number twelve or even more, whilst the number removed and identified reaches eighty-four.

Among the killed were four physicians, one of whom was our Dr. MacGregor of Ballard, Washington, whose death is noticed elsewhere in this issue. The doctor was a Philadelphia man and a classmate of Dr. Moore of Brighton, this state, and his approaching marriage renders his violent and untimely death pathetically sad.

A. C. S.

#### THE WOLF.

A streak, not of the pithycanthropus erectus, but of the CANIS LUPUS, and that too of the most pitiless and dastardly brutal character, seems at times to crop up in the form of man! It would seem beyond human belief that any creature could fall low enough to fatten upon the spoils of the dead, but all evidence goes to prove conclusively and beyond a doubt, that at the recent wreck at Eden, bodies were despoiled of their valuables, that trunks were burst open and robbed and that in a few instances bodies were concealed until a favorable moment arrived to strip them of their valuables. It speaks well for human patience that the dead were not added to by "drum-head" measures and this probably, was only prevented by the universal sadness surrounding the field of operations.

We believe some arrests have been made and we hope to hear of extreme penalties being handed out to these vultures in human form.

A. C. S.

## THE DEATH OF DR. MCGREGOR.

As we go to press we learn of the death of Dr. James McGregor by drowning in the D. & R. G. railroad disaster at Eden, Colorado.

The doctor, who is a graduate of the Hahnemann Medical College of Philadelphia, class of 1902, has been practicing his profession in Ballard, Washington, since graduation. He had built up an extensive practice, and seemed to have a bright future before him. He spent a few days in our city, and note is made elsewhere of his call upon the editor in July. Our report has it that he was to have been married to Miss Stella MacDonald, who has been a friend of the editor for several years, and who was drowned with him. Sympathy can do little to lighten the sorrow of the bereaved, but PROGRESS extends sincere condolence to the families of both Dr. McGregor and Miss MacDonald.

## MATERIA MEDICA RHYMES.\*

BY MARGARET L. TYLER, L. R. C. P. AND S. ED.

## I. SULPHUR.

SULPHUR: local plethora;  
Orifices reddened are;  
Piles and flushings, 'tcetera.

The distribution of circulation,  
Which may go on to an inflammation,  
Is very irregular.

Next, an *empty feeling*, name;  
"Starving at 11 A. M.:"  
Craving spirits—cures the same.

Hungry, yet emaciation;  
Shocking bad assimilation:  
Worse from bath and washing—shame!

Babies, little dried old men,  
 With the drum-like abdomen :  
 Milk?—brought promptly up again.  
 “Hot sweaty feet,” for *Sulphur* bleat :  
 Again, “hot head and frozen feet :”  
 “Worse warm, and worse in bed,” the which  
 Suggest ERUPTIONS—like the itch.

Fears the pain of costive stool—  
 Hard, dry, knotty, as a rule—  
 Or diarrhœa, with skin quite cool.  
 Suppressions all for *Sulphur* call ;  
 Effusions, *Sulph.* absorbs them all :—  
 And when an illness will not clear,  
 Why, *Sulphur* comes in handy here.

## II. LYCOPodium.

The LYCOPodium state  
 Is worse *from 4 to 8*.  
 When pains and headaches shift,  
 They go from *right to left* ;  
 [Keep *Lachesis* in sight  
 In ailments *left to right*.]  
 Uncovered, pain is less ;  
 Better for loosened dress :  
 Prefers hot food and drink :  
 The *alæ nasi* blink,  
 In meningitis, lung-congestion,  
 Enteric and “diseased digestion !”  
 Apart from breathing, prove  
 The *alæ nasi* move.

The tongue wags to and fro ;  
 Spasm, facial muscles show ;  
 Head nods from side to side ;  
 Half-open eyes, beside,  
 In sleep, a splendid guide.  
 The *Lycopodium* woe  
 Has *sudden come and go* :  
 Dryness and burning ; restlessness ;  
 Fears, sadness, apprehensiveness ;

The miser's avariciousness;  
 "Hand clutching entrails," there may be;  
 "Hot coals between the scapulæ:"—  
*Flatulence*, most especially!—  
 Hernia, right inguinal, may cure:—  
*Red gravel in the urine*—sure!

### III. CALCAREA CARBONICA.

CALCAREA—chilly remedy!—  
 "Damp stockings on," there'd seem to be.  
 Head sweats, the pillow's drowned, at night:  
 Large head, the face a *chalky* white:  
 Fat, bloated children, fair and slow,  
 With open fontanelles—you know!—  
 Teeth late to come, and child walks late:—  
 Sour sweat, sour taste, all sour, you'll state.  
 Large glands and hard, abdomen cold:—  
 "Night terrors,"—screams!—in vain you scold!  
 An apprehensive mind is here:—  
 She fears with every kind of fear.  
 "The boneless hand," warm, moist, you'll note:  
 Coughs from "a feather in the throat."  
 Cramps—epilepsy:—right side worst;  
 A pain *as if the part would burst*.  
 The least cold air goes through and through:—  
 Better when costive—that will do.

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\*From the *London Homeopathic World*.

## *Department of Theory and Practice*

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

### PERSISTENCE OF BABINSKI'S TOE SIGN IN DISEASE.

It appears that the doubt heretofore entertained relative to the value of this reflex as indicating disease of the pyramidal structures must eventually give place to an acknowledgement of its value; Pfeifer's study of over five hundred cases leaves no doubt in the mind of this investigator that the reflex is a reliable one, and hence bears positive diagnostic relation to lesions of these structures.

A. C. S.

### TEUCRIUM MARUM.

Dr. Moore of Brighton reports what seems to be an extraordinary therapeutic achievement, using as his medium a remedy which, while not by any means a stranger to the expert prescriber of medicines according to their provings, yet it is not a remedy widely employed even in the various pathologic states of the membranes of the naso-pharynx, where its symptomatology seems to be largely exerted. *Teucrium marum* is the remedy to which the doctor attributes at least a partial restoration of the olfactory sense.

His patient had, many years previously, apparently entirely lost her sense of smell, and while she had put forth every reasonable effort for its recovery, had not improved. The doctor has succeeded in making it possible for her to detect many odors absolutely foreign to her up to the medication with *teucrium*.

While we incline to the opinion that the conditions covered by this remedy are usually hysteric in nature, yet we think still further investigation along these lines should be made with this substance, and it is not improbable that the new Institute of Provings of the American Institute of Homeopathy will eventually demonstrate this phase of its action.

A. C. S.

### CUPRUM-ARSENICOSUM.

Cup-ars is a remedy that has crept into comparatively recent therapeutics and has been extolled by the Philadelphia and



other leading schools as exhibiting the combined actions of arsenic and cuprum to a curative degree not manifested by these remedies when given separately or in alternation; this, we believe, can hardly be demonstrated in its general use; there are apparently many typical cases where this combination is absolutely inert. A recent case demonstrates the antagonism of cuprum to arsenicum, but our observations have not by any means been limited to a single case. The patient, a young woman, had been dropping in the physical scale gradually but surely for two years. Competent examination of the fundus developed progressive degeneration of the disc and the belief was expressed that an early fatal termination from parenchymatous nephritis was certain. Effusion was marked in the extremities and the face was considerably bloated. Upon test the albumin was the largest in percentum the writer has ever seen in any specimen. Epithelia, granular and fatty casts were easily discernible. Urine decreased at times to less than 50% of the normal with sp. gr. in the lessened urine about normal.

There were three or four symptoms that were regarded as pointing strongly to arsenicum and cuprum, with many cross-symptoms which, as usual, were kaleidoscopic in their tendency to shift about, but in the maze there was that which makes the doctor's heart glad—a fair rebound and effective resistance to disease. Symptoms peculiar to the patient: Could not take water; made her sick, but thirsty all the time; general tissue irritability (not traceable to former medication); restlessness to quick exhaustion, strongly pointing to arsenicum. Muscles of back contracted and sore, even backs of arms sore, and if patient was not careful in stepping the gastrocnemius refused to act, and with her pallor there was blueness of the lips; some strong cuprum indications.

Arsenicum alb. 6x was given, but urinary and other symptoms persisted and the third decimal was then given with general improvement of all of the arsenicum symptoms, whilst the other symptoms grew more threatening and the patient said the drug made her sick, even to vomiting. The sixth was again given without any apparent change except that the urine grew less in quantity and the albumin increased, when the patient was again put back on the third decimal of the drug and kept there until her susceptibility made it necessary to suspend the arsenicum. Cuprum was now given and the first dose seemed to ameliorate the arsenicum aggravation and slightly modified the muscular

symptoms, but in a general way otherwise disappointing in its action. Cuprum-arsenicum 6x was now given, with no apparent action of the arsenicum in any way, and the patient did not improve perceptibly.

A line of treatment was then decided upon and the patient was given arsenicum 3x for two days and cuprum met. for one day (in the 6th), the patient finally becoming *educated* to the arsenicum in this potency, has had it, with occasional doses of cuprum, for more than a year, with the happiest results. She is now apparently well. There is still a trace of albumin, and she cannot be discharged for a long period, but vision is quite good and the disc is reported "clearing." There is no oedema, urine 51 ounces daily, patient looks rosy, is back to normal weight, and has resumed the usual round of household duties.

It is not assuming too much, perhaps, when we say this patient need not die of nephritis, and also that cuprum and arsenic did what would have been impossible to cuprum-arsenicum.

A. C. S.

#### REPORT OF CASES.

Patient emaciated, has lost twelve pounds in six months; melancholy, lacking ambition so he could not attend to business. Symptoms—Dizziness at times dryness and burning in eyes, nose and throat; profuse flow of saliva of a greasy taste; considerable mucus in the throat in the morning, raised with difficulty; often hoarse, particularly in the morning; tickling in larynx causing cough, with involuntary spurts of urin; general feeling of weakness in body and limbs, with rheumatic pains in legs; belching of hot, bitter gas; test of stomach contents showed presence of considerable butyric acid; abdomen distended with gas, but tolerably soft; patient could not bear to have the clothing tight; had some craving for food; eating followed by sense of heaviness and generally by cramping pains in abdomen; pains made patient feel as if he would be relieved by drawing up knees, but could not lie in that posture; constipation; stool passed with some difficulty; stool solid, often accompanied with mucus; symptoms generally worse in the morning, yet always better when indoors and quiet.

Treatment: Causticum 3x t. i. d. with static breeze over body and vibratory massage to spinal nerves in dorsal and lumbar regions. Improvement from the start; in ten days patient was sure he was a new man.

Alumina was thought of, but causticum was the remedy.

R. O. B.

Patient, a lady of 32, came complaining mostly of her complexion. Skin and mucous membranes were completely jaundiced; first noticed on sclera, next day over face and, by following evening, whole body icteric. Saw patient on fourth day after beginning of attack. Found she had had malaria several seasons before coming to Colorado. Had been jaundiced and salivated two years before present attack.

Patient had spells of slight nausea; tenderness over epigastrium running through to back; liver slightly enlarged; constipation, alternating with diarrhoea; when constipated stool generally soft, pasty and very light; diarrhoea came suddenly, lasting only for a few hours; bowels had feeling of hot water running through them; stool watery, brown, almost black, of cadaverous odor; patient had been constipated since some days previous to attack.

Treatment: *Chionan. virg.*, two drops of the tincture every hour while awake; patient instructed to drink all the water possible, especially hot water, and to take at least two hot baths daily. On the following day the old familiar diarrhoea appeared, but with only two very loose stools. Bowels did not move again till the following morning; stool formed and nearly normal in color. In one week's time the skin had nearly cleared and the patient felt well. The *chionanthus* was continued in two-drop doses for two weeks longer, the bowels continuing to act better than they had for years.

R. O. B.

# Abstracts and Reviews

Conducted by GEORGE E. BROWN, M.D.

## THE POWERS AND LIMITATIONS OF THERAPEUTICS.

The article of this title in the June number of *The Medical Standard*, Chicago, by Wm. E. Quine, M. D., was evidently inspired by a report that appeared in one of the enterprising dailies of the Windy City, in which various prominent members of the profession are represented as speaking very derogatorily of the medical treatment of pneumonia, and inferentially, of medical treatment in general. Dr. Quine thus refers to these over-talkative brethren:

"It is the purpose of this paper to set forth, in general terms, the range of power, and the limitations of therapeutics, with special reference to medicinal therapeutics, in the hope of prompting the more voluble and opinionated of these brethren to do a little thinking before giving utterance to statements which are not only without foundation, but are directly injurious to the standing of the entire medical profession."

Dr. Quine considers that the subject of therapeutics is being neglected in the medical colleges (he, of course, refers to the so-called "regular" schools) and in support of this opinion he says that "not one in ten of the *medical teachers* I know is able to write prescriptions correctly; and in the recent competitive examination for appointments to the house-staff of the Cook County Hospital, Chicago, of the seventy-two participants representing the flower of the graduating classes of Rush Medical College, the Northwestern University Medical College and the College of Physicians and Surgeons, there was not one who showed ability to earn a rating higher than fifty on a scale of one hundred, in this fundamental requirement, and less than ten showed ability to earn a higher rating than twenty-five."

Dr. Quine clears the ground for a very impressive if not convincing discussion of the role of internal medication and hygienic expedients in the "cure" of disease, by a few definitions. He shows that the word "cure," from the Latin *cura*, means etymologically, "to take care of," conventionally, or derivatively, however, the word signifies, "to restore to a healthy state," and in answer to the question, "do medicines cure diseases, and spe-

cifically, do they cure infectious self-limited diseases, such as pneumonia and typhoid fever, in the sense of restoring to a healthy state," he answers positively, "They do." He explains that the therapist may promote natural processes which tend toward and finally effect, the re-establishment of health, and that in some cases, re-establishment of health would not occur without this assistance, and it is in this sense that medicines "restore to a healthy state." The fundamental elements of disease are the cause, and the effects of its operation. These effects are divisible into two groups,—morbid anatomy, and morbid physiology. Each or either of these, the cause, the morbid anatomy, and the morbid physiology may be within the reach of therapeutic influence.

A.—*The Cause.*—"Remove the cause and the effects will subside," saith the sage; and the truth of the proposition is exemplified every day in the treatment of local and reflex disorders. But when the cause is a systemic infection we cannot remove it, except possibly in the case of malarial disorders and a very few other diseases. Nevertheless, in such cases, if it be true, as is generally assumed, that the gravity of the sickness depend on the degree of concentration of the microbic poisons and the noxious products of metabolism in the blood, it would seem certain that we may lessen that gravity by diluting the blood and washing the poisons out of it. Hygienic remedies are habitually neglected by physicians in favor of routine medication, and always to the detriment of the patient; and, in systemic infections, one of the most valuable remedies is *water*.

"Given in typhoid fever, pneumonia and other similar disorders to the extent of causing an outflow of fifty or seventy ounces of urine daily, and of maintaining sensible perspiration besides; given by the stomach, by copious colonic flushings—a quart or more at a time, but always through a rectal tube left *in situ*; and, given subcutaneously in the form of normal salt solution in cases of perilous urgency, water makes a decidedly favorable impression on many threatening symptoms, apparently by washing out the toxins which have been causing them.

"Water, employed efficiently internally in systemic infections and intoxications, lowers temperature, subdues delirium, promotes sleep, lessens circulatory and respiratory derangements, and conserves the strength of the patient; and, apparently, it accomplishes these results by acting on the cause. Evacuant medicines, and especially those of the saline class, may be employed,

with advantage, as auxiliary remedies in many cases. Usually, we can do no more than this in the direction of acting directly on the cause of an infectious disease.

B.—*The Morbid Anatomy.*—

“It is admitted freely that in numerous instances the morbid anatomy is about the only element of the patient’s sickness that is of commanding importance. Such it is in gangrenous appendicitis, pus collections, neoplasms, herniæ, invaginations, and so on throughout the field of surgery; for surgery deals almost exclusively with morbid anatomy. And we make respectful and grateful acknowledgments to our brethren of the scalpel for the glory which their achievements in this field have shed on the entire profession—no mean part of which is due to the surgeons of our own state.

“But, morbid anatomy is not all there is of disease. It is often an insignificant element, for when it does not cause morbid physiology, it does no harm.

“What harm is done by a valvular heart lesion when it does not interfere with normal physiology? Who, of large experience, has not seen a dozen cases of that kind run on for ten or twenty years without the least disturbance of health? It is morbid physiology that compels attention, and when the attention is given so that the *function* of the organ is sustained by the influence of digitalis, and its congeners, the life of the patient is prolonged and made comfortable for many a year.

“What harm is done by gall-stones, or by a movable kidney, or by a displaced uterus or ovary, or by pelvic adhesions, or by a neoplasm, when the condition causes no symptoms—another name for morbid physiology?

“Should a patient be eviscerated under such circumstances, or be frightened into an operation for replacement and fixation of the displaced or abnormally movable organ? Not at all. Such practice is deserving of the sternest condemnation of the profession as furnishing examples of surgery for revenue only.

C.—*Morbid Physiology.*—When the physician can wield the weapons of his art with skill and effect in this field, he may contemplate with composure the sneering criticism that his treatment is ‘merely symptomatic,’ for he knows only too well that, in medical practice, symptoms of morbid physiology, due to toxæmia, often cause death when there is not enough morbid anatomy present to make any important impression on the tenure of life.

“Contemplate the effects of a lethal dose of morphin, atropin or strychnin, and the life-saving influence of the physiological antidote of such a poison and then say whether microbial poisons may not act, and may not be counteracted, in like manner.

“Look at your case of pneumonia. Yesterday the patient was at the point of death, and today he is comfortable and out of danger. What has wrought the change,—disappearance of morbid anatomy? No, there is as much morbid anatomy today as there ever was. The change is due to arrest in the production of toxins, and to the destruction or elimination of those which had been circulating in the blood causing “symptoms,” or the derangements of function designated morbid physiology. The “symptoms” having ceased, convalescence is at hand.

“If such derangements of function are mitigated by medicinal or hygienic influence—high temperature, delirium, pain, cough, insomnia, anorexia, vomiting, impaired digestion, dyspnea, and failing circulation—and the heart is kept going with the help of carbonate of ammonium, strychnin and caffenin till the process of intoxication comes to an end, are you ready to say that ‘the physician is powerless to influence either the course or the mortality rate of the disease,—or of any other similar disease?’

“It seems to me that the judicious treatment of ‘symptoms’ is of mighty importance, and as genuinely life-saving or curative as any of the processes of surgery.

“High temperature is a symptom,—and whether it be caused in a perfectly healthy person or animal by solar or artificial heat, or whether it appears in the course of an infectious disease, it may kill,—and it may be controlled safely by hygienic remedies, and unsafely by medicinal antipyretics.

“Pain is a symptom, and it may kill,—or it may be controlled; and, I think, I have seen it kill in many a surgical case,—the surgeon having withheld morphin, because, forsooth, the morphin might obscure the symptoms of a peritonitis that was already known to exist, and, indeed, had been the basis of a laparotomy a while before.

“Vomiting, purging and hemorrhage are symptoms; urinary suppression and the phenomena of uremia are symptoms; ascites, anasarca, edema of the brain and of the lungs are symptoms; insomnia, delirium, convulsions and coma are symptoms; the phenomena of respiratory and circulatory failure are symptoms; and they may kill,—or they may be controlled. Is symp-

tomatic treatment to be despised, then? As a matter of fact, is it not as truly life-saving as any 'radical' treatment that was ever invented; and is not the physician as genuinely useful to humanity as the surgeon?

"But, when an overwhelming dose of poison, whether medicinal or microbic, gets into the blood and cannot, at once, be eliminated or destroyed, its paralyzing effect goes on, and on, to the arrest of function and to consequent death, unhindered by any amount of physiological antidotes that can be brought to bear against it; and, when an advancing process of morbid anatomy, that is beyond the reach of known therapeutic influences, goes so far that not enough normal anatomy is left to maintain function, even with the assistance of medicinal and hygienic remedies, the time and conditions are at hand which point to the limitations of therapeutic power.

"The range of power of the physician has been enlarged greatly of late by the addition to his armamentarium of antitoxins, iodo-thyroidein, and the Roentgen ray, so that there is good ground for the hope that the laboratories of the biologist and physicist may, in time, outrank in beneficent productiveness the laboratories of the pharmacist.

"We treat conditions, not names; the man, not 'the disease.' Morbid physiology is morbid physiology, no matter how it is brought about, and we must deal with it and its cause without reference to the disease in which it occurs.

"To 'obviate the tendency to death,' as the old therapeutic philosophers expressed it, is the basis of rational effort; and this is done many a time intelligently and successfully without the aid of clear conceptions of pathology or of extensive acquaintance with the revelations of the microscope, by hard-headed, sensible doctors.

"There is many an unpretentious member of the profession who shrinks from a discussion of histology, and is silent in relation to the intricate problems of differential diagnosis, who has gone further into the domain of therapeutics than many professors and many makers of books, and who can put them to shame in respect to familiarity with the resources of the curative art, and capacity to wield them with discrimination and success."

G. E. B.

#### TUBERCULIN TEST.

An early positive diagnosis of tuberculosis is of paramount importance, for well-known reasons, but it is hard to make in



many instances. Often the most thorough physical examination will not be sufficient to detect tuberculosis, and in many of the obscure cases, especially of surgical tuberculosis, diagnosis by ordinary means is impossible. Consequently the tuberculin test, when it was announced by Koch in 1890, was heralded by many as one of the great discoveries in medicinal science.

Tinker, in *Johns Hopkins Hospital Reports*, 1903, gives the results obtained from the application of the test in 400 cases at the Johns Hopkins Hospital, where it is used in doubtful or suspected cases of tuberculosis. Used in the small doses needed, and under proper condition, he considers that the test is not harmful and does not give rise to distressing symptoms. A fact to be kept in mind is that every individual will react with high temperature, often nausea, vomiting, chills, headache, etc., if the dose is large enough. It is usual to begin with from 1 to 5 milligrams of Koch's old tuberculin, and, if no reaction occurs, the dose is increased to a maximum of 9 milligrams. A reaction to 6 milligrams is considered to be certainly tuberculous, a reaction to 9 milligrams is strongly presumptive, but not positive. However, a non-tuberculous subject may occasionally react under these conditions and a tubercular subject fail to react, but such occurrences are rare. It may, therefore, be compared to the Widal test in typhoid fever in not being absolutely reliable, but nevertheless of great value.

A proper temperature chart, preliminary to the injection, is of great importance. The temperature should be taken every two hours for at least eighteen hours. The application of the test in cases where the temperature is not down approximately to normal for about twenty-four hours probably explains its failure in some hands. It is best to make the injection deep into some muscle, such as the deltoid, using, of course, antiseptic precautions. Patients with healed lesions, even for years, react to the test. The location of the lesion probably has no effect on the reaction. The test has been of service at Johns Hopkins Hospital in the diagnosis, especially of tuberculous joint lesions. Tuberculosis of the kidney when no tubercle bacilli were found in the urine, was diagnosed in several cases by tuberculin, and the diagnosis confirmed by subsequent operation. None of nine cases of Hodgkin's disease reacted to the test. On the whole, the analysis of the results obtained seems to be favorable to the test both as regards its harmlessness and its reliability.—Editorial in *The Journal of The American Medical Association*, July 30.

## EARLY SYMPTOMS OF PULMONARY TUBERCULOSIS.

Dr. G. C. Johnson (*American Medicine*), considers the following symptoms suspicious as indicating commencing tuberculosis. Grouped according to their importance they are:

(1) *Cough*.—A slight, hacking, persistent cough, which can be referred to the larynx or upper trachea. It is worse at night or upon lying down. There is little or no expectoration.

(2) *A failing appetite*.—There is a repugnance for fatty foods and some degree of indigestion.

(3) *Loss of weight*.—Patient is a few pounds below his average weight.

(4) *Sleep sweats*.—Upon lying down, day or night, the patient awakes with neck and upper chest bathed in a warm or cold perspiration.

(5) *Accelerated pulse*.—A pulse of ninety to a hundred, which is quick, irritable and ill-sustained.

(6) *Elevation of temperature*.—This is an unobtrusive symptom, but is of the highest importance. When a case of beginning tuberculosis is suspected, a temperature record at 2:30 p. m. on several successive days should be insisted upon. A temperature elevation of one degree is a symptom that must be accounted for absolutely by some other condition, or tuberculosis must be suspected and confirmatory symptoms searched for.

(7) *Fistula in ano*.—When syphilis is eliminated, this condition calls for careful examination of the chest.

(8) *Pleurisy with effusion*.—A history of pleurisy with effusion in a patient who complains of any of the above-mentioned symptoms is important.

## TYPHOID FEVER, PROGNOSIS OF

The younger the patient, the more favorable the prognosis, as mild cases are commonest to the young, while fatal complications are apt to occur in the old. If the onset of the disease be gradual, it is likely to prove a mild case; but, if the onset be sudden, then a severe case must be looked for. If the case be one occurring in an outbreak of typhoid fever, then the general character of the outbreak may be of value in prognosis, the age and constitution of the patient be taken into account. The amount of pyrexia *per se* is not to be regarded as unfavorable in a patient of strong bodily health. The pulse-rate is a good indication of the severity of the attack. Sudden changes in its rate are important guides to the onset of complications.

Constipation is a favorable symptom contrasted with diarrhoea, which is unfavorable. Meteorism is an unfavorable symptom, because it favors perforation. Where perforation occurs, operative measures hold out the best chance. The dryness of the tongue is a valuable guide to prognosis. Hæmorrhage occurs chiefly in serious cases. The earlier it occurs in the disease, the more serious it is. Early nerve symptoms must be regarded seriously, for they are an indication either of the severity of the attack or the lack of resistance in the patient. Most of the complications tend to recovery, serious complications being perforation, peritonitis, and pneumonia. When perforation occurs, laparotomy is the only treatment. Hospital-treated patients have a better chance of recovery than home-treated patients.—R. E. Sedgwick (*Birmingham Medical Review*, February, 1904.)

#### ABDOMINAL PAIN.

Muscular spasm, when present, is of great import. Its absence does not exclude the possibility of a gross lesion. Spasms is wanting when there is little or no muscle overlying the seat of the lesion, and disappears on the advent of toxæmia.

Cutaneous hyperalgesia may often exist. The point to bear in mind is that if it has once made its appearance and subsequently disappears, without general improvement in the patient's condition, the outlook is ominous. Gangrene or perforation must, in such cases, be suspected. The intoxications are capable of producing severe abdominal pain, and special attention is called to the abdominal pain due to uræmia. Hysteria and the neuroses have too often been invoked to explain away a pain; such an explanation is, as a rule, a confession of ignorance.

Finally this general caution is given: "The occurrence of relief to suffering must not lull us into false safety. Such disappearance may be of diagnostic importance. Apart from termination of the disease in its natural course, such subsidence may be due to (a) the onset of gangrene, (b) to an oncoming toxæmia, (c) to both, (d) to perforation of a hollow viscus (as the stomach or gall-bladder, or appendix) or the rupture of an abscess. If pain disappears suddenly there must be gradual, but prompt amelioration of all general and local symptoms if the patient is safe."—J. H. Musser (*American Medicine*, March 26, 1904.)

## GOUT AND LITHÆMIA, DEFICIENT UREA EXCRETION IN.

Persistent deficient urea excretion is always present in, and characteristic of, chronic gouty conditions. The total urea output in gout is considerably lower than that found in chronic Bright's disease, about two-thirds of the amount in other miscellaneous chronic disorders, and only about three-fifths of the quantity excreted in health. Deficient urea excretion is an important factor in the differential diagnosis between gouty and chronic rheumatic troubles, and between lithæmia and certain nervous conditions dependent on other causes. It is not present in chronic rheumatic conditions. It points to perverted hepatic metabolism, and lends color to the Murchison theory of gout, there being in the cases discussed no clinical evidence of kidney trouble in support of the renal theory. A diminished uric-acid excretion is to a certain degree commensurate with that of urea. Gout, goutiness, and lithæmia are of the same origin, and but modifications of the same disorder. Chronic gouty conditions are, in general, more amenable to treatment, especially to balneotherapy, than chronic rheumatic affections.—R. K. Macalester (*Medical Record*, April 16, 1904.)

## THE DIET IN CONTRACTED KIDNEY.

Van Noorden (*Intern. Med. Mag.*, Jan.,) believes in shielding the kidneys from irritation and first of all would exclude alcohol, as a dangerous poison. Most spices should be prohibited, not, however, including salt, vinegar and lemon juice. Coffee, tea and tobacco are injurious irritants. The common belief that white meats only should be allowed is objected to by Van Noorden, and he finds it much easier to get along with a diet selected so as to include dark meats. According to his experience, it is well to restrict the quantity of fluid to one and one-fourth quarts, this to include everything taken in liquid form. He advises allowing the patient to drink as much water as he chooses one day in the week. If the disease has become incurable, there is no use in aggravating the patient by unduly restricting the diet, but over-feeding is dangerous. The amount should ordinarily be regulated to four-fifths of the calculated normal diet. As a rule nothing need be eaten between early breakfast and midday dinner but a light lunch, and nothing between dinner and supper but a few mouthfuls late in the afternoon to decrease the appetite for the two chief meals of the day to such an extent that the patient

is not in danger of eating too rapidly or too much at one meal. In more advanced stages of the disease, when the heart is beginning to grow weak, it is better to insist on a light meal every two hours, thus providing for the nutrition without embarrassing the action of the heart by gastric distention consequent upon a bulky meal.

#### KOPLIK'S SPOTS AS AN EARLY SYMPTOM OF DISEASE.

The opinions expressed as to the significance of Koplik's spots in measles differ considerably, although the majority of observers regard the spots of diagnostic importance. M. Manasse has been able to see forty-eight cases of measles in a very early stage, and has watched for Koplik's spots. These spots are small bright red spots, with irregular shape and with bluish-white glittering centers, and occur especially opposite the molars on the buccal mucous membrane or on the palate. In forty-five of his forty-eight cases, the spots were well marked and appeared about twenty-four hours after the initial symptoms, and could be easily separated from the actual eruption of measles, which appeared two, three, four, and even five days after the beginning. In cases of rotheln and scarlatina the spots were not to be found, and he therefore comes to the conclusion that Koplik's spots are easily differentiated from the real exanthem of measles, and are seen in the majority of cases; when seen they form an important early diagnostic sign.—*British Medical Journal*.

#### TREATMENT OF INFANTILE DIARRHŒA BY SOLUTIONS OF GELATINE.

Weill, Lumiere, and Pehu report most excellent results from the use of gelatin in the diarrhœas of infants. Chemically pure gelatin is taken and dissolved in ten times its weight of boiled water. The solution is then sterilized in an autoclave at 120° C. for a half hour. The solution is then tubed, putting 10 cubic centimeters (representing 1 gram of gelatin) in each tube.

The contents of one tube are then added to each bottle of milk given to the infant. In this way 8 grams of gelatin may be given a day, although they have used 12 or even 14 grams. The good effects of the treatment are seen very soon. The number of stools diminishes, they become more solid, and lose their green color and offensive odor. The general symptoms improve rapidly—often after four or five tubes.

The medication finds its clearest indication in cases of dyspeptic diarrhoea without organic lesion. In true cholera infantum good effects were not obtained.

The gelatin appears to have a direct effect upon the coagulation of the milk and upon the intestinal secretions. The fermentative and putrefactive processes are stopped, perhaps by a purely physical process, as some experiments outside the body would seem to indicate.

#### DIET AFTER ABDOMINAL OPERATIONS.

The importance of the after-treatment of abdominal surgical cases is insisted on by Krusen (*Intern. Med. Mag.*, Jan., 1903; *J. A. M. A.*), who advises the use of one or two teaspoonfuls of hot water only, every fifteen minutes or half hour, after twelve hours, to relieve the thirst, but a still better way is to give a rectal enema of a quart of normal saline solution immediately after the operation. Food is usually administered at the end of forty-eight hours, and may be given by the rectum if the patient is feeble. Before that time the first food should be a teaspoonful of either hot weak tea, beef juice or liquid peptonoids. Milk is a bad food. Good home-made beef tea, or any of the numerous concentrated beef jellies may be given in teaspoonful quantities on the second day. Egg albumen is tasteless and nutritious. It is not advisable to give alcoholic stimulants by the mouth, as hypodermics of strychnia and hyperdermoclysis of normal saline solution are better. He quotes Penrose, who advises buttermilk as one of the best foods to begin feeding the patient with. One-half to an ounce may be given every hour until the retentive power of the stomach is ascertained. When rectal nourishment is needed the surface must be cleansed from all mucus and feces and irritation allayed as far as possible. The quantity and quality of the food should be such that it will not excite peristalsis and yet allow of complete absorption. Ewald recommends the following prescription: Beat the whites of two eggs with a tablespoon of cold water, add a teaspoonful or two of starch boiled in a half teacupful of a 20 per cent. glucose solution. Mix at a temperature below the coagulation point of the albumen. Senn has cited the use by Kummell of forced nutrition by the subcutaneous injection of sterilized olive oil under the fascia of the thigh in quantities varying from 40 to 60 grams. From the third to the seventh day, if the patient is doing well, a soft diet may be given, soft boiled eggs, milk toast, chicken, mutton or beef broth, soups, custards

and jellies and usually after the first week an ordinary diet is allowable.

#### THE SUPRA-RENAL GLAND EXTRACT FOR THE CONTROL OF HEMORRHAGE.

No fact, says the *International Journal of Surgery*, is more conclusively proved than the remarkable hemostatic effects of the extract and active principle of the suprarenal glands. They are more effective than the salts of iron and leave behind no filthy mess of blackened, coagulated blood. Unlike the actual cautery, their application is painless and causes no destruction of tissues. To sum up the virtues of suprarenal gland as a hemostatic, in a word, it is ideal. It has been successfully employed in every form of bleeding in which the leaking vessels are not so large as to make ligature immediately imperative. Indeed, we may well venture to term it one of the most valuable biological products that science has of late years discovered, and it is not without a certain amount of surprise that we realize how comparatively small a place it has yet assumed in that branch of emergency work which has to do with sudden and dangerous hemorrhage, which, as we all know, so often occurs in regions and under circumstances in which direct surgical means are either unavailable or impossible to adopt.

#### ELECTRICITY IN RENAL DISEASE.

A. D. Rockwell (*New York Medical Journal*, January 18, 1902) reports five cases of renal disease treated by electricity, and from their study believes that, by arresting inflammatory action and congestive pressure through heightened circulatory drainage and increased filtration, by removing the inflammatory products which block up the uriniferous tubules, we can do much towards the prevention of more serious and chronic complications, and hasten the recovery of those cases which have not yet crossed the border line of incurable organic changes. His method of administration of the electricity is: (1) *The high tension faradic current*. Flexible electrodes, of blocked tin, 3 inches in diameter, and covered either with sponge or with layers of absorbent cotton, are placed over the region of each kidney and firmly bound. Beginning with periods of ten minutes in length, they may be gradually or quickly increased according to the susceptibility of the patient, to three-quarters of an hour. The strength of the cur-

rent should be given almost, but not quite, to the point of actual discomfort. Mild currents are of little value. If the electrodes are suitable and properly placed the current strength borne is very great; (2) *the static wave current*. This is used in connection and alteration with the high tension faradic current. It has the advantage over the last named of exceeding it greatly in frequency and tension; of enabling one to administer a current, not indeed of greater magnitude, but of far greater force and rapidity of oscillation with the minimum of sensory and motor disturbance. On the circulation they have been found to lower the pressure at the moment of application followed by increased pressure and vascularization. As a result we get an active circulatory drainage of inestimable benefit in conditions of passive congestion. In treatment of *hyperemia* of the kidneys our aim is to relieve this condition and the *albuminuria* by quickening its circulation: With less blood passing through the renal capillaries in a given time less fluid is withdrawn from them and anything which heightens the blood pressure and increases renal filtration, relieves the burdened organ of much stress and strain.

#### TREATMENT OF THE PAROXYSMS OF WHOOPING-COUGH BY PULLING THE LOWER JAW DOWNWARD AND FORWARD.

Quite recently, according to an editorial note in the *Medical Age*, a method for controlling the paroxysms of whooping-cough by pulling the lower jaw downward and forward has been brought to the notice of the profession by Dr. J. Sobel, of New York. During the past two years Dr. Sobel has given this method trial in ninety-six cases. In this number there were only nine in which it proved to be ineffective. In infants and young children the method seemed less efficacious than in older ones, because, not understanding what was to be done, the little ones became frightened and their crying interfered with the manipulations. The pulling of the jaw downward and forward was observed in a number of instances to prevent the occurrence of the whoop by instantly putting an end to the paroxysm. The simplicity of this procedure should recommend it to physicians in their efforts to control this very distressing symptom of whooping-cough. Dr. Sobel stands in front of the patient and places the flexed index and middle fingers against the angle of the inferior maxilla, both thumbs along the side of the nose and against the superior maxilla and then pulls downward and forward. If behind the patient the flexed index and middle fingers are placed against the angle



of the jaw, the thumb along its body, the remaining fingers beneath and thus manipulated by pulling downward and forward.

#### A SIMPLE RULE FOR ESTIMATING THE AMOUNT OF SOLIDS IN THE URINE.

Says Dr. L. Bulkley, in the *Journal of Cutaneous and Genito-Urinary Diseases*: "Multiply the last two figures of the specific gravity of the urine by the number of ounces voided in twenty-four hours, and add ten per cent. to the product. Thus, if the amount passed in twenty-four hours was thirty-six ounces, and the specific gravity 1021, it would be  $36 \times 21 = 750 + 10\% = 831$ , the number of grains of solids in the whole amount. By comparing this with the table it can readily be ascertained if the amount is above or below the normal standard for the body weight of any patient." This method is Haine's modification of Basser's.

#### A DIFFERENTIATING SIGN IN INFANTILE PNEUMONIA.

Weill claims that pneumonia in young children can be diagnosed from other diseases by the following sign, which he considers pathognomonic: This sign is the lack of expansion in the subclavicular region, independent of the site of the pneumonic lesion. With the child on its back, the chest exposed, and respiration regular, it is easy to note the difference in expansion between the two sides. On placing the fingers on the subclavicular region on either side, they are lifted as by a wave on the sound side, while on the other the lack of expansion is evident, even in the very first days of the disease. In pleurisy of pneumothorax, the lack of expansion corresponds to the seat of the lesion, but in pneumonia it is invariably subclavicular.

#### TRUNECK'S SERUM FOR OLD AGE.

Truneck's serum, or properly speaking, solution of a combination of inorganic drugs, was originated by Professor Truneck, of Prague, for the treatment of arteriosclerosis. The original formula is:

Sodium chloride .....	4.92 gm.
Sodium sulphate .....	0.44 gm.
Sodium carbonate .....	0.21 gm.
Potassium sulphate .....	0.40 gm.
Distilled water, q. s. ....	100 cc.

The principle of the treatment consists mainly in introducing into the circulation a dissolvent for calcium phosphate, which, as is known, is the main salt found in the walls of sclerosed blood-vessels. In view of the fact that calcium phosphate is not soluble in water, but only in a solution of sodium phosphate and magnesium phosphate, which are found in normal blood-serum only in a feeble proportion, and of chloride of sodium which presents 70 per cent., Truneck conceived the idea of throwing these normal alkaline constituents into the general circulation of aged people, whose blood is relatively poor in these salts.

The clinical experiments conducted by him in a number of cases with arteriosclerosis gave him the best possible results, and these are the conclusions he arrived at: All the usual symptoms, as dyspnea, asthma, vertigo, angina pectoris, also general health and strength, are greatly benefited by this serum. This is due, in his opinion, to the excess in the blood of salts which show a favorable effect upon the process of regeneration of the vascular endothelium, which is usually altered in arteriosclerosis. Moreover, he states that the nutrition of the cardiac muscle is also greatly benefited and the heart beats become more regular. The disappearance of dyspnea he explains by the increase in the alkalinity of the blood in general and especially of the blood in the medulla, the center of respiration.

#### ENDURANCE OF VEGETARIANS.

Baelz, of Tokio, is reported in the *Deutsche med. Woch.* as having stated, at the meeting of the Berlin Medical Society, March 20th, that he has found the vegetarian Japanese actually more enduring than meat-eating foreigners in control tests, and the events in China have corroborated his experiences. In the interior of Japan it is impossible for the masses to procure even fish or much rice, and as the Japanese cows do not give milk, they have no butter or cheese, and the food is limited to barley or buckwheat with one-quarter rice, the soya bean, and no meat. The soya bean contains as much albumin as beef and 20 per cent. oil, but the amount of cellulose renders it difficult to digest. Children who eat much rice have grooves in their bones from the bands of their clothing, although rachitis is unknown in Japan. Among the tests of endurance he mentioned that he once drove 110 km. in fourteen hours, changing horses six times. A Japanese with a cart made the trip at the same time in fourteen and

one-half hours. He had two Rickisha men trot 40 km. with his weight of 80 kg. every day in the heat of the sun. At the end of fourteen days one of the men had gained 0.5 kg. in weight. He then added a little meat to their food, but the men said it made them feel tired, so it was suspended after three days. At the end of the twenty-second day of the test the men were as full of energy as at first.

#### FALLACY OF INSUSCEPTIBILITY TO VACCINATION.

The chief medical inspector of Chicago, Dr. Spaulding (*Bull. of Chicago Health Dept.*), says: "It should be clearly understood that no one is insusceptible to vaccinia or vaccination any more than to smallpox. One successful vaccination can be secured in every person; to this there is no exception.

"A few weeks ago a reputable physician wrote to the Department that he and two other doctors had vaccinated his little girl seven times without result, and asked that the child be permitted to enter school without a certificate, as he believed she was not susceptible to vaccination. He was advised to try again with vaccine lymph furnished by the Department. He did so, and has since written that the child has a typical vaccination which insures her immunity from smallpox. If this eighth trial had not been made the story would have gone out that it was a case of insusceptibility—a condition that does not exist—and if she had been subsequently attacked with smallpox, it would be claimed that she had been vaccinated, and the case cited by the anti-vaccinists as proof of the inutility of vaccination as a preventive of smallpox.

"A hideous illustration of the evils of teaching insusceptibility to vaccination was furnished during the week in the neighboring town of Hammond, in which a cashier in the bank was stricken with smallpox in its worst form. He died on the seventh day of the attack with hemorrhagic smallpox. He had had four attempts at vaccination, and because it did not "take" was told he was insusceptible—a bit of medical advice which cost him his life at the age of thirty-three—an utterly needless loss of a life useful to the community and of priceless value to his family."

## Current Events

The Denver Homeopathic College adheres to the principles of the homeopathic school of medicine and does not advocate assimilation, amalgamation or absorption by any other system of practice. It teaches all the fundamental principles of medicine and endeavors to graduate from its halls men trained in the principles of similia, and broad enough to use the scientific facts of the day in all their proper relations to the art of healing.

\* \* \*

Dr. W. Dixon Norwood of Shreveport, Louisiana, is spending his vacation in the mountains of Colorado. During his stay in Denver he made the acquaintance of most of the homeopathic physicians here. His wife accompanies him.

\* \* \*

The editor and associate editor of this journal are reported to have been up in the mountains fishing last week, and rumor has it that one beautiful rainbow trout was caught, but so far we have not—well, here is a good place to stop!

\* \* \*

Dr. Birdsey P. Peck has been spending his summer days traveling through the West. In his journeyings he has met a number of the former students of our college. Dr. L. E. Bartz of New Windsor, Dr. J. H. Daniels of Ft. Collins and Dr. Norman A. Cramer of Loveland were among those visited, and we are pleased to learn that they are all of them prosperous.

\* \* \*

“A remedy which has the power and tendency to produce an artificial disease closely resembling the natural one against which it is employed, and which is administered in proportionate doses, affects, in its action on the organism, *precisely those parts* which had till then been a prey to the natural disease, and excites in them the artificial disease which it is naturally capable of producing.”—From Section 148 of the Organon.

\* \* \*

Drs. C. Gurney Fellows and E. V. Halbert, of Chicago, were seen on the streets of Denver on August 10. They seemed to have an eye to business. We trust their visit has been profitable

and that when they come to this section again they may be a little more sociable. We are always glad to see our friends from out of the city.

\* \* \*

Friends and subscribers to the *Homeopathic Monthly* who may desire to pay up their back dues, can address them hereafter at No. 1437 Spruce Street, Philadelphia, Pa. This is official. We have it on a postal card.

\* \* \*

Japan is said to have thirty-one thousand physicians and eight institutions for medical education.

\* \* \*

Dr. Fisher of St. Louis, Mo., has been visiting in Denver. The business manager of this journal was the recipient of a very pleasant call from the doctor. Calls from physicians of other cities are always subjects of interest.

\* \* \*

The circulars issued by the census bureau at Washington often give very startling facts. In a recent issue it is stated that during the last thirteen years there have been in this country 77,617 suicides.

\* \* \*

"Oft was I weary, when I toiled at thee." The above was taken from the flyleaf of an old anatomy that came into the hands of the writer lately. It expresses the experience of so many, and will doubtless recall the weary hours spent in burning the midnight oil (?) hence we give this further record.

\* \* \*

The Illinois State Board of Health declares that "climate is not essential to the cure of consumption, but that the disease is curable in Illinois." A laboratory is established in which the sputum of suspected tuberculosis patients will be examined without cost.

\* \* \*

"The man or woman who has something to live for and something to think about, and lives and thinks with hopeful, positive, loving energy, has found the secret by which old age may be defied."

\* \* \*

In a very prettily illustrated chronological calendar gotten out as an advertisement of lactopeptine, we notice a very glaring

error in the first chronological statement for the month of July, to-wit: Samuel Hahnemann, the founder of homeopathy, is reported to have died July 3rd, 1893. It is only an error of fifty years. This, however, may be excused on the grounds that it is about as near the truth as such writers generally get when discussing matters relating to homeopathy or its founder. It is the result of long habit.

\* \* \*

Dr. J. W. Harris is still traveling in Europe. He is expected home about September first. Dr. J. B. Kinley and family are in the East, and it is reported that he may not return till the middle of September. Dr. H. K. Dunklee is still visiting in the land of basswood hams and wooden nutmegs.

\* \* \*

When we recount the wonderful advance that has been made in the surgical art in recent years we are prepared to at least partially believe almost anything that may be presented as within the range of possible surgical skill. An article appeared lately in a reputable journal in which the writer attempts to discuss the subject of constipation and arrives at the conclusion that the colon is largely at fault for the prevalence of this condition. He then proceeds to depreciate the value of this receptacle and advises that it be removed by surgical operation. The claim is that the tardy action of this portion of the canal is unnecessary, and if the colon was removed and the terminal extremity of the ilium was united with the sigmoid the whole subject of constipation would be at an end. It is reasonable to infer that this is a "stunner," but we await reports.

\* \* \*

Deavers asserts that the micro-organisms which most frequently infect the bile are the colon and the typhoid bacilli. The consequences of such infection, to which he chiefly calls attention, are stones in the gall bladder or in the bile ducts, pancreatitis, biliary cirrhosis and adhesions of the gall bladder to various surrounding structures. The author holds that biliary stasis in itself is capable of producing biliary cirrhosis, yet complete bile-stasis rarely occurs in common duct obstruction, and he believes, therefore, that infection must exert a positive influence in the production of cirrhosis. The treatment of diseases of the biliary tract is surgical. The author goes so far as to advise surgical intervention when gall stones are merely believed to be present. That is in the absence of the so-called characteristic symptoms.



The indications for cholecystectomy and cholecystostomy are discussed. While the author does not go into details of operations, he indicates his preference of methods.—*New York Medical Journal*.

\* \* \*

It is probable that the Colorado Homeopathic Society will be in session by the time of the next issue of this journal. We again call attention of the profession in this state to the importance of making the success of this meeting a personal matter. Do your part, and do it well. Begin your preparation at once and come to the meeting prepared to participate in the discussions and contribute your mite to the general good. There seems to be in every community a certain percentage of persons that feel no responsibility for the success of any enterprise of a semi-public character, and the medical profession is not exempt from this type of character. This is to be regretted, as it makes the duty more incumbent upon those who are willing and interested. If it was not for concerted action the advancement of medical science would be very slow, and individually the profession would be the losers.

\* \* \*

There are a number of young members of the profession now located in our state. We urge them to identify themselves with the state society, and begin at once to reap the benefit of concerted action in the advancement of the cause in which their future is so intimately connected. Let the chairman of the various bureaux communicate with each member and give him all the aid and encouragement possible. It is earnestly desired that all the committees come prepared to make full report of the work that has been committed to their care.

\* \* \*

Dr. F. A. Faust of Colorado Springs has returned from his eastern jaunt, where he was in attendance upon the Practitioners' Course of the New York Homeopathic College. He reports a profitable and pleasant time.

\* \* \*

Dr. U. A. Sharets is now located at 812 North Cascade avenue, Colorado Springs.

\* \* \*

Dr. J. M. Walker was recently called to Colorado Springs in consultation with Dr. Sharets.



September 13, 14 and 15 is the time set for the meeting of the Colorado Homeopathic Society at Denver.

\* \* \*

Dr. James B. McGregor of Ballard, Washington, spent three or four days in Denver during the past month. He reports business good in his town and left his subscription for PROGRESS.

\* \* \*

Dr. D. C. Nottingham of Bay City, Michigan, called upon the editor during the month. The doctor was on his way to spend his vacation in the western part of the state with old friends. The good doctor carries his years with dignity.

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## BOOK REVIEWS.

TEXT BOOK OF PHYSIOLOGY, by A. P. Brubaker, M. D. P. Blakiston's Sons & Co., Publishers, Philadelphia, Pa.

This book, now ready for distribution, is attractively written—not too voluminous, and conforms nicely to recent advance in this department of the science of medicine. Dr. Brubaker has just completed, with the assistance of Dr. Eshner, a translation of a very valuable work on the same subject by Professor Landois of the University of Greifswald, Germany. The doctor dedicates his recent volume to Dr. Henry C. Chapman, with whom he was associated in the professorship of physiology at the Jefferson, of Philadelphia, when Dr. Chapman gave his valuable services to that department.

Dr. Brubaker's work furnishes an excellent reference and text-book, and whilst it contains many familiar illustrations, there are also many new ones, and this constitutes an excellent and valuable feature; among other things worthy of special mention are the excellent work done on the blood and its constituent bodies, the study of brain localization and cord centers.

Where there is a departure from the usual technique the author succeeds in simplifying the subject and adding to its comprehensiveness.

The book is sold at a low price, and should meet a pronounced demand.

A. C. S.



## BUSINESS BRIEFS.

Johnson & Andrews, Druggists.

The Abilene Company,                      Adrian, Mich., March 20, 1903.  
Abilene, Kansas.

Gentlemen:—We wish to speak a good word for Abilene. We have sold several cases; the last case we sold out in less than two weeks. We have recommended it to our customers and they have been highly pleased with it. In fact, we have yet to hear the first word of complaint. We consider it the coming cathartic water of the world. Yours respectfully,

JOHNSON & ANDREWS.

### THERE'S NONE BETTER.

The physician's armamentarium is incomplete without an antiseptic soap. In cleansing fractured areas, either simple or compound, or preparing the hands for minor surgical work and obstetrical operations, we must have a soap that is a good detergent, yet non-irritating, antiseptic and soothing to the skin. "*Brower's Antiseptic Soap*" contains all of these qualities. Try it. *There's none better.*

### BEEF ALBUMIN DIETARY IN THE TREATMENT OF TUBERCULOSIS.

The problem presented by the digestive and assimilative powers of consumptive patients is perhaps one of the most complex and difficult which the physician is called upon the face in the daily routine of practical medicine. It is just those very articles of every-day dietary, of tried and proved food-value, which, owing to the peculiar circumstances of a consumptive person, are most difficult and trying for his deranged digestive system to deal with, even in only a partially complete manner.

The possibilities of pure muscle albumin in a condition as near its natural state as it exists in the living animal, unaltered by chemical or predigestive processes, claims the attention of all physicians as a diet which will manifest its qualities in a prompt and lasting improvement in the sufferer.

No matter what method of treatment be found most successful medicinally, the factor of diet will ever remain paramount and essential to that method. Hyde Dunn's beef albumin returns a maximum nutriment for a minimum of effort, peptonizes rapidly, and is promptly absorbed, throwing little or no stress and irritating over-action on the stomach. It insures a highly nutritious formative and reparative food and leaves additional power and spare energy for such valuable adjuncts to the dietary as fats, extract of malt, bone-marrow, hypophosphites, etc.

# PROGRESS

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## *Original Articles*

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### THE POTENCY QUESTION IN THE LIGHT OF RECENT DISCOVERIES IN PHYSICAL CHEMISTRY.

GEO. E. BROWN, M.D.

The paper contributed by Dr. Royal S. Copeland, of Ann Arbor, in the symposium on "Potency," at the Niagara Falls meeting of the American Institute of Homeopathy, June 23, 1904, will be read with varying degrees of approval and of disapproval; it will be regarded as luminous by many, the shining of a bright light in a dark place, and as a multiplication of words merely by others. But it will be read with profit by all; because incidentally, it details some recent developments in physical chemistry of very profound interest, and that indisputably have an important bearing on homeopathic posology.

It is the object of this article to give a synopsis of Prof. Copeland's address, but the unabridged thesis should be published by some of our leading journals,—it probably will be, at an early date,—in which case the present writer most cordially recommends a careful reading. The title of the subject under discussion was as follows: "Granted the remedial power of a drug attenuated beyond its demonstrable divisibility, wherein is its remedial action superior or more effective than the action of a drug attenuated, but not beyond this degree?"

"Demonstrable divisibility" is assumed to apply to the possibility of such demonstration by the physical and chemical means available prior to the year 1890; certain electro-chemical methods now make it possible to discover drug matter in much higher

degrees of dilution than was possible previous to the discovery of these methods. "Clinical evidence of the presence of drug-matter in the higher dilutions, "is considered, at the best, more or less unreliable."

Dr. Copeland essayed to prove the following ten propositions:

First—The cell is the morphological unit of life.

Second—The chief manifestation of cell activity is its power of metabolism and all its activities are brought about or are accompanied by definite chemical changes.

Third—Cells possess selective affinities for certain chemicals, or chemical reactions.

Fourth—The body possesses natural protective forces, largely chemical, especially resident in the blood.

Fifth—Disease is a disturbance of the chemical equilibrium of the cell, resulting in an interference with its power of metabolism.

Sixth—A remedy is anything which, by its action upon a diseased cell, causes it to resume a condition of equilibrium.

Seventh—A drug is a remedy which is effective by reason of its chemical action, and not by reason of any mystical "force," or other intangible quality.

Eighth—Substances are more active, chemically, the finer they are divided.

Ninth—The remedy should be given with such accuracy of selection and dose and in such form as to aid the disturbed cell, without interfering with the protective forces of the body, or impairing the function of other cells.

Tenth—The attenuated drug without interference with the normal cells or fluids of the body, offers the remedy in a form ready for instant appropriation by the disturbed cell, and hence, in the cure of disease, is more effective than any other possible practice.

Several of these propositions are more or less axiomatic, and one, at least, is a truism, and as to the balance, opinion will differ on the conclusiveness of his proofs, but all will agree on the suggestiveness and high merit of his argument.

The subject of "immunity" was discussed, also Ehrlich's "side-chain theory," but the subject of commanding importance, and that has been discussed more or less, at previous meetings of the Institute, was the so-called theory of the dissociation of molecules. The theory was thus stated by Dr. Copeland:

"A chemical, technically, an electrolyte, when dissolved, is dissociated into parts or particles smaller than the molecules and known as ions. The more dilute the solution the greater is the dissociation—the fewer are the molecules and the more abundant are the ions." If there is barely enough of the solvent—water or alcohol—to dissolve a given chemical or substance there is instant dissociation of some of the molecules, and as more and more of the fluid is added more and more of the molecules are broken up into their constituent elements until, when at last a certain degree of dilution is reached, differing with each substance, there is effected the disruption, so to speak, of *all* of the molecules, and nothing is present but the primary elements, or *ions*, or, technically, complete ionization has occurred.

To descend from the abstract to the concrete, if, we will say, common salt—sodium chloride, Na Cl—is dissolved in water just enough to dissolve it, we will thus produce a solution of salt, but not this alone, for, according to Ostwald and Arrhenius, the original promulgators of the theory under discussion, some of the molecules of salt are dissociated, and hence we will have in our solution the ions—*sodium* and *chlorine*, and as we proceed with our dilution, more and more of the Na Cl molecules are dissociated and more and more of the separated elements Na and Cl exist, until at last the salt all disappears and the individual ions alone are present.

It will be remembered by all who attended our Institute meeting at Boston last year that this subject was discussed by Gatchell in a paper on "The Mode of Action of Drugs in the Crude Form and in Dilute Solution." In the debate that followed Dr. Conrad Wesselhœft made the point that the theory of the dissociation of molecules in solution, if true, furnished an argument against the employment of the higher dilutions in the treatment of disease, and that we should discover the limit at

which dissociation begins with regard to every medicinal substance, and that we should not go beyond that, because when the molecule is broken up we cannot expect the same pathogenic or therapeutic effect that we get from the undissociated molecule.

Copeland's reply to this argument was only partially satisfactory to the writer, in view of what he himself admitted near the beginning of his paper, as quoted above on the "unreliability" of clinical evidence, etc. He said, replying to Wesselhœft:

"The criticism fails in the light of clinical experience. Every physician here can testify to cures made with remedies in such dilution as certainly to be far beyond the beginning of dissociation, and probably beyond complete ionization." It would, however, be unfair to omit in this synopsis a statement that he made that was about as follows: Laboratory experiment has demonstrated that the properties of completely dissociated solutions are the sum of properties of all the ions present in the solution. Think about this, dear reader, and see if you can discover its exact import, especially as it relates to pathogenic and therapeutic properties. The writer modestly offers the following as meeting the requirements of the case, satisfying to Wesselhœft's criticism, and providing for the recognition of such *clinical* testimony as is not, on other ground, intrinsically improbable, and incredible: Is it not a fact that, at least, a large proportion of the recorded pathogenic effects of drugs, the symptoms of our materia medica, were obtained from *solutions* of drugs, from mother tincture up. That being the case, are not our symptom lists the effects of the *dissociated molecules largely*, and not so much of the crude drug, in which the molecule is intact. For example, the symptoms that have heretofore been supposed to be the pure effects of chloride of sodium as a chemical substance, are in reality, many of them, the pathogenetic effects of the coincident action of ions—*chloride* and *sodium*—consequently when we prescribe dilutions of natrum mur. we are not giving very much if any of this chemical, but its separated constituents on the basis of symptoms produced by these severed elements, which, practically, constitute an entity as definite in its properties or uniform in its effects on the body as if it were one chemical or electrolyte, and not a mechanical mixture of dissociated ions.

Our design in this paper was chiefly to whet the appetite of our readers so that they will devour with all the greater eagerness the address of which this is a random abstract. The main argument in support of the attenuated dose is purposely omitted, also the author's defense of some of the other propositions named above, so that the reader is cautioned against the egregious blunder of regarding this abstract as the equivalent of the original paper, which we will all, no doubt, have an opportunity of reading and of pondering, and then we shall have a more exalted sense of the genius of Samuel Hahnemann.

Denver, Colorado.

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## UTERINE FIBROIDS

D. A. FOOTE, M.D.

*Nomenclature.*—The term “uterine fibroids” is a common inaccuracy of language of which we are all guilty. Neoplasms of the uterus benign in nature and hard in consistency are given this name in a general way. Most usually the tumor present is a fibro-myoma. Literally speaking, a fibroid is a tumor resembling a fibroma, that is, a tumor composed mainly of fibrous or fully developed connective tissues. A myoma is a tumor composed of muscular elements. Practically speaking the terms myoma, fibroma, and fibroid, stand for conditions so similar that they can be used interchangeably. Usually the neoplasms given any of these names are composed of muscular, fibrous, and connective tissue and their histology can be determined only by the microscope.

*Etiology.*—To the question “what causes these growths” there is still no answer. Embryonic inclusions, heredity, race, age, irritation, nutritive disorders, may be among the most common predisposing causes, but no satisfactory hypothesis or pathological conclusion has yet been reached.

*Frequency.*—It has been estimated by some of our most experienced gynæcologists that at least one out of every five of all

women over 35 years of age have some form of uterine tumor. The records of autopsies where death has been from various causes indicate that at least 20% of all uteri contain some form of benign tumors.

*Uterine Growths.*—Restricting our discussion to uterine growths we can say that while they are benign, they are not harmless. They usually undermine the health and certainly shorten life by hemorrhage; by their tendency to become septic; by pressure and impairment of vital functions, and often becoming rapidly and hopelessly malignant.

Fibroid growths vary in size from a small nodule the size of a pea to a tumor weighing ten, twenty, or forty pounds, and even larger. There is a record of a fibroid tumor weighing one-hundred pounds. It is one of the sights of gynæcological surgery to explore a uterus burdened with multiple fibroids.

Recently I removed twenty-two sub-serous and interstitial fibroids from a uterus before abandoning myomectomy and resorting to an hysterectomy. There was a conglomeration of fibroids varying in size from a kernel of corn to an apple, and one-half the number had not been removed. It was the most wonderful exhibition of interstitial growths I had ever seen and a most interesting study.

The question arose at once, what could cause such an invasion of the uterus in an otherwise healthy woman?

*Varieties.*—We are all familiar with the varieties of fibroids named according to their location. When situated in the uterine wall—interstitial; when projecting outward under the peritoneum—subserous; when growing into the uterine cavity—submucous. They are often pedunculated, more often sessile. They frequently grow outward from the uterus between the broad ligaments, involving the adjacent structures. In fact, they always grow in the line of least resistance. Filling the uterine cavity they are often extruded and are called fibroid polypi. It is singular that a fibroid polypus usually indicates that the uterus has no other growths. It is rare that fibroids are multiple in a uterus which has a fibroid-polypus.

The growth of fibroid tumors is generally slow, but sometimes very rapid. Pregnancy stimulates their growth markedly. It is a very common experience for us to find at the time of our patient's confinement numerous and prominent growths more often upon the posterior surface of the fundus, and we are also usually happily surprised to find these growths imperceptible within a few weeks.

*An Unique Case.*—I had a striking experience of this kind in a nearby city last fall. I was called to assist a brother physician in the removal of what seemed to him an extra-uterine foetus, a twin to a six months' foetus just prematurely born. The lady was in a very serious condition, suffering great pain and mental anguish with symptoms of collapse.

The form of the foetus could be distinctly outlined within the abdominal cavity. The head was lying in the right inguinal region; the buttocks and thigh could be felt curving over the median line, with the feet in the cul-de-sac of Douglas. I was greatly puzzled and feared that hæmorrhage was taking place within the abdominal cavity. I could not satisfy myself with a working hypothesis as to how such a condition could exist without symptoms of motion, etc., previous to the premature labor which had just occurred. We could only say that the conditions were very puzzling and an exploratory incision was made through the cul-de-sac of Douglas. The "feet" were pulled down as far as possible and were found to be fibroid tumors with quite a thick stalk attachment to a flabby uterus. The rest of the "foetus" was composed of other fibroids—the head of the supposed foetus was a fibroid with a long pedicle freely movable. Of course nothing further than an exploration was attempted, as no conditions were found calling for extreme measures at this time. Our foetus had resolved itself into fibroid growths of various and deceiving shapes. The patient made an uneventful recovery, the growths shriveled and disappeared and one of the friends of the family remarked some months afterwards, very frankly and unkindly, that she did not believe that there was anything the matter with the patient; the doctors simply wanted to operate.



*History.*—The menopause often brings on a cessation of growth in fibroids, but not always. Occasionally there is an increased activity of growth. Often the tumor grows to a certain size and becomes inactive. In other cases there is a continuous growth until measures for relief are imperatively demanded. The tumors are subject to various transformations. Cystic degeneration is most common and the surgeon finds, what he calls aptly, a fibro-cystic tumor. Often there will be but one cystic cavity at the time of the operation, but more often there will be a series of cysts, containing serum, pus and broken-down tissue.

*Cystic Fibroid.*—A few weeks ago it was my privilege to see quite a remarkable case of this kind in a woman weighing but 90 pounds. She had been a sufferer from pelvic distress for several years, was anemic, with marked symptoms of sepsis. There was an abdominal tumor of great size. The distention was almost beyond endurance, and it seemed to her that she would surely “burst open,” as she expressed it. The action of the heart was greatly interfered with, and her breathing was rapid and labored.

The case was one-hundred miles distant, and I was requested to come prepared to operate. A surgical nurse was sent two or three days before the operation to improvise a hospital and prepare the patient.

A fibro-cystic tumor weighing nearly thirty pounds was removed. Several of the cysts were filled with pus and, of course, ruptured during removal, flooding the lower abdominal cavity with very fetid pus. Now comes the point which induces me to detail this special case. Notwithstanding the unfavorable condition of this patient and the serious complications as to exposure, to infection and the fact that the growth removed was nearly one-third of her weight, she made a very rapid and entirely satisfactory recovery, much to the surprise of all.

Her recovery was due first to excellent assistants, which made a quick operation possible, but principally because of a most thorough washing out of the abdominal cavity with sterile normal salt solution. I am sure that we flooded and emptied the cavity at least ten times, being careful not to produce any spe-

cial traumatism. At least three pints of the sterile normal salt solution were left in the cavity and the abdomen was closed without drainage, so confident was I of perfect cleansing of the exposed tissues.

There was union by first intention. No symptoms of shock and an uneventful recovery. The normal salt solution is to my mind a most valuable adjunct to abdominal surgery.

*With Pregnancy.*—I am tempted to narrate several other, to me, very interesting experiences with fibroids, especially one in a parous uterus in which a fibroid had sloughed through the abdominal wall—the child was born safely in the eighth month and mother and child escaped any serious consequences from what seemed to be a surely fatal complication.

Symptoms, diagnosis and treatment must now be given a brief discussion.

*Symptoms.*—Hemorrhage is usually the first and most conspicuous symptom. In fact, it is usually the most alarming symptom, and the one upon which you base your decision as to treatment. Very frequently in sub-peritoneal fibroids, and often in the interstitial variety, hemorrhage will not be present, or very slight. Hemorrhage usually is first apparent in prolonged and excessive menstrual flow (menorrhagia), later there is frequent uterine bleeding occurring two or three times each month, and finally the periods are so frequent as to be almost if not quite continuous. Hemorrhage from fibroids may be so slight as to simply produce a slight anemia or your patient may be exsanguinated rapidly. The position of the growth and its relation to the endometrium determines the amount of blood loss.

*Pain.*—The position of the tumor, its size, and the rapidity of growth controls the amount of pain. A heavy uterus usually is accompanied with more or less pain, but if the tumor project against any nerve trunks the pain will be out of proportion to the size of the growth. Fibroids, by their presence near, and by pressure, cause salpingitis, ovaritis, peritonitis, appendicitis, constipation, hemorrhoids, cystitis, urinary retention, etc.

The expulsion of a sub-mucous fibroid-polypus causes labor-like pains, which sometimes are very startling, especially in a virgin.

*Diagnosis.*—With the symptoms of hemorrhage, and pain, and the history of the case, diagnosis is usually easy when aided by a satisfactory bi-manual examination. The presence of a hard, irregular tumor attached to the uterus is usually easy to outline. In the symmetrical uterine enlargements due to interstitial fibroids the possibility of pregnancy is to be eliminated—and pregnancy often co-exists. I had one experience of this kind that may be of interest.

*A Bucolic Instance.*—A young lady of about twenty summers was sent to me by a western physician who in his letter said he was completely nonplussed as to diagnosis. The step-father of the lady accompanied her and completed the personæ of the company, and right well did they play their parts. There was a large and symmetrical tumor with a history of menorrhagia followed by a rapidly growing abdominal tumor. An absolute denial of any possibility of pregnancy, accompanied by a complete atresia vaginalis gave to our case added interest, and established the innocence and guilelessness of the rosy-cheeked maiden. An out-of-door life and sundry bucolic habits of industry had given to her a vigorous muscular development. The abdomen was as tense and hard as an athlete's, and there was our tumor safely entrenched behind transversalis and recti muscles that could resist a Japanese torpedo. Taking the symptoms as given by the patient, together with the complete closure of the vagina, it seemed plain that the symmetrical enlargement of the uterus was due to an interstitial fibroid. Ballottement gave no signs. The nurse was instructed to spy upon the patient to get some confessions in the nature of impeachment of her story—but she never "peached." We laid in wait for foetal movements. If they existed there was collusion between mother and child and outsiders were kept in the dark. Finally, after ten days of study and observation an operation was made for the atresia vaginalis and an exploration of the uterus was made at the same time. A sound

was passed carefully and a large uterine cavity disclosed, and I must confess that the appearance of the sound made me suspicious of pregnancy, notwithstanding its seeming impossibility from the absolute closure of the vagina and from the other conditions of the case.

Two weeks passed by. The vagina healed and finally, after consultation with three or four physicians, an exploratory laparotomy was suggested. We had cross the Yalu but were not Russians. The nature of the operation, its dangers, etc., were explained to the lady and her consent was readily gained. The incision through the abdominal wall revealed a pregnant uterus. The wound healed readily and two weeks later a seven months' child was born, a monstrosity that died at birth. Not until the last labor pain, just as the child was born did a single word escape from the perjured patient that had the semblance of a confession. The last pain was terrific and brought with the foetus these words, "That's what you get by going out riding with a drinking man."

The atresia vaginalis undoubtedly followed the pregnancy and was of traumatic origin. The subjective symptoms were lies and the objective symptoms were deceitful.

*Another One.*—It is not safe to be sure about any abdominal tumors. Some three or four years ago a case of multiple sub-peritoneal fibroids in a maiden lady of about thirty years was brought to me from Northwestern Nebraska. The patient was accompanied by her mother and one or two other immediate friends of the family. The patient was nearly exsanguinated. The uterus was very large and three or four nobby masses could be felt in the abdomen projecting from the uterus. An abdominal hysterectomy was made, a hideous uterus studded with sub-serous fibroids was removed—the whole weighing eighteen or twenty pounds. The uterus had two cavities, in one of which were twins of about three months' growth.

We must not forget that fibroid tumors may not always be hard. It is often impossible to differentiate between a fibro-cystic tumor and an ovarian cyst, but for practical purposes for

relief such a refinement of diagnosis is unnecessary. Pelvic abscesses are often confounded with fibroma.

When pregnancies are repeatedly interrupted by hemorrhages it is well to make a very thorough examination for fibroids.

*Treatment.*—May be palliative when the conditions permit of delay. There are a certain number of cases in which growth is slow and after a time seems to cease and your patient is fairly comfortable. No matter what your palliative treatment has been, whether electrical or medicinal or both, or combined with currettage and minor surgical means of relief, a fractional part of your cases will remain in a fairly comfortable condition and often after the menopause all, or nearly all, discomfort disappear. These are the lucky cases, and the ones in which any palliative treatment wins renown.

I have no faith in any measure which tends to increase the irritation of the uterus or peritoneum, rendering congestion more marked and constant, for an increased blood supply causes a more rapid growth of the fibroids.

The dangers of infection from frequent manipulation of a myomatous uterus are to be considered. Much has been claimed for homeopathic medication in uterine fibroids and undoubtedly much has been done for the general nutrition of our patients by the properly applied homeopathic remedy.

Certainly our duty to our patient has not been fulfilled until we have exhausted our knowledge and skill in applying the remedy according to the laws of similars, but unfortunately we have no homeopathic remedy which causes growths identical or similar to uterine fibroids, and can only prescribe the remedy indicated by general constitutional symptoms. My working plan is to give medicinal agents a chance and plenty of time if surgical relief is not absolutely demanded at once. When convinced that medicinal treatment has done all it can do and the tumor or tumors are growing, surgical measures should be instituted early enough to anticipate serious complications. The mortality of the operations upon fibroid tumors is not so great as it was fifteen years ago. Kelley reports 307 operations upon myomatous

uteri with a mortality of less than 5%. This is probably the best record. Other surgeons have not done better than a mortality rate of from seven to ten per cent.

For hemorrhage, curettage and packing of the uterine cavity is frequently called for to prevent a serious loss of blood. This must be done of course under most careful aseptic conditions. For more serious operations the most careful judgment is necessary in deciding how best to conserve the interests of the patient. Operable cases are treated by incision and removal of the fibroid growths, leaving all the uterus or as much as possible of it intact, or a complete hysterectomy is performed.

Hysterectomy may be vaginal or abdominal, but by far the greater number of cases are best treated by abdominal exploration and then the employment of such measures as seem best indicated. One cannot tell how large a part of the uterus is infected with small fibroids and the removal of the ones apparent may not give permanent relief, but I believe that a conservative operation, freeing the uterus from all growths visible by ordinary exploration, is preferable to a routine hysterectomy for all myomatous, operable cases. The danger in operation is from shock, prolonged anesthesia, and hemorrhage. Therefore, your operation must be as rapid as possible and your measures for the prevention of hemorrhage complete.

It is not necessary to go into the details of the technique in this discussion, but it is most gratifying to report that the operations for surgical relief for fibroid tumors are very satisfactory and that the dangers have been reduced to a small fraction of what they used to be.

Omaha, Neb

## OCULAR COMPLICATIONS OF THE ACUTE INFECTIOUS DISEASES.

ERLE B. WOODWARD, M.D.

At our meeting last year I read a paper on the "Aural Complications of Acute Infectious Diseases," and it occurred to me that a paper on the ocular complications might not be uninteresting. Every few days I am sure you meet a patient who says to you, "I have been deaf since I had the scarlet fever," or "my eyes have been weak since I had the measles," or perhaps that "I lost my eye when I had erysipelas," and what's more to the point, you do not only see the patient in the past tense, but frequently the present in stern reality. What is best to do about it is not infrequently so long debated about that irretrievable damage is done. It is true that the infectious diseases produce many eye complications which are very similar, yet, each of them seem to have a special affinity for a certain part, and I shall now, with your permission, take up the principal ones of the acute infectious diseases, and outline the eye conditions which are most apt to occur.

### MEASLES.

It is a rare case of measles that does not have some ocular symptoms; ordinarily it is a simple conjunctivitis that needs no special treatment, other than protection from the light. It disappears of itself in from one to three weeks, and leaves no detrimental sequellæ. Occasionally the conjunctivitis is so great that it amounts to almost a blennorrhœa, in which case a wash of boric acid, and if the discharge be purulent, an application of nitrate of silver, ten grains to the ounce, or protargol three per cent. will quickly relieve the excessive discharge. In measles, as with scarlet fever, smallpox, typhus and typhoid fevers, we sometimes get by metastasis of pathogenic material a corneal abscess. The condition is very readily diagnosed by simple inspection. Perhaps the first symptom will be that dread of light is intensified, and the cornea in a circumscribed area will become slightly hazy. This haze gradually becomes more pronounced until in

some cases it is actually yellow. Right here let me urge you not simply to bathe an eye in boracic acid and hope that by some good fortune it will come out all right, but watch it, and give it every attention, for it may mean an eye lost to your patient.

As I have said, the abscess starts as a circumscribed haze gradually becoming more yellowish, and as the pus accumulates lifts the superficial layers of the cornea, and finally breaks on the surface. While this is going on an iritis is set up, and the anterior chamber becomes partially filled with pus, so our first inclination would be to select our homeopathic remedy, apply hot applications (not poultices), dilate the pupil with atropine sulphate, using as strong a solution as is necessary to bring about results. If the abscess does not break, it should be opened with a very small knife. This can be easily and painlessly done by the use of a little cocaine.

Now we have to deal, not with an abscess, but with an ulcer, and this ulcer is by no means harmless. It must be energetically and promptly treated. As a rule I have found it advisable to cauterize the ulcer at once, not waiting for the slower methods. To cauterize a corneal ulcer is not as difficult as it might appear. First, cocainize the eye, then instill a drop of fluorescein, which, when washed out, leaves the ulcer stained green. Now, take a cotton applicator or a hard wood toothpick, wrap it tightly with absorbent cotton, dip it in a 95% solution of carbolic acid, and having wiped off the excess, simply paint that portion of the cornea which has accepted the stain. There is practically no danger of burning too deep, and no danger of destroying healthy tissue about it, for even though the epithelium be destroyed, it will be on again before morning. After the cauterization keep the conjunctiva absolutely clean by frequent bathing in bichloride 1 to 5,000, or boracic acid saturated solution.

If the discharge from the conjunctiva should be purulent, treat it with a 3% solution of protargol. If in spite of the cauterization the ulcer threatens the cornea, you may do the operation advised by Sæmisch, which is simply to cut upwards through the bottom of the ulcer. This, however, is rather a grave procedure, and you may not feel like taking so great a responsibility.



## SCARLET FEVER.

Scarlet fever, while it may produce the corneal conditions spoken of under measles, yet its special field of election is not the cornea, but the optic nerve and the choroid, and through choroid to the vitreous. Through metastasis a purulent choroiditis is set up which spreads to the vitreous. If the cornea is clear, the pupil gives a yellow reflex. Pericorneal injection, together with supraorbital neuralgia is indication that the iris and ciliary body are involved. Once pus is actually formed in the vitreous, the eye is irretrievably lost and what is done at all must be done before it reaches this state.

*Treatment.*—There is difficulty in beginning the treatment early enough inasmuch as a patient afflicted with scarlet fever is in bed, and the doctor ordinarily has not the instruments with him to detect the little opacity in the vitreous which is one of the first symptoms, yet when the iris and ciliary body have become involved, it is readily detected, and the treatment begun then may save the eye. First dilate the pupil, apply hot fomentations and give the homeopathic remedy, which usually will be one of the following: Aconite, apis, arsenic, hepar, and most frequently of all, rhus tox.

Another eye condition which is especially apt to be found under scarlet fever is uræmic amblyopia. It appears simultaneously with albumen in the urine, and for this reason the urine ought to be carefully watched for albumen. This condition most frequently occurs in the stage of desquamation. The blindness is often absolute, and bilateral. Associated with this condition of the eye, you often get the convulsions, vomiting, coma, etc. In spite of the apparently appalling condition if the patient survives, the prognosis so far as the eyes are concerned is good, and the treatment would not in any way differ from that you would give the patient for his general condition.

## ERYSIPELAS.

While erysipelas may through metastasis set up an inflammation in most any part of the eye, the part that should be closely

watched is the orbit. This is vastly more important than it at first appears, since these cases when severe are usually double. In mild cases, the lids are slightly swollen, with dull pain, slight exophthalmus, and diplopia, without constitutional disturbances, but in the severe cases, the phlegmonous variety, there are chills, fever, deep seated pain, severe general headache, pronounced exophthalmus, limited motion or fixed eyeballs, great swelling of the lids, and chemosis of the conjunctiva. So pronounced are these last two symptoms that one is led to believe that the case is a violent attack of purulent conjunctivitis. In the early stages vision is little affected, but later an optic neuritis is set up which is followed by atrophy. The cornea ulcerates, and if the case goes to the worst the whole eye suppurates, so you see that even though the case be mild, it may be desperate in the extreme, and the treatment must be vigorous from the start.

*Treatment.*—It is in this kind of a case that the homeopathic remedy is a great help, and our selection should be exceedingly carefully made at the start. The most frequently indicated remedies are aconite in the first stage, with heat and sensitiveness in and around the eye, with a sensation as if the eyeball were protruding, apis; lids œdematous, with stinging and shooting pains, patient drowsy without thirst.

Mercurious in the later stages after pus has formed, especially if the patient is a syphilitic subject, the pain in and around the eye worse at night. Hepar sulph., especially after pus is formed, lids swollen, very sensitive to both cold and touch. Phytolacca; cellulitis without much pain, chronic in character, tendency to suppurate, lids unyielding to touch. Rhus tox—this, with apis, are in my judgment our two best remedies. When the lids are opened we get a profuse gush of tears characteristic of the remedy. The pain varies in character, but is made greatly worse by atmospheric changes. The lids are swollen and of a dark color. Locally while the erysipelas is still of a facial type apply ichthyol ointment, later when it effects the orbit, frequent hot fomentations. Some recommend blood letting from the temple region. As soon as there is the slightest indication of pus, it should

be opened, and the drainage maintained. Frequently irrigate the pus cavity with antiseptic lotions. If a sinus is left after the acute inflammation goes by it can be made to yield readily by packing or using stimulating applications.

#### SMALLPOX.

Smallpox, as with scarlet fever and measles, may cause corneal ulcers, abscess of the cornea, optic neuritis, choroiditis, etc. However, it has its special affinity for the drainage system, that is the lachrymal apparatus. The infection begins in the nose, travels up the nasal ducts into the lachrymal sac, there setting up a dacryo cystitis. Among the first symptoms are epiphora. The eyes literally swim in tears. The margin of the lids are red from congestion. At first there is but slight swelling over the sac, and little or no redness, but if you press your finger firmly over the sac, the retained secretion will flow out through the punctum, and it is at this point where the general physician can prevent the abscess, which is almost sure to follow if neglected. The prime indication is to establish drainage through the nose, and it can be best accomplished as follows: Cleanse the nostril thoroughly with glycothymoline, or other alkaline antiseptic remedies, then spray it thoroughly with adrenalin chloride solution. Now press the fluid out of the sac with the finger, and keep the inner canthus filled with an antiseptic solution, bichloride 1 to 5,000, or formaldehyde 1 to 3,000, are good. If you have an instrument it is well to irrigate the sac thoroughly. Now with your lachrymal syringe throw into the sac a little adrenalin chloride. This will so completely relieve the congestion that drainage will be established in a great many of the cases. If, however, it should not do so, it will be necessary to resort to a probe. If in spite of this precaution an abscess does develop, I believe you will agree with me that it is advisable to put the case in the hands of a specialist. The principal homeopathic remedies indicated in a condition of this kind are pulsatilla in the early stages when there is considerable swelling of the lids, profuse lachrymation, aggravated in the open air, will sometimes

abort an inflammation and prevent the formation of pus, even when the swelling is extensive and sensitive to the touch. Other remedies are arum triph., calendula and euphrasia.

Lincoln, Neb.

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## THE CARE OF THE EYES DURING CONVALESCENCE

G. S. PECK, M.D.

It is difficult to estimate with any degree of certainty how much of the muscular insufficiencies from which people suffer is due to lack of proper care of the eyes during the convalescence from sickness; but that much more than is generally supposed can be properly attributed to this cause is undoubtedly true. A protracted spell of sickness, such, for instance, as typhoid fever, pneumonia, the more severe attacks of la grippe, or any other serious sickness impairs the strength of the whole system at the same time it is lowering the body weight. Here again it is difficult to accurately estimate the tax that may be imposed upon the recuperative powers. This tax will vary, too, depending upon the nature of the disease. Diphtheria much more rapidly depletes and exhausts the system by its virulence and much more rapidly than most any other disease, and its period of convalescence must be especially guarded to avoid, not only serious immediate effects, but more or less grave subsequent weaknesses. It frequently requires months, and even years for the heart to regain its normal strength, and we are not sure that permanent functional or organic heart lesions may not be traced directly to an attack of this disease. The same can be said of the diseases previously mentioned, and of others. We all know how insistent many of our patients are to get up long before it is advisable, many with the mistaken idea that it is necessary for them to get up and stir around in order to gain strength. It would naturally seem that reason would appeal to them to keep quiet, and give nature a chance to build up the depleted system rather than to use up their strength faster than it can be regained, but such

is not the case. Almost before the critical stage has been passed the physician is asked how long it will be before they can sit up, or read, or attend to business. Especially are they anxious to read, and as they grow stronger, one cannot always blame them, since time drags along very monotonously, and it seems to them so little exertion to read "only for a short time" that it can do no harm, but here is where the mistake is made. In the first place, every muscle in the body is more or less weakened, and in the second place, if the patient reads, it is necessary to do so in the reclining position, which imposes a greater work upon the extra-ocular muscles to properly converge the eyes.

If now we permit the use of the eyes under these circumstances we are not only over-working the greatly weakened muscles, but we are taxing the nervous energies and thereby depressing the entire sympathetic nervous system. The delicate adjustment necessary to properly focus the eyes without exacting of any muscle or set of muscles more than its share of work, can be very easily disturbed at this time, when the muscular tone is so much below par, and the foundation laid for a permanent insufficiency. These are followed by nervous manifestations, disturbed digestion, headaches and nervous exhaustion. Should the patient be so fortunate as to not produce an unbalance of the extra-ocular muscles, the increased nervous energy necessary to keep the eyes in focus, which energy must be increased on account of the reclining position, naturally more quickly exhausts the nerves and muscles, and then reacts upon the system reflexly, thus retarding recovery. There are many cases of muscular insufficiency discovered by the nerve specialist when consulted for neurasthenia, or by the oculist when relief is sought for severe headaches, or other disturbances which are known to be caused by eyestrain, in which, from the symptoms, no suspicion had been directed to the eyes. No complaint such as the eyes tiring, smarting, burning, or watering calls attention to the eyes, and, consequently, in health, one goes along without suspecting the cause, and in convalescence our patients go along reading and otherwise straining the eyes, and at the same time assuring the

physician that they read so many hours and that it did not hurt the eyes at all.

We have not only the strain on the muscles of convergence, with the probable weakening of one or more of the muscles, but the eyeballs themselves are weakened, and it would not be erroneous to suppose that the pressure of the extra-ocular muscles from continuous use while the balls are in this weakened state would bring on a flattening of them, thus producing astigmatism, which, during the immediate time, puts undue work upon the muscles of accommodation, and, again reflexly upon the entire nervous system, later becomes a permanent astigmatism of greater or less degree.

With these possibilities before us, it seems as if there ought not be any question on the part of the physician as to his duty in the matter of the use of the eyes during the period of convalescence. In any exhausting disease, the use of the eyes for reading, looking at pictures, sewing, or any other near work in which the muscles of convergence and accommodation are put to extra work, should be absolutely prohibited until the patient has regained practically normal strength. This should be most strenuously enjoined in children when danger of permanent insufficiencies and astigmatism are much more liable than in adults.

I believe this matter is not generally given the attention which it deserves, and that if greater care is exercised during convalescence fewer eye troubles will follow.

Denver, Colo

# PROGRESS

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## *Editorial*

### EXTREMES.

One of our characteristics as a people is to work along extreme lines, often sadly neglecting the fence corners.

The question of standards in medical education is largely one of natural evolution since it must, in the natural course of events, conform to the higher average of the student in other branches of learning as time goes on, and is every year receiving adequate recognition at the hands of medical schools, with few exceptions, throughout the country. Notwithstanding all this very laudable and gratifying upward tendency of intellectual standards everywhere, the various state boards are putting forth every effort of earth and sky to outdo each other in their "requirements for the practice." For instance, the poor, deluded and repudiated chap who was graduated a few years ago from a New York or other eastern school, and who then complied with all the provisions of the charter under which the institution was working, and who holds the diploma of the school "duly signed, sealed and delivered," wends his way back to the scene of his former labors, where he is met at the threshold and, figuratively speaking, is given just fifteen minutes to get beyond the boundar-

ies of the state, go to jail or go before the regents to be overwhelmed by a lot of medical sharks who are getting a bit of free advertising by pounding questions at him that they themselves could no more answer than a blind man could count stars in a bottle of ink. In the meantime, however, going about the streets the applicant for honors before the board sees conspicuously posted everywhere in this advanced and enlightened community, among other things, the following: "Consultations free; no cure, no pay; lost manhood recently found in a location heretofore wholly unsuspected, day or evening—either sex; eyes examined free; midwife, relief guaranteed in twenty-four hours, babies adopted; the great specialist drives out all diseases; indiscretions of youth cured while you wait; Mrs. Eddy forty miles ahead of Divine promise and still going; eat no meat and live forever; doctors are obsolete, try science; electricity is life, wear our belt; drink the great germ-killer, it kills the bugs in your blood; put our great eye medicine in your children's eyes; buy a bottle of our lung balsam, cures phthisis, consumption and sudden death," etc., etc. Turning wearily to a neighbor he asks: "Well, where are the regular members of the profession of medicine?" "I do not know; we usually get our prescriptions at the drug store," is the answer. Whither are we drifting—whither, indeed! Oh, Bellamy, you are a delusion and a snare!

These rigid state restrictions are as palpably unconstitutional as they are unreasonable. We favor reasonable restrictions in this state; the proposed bill by Dr. Van Meter and the organization of which he is the working spirit, seems, with perhaps some slight modification, well worthy of our consideration and support, but in the matter of state reciprocity and restriction, it is a matter to be insisted upon only after constitutional liberty has been respected.

The number of hours of actual college work now insisted upon by some states may be admirably adapted to the caliber of some students and cover the exact time necessary to make passable physicians of them, provided these hours are profitably spent and the students' energies are properly directed; with other students the time will be inadequate, and no matter how hard they



may work, whilst with another class the time might, to very good advantage, be materially shortened without affecting the standing of the student at the moment of graduation.

Colleges should have some leeway in these matters, and where they send out unworthy timber their charters should be revoked and their doors closed. Again, medical schools, wherever possible, should have university affiliation and their work and the status of their classes should in some general way pass the scrutiny of competent censors, and where this is done there should be only a general inquiry into their ethics, character, etc., instituted; in other words, it should be insisted upon by the state and county in which he proposes to practice, that he be an ethical, honorable gentleman and a good citizen, not a fanatic or a revenue hypocrite, whilst the whole country should know by the position in the educational world of the school graduating him whether or not he would be competent to treat the sick.

This sort of scrutiny would protect the public and the profession and work no injustice to anyone, and we venture the assertion that the moral and scientific standards would be upheld.

A. C. S.

#### POSTURE OF PATIENT AFTER ABDOMINAL OPERATIONS.

It is not so very long ago that the surgeons, taking the cue from the physiologists, adopted the practice of having the patient lie in a horizontal position, or with the upper part of the trunk lower than the lower part, after abdominal operations where sepsis was present or in danger of occurring. At the present time, following the leadership of Fowler of New York, the practice is just the other way. Now the proper thing to do is to elevate the head of the patient, so that, as he lies flat, the head is about thirty inches above the feet. The postures described above were deduced from the same physiological fact, and the reasoning may be sound in both cases, although at first sight one would say that somebody had tripped, because it is a manifest absurdity and contradiction to say that both positions are right, *in the same case*, and this may be allowed, but with the qualification that both may be the proper practice in the same *class* of

cases, that is to say, that one position or the other may be proper in different degrees of the same condition, the *apparent* contrariety will disappear. The physiological fact whence the therapeutic positions were deduced is that the great *absorbing* area in the abdominal cavity is on the inferior, or peritoneal, side of the diaphragm, the first and older rule regarding patient's position may be adapted to cases of mild sepsis in the peritoneal fluids, or where a tendency to such a state is feared; in such cases we may understand that the rapidity of absorption may not be beyond the capacity of the eliminating organs, whereas, if there is a very high degree of sepsis the patient may be quickly overwhelmed with the poisonous fluids, if we place him in a position that will promote their absorption far beyond the capacity of his excretory organs. So that we have another good illustration of the fact that there is no substitute for brains in the practice of surgery or medicine.

G. E. B.

#### POLK'S NEW ENTERPRISE.

We notice that R. L. Polk & Co., the well-known publishers of directories of various kinds, including *Polk's Medical Register and Directory of North America*, are at work on a new directory bearing the profound title, "*Polk's Directory of Opticians, Jewelers and Oculists for the United States.*"

"Opticians, Jewelers and Oculists." Ye gods! Why slight the Chiropodist, the Manicure and the Beauty Doctor?

There may be good reasons for publishing a directory of Manufacturing, Wholesale and Retail Opticians and Jewelers, nor do we question the value of a directory of the Oculists of the United States, but that there is any reason or sense in connecting oculists with refracting opticians in a purely commercial directory we most emphatically deny. We protest that any house which does so offers a direct insult to the oculists.

We note under part second of the prospectus the following:

"Addresses of all oculists in the United States."

"Lists of refractionists."

"Lists of ophthalmological societies and associations."

“Lists of optical schools and colleges.”

“Lists of optical journals.”

“Lists of optical instrument manufacturers.”

Oculists, refractionists, optical schools and colleges, optical journals all in one breath,—all on a par! Think of it, you gentlemen, who in order to obtain your degree in medicine were required to show a high degree in preliminary education, followed by four years' close application in a medical college, and who then have continued your studies with a view of attaining skill and knowledge in your profession, classed with the men who can get their degree in from eight days (a la McCormick Optical College), or all of the degrees of “Fellow of Optics,”—immediately upon registration,—“Doctor of Optics,” in six weeks' correspondence or two weeks' attendance; “Bachelor of Ophthalmology,” by six weeks' further correspondence or two weeks' further attendance; “Master of Ophthalmology,” by an additional six weeks' correspondence or two weeks' additional attendance; and “Doctor of Ophthalmology,” by a little further study in the Northern Illinois College of Ophthalmology and Otology. What is true of these colleges is practically true of all the optical schools and colleges from which we were able to obtain announcements, and yet these same colleges and their products are to be listed in conjunction with a list of oculists,—educated professional gentlemen whose ethical education is for the welfare of the patient and far above the plane of commercialism at which every other feature of the directory is aimed.

If R. S. Polk & Co. see fit to publish a directory of the oculists of the country we doubt not that its advent will be welcomed by all, but a directory combining the elements they propose is a direct insult to the oculists. The public generally may not be cognizant of these facts, but certainly R. L. Polk & Co. cannot plead ignorance. If they fail to recognize the dignity of the medical profession in the forthcoming directory we doubt not the medical profession will have something to say that may serve to quicken their conscience.

D. A. S.

## LARGE AND SMALL SCHOOLS.

In order to graduate with honor, a student must lay a good foundation in the freshman and sophomore years. If then he is careless, lazy, or dissipating, he loses valuable time that he can never make up. But there is another side to this question. The school must afford the proper facilities and instruction all along the line to make such results possible.

The pertinency of these remarks will be better understood when we make an application of these principles. In our work of medical education we are confronted with a great variety of conditions, and we also find schools of all grades. Here is the "cheap John" affair; its only object is to get students. Tuition fees are cut to suit the student. Courses are arranged with the same end in view. The student will be instructed so that "he can pass state boards." Then we have the large school and the small school. There is a great difference between these two. In what? Well, to commence with, in the size of the buildings and equipment; and secondly, in the number of students and the graduating class. Is this difference vital? It is not. These things may be considered with a great deal of pride, but a large college building, well-furnished laboratories, and the like count very little in the real training of the student's mind.

Near one of our large cities is a great university, receiving students from many colleges, large and small. The fact, however, is that nearly all the college honors are carried off by students coming from the small colleges. And so it is in medical education. The most practical doctors come from the colleges of small number of students and large cities. We cannot do away with the small college and not injure the cause of education.—  
*The Medical Forum.*

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The following from "Editorial Chat," *Pacific Coast Journal of Homeopathy*, meets our approval and would seem to have merited even earlier consideration at the hands of the press:

One of the things done at the Niagara Falls meeting of the

American Institute of Homeopathy that merits discussion was the notification of the proposed amendment to the constitution by which the "Transactions" may be issued in such form as the Institute directs. The purpose of this amendment, it is understood, is to make possible the establishing of an official journal, which is to be the organ of the Institute. The official minutes can thus be placed in the hands of the members promptly and surely, and the papers read before the body will thus appear in periodical form.

This seems a desirable change from the present method. That the Institute has been able to grow without such an organ does not argue against its utility. It doubtless would have grown faster with it. The conditions to-day, whatever they may have been in the past, seem to demand that the doings of the Institute should be in the hands of members before they become stale by mere lapse of time, which appears inevitable under the present plan. No better illustration of the need of such a medium could be offered than the present instance. There is no way for the question to be threshed out by the membership except as it may be casually (and not always disinterestedly) discussed by the various journals. What is needed is a recognized official journal where the membership can present the pros and cons on the many questions affecting the interests of the Institute. Only a small percentage of the membership is ever in attendance at the annual meetings, and beyond the mere "random notes" or "impressions" in some journal that may come, the bulk of the membership is unable to learn what is done until the belated transactions appear. With such a handicap it is scarcely reasonable to expect that *esprit de corps* so conducive to the best possible results in growth and usefulness.

The average man of the school, probably is loyal enough to contribute his five dollars a year for the good of the general cause without any expectation of immediate personal benefit, provided it seems wisely used. But when it seems to have been used mainly to furnish him with a thick volume once a year which he rarely looks at after the first perusal prompted by curiosity, the thought is quite likely to obtrude itself that neither the cause nor

his own interest is sufficiently benefited to justify the expenditure. On the other hand, if the membership fee obtained for the member what should be and would be the best journal in the school, it would certainly prove a strong incentive to become and remain a member. The advantages of such a journal to the Institute, viewed from whatever standpoint, are so obvious that it seems superfluous to try to enumerate them. And yet it has been opposed and doubtless will be when the matter comes up at Chicago next June.

The financial outlook for such an undertaking seems to be the most deterrent factor. It might not be self-supporting the first year, but once established it would doubtless show a profit besides being the means of greatly increasing the membership of the Institute.

The report of the Trustees of the American Medical Association show the net profit of their *Journal* for the year 1903 to be \$50,481.33. The principal sources of income were: Membership dues, \$63,237.48; advertisements, \$88,533.65; subscriptions (non-members), \$52,567.38. In 1899 the mailing list was: Members, 7,997; subscribers, 2,453. In 1904, or after five years: Members, 13,899; subscribers, 14,674. The following significant comment is made: "In spite of the fact that our subscription account is practically a clearing house for membership, since we are constantly urging subscribers to become members, nevertheless, as will be noticed, our great increase is through subscribers."

The membership of the A. I. H. is a little more than one-seventh of that of the A. M. A. Dividing the *A. M. A. Journal* figures by seven we have amounts that might reasonably be counted on for a similar journal for the A. I. H. Such being the case, it would appear to be a perfectly safe undertaking from the financial point of view.

## DR. SUTHERLAND'S ADDRESS.

There is much in President Sutherland's address before the American Institute of Homeopathy that should have the widest possible dissemination, and we regret exceedingly our inability for lack of space to give the address in full. We take pleasure, however, in appending a portion of it which covers many interesting features of the event :

Who founded the American Institute of Homeopathy? A body of *physicians*. That is what we are apt to forget in answering that question on quick challenge; we are far more apt to say... a body of homeopaths. True, the founders were homeopathic physicians, but they were that secondarily, though very essentially. First of all they were *physicians*. They were men well grounded in all the medical lore of their day; they were men who had studied that lore under exactly the same instruction as had any men then bearing the title of physicians. Broadly speaking, all that any physician, as such, then knew, they knew. And knowing, they did not find it sufficient for their needs as healers of the sick. Let that never be forgotten. The founders of homeopathy did not become homeopaths as an easy road to riches or to notoriety, as not a few of our unbrotherly professional brethren still hold even to-day. They did not become homeopaths because they were not intellectually equal to mastering the knowledge possessed by other physicians of their day, as again is too often claimed. They had already mastered that knowledge, and not a few of them stood high in existing medical councils. They became homeopaths because, knowing all that was known by the medical science of their day, they did not find that all sufficient to treat the physical ills of humanity as successfully as they felt the physician should be able to treat those ills. They believed that in the homeopathic law of cure they saw an advance upon any method of cure then in use. And they resolved to give that law a trial in their daily practice. If they could have been freely allowed by their brother physicians thus to test this new article of their medical faith, there would never have been separation, of the homeopaths' making, in the great army of healers of the sick. They were not so allowed. For resolving

to test the homeopathic law they were met with a persecution that it is not part of my purpose to recall to-night. This persecution forced them into what we may call professional segregation. The toleration, nay, the encouragement, extended since that time, and to-day, to the practitioners and exclusive practitioners of innumerable specialties of the vast field of medicine, was violently denied to those physicians, our professional ancestors, who sought to become *therapeutic specialists*. Let us keep this fact well in mind, and then we shall never lose sight of that other fact, that in electing to become a therapeutic specialist, then or to-day, no physician loses, by any logic that can be summoned, his right to be a physician-at-large; his heirship in every medical discovery of his own or of past ages; his right to experiment along any line that may seem wise to him in the treatment of his sick patient. A man does not lose the right to be reckoned among physicians, with every claim to the fullest recognition and privilege that great title implies, because he chooses to cultivate as peculiarly his own one small corner of the vast medical field. Nor does he lose his claim to share in every fruit of that field if he offers freely to his fellow laborers in other corners of it the fruits he is cultivating in his own corner, and can prove to them the worth of what he offers. As well advance the economic insanity that the man who raises potatoes must live on potatoes exclusively, or the man who deals in wool be denied the wear of cotton, as to claim that the man who practices a medical specialty is thereby debarred from the fruits of the field of medicine at large. But what the laborers in the field of medicine have the right to claim is, that the aspirant to recognized ownership of a corner of that field shall first prove his knowledge of the use of tools, and of the character of the soil in which he is to work, as antecedent assurance that the fruits of his raising will be worth a place in the medical market. This metaphor easily translates itself into fact. No man can justly claim right to recognition as a laborer in the medical field who cannot first demonstrate his knowledge of those fundamental sciences on which, as on an indispensable foundation, the art of medicine rests. He must have mastered the sciences of anatomy, physiology, chemistry, histology, pathology and pharmacology. No man ignorant of these things is a physician; and until a man is first a physician, he can never be accorded recognition as a medical specialist. Our medical ances-



tors, the first homeopaths, met these requirements fully and triumphantly. All that was known of the fundamental sciences of medicine they knew. Their right to become specialists was, therefore, clear. And we who call ourselves homeopaths to-day have also fulfilled these conditions. All that any physician of to-day is required to know of these fundamental sciences we are taught in our homeopathic colleges. Homeopathic colleges, indeed, may boast of having led those of any other school in their requirements as to the length of time a student must compulsorily spend in acquiring his knowledge of those sciences. As physicians, we have a right to our share of every fruit grown in the medical field. We are also specialists, with our own long-claimed corner of that field to keep under careful cultivation, that we may offer from it worthy fruit to the common market. Is it said that no one not resident in our particular corner has any use for our fruit! It may be true that not much of our fruit is openly in request in the public medical mart, but as it is none the less pretty constantly found on the tables of fellow-laborers whose fields neighbor ours, we are forced to the conclusion that what is not bought by day is sometimes plucked by night. I need not, perhaps, interpret this metaphor to you. You have only to study the therapeutic "discoveries" chronicled in the journals of other schools than our own to follow it easily.

We would do well to repeat, as a *credo* to be recalled on the eve of any labors we undertake in common, the fine and satisfying definition that our Institute *Transactions* bear on their title-page . . . "A homeopathic physician is one who adds to his knowledge of medicine a special knowledge of homeopathic 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."

"His knowledge of medicine." What is medicine? It is a curious fact that while most of the States of the Union have laws for the regulation of medical practice, there does not exist an authoritative legal definition of medicine. Perhaps, as satisfying a definition of it as does exist, is to be found in the *Standard Dictionary*, in the phrase which defined it as "The healing art; the science of the preservation of health; and of treating disease for the purpose of cure." "The Art of Heal-

ing;" that was a phrase dear to Samuel Hahnemann. Healing the sick; that is the work to which we are pledged by the fact that we are physicians. Not to uphold a theory, however old or new; not to dogmatize, but to heal the sick. Not, please note, to heal the sick exclusively by means of drugs. It is important to have that clear in our minds, for we who are physicians too often are guilty of that confusion of thought which is almost chronic with the laity; the inseparableness of the practice of medicine from the administration of drugs. There are a great many worthy and successful practitioners of medicine to-day, the very least part of whose work has to do with drugs at all. This may not be a very palatable reflection to those homeopaths whose devotion to the practice of medicine does not go far beyond the exercise of their own therapeutic specialty. But it is none the less a fact immensely to be reckoned with. Nor can we escape reckoning with the fact that the greatest practical advances in the healing art for the last half-century have *not* been made along the lines of drug-administration. Do you doubt this? Look over the records of recovery from disease made under treatment where drug-administration has been reduced almost to a negligible quantity, or has been dispensed with altogether; the cures made by surgery; by diet alone; by hydro-therapy; by the various forms of manipulation; by the open-air treatment; by electro-therapy in currents and vibratory stimulation; by the antitoxins; by psycho-therapeutics. What advances has drug-administration made its all but miraculous advances along the lines of high-frequency to compare with the advances made by these? Our brethren of the old school return to this query an all but wailingly pessimistic reply. Said Dr. Frank Billings, in his Presidential Address before the American Medical Association, only a twelve-month ago:

"Much as has been accomplished by experimental medicine in a comparatively brief period of time, there are vast fields to which the method has not been applied. With most of us our present methods of clinical observation enable us to do little more than name the disease. In the vast majority of infectious diseases we are helpless to apply a specific cure. Drugs, with the exception of quinine in malaria and mercury in syphilis, are valueless as cures."

As homeopaths we are happy in being able, alike by authentic statistics, and by long and varied personal experience, to give a much more cheerful judgment on the usefulness to-day, and in a long past, of drugs, administered under a law. Here is our proof that as specialists we are making our specialty subserve the common store of medical knowledge and the alleviation of the sufferings of our fellow creatures. But while reiterating and rejoicing in this fact, we must yet ask ourselves, What progress has homeopathy, the therapeutic specialty, made in the last twenty-five years, that is at all commensurate with that made by the majority of the specialties already named? Understand, please, that I do not mean by "progress" advance along the lines of public appreciation or pecuniary success, but progress along the lines of broadened therapeutic resources. It is much that our remedies applied under our law still so largely hold their own, approving themselves by their success in curing diseases. When we compare this truth with the fate of the remedies twenty-five years ago so highly vaunted by our brothers of the old school, and to-day, by so high an authority as the president of their national association hurled in a mass into the waste basket of dishonored oblivion, we have no reason for despondency. As homeopaths we have no reason for despondency that other specialties have out-run our own in relative progress in a half-century, since all those other specialties are our gleanings-fields, our personal resources when we think of ourselves primarily as physicians. Every progress made in medicine is our progress, since by it we may profit in equal measure with any of our brethren, in our work of healing the sick. There have been periods when factions have held that a homeopathist was false to his calling, if he employed in healing the sick, any other resources than those offered by the drug administered under the law of similars. Those periods have fortunately passed; those factions practically no longer exist. However, the not yet extinct prejudice of our brethren of other schools may vehemently deny it, we are essentially at one with every educated physician, whatever his specialty in medicine. We need not talk of "amalgamation" with the mass of the medical profession as a future possibility, dependent on our yielding our special medical title. We *are* amalgamated with the true healers of to-day and of all

time past and to come, when we claim as our own all knowledge that physicians can possess in common, and the right to employ all means that time and science may reveal for lessening the sufferings of humanity. Is there any one calling himself a homeopathist to-day who will claim that the use of a drug alone, administered along the line of similars, will cure *every* diseased condition as quickly and surely as *any* other means known to the medicine of to-day can cure it? I venture to say there is not. If there be, he must find himself ill at ease indeed in the American Institute of Homeopathy, so much of whose time is profitably occupied with the deliberations of special societies which exist to cure disease by means not primarily those of drug-administration. Is there any homeopathist to-day who claims that he can select a drug, under the law of similars, which will achieve the results of the fresh-air treatment in tuberculosis; of surgery in pathologic conditions requiring the knife; of saline injections in collapse; of diet in diabetes, gout and scurvy; of antitoxin in diphtheria; of the dessicated thyroid in myxoedema; of adrenalin in hæmorrhage; of psychic therapy in certain forms of neurosis; of hypnotic suggestion in certain hysterias; of the X-ray in epidermoid cancer and lupus; of manipulative treatment in certain muscular affections? I again venture to answer, no; and to assert the necessary corollary of this admission that there are few homeopathists indeed who would ignore the obvious duty, when faced with a case of any of the above referred to maladies, of adding to whatever benefit he was achieving for his patient by the use of a carefully selected homeopathic remedy, the immeasurably more assured benefits of the treatments above referred to, each in its appropriate field of action. Would the homeopathist in doing this be advertising the inefficiency of his own specialty? It is hardly conceivable that such a claim can be made. Surely no one, outside the advertising circulars of a vender of quack remedies, claims to-day that for every disease there is a single cure-all. In admitting the limitations that we share with every other specialist, we assert the privileges we share with every other physician.

## *Department of Theory and Practice*

Conducted by { AMBROSE C. STEWART, M.D.  
WILLIAM A. BURR, M.D.  
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### PELVIC MASSAGE, ADJUNCT TO THERAPEUTICS.

Two cases of neurosis, differing markedly in manifestation but having an apparently similar causation, have come under observation recently, and with terminations so similar that they are rather beyond the ordinary.

Patients about the same age; one had been under the care of eastern specialists for pelvic inflammations involving the uterus, tubes, ovaries and peritoneum, with extensive deposits and adhesions.

This patient presented seizures of unusual and extraordinarily violent hysteric chorea involving arms and legs. Attacks coming at irregular periods, *not* associated with the menstrual epochs (which were 28 days apart and not especially abnormal), their duration was usually from two to three hours during which the superficial tissues often sustained traumatic injury. Interval between the attacks, two days to two weeks; the patient became more violent under hypnotics, other than profound narcosis, which was always followed by alarming depression, nausea and persistent anorexia, hence, their use was abandoned. The various springs and health resorts were visited in the hope that baths, change of scene and air might work a change for the better, also the various fanatacisms and pathies were invoked, but to no good purpose. A surgical diagnosis was made and the patient handed over for radical pelvic operation, which, for some reason or other was delayed and the patient passed to the new school. Calcarea carb. high was given and gradually lowered in potency until the 6x was reached, and in the meantime, notwithstanding the marked tenderness of all pelvic organs, which occasioned almost unbearable pain upon mechanical movement of these organs, the uterus was gently urged upward and forward from its abnormal posterior position, and twice each week, after the first two or three weeks, was strongly massaged with the finger in the cul de sac, for from two to four minutes (being moved rapidly up

and down); this was done with the patient standing supported by an attendant, following which she was required to recline until the acute soreness had passed. For a time acute extension of the peritonitis and general inflammation threatened, but a few doses of belladonna, low, put us back on the track and the work went on.

The necessity for surgical interference soon passed. The interval between the choreic symptoms has lengthened to three months (treatment has continued about that length of time). Patient has improved in general health to a remarkable degree and will probably enjoy good health and be entirely free from the symptoms mentioned.

This was undoubtedly a case of impingement of some of the terminals of the pelvic plexes involving the white commissures between these plexes and the inferior hypogastric through which the ganglionic cycle reflexly set up central irritation (vasomotor), but we have not thought the success of the treatment merited the engrafting of a new "pathy" upon an already overloaded profession.

The next case was remarkably similar to the first with regard to pelvic conditions and history, but the morbid physiology was declared in nightly epileptiform groups of unconsciousness with psychic phenomena similar to "night terrors." The patient seemed to choke down and die—could not be aroused for perhaps five minutes, when another seizure would supervene. These groups occurred weekly or oftener, but gradually yielded, and have now been absent for some months.

A feature of the condition was the exhaustion following the periods of coma, which for two or three days would be pronounced, but there never was any tendency to the recuperative sleep of the true epileptic. Pelvic hyperæsthesia was more pronounced in this than in the choreic case; indeed, at times treatments had to be abandoned for weeks.

The uterus in both cases became much reduced in size, more flexible and quite movable.

The hystero-epileptic responded better to *actea rac.* *ix*, but had other remedies, as the phospho-glycerate of calcium (*gr. i*).

There can be no doubt that if we treated all of our pelvic cases in this way we would annihilate the race, but in these two instances—proving that there must be others—the results were

most gratifying and the matter is called to the attention of our readers in the hope that all of the benefits, with none of the evils of pelvic massage, may some day be attained through our ability to carefully discriminate in adopting the local measures necessary to fortify the results of general medicine of known value.

A. C. S.

#### ECLAMPSIA.

The discussion still goes on, but the solution, as to causation in eclampsia, seems almost as far off as formerly. The theory that the presence of albumin in the urine should set up immediate expectant treatment is losing ground.

Eighty per cent. of women in gravida show albuminuria.

Also, that of the presence of toxins in the blood in every case, is tottering for lack of positive data. The latent microbial endometritis of Albert seems hardly tenable, whilst the theory of Muller that toxins find egress, probably by a solution of continuity at the placental site, and suddenly overwhelm the system, lacks the support of investigation. The fact remains, however, that the morbid conditions accompanying the violent symptomatology of eclampsia are certainly attended with a very decided decrease in urinary volume—even to anuria in some instances—and pronounced capillary spasm, especially in the kidney and basil ganglia, which in extreme and prolonged events is followed by nutritional changes in these organs, all of which, with its high mortality, establish the profound seriousness of the lesion and suggest the closest possible scrutiny of measures for its subjugation.

The method long in vogue in the new school, or injecting veratrum viride into the rectum, might be improved upon, we believe, by injecting the drug hypodermically in small but frequent doses until the heart beats come down and the arterial spasm is relaxed.

Jardine and others suggest the use of saline solutions (normal) to dilute the toxins—and there certainly are toxins in many cases—to stimulate the patient physiologically and to assist in the general elimination by way of the kidney. The injection may be by rectum or otherwise, and if used it should be liberally used.

It is certainly not always necessary, as is frequently suggested, to empty the uterus, although all things considered, the life of the child is conserved by this measure.

Thyroid extract is a vaso-dilator and its use by injection would, theoretically at least, assist in reducing vasomotor spasm. The natural product of this gland is strikingly efficient in neutralizing toxic elements that have reached the tissues and its use therefore, as a measure contributing to the favorable termination of eclamptic conditions would seem well worthy of consideration.

A. C. S.

#### CLEAR CUT PRESCRIPTIONS.

The practice of medicine and surgery is not all sunshine. A correct selection or filling of a prescription is not always easily made, and consequently the result is (sometimes) in accordance with the correctness or incorrectness of the prescription.

If one is not suffering from loss of taste, "the proof of the pudding is in the eating." As an example I will append the following cases:

*Case I.*—Little girl, six years old, with whooping cough; had been so afflicted for about eight weeks when I first saw her; had many very hard fits of coughing both day and night, from four to eight or ten attacks each night, and many during the day. She would cough and strangle till black in the face. Eyes much swollen, red and watering. Face swollen, appetite poor, apparently turned against drinking water, which seemed to increase a spasm of coughing. She had the most clearly defined whoop I recall ever hearing.

Former treatment: A prescription from a doctor she had been taken to, followed by the use of "one minute cough tablets."

My prescription: Belladonna. First night after beginning bell. she had three fits of coughing, but much less severe, after first night not more than one fit of coughing, till five days later she would pass the entire night without coughing, and seemed to be well except light fits of coughing during the day on exercising, and at that date there was still a little puffiness and redness of the eyes. Her only prescription from me was bell. and hot water to be drunk when there were indications of a spasm.

*Case II.*—Mrs. H., aet. 42; American; mother of three children; general health very good; complexion light; weight 155. I was called August 17, 1904. History: About 12 to 15 hours before my visit she was taken with pain in abdomen. about



midway between the umbilicus and pubes, which increased in severity and spread over abdomen to a little above umbilicus. Pain became very severe, whole abdomen very tender and somewhat distended, knees drawn up, patient on the back and could not move or turn on side without increasing the pain. Urine scant and burning, tongue slightly coated white with red tip. Pulse 124, temp. 102½, resp. 30. Patient reported as never having a rise of temperature during any sickness (during childbirth or otherwise) since a child (this was her first statement). Diagnosis: Peritonitis. ℞ Gels. and rhus. tox; gels. 1x, rhus. 3x, given in alternation. Dose every half hour till three doses of each was given, then dose every hour while awake.

Two days later, temperature was normal. One day still later, pulse normal, and four days from beginning of treatment tenderness all gone, and patient able to sit up for short periods. My first prescription was the only one this patient had during this sickness. Recovery exceedingly rapid and uninterrupted.

I cite the above cases with a feeling that the cure was made by the prescription given, because of being too quickly and evenly made to give credit to nature's own method.

W. R. W.

#### CASES FROM PRACTICE.

Mrs. D., age 27; dark complexion and slender. She has been constipated for six years. Unless the bowels move every day she has "peritonitis," so she has to take cathartics every night at bed time. The "peritonitis" she speaks of consists of sharp, cramping pains in the abdomen. She frequently has a sensation as if the bowels would move and is compelled to go to the closet several times a day without having any stool. No special mental symptoms could be obtained from the patient. On March 17, 1904, she was given three doses of nux. vom. 45 m., with instructions to take one each night at bedtime and to discontinue the cathartics. On March 18 the bowels moved naturally and continued to do so daily up to April 20. On April 23 she was given three more doses of nux. vom. 45 m., with the same directions. Since then the bowels have moved every day and the ineffectual urging has ceased.

We have found from experience that when nux. vom. is called for in chronic constipation, the lower potencies are useless.

Dora V., age 8; light complexion, slender and of a nervous temperament. Since the age of 3 years she has occasionally had severe spells with the stomach, consisting of burning pains; excessive thirst with inability to retain the water she drank; restlessness and anxious expressions; no sleep on account of the pains and nausea and vomiting. There is no record of fever, as the patient lived in a distant city, and the parents did not have a thermometer. She had the last attack on August 1, 1904. Gave ars. 6x every hour till relieved. On August 3 reported by 'phone that there was no improvement and that vomiting continued at frequent intervals. In the evening sent two doses of ars. 8m to be taken one hour apart. After the second dose she got easy and slept all night. There was no pain or vomiting till noon the next day, when the above symptoms returned and continued till the evening of the 5th, when one dose of ars. cm. was given. This gave immediate relief, and the patient slept all night, and the next morning she could eat and drink without any pain or vomiting, and has remained well ever since.

The most interesting feature about this case is not the selection of the remedy, but the manner in which the different potencies acted or did not act. The 6x had no action at all. The 8m. gave relief for eighteen hours and was followed by a return of the symptoms for thirty-six hours until a dose of the cm. relieved the symptoms promptly and permanently.

C. W. E. AND C. E.

#### A CARBOLIC ACID POISONING CASE.

Reported by DR. HENRY G. MERZ.

How important it is to keep posted and make the medical library an abode in which, by constant study and research, one can equip himself with knowledge, so as to meet any and all kinds of accidents intelligently and quickly, when called upon. I had an opportunity to see a severe case of carbolic acid poisoning, making my usual professional calls some days ago. I was hastily summoned to the bedside of a young girl 16 years of age, who had taken an ounce of carbolic acid with a design to suicide. I arrived about 10 minutes after the girl had swallowed the deadly poison. At once gave patient such demulcent drinks which were nearest at hand, like milk, white of eggs and water, gave about four tumblers full in all, following it immediately with an emetic

to excite vomiting; gave tablespoonful doses of powdered mustard dissolved in a little warm water. Two and one-half tablespoonfuls produced the desired effect. After having emptied stomach thoroughly I administered pure alcohol, tablespoonful doses every 10 minutes, until about one and one-half ounces were taken. Hypodermically, strychnine 1-60, to stimulate. Patient revived after three hours' labor, and although the mouth, œsophagus and stomach were badly burned from the caustic effects of the acid, the patient now suffers but very little pain. Diet prescribed was absolutely liquid in form for 10 days. At this writing, 10 days since attempt at suicide, patient is nicely recovering. Alcohol is the antidote in carbolic acid poisoning par excellence. Try it.

Fort Wayne, Indiana.

## *Current Events*

PROGRESS extends a hearty greeting to the members and friends of the Colorado Homeopathic Society as they assemble in their eighteenth annual session. We congratulate you on the prosperity of the past year, and rejoice in all the good fortune that has come to you. We are pleased to meet you and we extend the glad hand of WELCOME to each one of you, and trust that you may each one feel yourself amply repaid for the sacrifice you make in coming to this meeting. We hope you may carry home with you a new inspiration for work, and enlarged views of the grandeur and importance of the responsibilities that rest upon the conscientious physician.

\* \* \*

Dr. A. E. Bulson of Ft. Wayne, Indiana, a classmate of Dr. Grant S. Peck, has been visiting in Denver lately.

\* \* \*

Dr. George Suffa of Boston has been in Denver for some weeks. The doctor has extensive mining interests in Colorado, and he is on a tour of investigation of his properties. When in Boston he is a specialist on diseases of the eye.

\* \* \*

Dr. D. A. Strickler and Dr. L. M. Taylor made a trip over the Rocky Mountain range last month, visiting Fruita, Grand Junction and other points of interest. While in Fruita they called on Dr. C. B. Masser.

\* \* \*

Dr. John W. Harris and wife have returned from a three months' trip in Europe. They traveled extensively while abroad and visited many of the great medical centers.

\* \* \*

Dr. J. B. Kinley and family spent several months visiting in the East, the doctor doing a large amount of post-graduate work in his specialty. We are pleased to know of their safe return, and of the general improvement in health of each member of the family.

Dr. Strickler was the victim of a severe case of appendicitis during the past month. We are pleased to report that he is now well and rapidly regaining his former vigor and strength. Dr. C. E. Tennant was his attending physician.

\* \* \*

Dr. Patterson and family of Kansas City have been spending several weeks in Denver and vicinity, resting and recuperating. The doctor is a specialist in ophthalmology and otology.

\* \* \*

Miss Grace, daughter of Dr. C. W. Enos, has enjoyed a very pleasant visit from her former German teacher at Wellesley, Miss Florence Stuber.

\* \* \*

Dr. F. P. Taft of Longmont, Colorado, called on our editor as he passed through Denver recently.

\* \* \*

Dr. B. F. Bailey and wife of Lincoln, Nebraska, stopped for a handshake with the doctors of Denver while on his way to the Pacific coast.

\* \* \*

Dr. Walter Dake, formerly of Nashville, has located in Denver, and taken offices in the Stout Block, 1427 Stout street.

\* \* \*

Dr. McFarland, formerly of Fairplay, is looking for a location, a place where he would like to make a permanent home. We hope the doctor will be fortunate in his selection.

\* \* \*

Dr. Wm. L. Miller of Greeley was in our city recently. He was on his way to the meeting of the triennial conclave of the Knights Templar in San Francisco. After this is over he will visit his brother, who lives in Portland, Oregon.

\* \* \*

Dr. Frank B. Burton and wife have enjoyed a prolonged visit from Mrs. Burton's father, mother and sister. It was the occasion of their summer outing, and was the source of a great deal of pleasure to all concerned. Dr. Burton has recently moved into his handsome new home in Park Hill.

\* \* \*

Dr. Welch and family spent ten days of August recuperating at Glen Park.

Dr. Emil G. Freyermuth of South Bend, Indiana, sends us a reprint of his paper on the treatment and his experiences with cases of appendicitis. We are pleased to notice the doctor's change of heart and his candor in confessing it. One of the pleasant remembrances of the good doctor relates to the vigor with which he formerly defended his views at the meetings of our club.

\* \* \*

Dr. Amelia Wilkes Lines, who recently celebrated her eightieth birthday, is the oldest practicing woman doctor in the world. She was the first woman to receive a diploma in the state of New York, and has practiced in New York City since 1854.—*News.*

\* \* \*

Dr. Niles, formerly of Montrose, is now visiting in Denver, and will probably locate here.

\* \* \*

Several members of the graduating class of 1904 of the Denver Homeopathic College have received their certificates of membership in the American Institute of Homeopathy. This is a certificate of which they are very proud, and we commend most heartily the spirit of the class in taking hold of society work at the beginning of their professional career.

\* \* \*

Dr. W. R. Stewart and family of Indianapolis is stopping in Denver for a time. Their little daughter is very ill, and they hope she will be benefited by the sunshine and dry air of this climate. We sympathize with them in their affliction and hope their precious little one may be speedily restored to health.

\* \* \*

The fourth session of the Panamerican Medical Congress will be held in the City of Panama during the first week of January, 1905. Surgery, Medicine, Hygiene and the Specialties will cover the topics presented.

\* \* \*

The following notice will be of interest to physicians of the Middle West. The importance of this meeting is recognized by all. Let there be a good attendance:

Dear Editor: The annual session of the Missouri Valley Homeopathic Medical Association will be held in Kansas City,

Missouri, October 5th and 6th, 1904. The grand annual carnival will be on during this entire week, and all railroads will sell round trip tickets at one fare.

A good program has been arranged, and it is hoped that the physicians of the Missouri Valley will come out in numbers and show their loyalty to the cause, as well as gain and impart information for mutual benefit. Remember the dates, October 5th and 6th. Programs will be sent out before October 1st.

Fraternally yours,

ERLE WOODWARD.

\* \* \*

The University of New York (Medical Department) has announced that beginning with the session of 1905-1906 they will increase the time required to five years. The fifth year is not obligatory now, but probably will be after a few years' experience with the plan.

\* \* \*

Sixty-two million dollars worth of patent medicines are bought in the United States every year, enough to give each physician an income of \$2,000 per annum. The poverty of the English language renders a fitting comment impossible.

\* \* \*

A letter from Dr. W. A. Secrist indicates that he will arrive in Denver about September 15th. He will be a permanent resident and become actively associated with the profession of the city in the practice of medicine and surgery.

\* \* \*

In the year 1902, the lying-in hospitals of St. Petersburg received 58 per cent. of the pregnant women into their care. It is claimed that this is the largest per cent. of any city of Europe. The New Clinical Obstetrical Institute is said to be magnificently equipped for all surgical and obstetrical purposes.

\* \* \*

The new method proposed by Dr. Chandler for the treatment of puerperal sepsis does not seem to appeal to the conservative element of the profession, neither do recent experiences show results that are encouraging.

\* \* \*

The pendulum is swinging back. A few years since every case of lacerated cervix demanded immediate repair, and ev-

ery old scar discovered in the cervix was looked upon as a portent of malignant disease, and operative procedures at once advised. Baldy now takes a more conservative view, and claims that no evidence has been produced of a scientific character that supports the theory of malignancy resulting from neglected cervical lacerations. He supports the position held by Emmett, that the majority of cervical lacerations heal spontaneously.

\* \* \*

A summary of weather conditions in the Adirondacks taken from the *New York Journal*, as observed by Brown, are as follows: (1) The climate of the Adirondack mountains is cool and moist during seven months of the year; cool and dry during five months. (2) The entire region enjoys freedom from dust and disagreeable winds. (3) The number of clear days is small, the number of cloudy days excessive, and the number of partly cloudy days much below the general average.

\* \* \*

Miss Lilian Winifred Willard, daughter of Dr. J. P. Willard, has returned from an extensive summer trip. Her entire vacation has been spent in travel and sightseeing in the great cities of the Atlantic coast. She has visited many old historic places, and not a few of the great educational institutions. A week spent at Green Lake in the pine forests of Maine, with Mr. and Mrs. R. M. Brann, is among the many pleasant memories of a busy and delightful outing in the old and interesting East.

\* \* \*

Characteristics of Ocular Headaches. (1) Forty per cent. of all chronic headaches and eighty per cent. of all frontal headaches are partially or wholly of ocular origin. (2) Their site, in order of frequency, is (a) supra-orbital, (b) deep orbital, (c) fronto-occipital, (d) temporal, or (e) a combination of these. (3) Near work is their chief exciting cause; reading, writing, drawing, painting, fancy work, typesetting, typewriting, sewing, music, etc. (4) Patients suffering from headache often observe that other eye symptoms (6 and 8) also result from the use of their eyes from near work, especially with artificial illumination. (5) Shopping, theatre and church going as well as riding in street cars and railway trains often induce it. (6) The letters and lines in reading and notes in music blur, run together and get mixed up. (7) The patient with ocular headache is generally astigmatic or farsighted, or has some other refractive error, or has some weakness of his ocular muscles. (8) Patients with



ocular headache often complain of lachrymation, photophobia, foreign body sensations, specks floating before the eyes, itching and burning of lids, redness of eyes, etc. (9) The signs of eye-strain above mentioned may be present and the headache of ocular origin, although the vision is normal and there is no manifest astigmatism. The patient in such a case overcomes his hypermetropia, or astigmatism, or both, by continuous muscular effort. (10) About ten per cent. of all ocular headaches are incurable and some of these are hereditary.—*Medical Times*.

\* \* \*

John Brisben Walker, editor and owner of the *Cosmopolitan*, has written an extensive article for the September number on the St. Louis Fair. When writing about the education of the world, as shown in the exhibits of the many peoples, he makes some interesting statements, and from among the many we take the following that may be of interest to persons living in the West, and especially in Colorado:

“Another table is almost equally interesting. It is the per capita expenditure for common schools. In Alabama they spend fifty-eight cents for each person. In Arkansas they spend \$1.18. In Colorado, to which state the Australian commissioners who went through the schools of the United States some years ago, awarded the palm for having the finest schools in the world, the per capita expenditure is \$7.60.

“This is the maximum for any state. It is the maximum because Colorado is composed of an enterprising people of a high order of intelligence, who brought to the organization of the commonwealth the best thought of nearly every state of the Union, and the people recognize that, above all things, education is the most essential aid to its prosperity.

“New York comes second with \$5.70. Again the eye rests on some of the Southern states. Louisiana horribly, only eighty-

\* \* \*

nine cents; Tennessee, ninety-one cents; Georgia, ninety-eight cents; and Kentucky only \$1.33. If the visitors from these states wonder why their lands are not valuable, their industries developing slowly, and immigration not seeking their beautiful valleys, they may find the answer in these statistics. Let them bring up their annual expenditure to that of Colorado, and every financial problem will be solved. Let them continue to expend from fifty-eight to eighty-nine cents per capita, and the negro problem will become so violent that there will not be wisdom enough in this country to solve it.”

The professional conduct of physicians, and the reciprocal relations in complicated conditions, are often the cause of much anxiety, and not infrequently result in alienating persons who by all rules of justice should be the best of friends. The importance of the subject is the explanation of our use of the following extract from a recent number of the *Journal of the American Medical Association*.

I wish to submit a question in regard to medical ethics. A child was bitten by a dog and brought to my office, but I was temporarily absent, and the child was taken to a drug store and another physician summoned, who came and dressed the injuries. I have been the family physician since the family came here, and that evening the mother saw me, related the story of the case and told me of the treatment, which I approved, and she said she wished I could see the wounds, and asked if I would go over to the other physician's office with her the next morning, and then as she passed my office, she called and asked me to go with her that I might see the extent of the wounds and judge of its appearance and danger. Now it was not a question of treatment or anything except that I might see the wound. Was there anything unethical in my going over with her? The attending physician took it as a serious offense, refused to further touch the case and acted terribly insulted. His conduct was not to be excused even if I was in the wrong, but I want your opinion as to the ethical or wrong of my going to his office under the circumstances.

*Answer.*—As before noted in this column, we can not undertake to act as arbiter of the disputes of physicians. In order to render judgment in an individual case both sides must be heard—circumstances often change shape when viewed from another point or through other eyes. Assuming then, that our correspondent states a somewhat hypothetical case, there is but one answer as to the proper course to be pursued. Our correspondent had a perfect right to see the case, and the other physician had no justification in professional customs to become offended at the presence of the family physician. In fact, among medical men who find pleasure in the niceties of conduct, one who in an emergency is called to a case in the absence of the family physician always retires from attendance on the case when the family physician returns. Judged by such a standard the physician of whom our correspondent complains erred twice: First in keeping the case after the family physician was at hand, and second, in finding any fault with the mother's request that the family physician be present at the dressing of the wound.

## BOOK REVIEWS.

**SYMPTOMATOLOGY.—FIRST LESSONS IN THE SYMPTOMATOLOGY OF LEADING HOMEOPATHIC REMEDIES.**—By H. R. Arndt, M. D., 271 pages. Cloth, \$1.25. Postage 5 cents: Philadelphia. Boericke & Tafel. 1904.

“The brief outline, at the top of each remedy, of its sphere of usefulness in the sickroom is almost sure to interest and aid the beginner.” If the above quotation—which is taken from the preface—is true, then why should each one of the aforesaid “brief outlines” be placed in parenthesis? It seems to detract from the effectiveness of the statement, and mars the appearance of the book.

In reviewing a work it should be considered from the standpoint of the author. This work is recommended for study and memorizing symptomatology in the “freshman year” in our colleges. We are convinced that more important work can be done by the student of the first year in our colleges than studying materia medica. After he has been properly instructed in anatomy, physiology, chemistry, etc., of the first year, he will be qualified for a much better comprehension of the import of the symptomatology as found in our works on materia medica.

A marked peculiarity of the book is the very large number of pages that are from one-fourth to three-fourths blank. In a charitable frame of mind we presume they are intended as space for additional notes and comments.

After a rather careful reading we are impressed with the fact that the symptoms have been selected with great care, and so far as the statements go they are reliable indications for the selection of the remedy. We cannot close our comments of this interesting little book without a word of commendation for the very fine “Regional Index of Symptoms.” It is simple, explicit, easy to understand and far superior to most efforts in that line.

J. P. W.

**ESSENTIAL DISEASES OF THE EYE.**—By A. B. Norton, M. D., Professor of Ophthalmology in The New York Homeopathic Medical College; author of “Ophthalmic Diseases and Therapeutics.” etc. 349 pages. Cloth, \$1.75, net. Postage, 10 cents: Philadelphia. Boericke & Tafel. 1904.

In this manual of the essentials Dr. Norton has given to the profession the result of a large clinical and private experience extending over a long period of time, and in which he has been able to thoroughly demonstrate the efficacy of the homeo-

pathic remedies. As he says in the preface, "For several years a demand has been made upon the author for a condensed work upon the eye which should exclude all theories, technical terms and phrases, and which should give as concisely as possible the essential features of eye diseases, together with their homeopathic treatment. A careful perusal of the book satisfies one that this has been done. Ophthalmic literature has become so exhaustive that it now requires four large volumes to reasonably fully cover the subject for the ophthalmologist, and it would seem impossible to condense even the absolutely essential in a single small volume, but in this instance all that is requisite for the student of medicine to know of this subject is given. As a work for the general practitioner it will be constantly consulted for the cases which he may be called upon to treat, and the specialist will seldom need to look elsewhere for indications for remedies. To me it is a source of pleasure to recommend this volume to the profession, and I cannot but bespeak for it a warm welcome by the profession. It should head the list of text books in the department of ophthalmology in all of the homeopathic college announcements. G. S. P.

**KIRK'S HANDBOOK OF PHYSIOLOGY.**—Fifth American Edition. Revised by Frederick C. Busch, B. S., M. D., Professor of Physiology, Medical Department, University of Buffalo. Over 500 Modern Illustrations: William Wood & Company, New York City. 1904.

Kirk is usually good; the present revision of the work is unusually good. Dr. Busch has done a meritorious work in eliminating a good deal of doubtful data and sacrificing volume for comprehensiveness. There are a number of new cuts, some very artistic coloring and the chapters on Food and Digestion, among others, contain many new things. The book is valuable as a text book and handy reference. It is strictly reliable, and the chapters are admirably arranged for the progressive study of the subject. A. C. S.

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## BUSINESS BRIEFS.

**WANTED.**—To share part of office with an Homeopathic physician. Inquire at this office.

MR. C. K. BROWER,

Dear Sir: As I agreed with you to try the soap in cases of pruritis vulvæ I have so done and am thoroughly satisfied with results. Two cases not dependent for their origin on uric acid were speedily relieved and I think permanently cured.

2200 Williams St.,  
Denver, Colo.

Very respectfully yours,  
D. A. RICHARDSON, M.D.

### LIFE IN KENTUCKY.

Man born in the wilds of Kentucky is of feud days and easy virtue. He fisheth, fiddlith, cusseth and fighteth all the days of his life.

When he desireth to raise hell he planteth a neighbor, and lo, he reapeth twenty-fold.

He riseth even from the cradle to seek the scalp of his grand-sire's enemy and bringeth home in his carcass the ammunition of his neighbor's wife's cousin's uncle's father-in-law, who avengeth the deed.

Yes, verily, his life is uncertain and he knoweth not the hour when he may be jerked hence.

He goeth forth on a journey half-shot and cometh back on a shutter, shot.

He riseth in the night to let the cat out and it taketh nine doctors three days to pick the buckshot from his person.

He goes forth in joy and gladness and cometh back in scraps and fragments.

He calleth his fellow-man a liar and getteth himself filled with scrap iron even to the fourth generation.

He emptieth a demijohn into himself and a shotgun into his enemy, and his enemy's son lieth in wait on election day, and lo, the coroner plougheth up a forty-acre field to bury that man.

Woe, woe is Kentucky, for her eyes are red with bad whisky and her soil is stained with the blood of damijits! Selah.—*Maysville (Ky.) Ledger.*

In preparing your patients for operations do not forget Abalena water as an ante-operative cathartic. It does the work.

# PROGRESS

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## *Original Articles*

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### PRESIDENT'S ANNUAL ADDRESS.

DAVID A. STRICKLER, M.D.

*Ladies and Gentlemen:*

Your by-laws require of your President an annual address, the nature of which is left to the writer. This leaves a wide scope to the individuality of your President and is, no doubt, a wise provision. The members of this society, and doubtless the majority of those in attendance tonight, will be interested in any theme which has for its object the advancement of homeopathic interests. The question, "How can we best advance homeopathy and its interests" must be a live subject to all who believe in *similia* as a therapeutic fact.

The first requisite for the dissemination of any truth is thorough organization on the part of those who hold it. This is the day of organization in all lines of thought and action; in finance and in labor; in religion and in politics; in education, fraternities and in clubs; it is pre-eminently the day of organization in old school medicine.

The recent reorganization of the American Medical Association has already resulted in wonderful acquisitions to its membership, its power and its efficacy. Whether we approve or disapprove its change of front relative to members of our school does not alter the fact that its perfect organization makes it incumbent upon ourselves to follow suit if homeopathy is to receive its proper place in the medical world.

The American Institute, recognizing this necessity, at its last meeting adopted a resolution making it obligatory upon candidates for membership to present a certificate of membership in their respective state societies. Physicians in Colorado who wish to join the American Institute in 1905, if not already members of the Colorado Homeopathic Society, must join this year.

This provision should serve the double purpose of increasing the membership of the state societies and of improving the personnel of the Institute, as it is a notorious fact that there are members of the American Institute who could not have become such through the gates of the state society. The individual to gain entrance to the national society should be able to show some standing where he is known, and this is best attained through the local society. As a rule the man who is not sufficiently interested in local affairs to affiliate is of little worth to the national body. The education received through work in the smaller, fits the individual for larger fields of usefulness.

On the other hand, the local society should have some means of ridding itself of undesirable material. This is an inherent right in every organized body, but it would seem wise that the by-laws of this society make some provision for such elimination. Our society is remiss on this point. Again, to be effective in carrying on any great work, to relieve its members of individual responsibility, to gain proper recognition from other organized bodies and the State, a society should be incorporated. Here again the Colorado Homeopathic Society has been lax.

Any organized body is a collection of units, hence able to work to best advantage only when these units can and do work in harmony. It is neither supposable nor desirable that the units touch at all points,—that the individual members agree in all things, but it is important, and necessary to the highest attainment, that they agree in working together for one common purpose. No man is so strong that he does not have some weak points, but nothing is gained to the organization by attacking the weak points of individual members on matters not relevant to the common purpose of the organization. No man is sufficiently free from weak points himself to be justified in attacking his

confreres simply because they honestly hold views at variance with his own. Principles can, and should be discussed, but personalities have no place in organized scientific bodies, nor among members of a school that has a definite work to perform. Here, too, we, in Colorado, are unfortunate, because with a manifestly greater percentage of our members organized and working harmoniously than at any time in our history, a disgruntled few are making strenuous effort to have us appear in constant turmoil.

It is not sufficient that we have an harmonious organization; we must as well have some definite purpose in view. Being limited in our society affiliations, we have the double object of keeping up in all lines of medical knowledge and practice, while we cultivate specifically similia and its application. This renders necessary continuous study along all lines of medical knowledge so that nothing of definite merit from any source whatsoever may escape us, while we at the same time do specific work in our specialty as *homeopathic* physicians. In our endeavors in the former we are often unjustly criticized by those who lay all stress on the latter. While a firm advocate of the dual purpose of the society, it is in behalf of the latter that I wish to speak at this time.

As homeopathic physicians we have entrusted to us, and are responsible for its safe keeping, the law of similars. If it is to receive the recognition which we believe it merits it must be through us and our efforts. When we look back twenty-five years, comparing the then with the now, what changes do we see? Briefly stated, increase in numbers, wider recognition by the people, the State, and opposing schools, a more liberal education of physicians of all schools. When we come to question specifically what we have done to improve our materia medica and therapeutics,—the one distinctive feature of our school, the answer must be “practically nothing.” The writer uses the same materia medica he studied when a student twenty-five years ago,—this in spite of the fact that he has practically all of the newer materia medicas on his shelves. Why? Because the new, with the exception of a few remedies, were made from the self-same old materia medicas. This condition of things has both elements of strength and of weakness for us. Elements of strength in that the old, as



shown by practical results, is better than anything else in therapeutics yet produced. Elements of weakness in that though we have greatly increased in numbers and influence, we have done nothing to add to the common fund of homeopathic knowledge. Any errors that may have crept into the earlier provings have been permitted to remain, and omissions made in these same provings have gone without detection. That errors of both commission and omission did occur can not be doubted by any scientific mind in this day. The men who made these provings were human, like ourselves, but their means of close investigation did not compare with ours. Hence by not using our improved opportunities we have been derelict in our duty. It is not my purpose to further discuss this matter. It is recognized by a large majority of our active men, and as most of you are aware, the American Institute at its last meeting elected five members Trustees to the Institute of Drug Provings. These trustees are empowered to collect monies, solicit and receive donations for this purpose. It is hoped that a richly endowed institute may result, so that we may at last prove ourselves worthy of the trust imposed. This Society as such, and its members as individuals, owe hearty support to this laudable move. Every true homeopath must be interested in its success and owes it to himself and the cause to contribute liberally. He should at the same time enlist the interest of his patrons.

Furthermore, this Society should bind itself to present something distinctively and practically homeopathic at each and every one of its meetings. By this I mean not so much the theoretical as the practical proofs as shown by cases carefully reported, cured by the homeopathic remedy alone. An effort in this direction was made this year. Its results are yet to be seen. It certainly is not asking too much that one bureau should consider distinctively homeopathic therapeutics, which bureau might include cured cases as above suggested.

*Publish the Transactions.* As our society increases in membership and its papers increase in value, as they do from year to year, their publication in the form of transactions is not only desirable, but as well a matter of duty to our members. Duty to the

man who prepares a paper for the Society; duty to the man who pays his dues though unable to attend, and duty to the cause we represent. The publication will enable us to retain much of value that is now lost, and will give us a continued incentive to put forth our best efforts. This publication need not be expensive. If the present annual dues do not suffice we should increase them.

*Proper Recognition.* There should be organized effort toward gaining proper recognition in State patronage and institutions. We should have one or two members on the State Board of Health. I understand we have never had any representation on this board. We should have the next State Insane Asylum. There are doubtless other places of more or less prestige that can be had by systematic effort. Success along any line implies effort, but in order that this effort be properly directed it must be made the specific duty of some individual or committee. The Society is competent to make such provision.

*Medical Legislation.* It is customary, and we believe wise, to consider the subject of medical legislation whenever there are any threatened changes in law as is the case at the present time. Specific bills are somewhat difficult to consider, as the legislators have much to say, and the form of the bill as passed is often difficult to identify as the one introduced. But it seems to me there should be some fundamental principles upon which we may agree before going to the legislature. So far as we, as a school, are concerned, the present law should be entirely satisfactory if our purpose be simply to live under a law that will not debar any of our graduates from practice, as there is not a homeopathic school in the country whose graduates, by presenting a diploma and paying a fee of five dollars, may not obtain a license to practice. This is as I believe it ought to be, not because it allows all homeopaths to practice, but because it recognizes a diploma from a college of high requirements, and the homeopathic colleges all belong to this class. Unfortunately the present law fails to keep from practice a host of men and women who can lay no claim to fitness to practice, nor to any educational requirements. This defect being largely due to a lack of definition as to what constitutes the practice of medicine. Nearly all recent legislation has been, apparently, aimed at the man who has made an honest effort to fit him-

self for the practice of medicine, at the same time ignoring the man who has made no effort to fit himself, but whose signs and devices are noted everywhere. New York, Pennsylvania, Ohio, Illinois, Minnesota and others of like character say to the applicant, "Can you show a high school diploma; evidence of four years of at least six months each in a recognized medical college, together with a diploma from the latter?" If so you are entitled to an examination that we may see what you know. Otherwise we can not examine you." The board is not competent to ascertain whether a man is fitted to safely practice medicine until first learning where and how he gained his education. I believe this is neither common sense nor good law. It is certainly not in accord with American fair play. The states having such laws have not been able to eliminate fakirs of all kinds. In fact, we are reliably informed that they, the fakirs, are on the increase.

It would seem eminently fair and just that every one who practices medicine in any of its departments should be required to show a good knowledge of the fundamental branches of medicine recognized by all thinking people as the essential basis of any and all treatment of disease. We believe that for the purpose of protection to the public, with the wide differences in therapeutic belief, the State is justified in assuming that the man who lays a good foundation will build a safe superstructure. Such requirements could work injustice to no one, while they would permit a very comprehensive definition of the practice of medicine and act as a protection to the people by driving out pretenders. Men who show credentials of proper study in recognized colleges should be excused from all examinations, as their credentials imply a good knowledge of the fundamental branches. We believe this the present trend of thought among men who are giving the subject most consideration, and we confidently look forward to the time when the present irrational laws will be things of the past. In conclusion, we believe this Society will do wisely to place itself firmly on record as favoring a bill giving a comprehensive definition of the practice of medicine, at the same time requiring of all who practice, irrespective of the system, whether it includes the giving of drugs or not, a good knowledge of the fundamental branches of medicine.

Colorado Homeopathic Society.

## INFANTILE MARASMUS

LEROY C. HEDGES, M.D.

Infantile marasmus is not a disease. It is a condition, a symptom, embracing many symptoms, and is the result of disease, or of an abnormality of certain organs.

Marasmus may be pre-natal, or may supervene months after birth. In the latter case its approach is slow, insidious, and, until the cause is removed, or at least mitigated, remorseless in its onward march. Its earliest manifestations are various:—extreme fretfulness, mental apathy, wind colic at night with violent screaming, retarding of growth, indifference to food followed by a ferocious appetite.

Constipation may worry the mother or nurse for weeks, to be followed by a diarrhoea that has no apparent cause.

Possibly there may be no stomach or bowel trouble, but the child becomes indifferent to any mental excitation, losing all interest in everything around him, sitting silent, motionless like a sorrowful little graven image; then comes anæmia, then a steady wasting of flesh and vitality, without fever or apparent disease.

Rachitis may or may not develop, but the wasting steadily progresses unless checked by competent medical interference, to utmost atrophy and death; even in spite of competent nursing and medical care do some go down to death.

The causes are many that bring about marasmus. I will deal with them under four heads: First, heredity; second, in-nutritious food; third, unsanitary environment; fourth, reflexes due to the abnormality of some organ intimately connected with the sympathetic nervous system.

In considering the heredity, there are a few well recognized factors, viz:—Tuberculosis, syphilis and nervous exhaustion or degeneracy in both or even in one parent, which tend to weaken the vitality of the infant, and thus tend to this condition. I feel it to be unnecessary to dilate on these points, as they are so well recognized, therefore we will proceed to divide the general head of heredity into mothers and fathers and consider the responsibility of each one.

It will be understood now that we are leaving out of consideration tubercular, syphilitic and nervous taint on the part of the mother. However, we have all seen cases of parental marasmus where the child was born of a healthy, hearty, happy woman. Now why?

Sunstroke or over-heating, work carried to the point of exhaustion, excessive use of tea, coffee, or some patent medicine, an unnatural diet such as some medical faddists promulgated a few years ago, viz: An exclusive fruit diet. All these are fruitful causes.

But the mother's responsibility does not cease at birth, for as long as she nurses the child she must be circumspect in her actions and diet, for there are so many ways by which she can render her baby's food innutritious.

She must avoid improper food, exertion that overheats the blood, extremes of anger or worry, etc.

Then there is an idea abroad, unhappily fostered by certain of the medical fraternity, that malt liquors assist the mother in producing a flow of milk; true, a greater quantity, but what of the quality?

I believe the drinking of malt liquors by the nursing mother to be pernicious; beer flesh is not good flesh.

We come now to a cause of innutritious milk, involving the responsibility of both mother and father, the mention of which is most carefully avoided from motives of delicacy, so that we as physicians seldom consider it; I refer to over-sexual indulgence.

It is a well-established belief among the laity that the nursing mother does not become pregnant, consequently the nursing period becomes a season of marital license. This, in my opinion, is destructive to the nutritious qualities of the mother's milk, and is one of the causes that should be investigated at the first indication of marasmus.

And now we are ready to pay our respects to the father. It is unfortunately true that the world does not require as high a standard of morality in the man as in the maid. The young man knows that his transgressions will be glossed over by society. As we cannot hope to change the view of society at large from a

moral standpoint, it is our duty to set before the patients that come to us the material physical disadvantages of the immoral course.

Now, the idea is all too prevalent among men that gonorrhœa is about as harmless as a bad cold, consequently while syphilis is avoided with a holy horror, it is rather a cause for jocularly when obliged to face the doctor with a case of gonorrhœa.

Now laying tuberculosis and syphilis aside (and I do not feel sure that I should except even them), I assert that there is nothing so deadly to the vitality of a child as previous attacks of gonorrhœa in the father.

A few years ago I attended a lady in confinement, the result being a still-born infant. This was the second still birth for that mother. I had the mother under my observation during the period of gestation, and everything was done that could be thought of for her good, as they were both anxious to have a living child.

Immediately after the second unsuccessful issue the husband bitterly arraigned his wife's incompetency. I saw that divorce was in his mind, and led him on to have his talk out. Then I quietly told him that he was the one to blame, as I knew that he had had three attacks of gonorrhœa. He was thunderstruck at my words when I prophesied that he would never raise a child. Since then my views have been substantiated by the fact that a living child was born after I left the city, the physician in charge reporting that the child six hours after birth died quietly in its crib without apparent cause.

I assert then, that previous gonorrhœa in the father is the most fruitful cause of marasmus in infants, both parental and post-natal.

It has been my habit for years to inquire into all cases of still birth and marasmus, and I may say that I find in almost every case not directly traceable to other causes a gonorrhœal history.

These are the difficult cases to cure; these are the cases that induce us to try every possible remedy from the highest to the lowest potency, and these are the cases on which we may fail.

I find that in considering heredity I have necessarily encroached upon the subject of food. However, we have not dwelt on the subject except in relation to mother's milk.

There are many foods which seem chemically perfect and absolutely adapted to the infantile stomach, which seem hurtful in individual cases. I am of the opinion that when any of these carefully prepared infant foods which are on the market disagree, that we have some other element than the food to consider. It is not the food, but the lack of power to assimilate on the part of the infant. But there are absolute errors in diet, as feeding a 5 or 6-month-old child beer, ales, coffee, meat, potatoes or chewing tobacco.

Of course all of these articles are absolutely outrageous for an infant without teeth, yet it is a common thing for people to give all of these things except perhaps the chewing tobacco, and I have known two cases of even that. All of these things tend to a permanent indigestion, and so to marasmus. We need not dwell on this, however, for these things are not done by the physicians' advice, but in spite of it.

We also can pass over the question of environment, for we are all of one mind as to the necessity of sanitary surroundings, and also as to what constitutes perfect sanitation. It is the obscure causes that we need to consult upon.

Therefore, though thousands die of the crowded and unsanitary tenement, we as physicians can not help it, much as we regret it, so we pass on to cases that we may help, and that with dispatch.

I refer to the fourth cause of marasmus. These are not often medical cases, and it is almost criminal to trifle with medicine when a short, swift session of surgery can effect such a radical cure. I refer more especially to abnormalities of the sexual organs, necessitating circumcision, in proof of which I cite two cases, cases where there was absolutely no question of poor heredity, food, or environment, and which were strictly non-medical:

*Cast No. 1*—Male weighing 10 pounds at birth; parents large, strong, healthy and of good physical history; mother's milk

perfect. From first month child was troubled with wind colic at night; would cry violently for a couple of hours, then quiet down. Had good appetite and color at first, but when weaned was rather pale, though appetite continued good. Learned to walk at 11 months and was apparently strong and healthy; was well formed with the exception of a rather prominent abdomen; was somewhat inclined to be constipated. At 2 years the child was pale, delicate looking, small of his age, with a tendency to being bow legged.

At 3 years pale, delicate looking, very bow legged between knee and ankle, utterly lacking in energy, sits most of day in a rocking chair.

At 4 years, worse in every respect, rachitic, anæmic; atrophy more marked.

Circumcised at four years; became energetic within a week; improvement continuous, so that at 5 years all bad symptoms were gone, legs were straight, child healthy, happy and playful.

*Case No. 2*—Male, born large and full fleshed, parents strong, well formed, and with no history of disease. They had lost two children with marasmus. This case came to me when 14 months of age; had failed steadily from fourth month; mother did not nurse him; had an idea her milk was poor; never had it tested. Nothing agreed with the child. They tried first one food then another. I learned that he had been under the care of an exceptionally good homeopath from his birth. I then examined the child and found that he had not wet a diaper for 17 hours, relieved the bladder and advised circumcision. The mother would not consent at first to have her child mutilated, as she said. I told her there was no hope otherwise, but called in counsel at her request. Counsel thought child too weak to operate on, so I asked him to prescribe, which he did. Child better for a week, then suddenly worse. Called counsel again. The doctor said: "The case is hopeless; let him die in peace." Said I, "Let us circumcise." I circumcised, under protest from counsel. The cut was 23 days in healing, without any pus, which shows the anæmic condition of his blood, but he began at once



to assimilate his food, and at 2 years was a fine, strong, full-fleshed child, full of life and energy.

Both of these cases had the advantage of exceptionally competent physicians, strong homeopaths.

Now do not for one moment understand me as saying that medicine is of no avail in these cases. The only reason that the first case lived to his fourth year with extreme need of circumcision was that the remedies all but combatted the condition. Many cases have been successfully treated, even where there was great need of circumcision. Many cases where there was a parental history of gonorrhœa have lived as the result of good homeopathic medication. If there is any one place where the homeopath can and does shine, it is in dealing with such obscure cases of infantile marasmus.

As to remedies, you all know them; they are at least sixty-five in number, and must be chosen according to the symptoms of the case. For the homeopath knows well that one cannot treat all cases of typhoid with one or two remedies. How much more, then, shall we depend on our symptomatology in infantile marasmus, which is not a disease, but a condition.

Therefore, I leave it to you to call up particular cases that have been of interest to you, that we may rejoice with you over your successes, and weep with you over your failures, if you have any.

**Grand Junction, Colo.**

**SURGICAL POSSIBILITIES FOR THE RELIEF OF CERTAIN  
GASTRO-INTESTINAL DISORDERS, WITH SPECIAL  
REFERENCE TO THE PANCREAS, LIVER  
AND MOVEABLE KIDNEY**

C. E. TENNANT, M.D.

Modern methods of diagnosis are fast classifying the vague gastro-intestinal disorders, and aseptic surgery has made possible the permanent relief of certain forms that have never been successfully relieved by internal medication. I refer principally to those cases that have often been diagnosed and treated under the convenient term of neuralgia, which, in itself, means nothing.

Many forms of acute gastric pain, indigestion, dyspepsia, anorexia, flatulency, nausea, vomiting and deep epigastric tenderness occur that have no etiological relation to the stomach, and there are many vague and indefinite abdominal pains for which the intestines are not responsible.

For example, a wandering kidney may, and usually does, produce considerable gastro-intestinal distress, but unless the actual cause is known, and the kidney fixed to the posterior abdominal wall, little relief will be obtained.

Gall stones are also responsible for chronic disturbance of the digestive tract, while obstruction of the common duct may provoke either hepatic or pancreatic disturbance, or both. The possibility of the involvement of this latter gland is only recently attracting the attention of clinicians, and many of our so-called attacks of neuralgia of the stomach will be found to result from occlusion of the pancreatic duct.

The pancreas, which has a retroperitoneal location behind the stomach, is an acinose gland with small, longish, club-shaped acini. The right extremity is called the head, the left the tail, with a body intervening. Passing from the tail to the head, and gradually increasing in size is the duct of "Wirsung;" a communicating duct of "Santorini" is often found passing from the head to the former duct. This gland does not secrete continuously, but only during digestion. The secretion begins upon the

entrance of food into the stomach, it gradually increases in quantity for the first few hours, then diminishes to again increase, when the food reaches the duodenum. Occlusion of the duct of "Wirsung," either by calculi inflammation or tumor, causes severe paroxysms of pain over the epigastrium, especially following ingestion of food. The pain usually occurs suddenly and disappears in the same manner, after a few hours of intense suffering. It frequently radiates upward and to the left, and dyspnoea may occur. The pulse rate is increased, although there is seldom temperature following the attack. If these attacks are recurrent, and have continued for some time, the skin assumes a dusky hue, almost a cachexia, while glycosuria is often present, although Douglas says that it cannot be esteemed a symptom of any value in acute pancreatitis.

Examination of the feces may disclose undigested fats and meat fibres, indicating lack of pancreatic secretion.

The most common cause for this lesion has been found to be calculi, either in the common duct, "ampulla of Vater," or the duct of "Wirsung." When in the common duct, jaundice is often present. It is needless to say that the only means of securing results in these cases, after the diagnosis is made, is to expose the gland, locate the obstruction and remove it.

Hepatic calculi cause little interference with digestion until obstruction to the normal outflow of bile occurs. They are then located, either in the cystic hepatic or common duct.

The symptoms of hepatic colic are too well known to warrant repeating, although it is well to remember the premonitory gastro-intestinal symptoms, the character and time of pain, weak, slow pulse, nausea and vomiting; jaundice, although not now pathognomonic, often follows the acute attack. Sugar may be present in the urine, but is probably due to simultaneous closure of the pancreatic duct.

As to the wandering kidney, we should have reason to suspect its presence in patients who complain of gastro-intestinal disorders, especially women who have a long thorax, narrow waist and pendent abdomen. The gastric disturbances frequently simulate nervous dyspepsias, hyper-chlorhydria, vomiting and

extreme epigastric tenderness. This last symptom is probably due to pressure on the duodenum. Bromwell reports one case of gastrectasia, owing to spasmodic pyloric obstruction, the result of wandering kidney.

It is quite evident from this brief reference to the etiology of some gastro-intestinal disturbances that there is but one course to pursue, and it is surgery which comes to the relief of some of the vague and discouraging troubles which have hitherto persistently baffled the skill of the general practitioner.

Denver, Colo.

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## POSOLOGY FROM A HOMEOPATHIC STANDPOINT

WILLIAM BOERICKE. M.D.

From the very beginning of the Homeopathic School, the question of dosage has been the battleground of discussion, where theory and speculation, and passion and ridicule, all pointing to results at the bedside, have done their utmost to befog the seeker after precise facts for his guidance. At the last meeting of the Institute, an effort was made to give official endorsement to no potencies over and above recognized divisibility of matter, showing that the desire exists in the School to get anchored somewhere on tangible ground. Of course, in the present state of our knowledge and experience such precise line of demarcation is impracticable, and it was properly shelved. My own plea is for the *sub*-physiological dose on the ground of its rationality and logical necessity in practicing homeopathy. How far removed from the physiological dosage such homeopathic sub-physiological dose must be, in any one case, cannot be determined a priori—it must depend largely on the patient's susceptibility and the class of medicine employed. Judging from the experience of the school, it occupies a rather wide range of possible attenuation of the crude drug, and therefore wide removal from the known physiologic dosage.

In the very nature of things the required dosage of a medicine given homeopathically, must be a different thing from the dosage when the same drug is given antipathically. While both uses of a drug are legitimate, the latter has nothing to do with homeopathy and is as a rule a well ascertained definite quantity. In giving a drug according to its homeopathicity to a diseased condition, we know a smaller, sub-physiological dose is required if we want to avoid dangerous aggravation. Let us inquire into the reason of this experience.

Remember that every living organism is in the constant endeavor to keep itself intact, automatically and unconsciously, to the individual; it possesses a power that tends to health. In other words, the living organism has a protecting sphere by means of which it endeavors to keep itself whole, which offers resistance to any foreign intruder, be it a drug or disease influence. This resistance of the body to anything that tends to disturb its health—its wholeness—must be overcome first of all before the drug or disease germ can manifest its peculiar and destructive power. If it is a drug, it has a certain amount of body resistance to overcome in establishing its physiological action in certain organs or tissues. Now, since the old school does not employ drugs according to similars, but according either to opposites or different action, it must on that very account use large doses, large enough (1) to overcome the normal body resistance, and (2) sufficient to produce symptoms—its distinctive effects. Now, why is a smaller dose required if the same drug is administered according to the homeopathic law? Because here *no bodily resistance has to be overcome*, and a similar action already exists in certain organs and tissues. The disease has overcome the resistance of the protective sphere of the body and established its insurrectionary government, and the affected region is readily exposed to attacks from without. We offer as a remedy a drug we know from the provings to act similarly upon the very tracts involved. Hence, a much smaller dose is required, for the protecting gates are down. Other reasons for the smaller dose of homeopathy may be found in the exalted sensitiveness, caused by the disease process, and by the fact that our remedy, given singly

and uncombined, is not interfered with by other agents. It seems plain, therefore, that comparative smallness of dosage is the logical and obvious corollary of the application of the homeopathic law, and we all agree that the homeopathic dose of a remedy must be sub-physiological.

Here, we are on solid ground, but "sub-physiological," looked at from the point of view of the clinical experience of the school, is found to be a wonderfully elastic term. It may include comparatively large doses as well as, judging from the reports of the extreme high potency wing of the school, the highest attenuations, for even these latter are credited with producing symptoms. Still it seems to me that, granting this to be a fact, it is rather the exception and not the rule, and presupposes extraordinary susceptibility or other favoring conditions. Practically, sub-physiological doses imply a nearness to the crude line necessary to be followed for obtaining direct drug effects. Instead of answering the question, therefore, of what is the minimum dose, which I am unable to do, permit me to make a plea for the sub-physiological dose as the one all homeopaths can unite upon and by adopting which our practice would be more uniform than it seems at present. This is really a very desirable position for the school to attain. Hahnemann himself recognized this desirability, and therefore, basing the recommendation upon his vast experience and wonderful acumen, recommended the thirtieth potency as the one proper homeopathic attenuation that all of his followers should employ, the normal dose for all homeopathic medicines. But, of course, we cannot shut our eyes to the fact that this is purely and wholly arbitrary. It is unphilosophical to adopt one potency for all drugs. There cannot be one constant, universal, absolute dose for all medicines applicable alike to all individuals and all diseases. The physician must here, as in the selection of the remedy, learn to individualize.

I think the tendency in the school at present is to be content with the Hahnemannian potencies, 1 to 30. From a pretty wide acquaintance with practitioners throughout this country and Europe, I do believe that in this latter day homeopathy of ours, bar-

ring the small minority of extremists, the large majority are indeed practically a unit in their every-day practice in acute diseases by using the lower attenuations, those but little removed from immediate chemical and physical analysis, leaving the higher potencies to the extraordinary exceptional cases that present themselves, where we can satisfy our innate love of the marvelous and the occult.

I cannot resist the temptation of quoting Hahnemann's letter to Dr. Schretter in 1829, showing that he looked with distrust on any effort to continue potentization beyond the 30th.

"I do not approve of your dynamizing medicines higher, as for instance, up to the 36 or 60." (What would he have said to our C. M. and D. M. M.?) There must be some end to the thing. It cannot go on to infinity. By laying it down as a rule that all homeopathic remedies be diluted and dynamized up to the 30th, we have a uniform mode of procedure in the treatment of all homeopaths, and when they describe a cure we can repeat it, as they and we operate with the same tools.

San Francisco, Cal.

## ELECTRICITY IN NEURASTHENIA

G. S. PECK, M. D.

Strictly speaking, neurasthenia is not regarded as a disease, *per se*, but rather the manifestation of some local disturbance involving a portion of the sympathetic nervous system, and later the cerebro-spinal nervous system. It is separated into two general divisions,—the one involving the cerebral nerves, the other the spinal nerves.

Hammond does not dignify exhaustion of the nerves sufficiently to treat it as a disease, but other neurologists and writers, however, attach to it the importance due a distinct affection, and discuss it under the head of "neurasthenia." That it should be so classified, seems rational, as the leading symptoms are very similar and their treatment much upon the same general lines. As to the causes of nervous exhaustion, they are many, complex and diverse. Each specialist can see in his own particular practice, the dominating causes from the reflexes of the part which comes under his specialty. The gynæcologist accounts for his nervous patients through lacerated parts, excessive child-bearing, or if unmarried to the lack of child-bearing; tumors, and what not, of the sexual parts. The stomach specialist diets his nervous patients to lessen the task imposed upon the digestive organs and thereby relieve the tax upon the nerve-centers. The heart specialist prescribes rest and lower altitude to repair the exhaustion incident to a weak, overtaxed heart; the genito-urinary physician cannot relieve neurasthenia until his male patients have been circumcised, the meatus enlarged, the urethra dilated; until his female patients have the adherent hood of clitoris freed, and the urethral papilla and pockets removed. The proctologist knows the repair of weakened nerves can never take place until the spincters have been upon the stretch, the pockets and fissures removed and the hæmorrhoidal tumors clipped off. The oculist would never expect to see any relief from any or all these measures until the errors of refraction have been fully corrected. The latter specialty can claim without fear of successful contradiction, to be the



means of overcoming and giving relief to more cases of neurasthenia by correcting muscular defects and properly refracting the eyes than any of the others. Such an authority as Ranney, in his "Lectures on the Nervous System" says, in the first paragraph under treatment: "In this class of cases, my experience has convinced me that eye strain constitutes one of the most important factors in the causation of the symptoms, and the detection and the relief of the defect which exists in any individual case is of the greatest importance." In the above, some of the main etiologic factors are suggested, and many more deserve consideration, but cannot be given space here.

In the treatment of appendicitis one can put his finger on the spot and say, "Here is the seat of the trouble, and treatment, medical or surgical, must be directed to this spot." In the treatment of pneumonia the trouble is readily located, and attention centered upon the site of the difficulty. One might enumerate many conditions wherein the disease involves a definite field and its causes are pretty clearly defined. On the other hand, we have many conditions in which the causes are very difficult to determine,—the specific equally as difficult to find, and the treatment must be along general lines rather than directed to any particular organ or part. In the etiology of rheumatism the profession are by far from having a specific knowledge of its causation, and in the majority of cases its treatment cannot be said to be based upon any exact lines. That the salicylates, in the hands of the dominant school, or the simillimum in our own, is all that can be desired is far from being true. When it comes to handling hysteria there can be said to be no definite pathology, and its etiology in any particular case is not easy to determine. These statements are especially true of neurasthenia. Its causes are so many—being both psychic and physical,—a continuous mental strain due to worry over sickness, financial or domestic troubles, or to some imaginary grievance, all of which denote a too active mental state, or to some physical condition,—an unbalance of the extra-ocular muscles, errors of refraction, faulty digestion, the impingement upon some nerve filament by cicatricial tissue, a weak, irritable heart, or any one or more of many causes which might be

enumerated, that it is no easy task to determine which ones are particularly at fault in the individual case. In the majority of cases there are no early pathological changes, the symptoms which it produces being those dependent upon an exhausted state of the general nervous system. These, too, will vary, depending upon its being cerebral or spinal exhaustion.

When a case of neurasthenia presents itself, we have then to take into account that we have a patient suffering from an over-worked, illy-nourished, exhausted state of the nerves, from which the symptoms,—general weakness, frequently insomnia, faulty digestion, functional weakness of the heart, excessive mental irritability, and inability to successfully carry on physical or mental labor are among the more common symptoms.

In the discussion of the treatment of these cases for the purposes of this paper it is proposed to assume that the principal local lesions which may be causative factors are not present, as treatment in a general way, when some local cause,—as, for instance, the pressure upon the terminal nerve filaments in the nose by a large polypus, or the continuous irritation caused by the pressure of cicatricial tissue in the healing of a lacerated cervix, is back of the general nervous disturbance, must necessarily fall short of the desired result until these local lesions are corrected.

It is the purpose here to define the sphere of electricity as one of the means of relief in this class of cases. Let it first be understood what is expected to be accomplished. The neurasthenic brings to the physician a *wrecked nervous system*, which means that there has been present for a greater or lesser time an irritation of the nerve centers which has over-worked not only the nerves leading from the source of trouble, but nerves leading to other parts of the body. As is well known, the constant excitation of any particular nerve center for a considerable length of time is followed by an overflowing to other centers, as it were, thereby affecting these centers, and in this way causing general nervous manifestations. The nerve centers and the nerves themselves are in a highly irritable state, their nutrition is greatly impaired, the circulation to them being faulty, and they are in reality over-worked, under-fed, and exhausted. In the treatment of

them, three essentials particularly require our attention: First, so far as possible eliminate the *exciting cause*, and this is so large a problem, that we will not even venture upon a discussion of it at all. Second, rest should be insisted upon very firmly; and, let it be said here, that rest in these cases is relative. Mental worry should be met so far as possible by change of surroundings, contact with people, and physical activity; over-work, by physical rest. Third, the feeding and building up of the nerve structures themselves. In this last we are especially interested at this time. The nerve tissue is to be built up by suitable diet, which should be nourishing without imposing unusual digestive effort, digestion being as a rule, much impaired in all neurasthenics; by the selection of a remedy—from such as kali phos., zincum metallicum, phosphoric acid, gelsemium and others; massage and mechanical vibratory massage; and last but not least, *electricity*. Why should electricity be of benefit in neurasthenia? We have pointed out the state of the nerves and we find the need of nutritional stimulation of paramount importance; and secondary to that sedation, which later in the course of the treatment can be replaced, or partially so, by varying degrees of stimulation, promoting muscular activity. That electric currents, particularly the dynamic,—galvanic, influences nutrition is, at this time, generally accepted, the mild electrolytic action breaking down the waste products and promoting their absorption, and at the same time increasing the flow of healthy blood to the parts, thereby supplying new material to replace the worn out. In those cases where the nerves are in a highly irritable state, it is desirable first to use the galvanic current in very weak strength, say three to five milliamperes for only a short time,—five to eight minutes, and this with negative pole, large electrode, over the solar plexus or at the tip of the spine, while with the positive, applications are made over the head and neck. This should be followed by the high tension, high frequency faradic for a few minutes, and then by eight to fifteen minutes mild static breeze, negative insulation.

Many cases are treated successfully by means of the static currents alone. Here the use of the convective discharge, using the crown at some considerable distance from the head, and con-

necting up the machine for negative insulation. This should be supplemented by using a wooden ball electrode, or glass covered electrode to the head and back of the head and neck for a few minutes, after which gentle brushing of the whole body should be given. The extremely high frequency, high tension currents, using the vacuum electrodes are valuable in the treatment of neurasthenia since they profoundly influence nutrition. Much benefit is afforded these cases by directing the electric current to the seat of the local disturbance. In uterine inflammation or infiltrations the vaginal hydro-electric, followed by the bi-polar faradic will greatly improve the local trouble, and thus aid in improving the general disturbance. The same may be said of treatment to the muscles in ocular insufficiencies, to the applications to the hepatic region for sluggishness of the liver, or over the abdomen for constipation.

It should be borne in mind that much of the benefit from electric treatments is lost, particularly that from static electricity by allowing too active exercise immediately following the treatment. Patients should be directed to so arrange that they can go home and lie down for an hour or two just after the application, and when possible, to rest in the physician's office a short time before going home. It is a mistake to allow them to carry on conversation while taking the treatment, or while resting after. If the physician uses careful judgment in the selection of the current, the strength of its application and the time of each treatment, and it is just as essential to know just how much current is being used, and the time of its application as in the selection of the proper current, giving the treatments daily at first and later every second, third, fifth or seventh day, he will be gratified with the results; and with such other measures as may be required, will succeed in curing many of these cases of wrecked nervous systems.

Denver, Colorado.

# PROGRESS

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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.

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## *Editorial*

### THE INSTITUTE FOR DRUG REPROVING.

In our June issue we devoted some space to the question of establishing an Institute for Drug Provings. In our July issue we had the pleasure of announcing its establishment by the American Institute. We are again able to add that the Colorado Homeopathic Society, at its recent session, heartily endorsed by resolution the action of the American Institute in establishing such Institute. A motion to contribute financially to the Institute of Drug Provings failed to pass because of a depleted treasury, but a full discussion of the question showed a remarkable unanimity of opinion as to the value of such work for our school and a strong desire on the part of the participants to contribute of the funds of the Society for its furtherance.

It is a healthful sign of the times that men and women practicing similia have aroused to the necessity of active work in its behalf. Wide-awake men and women are necessities in carrying forward any project in this day of progress, and the man who sleeps by the wayside will surely be trampled upon. There may be an honest difference of opinion as to the advisability of re-

proving our *materia medica*, but there has been no argument offered by those who oppose it that appeals to the writer as having any weight. Were it proposed to throw away the present provings in toto and supplant them by new, we might join with them in opposition, but when the old may be used by all with the light shed upon them by new and more complete provings, it seems childish for any to oppose. Certainly we in this day and generation are as capable of forming a just estimate of the effect of drugs upon the human economy as were those who lived one hundred or more years ago. We have a better understanding of science as taught today; a better knowledge of suggestion and its effect upon the prover, and by eliminative methods can arrive at more definite knowledge of the actual effects of the drug taken. Shall it be said of the homeopaths of to-day, "They are afraid to put their *materia medica* to the test of present-day scientific provings?" Certainly it will be a sorry day for any body of educated men to take such purile position.

On the other hand, if we admit the desirability and the necessity for a thorough, painstaking and scientific proving of our *materia medica*, what must be the duty of the homeopath,—physician or layman? Is there any escape from him? Is he not bound by the very force of his conviction to give financial assistance to the cause of re-proving? Are his patients not vitally,—and here we use the word in its literal sense,—interested in the re-proving?

This work is a vital necessity to the future of homeopathy. He who withholds his support does so to the detriment of the cause. No amount of sophistry will excuse the individual. The world moves. Shall we move with it, or, standing still with the truth in our keeping, be submerged by the flood of progression? It's up to you.

D. A. S.

#### THE RECENT MEETING OF THE STATE SOCIETY.

A feature of the recent meeting of the State Society, and one that should constitute an element of encouragement, was the

apparent uniform concurrence in modern views of pathology and the indication on every hand of a distinct familiarity, with very few exceptions, with recent medical thought and research.

The "text book" papers were few and provoked little comment, whilst the interest and discussion evoked by the expression of modern progressive ideas was as delightfully refreshing as it was pronounced.

Our state meetings should be occasions for an onward movement of the whole professional body to higher aims and a marked advance in spirit, energy, attainment and all the essentials that go to make up the true modern physician. \* \* \* There can be no better method of accomplishing this laudable purpose than to give enthusiastic encouragement and strength by punctual attendance at the sessions, by close attention to and participation in the discussions which afford such valuable opportunities for the mutual exchange of the golden grains of experience.

A treatise upon any one of the many pertinent professional questions of to-day—one that has been carefully prepared, by persistent and painstaking investigation, often involving much time, energy and a peculiar adaptation—offers unusual and exceptional occasion for the acquirement of recent knowledge of highest possible reliability. It is presumed that no member of the society would present a paper for the consideration of its members that would not be a credit both to the writer and the organization that has honored him by admitting him to its membership and a paper that contained nothing new—that was devoid of any valuable additions to a general knowledge of the subject selected—would hardly be worthy the time and attention of scientific men. This is especially true in this age, since the opportunities now offering for original research and investigation are limitless, and in some form easily come within the daily routine of our professional lives.

Diagnostic and therapeutic electricity constituted a pleasing feature in the discussions and marks the steady progress of a com-

paratively new therapeutic measure that is constantly unfolding new possibilities in its range of application.

The divisions that were represented with exceptional strength at this meeting were: Clinical Medicine, Diseases of the Chest and Mental and Nervous Diseases. The other departments were creditably represented, Surgery, Materia Medica, etc.

Whilst the attendance was good, and whilst there were present a number of members and others from outside the city, yet there seems no real good reason why there should not have been many more, unless, as has been suggested, the World's Fair mitigated to a thinning of the ranks. A number of new members were admitted.

A regrettable feature of the occasion was the undiminished number of the "hard times" following—the short sighted economist (?) whose gaze of interested inquiry and uncertainty evidenced itself upon the back seats only after the alluring hope of prescribing for a patient at their offices had ceased to be a possibility.

Upon the whole, the meeting was a success, and has seemed to further demonstrate the great value of these gatherings in unifying the profession and promoting its interests.

A. C. S.

#### PROGRESS AND DRUG REPROVING.

PROGRESS has reason to congratulate herself upon her position in the matter of reprovng our materia medica. In addition to endorsements from every quarter of the country, the unanimous concurrence in the movement by the State society, at its recent session, is extremely gratifying, and the disposition to vote funds for the advancement of the cause was only precluded in its adoption by the recent unfortunate loss of its treasury fund, which rendered it impossible at that time to contribute to any measure whatsoever.



The placing of our materia medica upon a basis of modern scientific reliability will, we hope, relieve the profession of a class of charlatans whose very ignorance is to-day their capital.

The feature of present conditions which should arouse serious apprehension is the flexibility of our present drug system whose elasticity of application and interpretation is such as to give attractive and profitable lodgment to a class of freak prescribers who are neither useful nor safe social factors in any community, nor creditable members of the professional body, since they neither possess nor seek knowledge of pathology, systemic phenomena nor the physiology of disease, whilst the true significance of symptoms is as foreign to their conception as it is unnecessary and insignificant in their prognostic venturings. The new school to-day is as honestly paying the penalty of this irrational element, the outgrowth of arrested development in one of the grandest conceptions ever granted to mankind—the law of similars—as the old school, so far as her materia medica is concerned, is harvesting the decadence in prestige and the lost opportunities of ages, because of the instability and chaotic chimera of her therapeutics!

We urge the movement for a more scientific materia medica, onward!

A. C. S.

## NINETEENTH ANNUAL SESSION OF THE COLORADO HOMEOPATHIC SOCIETY

The nineteenth annual session of the Colorado Homeopathic Society was duly called to order by the President, D. A. Strickler, at 10:30 a. m., September 13, 1904, in the Y. M. C. A. auditorium, Denver.

After the preliminary business of listening to and referring of reports, the regular work of the bureaux was taken up.

A well written paper upon the subject, "Homeopathic Medication in Pregnancy," prepared by Dr. Margaret H. Beeler of Colorado Springs, was read by the Secretary. A general and somewhat extended discussion followed by Drs. Stewart, Clinton Enos, J. B. Brown, Harris and Dodge. The time of the morning session having been occupied, an intermission until 2 p. m. was taken.

The Board of Censors reported with recommendations for membership of the following doctors: H. T. Dodge, of Denver; L. E. Bartz, of New Windsor; E. B. Swerdfeger, of Denver; R. P. McGee, of Denver; John G. Locke, of Denver; Frank A. Burton, of Denver; F. E. Mera, of Colorado Springs, and J. M. Curtis, also of Colorado Springs, all of whom were duly elected to membership.

The Bureau of Materia Medica was called and reported by the Chairman, Dr. H. T. Dodge. The first paper was "Posology from a Homeopathic Point of View," prepared by Dr. Wm. Boericke of San Francisco and read by the Chairman. Discussed by Drs. Burr, Walter Joel King and Hedges.

"Antimonium Crudum" was presented with its various indications in a paper prepared and read by Dr. Walter Joel King. Discussed by Dr. Clinton Enos and others.

The Chairman, Dr. Dodge, presented a somewhat lengthy and intensely interesting paper bearing the title, "Elimination of Unnecessary Symptoms from Our Materia Medica." Discussed by Dr. Stewart and others.

At this time Dr. J. W. Harris invited such visitors as could, to attend a surgical clinic at the Homeopathic Hospital the next morning at 8 o'clock.

The remainder of the afternoon session was taken up with reports and business of the Society. Intermission until 8 p. m.

Dr. S. S. Smythe, Chairman of the Committee of Arrangements, called the evening session to order, and introduced Hon. R. W. Speer, Mayor of the City of Denver, who extended a most cordial welcome to the visitors to the city and assured the Denver physicians that he was ever ready and desirous of co-operating with them for better conditions in our city. Dr. N. G. Burnham, who is sometimes called the "father of homeopathy in Denver," was then presented, and welcomed our guests in the name of the profession. To these addresses of welcome Dr. LeRoy C. Hedges of Grand Junction responded in his own frank and hearty manner. By this time the visiting friends and the Denver physicians and their friends being on understanding terms, Dr. Smythe introduced President D. A. Strickler, who delivered his annual address, which was referred to a committee composed of Drs. Hedges of Grand Junction, Allen of Colorado Springs, and Burr of Denver. The attendance at this session was most gratifying.

At the morning session of the second day, the Bureau of Clinical Medicine was called, Dr. S. S. Smythe, Chairman.

The first paper was "Cancer; Its Cure," by Dr. Burnham, and discussed by Drs. J. B. Brown, Stewart, Hedges, Welch, Clinton Enos and others.

There appearing three papers on "Appendicitis," they were read by their authors before discussion commenced. "The Medical Treatment of Appendicitis," by Dr. W. A. Burr; "Appendicitis," by Dr. R. D. P. Brown, and "Calomel a Cause of Appendicitis," by Dr. S. S. Smythe.

The hour for the election of officers having now been announced, the Society proceeded to elect for the ensuing year: President, LeRoy C. Hedges; First Vice-President, Grant S. Peck; Second Vice-President, S. L. Blair; Treasurer, F. A. Faust; Secretary, G. P. Howard; Board of Censors, A. C. Stewart, W. A. Burr, W. C. Allen, E. P. Greene, Walter Joel King and Clinton Enos; Administrative Council, W. J. King, J. B. Brown, J. P. Willard, W. C. Allen, Genevieve Tucker, S. L. Blair, and E. P. Greene.

The afternoon session was called promptly, and the Bureau of Diseases of the Chest reported, with Dr. G. E. Brown, Chairman, unavoidably absent because of his sickness. Dr. U. A. Sharetts of Colorado Springs presented his paper, "Personal Observations of the Methods of Treating Tuberculosis in European Sanitoria," which was discussed by Dr. Faust and others. A paper was next read by Dr. R. D. P. Brown entitled, "The Etiology and Treatment of Acute and Chronic Endocarditis."

The Bureau of Pediatrics reported with three papers. "Psoriasis Congenitalia; Its Treatment in Utero," by Dr. J. B. Kinley, was discussed by Drs. Burr, Sharetts, Willard and others.

Dr. E. B. Swerdfeger presented some pertinent thoughts upon "Care of Babies' Eyes," which paper was discussed by Dr. W. J. King, Peck and essayist. "Infantile Marasmus" was presented by the Chairman, Dr. Hedges, in a light somewhat new and startling, exciting much discussion from Drs. Willard, Faust, J. B. Brown, Kinley and others.

The evening of the second day was designated "The Social Hour" on the program, and was under the direction of Dr. H. T. Dodge. Doctors and friends filled the hall and spent a most delightful evening, being entertained, refreshed and becoming acquainted. It is unnecessary to comment upon the success of the "social hour" further than to say that the committee in charge were highly gratified.

Morning of the third day. After a fitting report of the Necrologist, Dr. J. W. Harris, recalling the lives, struggles and decease of Drs. Mary M. Hatfield and Anna E. Mills, members who, during the year, had completed their toils, it was decided to select by ballot three members, whom the Secretary should certify to the Governor, from whom he might name the homeopathic members upon the State Board of Medical Examiners. Drs. L. C. Hedges, F. A. Faust and S. L. Blair were named.

The following resolution was unanimously adopted:

*"Resolved,* That the action and recommendations of the A. I. of H. in endeavoring to prosecute a re-proving of our materia medica be hereby heartily approved."

Certain recommendations of the President were noted by the Committee on President's Address, and a resolution was adopted for the publication of the Proceedings of the Nineteenth Annual Session; an addition made to the By-Laws whereby the Society

may rid itself of offending and offensive members; the publication of stinging personalities or attacks upon homeopathic institutions endorsed by the Society was deprecated.

The afternoon session was devoted to papers. The Bureau of Mental and Nervous Diseases reported with a paper upon "Electricity in Neurasthenia" by Dr. G. S. Peck, discussed by Drs. Hedges, Mastin, Willard and others; "Our Neurasthenics," by Dr. A. C. Stewart, discussion deferred at suggestion of the writer, due to the lateness of the hour; "Paralysis Agitans" by Dr. C. W. Enos, discussed by Drs. Burnham, Stewart and others. The Chairman of the Bureau, Dr. U. A. Sharets, was obliged to leave for home early in the day.

The Bureau of Surgery was reported by the Chairman, Dr. S. L. Blair.

Dr. C. E. Tennant being absent, and the hour late, his paper was read by title, "Surgical Possibilities for the Relief of Certain Gastro-Intestinal Disorders, With Special Reference to the Pancreas and Floating Kidney." "Acute Osteo Myelitis" was presented by Dr. J. W. Harris and discussed by Drs. Hawk of Grand Island, Neb., S. L. Blair and others.

"Appendicitis" was now again treated, surgically, in a paper under that title by Dr. S. L. Blair and prolonged discussion followed upon all the papers upon that subject that had been presented during the entire session by Drs. Harris, Smythe, J. B. Brown, Clinton Enos, C. W. Enos, Burr, Peck and others.

After the usual resolutions of thanks to the officers and committees, whose efforts had resulted in so successful a meeting, the Society adjourned.

Members in attendance and registering were 50.

Among our visitors were Dr. B. F. Bailey of Lincoln, Neb., who added to the enjoyment of the social hour with his ready wit and fluent speech; Drs. W. R. Stewart of Indianapolis, Ind., Ellen J. Wetlaufer of Cheyenne, Wyo., J. B. Hawk of Grand Island, Neb., and a number of the Denver physicians whose names do not appear upon the membership roll.

G. P. H.

## REPORT OF THE MEETING OF THE INTERNATIONAL HAHNEMANNIAN ASSOCIATION

J. B. KINLEY, M.D.

The twenty-fifth annual meeting of the International Hahnemannian Association was held at Rochester, N. Y., on June 27, 28, 29. The meeting was called to order at promptly 10 o'clock in the morning by the president, Dr. Boger. After the usual routine business, which was soon disposed of, the Society proceeded with its scientific work. The attendance as compared with that of the A. I. H. was rather small. There were no sectional meetings, all meetings being held in the small room of the Chamber of Commerce. The usual attendance was about fifty, including visitors. Most of the papers were very good, and the discussions excellent. The first bureau to report was that of Homeopathic Philosophy. The following papers were read: "The Science of Symptomatology," E. B. Nash, M. D.; "Practical Lessons from the Organon and Chronic Diseases," H. C. Allen, M. D.; "The Derniere Resort," Frederick E. Gladwin, M. D.; "The Distinctive Principle of Homeopathy," W. L. Morgan, M. D.; "Where the Simillimum is Supreme," J. B. Campbell, M. D.; "Is There a Law of Cure?" W. H. Leonard, M. D.; "A Warning," B. Fincke, M. D.; "The Hahnemannian as a Specialist," Stuart Close, M. D.

As had been arranged by the local committee, the members of the society and the visitors were taken for a tally-ho ride at 4 o'clock in the afternoon. They went south to Highland Park, after which they visited the Hahnemann Hospital. The physicians inspected the hospital, spending an enjoyable time there. Refreshments were served and the society was photographed. Dr. C. M. Boger, president of the society, and Dr. Stuart Close of Brooklyn, spoke briefly. Both complimented the hospital authorities upon the institution they had established, and characterized it as a monument to the work of Dr. Joseph A. Biegler. The party was then taken to the north part of the city; Driving Park Avenue bridge was crossed, and the return to the center of the city was by way of Lake avenue. The appointment of chairmen of the four bureaus of the association was made by the president,

Dr. Boger, as follows: Dr. M. E. Graham of Rochester, was made chairman of the Bureau of Surgery; Dr. G. P. Waring, professor in Herring Medical College, Chicago, was made chairman of the Bureau of Homeopathic Philosophy; Dr. Frank W. Patch of Framingham, Mass., was made chairman of the Bureau of Materia Medica, and Dr. Charles E. Aliaume of Oriskany, N. Y., was made chairman of the Bureau of Clinical Medicine.

At the morning session, methods for increasing the membership of the association were discussed. There was a suggestion, favored by a majority, that the members should attend the meetings of the American Institute of Homeopathy, which is the society of the more liberal school, and try to win its followers to "pure" homeopathy.

The proposition to mingle freely with the liberals was frowned upon by the older members of the association. Some of the "pure" homeopaths had in the past, it was said, gone out on such missionary work and had never returned; the liberals had ensnared them by an appointment to office or other alluring device. It was finally decided that the strength of the "pure" school could best be increased by the association's affiliating with smaller homeopathic societies throughout the country. With larger membership, it was said, would come greater prestige and the power to win homeopaths who were inclined to adopt the ways of the allopaths in a greater or less degree. Dr. Boger and Dr. Stuart Close were named a committee to formulate a plan for affiliating with the smaller societies.

The second question under discussion was the proposed extension of the Hahnemannian Association by taking in smaller local associations. Its principal advocate was Dr. Stuart Close. He declared that by such action the association would gain by the infusion of new blood, increased vigor, and more widespread influence. The American Institute would find it well nigh impossible to overlook the Hahnemannian Association if such a movement were made.

Dr. Allen stated that the American Institute had increased its influence and power by just such an action. Dr. Nash said that it was his belief that if the Hahnemannian Association would tend solely to strengthening itself and leave the American Institute alone, the rival school would gradually grow in harmony with it. After the subject was discussed at length, all the dele-

gates seemed to accord with the new project, and the motion to appoint a committee of two to investigate it, together with the first question agitated, was passed by practically a unanimous vote. This action is deemed particularly important as manifesting a tendency toward a union between the two rival bodies of homeopaths. The Hahnemannian Association considers itself the pure school, declaring that they adhere more closely to the teachings of Hahnemann, the great forerunner of homeopathic doctrines. It is an older body than the American Institute, although the latter has surpassed it in numbers. In recent years the two have developed more amicable relations toward each other. Six papers under the Bureau of Materia Medica, of which Dr. L. M. Stanton was chairman, were read at the morning session. They were "Fallow Fields," by Dr. A. E. Austin of New York City; "Nosodis; Comparison of Their Characteristics," by Dr. S. L. Guild-Leggett, of Syracuse; "A Contribution to the Relation of Homeopathy to the Sciences," by Dr. C. M. Boger; "Chloroform," by Dr. Josephine Howland of Auburn, N. Y.; "Extra-Therapeutic Considerations in the Treatment of Chronic Diseases," by Dr. Frank W. Patch, of Framingham, Mass.; "Rhus Radicans," by Dr. H. C. Allan of Chicago. In his paper, Dr. Boger said that most of the later remedies of the homeopathic school had been experimented with in a very desultory fashion. Such remedies as had given a hint of their possible future usefulness should be thoroughly proved, he said, and he made some suggestions as to how this could be satisfactorily done and, as well, gave some practical hints as to prescribing. In his introductory remarks Dr. Boger said: "It is quite possible that we have had enough of generalizations and the spreading of a little knowledge over a vast surface, and it is high time that a little deeper work be done. I would not imply that the well proven remedies are now commonly prescribed to their limit, for such is not the case among the general run of practitioners, who, alas! it seems, seldom look into our text books on materia medica after leaving college. This is in part due to the glamour and glitter of surgical achievements, which lure many an incompetent into a field where talents of the highest order only can hope to arrive at even a measurable success. It is, perhaps, easy to say that such material will yield even less honor to homeopathy, but this can in the nature of the case be but partially true, as their devotion to



the school, if inconsistent, would at least have the negative merit of not destroying their patients by poorly considered cuttings and would leave them in a position to make many incidental cures."

The principal feature of the morning, however, was a rather warm discussion over two important questions. A large faction of the members present advocated the forming of a closer union with the rival school of homeopathy, as embodied in the American Institute of Homeopathy, which had its meeting at Niagara Falls last week. They argued that they should send members onto the floor of that institute to endeavor to elevate its standard and bring it into closer touch with themselves, thus working to the best advantage of both schools. The opponents to the proposition were chiefly the older, more conservative members of the Association. They stated that the same project had been tried before and had failed dismally. In fact previous attempts in that direction have attained directly opposite results. Members of the Association sent to the floor of the American Institute having themselves, it was charged, been bribed with offices and converted to the rival school.

Only two papers were read in the afternoon. The first was read by Dr. B. LeB. Baylies of Brooklyn, on "Clinical Experience," and the second by Dr. H. C. Allen, of Chicago, on "An Obstinate Intermittent, and Other Cases."

Six papers were read in the evening. They were: "Cases from Practice," by Dr. Charles E. Allaupe of Oriskany, N. Y.; "Clinical Cases," by Dr. E. M. Boger; "Pulsatillia, the Simillimum in a Case of Typhoid Fever," by Dr. Alice B. Campbell of Brooklyn; "Cases of Intermittent Fever," by Dr. Royal E. S. Hayes of Hazardville, Conn.; "A Case from Practice," by Dr. Josephine Howland of Aurora, N. Y.; "Clinical Cases," by Dr. E. P. Hussey of Buffalo, N. Y.

At the morning session of the last day, a very heated discussion concerning the use of antitoxin was the principal feature. The common sentiment of the Association seemed to be against the powerful drug, and that feeling was strongly voiced by Dr. Boger. He declared that he thought that the value of antitoxin has been greatly over-estimated by reason of false statistics, and that its value has by no means been proven. He said that today numerous cases, which used to be classified as tonsillitis, ulcerated sore throat, and similar throat affections are diagnosed as diph-

theria and would be cured by almost any sort of throat treatment. Antitoxin is used and gets the credit of cure in the statistics. He thought that a fair investigation would show that antitoxin has met with practically no success with cases of genuine, old-fashioned diphtheria. The president's remarks were met with hearty applause, showing the general feeling of the Hahnemannians on the much mooted question.

Papers read at the morning session were under the Bureau of Clinical Medicine. They were as follows: "A Victory for Homeopathy," Dr. Leslie Martin; "Clinical Cases," Dr. A. McNeil; "Clinical Cases," Dr. E. B. Nash; "Clinical Cases," Dr. W. L. Reed; "Clinical Work," Dr. Edward Rushmore; "Clinical Observations," Dr. T. Dwight Snow; "Clinical Cases," Dr. Emily R. Sugden; "Tuberculinum," Dr. G. P. Waring; "A Surgical Case Cured Without the Knife," Dr. E. H. Wilsey.

The report of the Necrologist of the Association, Dr. Charles E. Alliaume, was then read. It showed that the following members have died since the last convention: Dr. A. R. Morgan of Waterbury, Conn.; Dr. Anna L. Geddes of Montclair, N. J., and Dr. F. W. Payne of Boston.

The following officers were then elected for the ensuing year: President, Dr. E. P. Hussey of Buffalo, N. Y.; Vice-President, Dr. S. L. Guid-Leggett of Syracuse; Treasurer, Dr. P. E. Crichbaum of Montclair, N. J.; Secretary, Dr. J. B. S. King of Chicago, Ill.; Board of Censors, Drs. Stuart Close of Brooklyn, Isaiah Devis of Clinton, N. Y.; B. LeBarron Baylies of Brooklyn; E. B. Nash of Cortland, N. Y.; Caroline Hasting of Boston; Necrologist, Dr. R. L. Rave of Weehawken.

The secretary of the Chamber of Commerce presented to each delegate a souvenir copy of the Chamber's book on Rochester. The convention then voted to meet next year at Chicago, directly before the meeting of the American Institute of Homeopathy. It was laughingly suggested that if any members feared contamination from the rival school they should leave the city immediately at the close of their own convention.

The Bureau of Surgery was next to report. The following papers were read: "Phimosis, or Hooded Clitoris," Dr. C. E. Alliaume; "Cancer and Pelvic Disorders of Women," Dr. M. E. Graham, Rochester; "When a Medical Case Needs Surgery; When a Surgical Case Needs Medicine," Dr. G. P. Waring, Chi-

cago. Dr. Graham's views on surgery seemed to arouse the most argument. What impressed an outsider chiefly in the discussion was the success which some of the physicians professed to have obtained by surgical methods, which were bitterly condemned by others, who claimed to have been more successful in similar cases entirely by the use of drugs. Dr. Graham asserted that both physicians and surgeons were liable to err, and it was good for both to "rub up against each other" occasionally and smooth off the rough places in the practice of both sides. He declared that, if a case is decided incurable by all known remedies, the physician is dishonest to the surgeon and to the patient if he does not turn it over to the surgeon at once. He sarcastically remarked that a good surgeon, condemned as he might be, is a wonderfully useful man to have around in stringent circumstances, and that he believed that the homeopathic prescriber can tell better than any others when the remedies are bound to fail. A general discussion followed. Surgery was alternately condemned and upheld. The majority, however, seemed to have little use for the surgeon. One declared it to be his belief that a person with a cancer lived longer without operation than with, no matter what stage the cancer had reached before discovery. Another declared that she believed the only proper time for a surgeon to get in his work was either after complete cure had been effected by remedies or when the patient was confidently expected to die anyway.

The president now called a halt on the discussion and closed the meeting with a few well chosen remarks. He stated that the convention had been a great success. He hoped that the measure of success of next year's convention would be as much greater than this, as this was of last year's.

A vote of thanks was extended to the Chamber of Commerce, the press and the local committee of arrangements.

#### NOTES.

There were registered 62 members from outside and five from Rochester.

About 30 or 40 visitors attended from time to time.

A notable feature was the large attendance of women physicians present, also that the most uncompromising ("pure homeopathsists") were the women, especially with reference to their attitude toward allopathy and liberal homeopathy.

## Department of Theory and Practice

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

### IPECAC IN MORNING SICKNESS.

A woman aged 29, in second month of first pregnancy, became peevish, irritable and impatient. Morning sickness with a general feeling of distress in the region of the stomach at all hours of the day, with more or less nausea and some vomiting. Feels weak and miserable.

*Ipecac*, 3x, was given, a dose every hour or two, which promptly relieved the nausea and improved her condition in general, so that in ten days she felt quite well.

Her medicine giving out, the distressing symptoms and the nausea began to return and grew steadily worse. After a week of suffering she called for more of the medicine, which gave prompt relief as before, and in a day or two she was again comfortable, and has remained so. She could hardly hope for a cure so complete as to enable her to stop the remedy altogether, since the cause must of necessity continue. With occasional doses of the *ipecac* she has continued hopeful and cheerful, with only a slight gastric disturbance.

The actual amount of the *ipecac* she took did not amount to more than a single drop of the mother tincture in a whole month, and yet this small amount, prepared and given in accord with the principles of homeopathy, gave her comparative health and kept her cheerful and happy.

W. A. B.

Denver, Colo., Sept. 14, 1904.

## *Department of Skin & Venereal Diseases*

Conducted by JOSEPH B. KINLEY, M.D.

### PSORIASIS CONGENITALIUM; ITS TREATMENT IN UTERO.

Psoriasis is one of the few diseases of the skin in which it is possible to obtain favorable results from internal medicinal treatment alone. We are not in a position to guarantee our patient that the disease will not appear again at some future time. On the other hand, we know that psoriasis will in time cure itself, but such a self-cure does not prohibit recurrence, nor can we say that the disease is really cured; it is dormant. Systematic treatment, persevered in for some time, yields results that are gratifying to the patient as well as to the physician.

One of the particularly favorable features of psoriasis is the fact that it is nearly always devoid of complications, and seldom are there prominent constitutional symptoms. Yet the constitutional as well as local symptoms are to be considered in choosing the similitum, also the family discrasia and parental symptoms are of greatest importance if we are striving to eradicate the disease from an infected family.

In my opinion, psoriasis is a wholly independent affection, and I am convinced that neither gout, nor rheumatism, nor pregnancy ever play any role in its etiology. The results that I have obtained from the treatment of all forms of psoriasis, occurring in my private practice as well as in the dispensary work, prove the correctness of this statement.

So far as the etiology of the disease is concerned, it is an accepted fact that it is not of parasitic origin, nor is it ever contagious. It is well to bear this in mind, inasmuch as it simplifies the treatment considerably by making permissible the omission of hygienic measures and antiseptic treatment.

Heredity is an etiologic factor in the production of psoriasis. If in spite of proper and prolonged treatment, there is no tendency towards a disappearance of the affection, it can be assumed safely that the patient has not been as persistent in doing his share of the work, or that the practitioner has not been as careful in his supervision of the case as was necessary, or that he has not selected the proper remedy. Of course, there is a possibility of a wrong

diagnosis. But with psoriasis the difficulty is rather on the other side—that of making an incorrect selection of the medicine.

The clinical appearance of psoriasis is so characteristic, and it is so different from all other skin affections, that it is inconceivable that any one should ever make a wrong diagnosis. Whether psoriasis, guttata or nummularis, gyrata or diffusa, or universalis, the morbid process is always the same, and the objective symptoms seldom vary. The difference is only in the size, shape and conformation of the local lesion.

From beginning to end the eruption is always dry, and throughout the course of the disease the eruption is always of the same type. But no particular remedy is curative in all. In the selection of the curative drug we must consider the past generation as important a factor as the patient under treatment. The eruption consists of lesions of various sizes which develop simultaneously, preferably on the extensor surfaces of the extremities, especially over the elbows, knees, sacrum and on the scalp. This predilection for certain parts of the body is of importance from an etiologic standpoint, and also from the standpoint of treatment. The eruption consists of an abundance of imbricated scales of a silvery white color, extending gradually until finally they cover the underlying reddened base.

It is interesting to note that when a person affected with psoriasis is injured in any way, as, for instance, by the bite of a horse, psoriatic efflorescences have been produced, corresponding in shape to the injury. There is no doubt in my mind that psoriasis is the result of an hereditary tendency or predisposition of the skin to an infiltration of the papillary layer, and the formation, in excess of the stratum corneum of the epidermis. The elbows, knees and in somewhat lesser degrees the extensor surfaces, are exposed, more or less, to injury as well as to friction of the clothing. The patches are clearly outlined, and the center of the patch always exhibits a tendency to heal. The general health of the patient never is disturbed, and itching which may be present is the only subjective symptom.

Psoriasis is differentiated from squamous eczema by the redness of the eczematous patches, the color fading away into the surrounding healthy skin, and the patches never undergoing any involution in the center. A papulo-squamous syphilide gives us a very definite history of a previous exposure to the disease; there

are fever, neuralgic pain, induration of the lymph glands, alopecia, mucous patches, and finally the lesions are likely to appear on the palms of the hands and the soles of the feet. Removal of the psoriatic scales reveals the corium, and is followed by a slight hemorrhage, punctate in character, a most striking phenomenon, and one never seen in eczema, lichen planus, favus, seborrhea, lupus exfoliativus, and other desquamating skin diseases.

A microscopic examination fails to reveal either fungi or bacteria. The condition is seen to be one of parakeratosis, the individual cells being developed incompletely. The average development is that of the transitory cells of the cylindrical element, and the cells of the lower layers of the horny stratum. Complete hornification does not take place, but simply a shriveling up of the soft protoplasm.

In consequence, there ensues a certain coherence amongst the cells, as well as a more extended connection with the underlying skin. There is also a hyperplasia of the cells of the rete Malpighii. Most of the above is from a most excellent article by Memeldorf, and published in *American Journal of Dermatology*. The treatment is quite satisfactory, and consists in applying the carefully selected remedy, and this can be chosen from *Hahnemann's Chronic Diseases* more accurately and intelligently than from any of our recent works on materia medica or dermatology.

I presume that all chronic diseases are best treated by going into a careful family history, but the disease under consideration seems to demand it, and furthermore, I believe that we can wholly eradicate the malady by anticipation only, viz: assume that where either parent is affected, and two or more children are born with it, that subsequent children will or may also be affected. Assuming then, that a child in utero will, when born, be affected with psoriasis, we must anticipate the disease by treating the mother, even though the father be the affected parent. To illustrate, I will quote a case which has been under my observation for ten or twelve years.

A boy, age 9, was brought to me with a typical case of psoriasis gyrata of a congenital type; five years afterwards a sister was born, showing early signs of the disease in question.

The boy was given various remedies, but ars. alb. 30x did most good, but did not cure him. The child was given ars. alb. 6x, 30x and 200x, and I presume is now cured. Eighteen months

ago the mother became pregnant for the fourth time. She feared another psoriatic child, and from six weeks' gestation to full term she was given a dose of ars. 200x once a week.

The child was the healthiest of her children, is now nine months old, and has never had a spot of psoriasis.

In this case the mother had psoriasis, and she thinks she inherited it from her father, he having had what was then called a dry tetter, or some form of salt rheum.

I mention ars. only because it fits a majority of the cases that have come under my observation, but as an auxiliary measure I also use the direct sun bath. In adults I prescribe it when conditions are favorable for its use.

The Finsen light is much used. Its limitations have been pretty clearly defined. The x-ray has removed the eruption in many cases, but they usually return. Electric light baths have given much temporary relief, but nothing except the indicated remedy cures, and I believe that when given to the pregnant woman her child will escape. No harm can be done, and possibly much good.

J. B. K.

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## *Department of Gynecology*

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

### SURGERY IN NERVOUS DISEASES OF WOMEN.

We have come to the age and period, in the practice of medicine and surgery, wherein gynecology means surgical gynecology.

There are many causes of nervous conditions in the female sex, some of which are foreign to gynecology, but nevertheless the greater number of women suffering from nervous conditions are found to be suffering from some form of disease classed under the head of gynecology, hence this malady is the prime etiological factor in the nervous conditions presented. There are many reasons why a disease of the female sexual organs causes reflex or nervous conditions. Recognizing this as an etiological factor, and gynecology as surgical gynecology, we are face to face with



surgery as a treatment in nervous diseases of women. From further study of these causes, we will more clearly understand why operative work in gynecology should be, and is, a curative treatment in nervous diseases of women.

First, the female pelvic organs are more susceptible and exposed to changes and disease, than any other part of the human anatomy.

Second, the most delicate and sensitive tissue found in the human body is the peritoneum.

A brief study of the relation of the tissues and organs located in the female pelvis will reveal the exciting cause of nervous reflex conditions in connection with gynecological diseases.

The uterus is almost wholly covered with peritoneal membrane, from a line with the internal os up.

Two-thirds (and sometimes more) of the fallopian tubes are covered with, and in close proximity to peritoneal membrane.

Part, and sometimes all of the ovaries are covered by folds of the pelvic peritoneum.

The upper, and posterior part of the bladder is in close relation to the pelvic peritoneum, also we find but little cellular tissue between the anterior wall of the rectum and a reflection of the pelvic peritoneum. Both operative and didactic work teach us that many insane women have been cured permanently by the removal of a disease ovary or uterus.

Experience teaches that removal of an ovary, a tube or the uterus does sometimes relieve epilepsy permanently. A large tumor, filling the pelvic cavity, pressing on the sacral plexus of nerves, causes nervous conditions and pain in distant parts of the body from the pelvis, which almost universally disappear after surgical removal of the tumor. An abscess is more frequently found in the pelvic cavity than in other parts of the body, because of more sensitive tissue in the pelvis, more rapid development of inflammation, with rise of temperature, rapid pulse and nervous disturbance. The nervous disturbances of pelvic abscesses are coincident in their origin to the development of abscess.

An abscess located on the anterior or posterior wall of the uterus causes more rapid and greater nervous disturbance than one located between the folds of the broad ligaments, because in the former location there is but little cellular tissue, and the disease more quickly attacks the peritoneal membrane, and creates

a rapid rise of pulse, temperature, nervous disturbance and delirium. Surgical drainage of the abscess is followed by rapid recovery.

A fibroid tumor of the uterus, even of considerable size, may remain indefinitely in the pelvis without creating much, if any disturbance, while one of small size may, and often does cause much reflex nervous disturbance.

The location of the tumor is of great importance in considering the nervous reflexes. An interstitial uterine fibroid tumor usually creates more nervous disturbance than an intra-ligamentous tumor, because of changes in the uterus incident to the menses and pregnancy, and excitement of the peritoneal membrane. Removal of such tumor relieves completely, as a rule, all nervous disturbance influenced by its existence.

A uterus that is adherent and immovable, or to a degree immovable, may, and often does cause innumerable nervous symptoms even to loss of memory, inability to properly use or control the mind, or insanity. After removal of the uterus, and adnæxia if diseased, you will find the mental aberration disappear quickly.

*Case I.* Miss K., aet. 40, family history negative, had suffered from distress in the pelvis, and various forms of derangement about the body and head, such as headache, full feeling in head, dizziness, variance in vision, and at times unable to properly place her thoughts, with a fear of losing her mind. She had an "Alexander operation," but instead of her former trouble disappearing, she stated all was getting worse, especially her mental derangement. She consulted me, and on examination I found a virgin uterus, rather small, no enlargement of ovaries or other organs or tissues within the pelvis, but all pelvic organs seemed to be tight as though anchored from different sides, not altogether immovable, but slightly movable, and the whole contents of pelvis seemed to be tight and on a tension. She had frequent urination and abundant secretion of urine, had also an irritable stomach, with slight indiscretion in diet would vomit as though pregnant. I could only advise one thing, and that was a removal of the uterus, with rather strong belief that she would be relieved of her general bad feelings, and especially her mental derangement. I removed the uterus and appendages. The treatment was successful, and the patient soon felt better in gen-

eral, and had good control of her mental faculties, and could place her thoughts where desired or necessary.

*Case II.* Was called to Iowa to operate on Mrs. T., *æt.* 31, widow, no children, had been classed as invalid for six or seven years, and compelled to remain in bed about one-half of her time. Was very nervous at times, easily excited, hysterical, had almost continuous headache, bearing down feeling in pelvis, dragging, tearing pain in sacral region. She had been a school teacher, but for several years was not able to collect her mental faculties sufficient to conduct herself as a teacher. On examination I found the uterus on the pelvic floor, ovaries prolapsed and sensitive. She had had treatment by various non-surgical methods, and by different doctors for five years almost continuous, with instructions by some never to be operated on. I removed one ovary, made a ventral fixation. Operation proved to be successful, and I never had more flattering reports from a patient about her rapid and complete recovery, with a disappearance of all old symptoms. I might cite many cases, in both gynecological and general surgery, where only nervous conditions were present, which completely disappeared under surgical treatment.

W. R. W.

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## *Current Events*

Dr. Leroy C. Hedges of Grand Junction is the newly elected president of the Colorado Homeopathic Society. The doctor has been a regular attendant at the sessions of the society ever since he came to this state. The duty assigned him has always been faithfully performed, and his participation in the discussions has given zest and interest to many scientific subjects. We congratulate Dr. Hedges and also the state society.

\* \* \*

Dr. Paul Meyer of Golden has recently returned from a vacation trip up in Rock Springs, Wyoming. The doctor has been engaged in practice many years, and these little summer outings come as a great relief from the steady grind of the busy man.

\* \* \*

Dr. S. B. McFarland, formerly of Fairplay, has decided to locate in Kansas City, Missouri.

Dr. J. B. Brown and family have been enjoying a visit of several weeks from Mrs. Brown's father and mother.

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Dr. George E. Brown is visiting in Los Angeles, California. He went by way of the Columbia river and the Pacific ocean. He is expected home in October.

\* \* \*

The latest reports show that typhoid fever is more prevalent in New York City this fall than at any time for some years. The local authorities are making strenuous efforts to find the cause and abate it.

\* \* \*

Dr. Leslie B. Evans of Clarkston, N. C., called upon us some days ago. The doctor is one of the happy personalities of our professional brotherhood. Educated in Virginia and brought up amidst surroundings of universal hospitality, he presents the characteristics of the true southern gentleman.

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Dr. J. H. Daniels of Ft. Collins is in the city in attendance upon a patient he brought to the Homeopathic Hospital.

\* \* \*

Dr. G. P. Howard proposes to retire from the ranks of the active profession and enter the employ of the old pharmacy firm of Boericke & Tafel. He will travel through the West in the interest of that firm. We wish the doctor success in his new field of work.

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We have just received a copy of the reprint of Prof. R. S. Copelands paper "In Defense of the Attenuated Drug." It was read at the last session of the American Institute of Homeopathy. A review of this paper may be found on page 103 of the September number of PROGRESS. It will furnish interesting reading to the followers of Hahnemann.

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Dr. Daniel J. Horton of Evans, Colorado, has brought several patients to the Hospital lately.

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Dr. C. E. Tennant has just returned from an extended trip through the East. The doctor made a specialty of visiting the leading hospitals and studying the latest developments in surgical science.

The last meeting of the Colorado Homeopathic Society goes into history as one of the best ever held. The papers presented were of a highly scientific character, and contributed to the elevation of the tone and spirit of each session. There was less hypercritical cant than usual. Every hour of the session was well employed, and the discussions gave evidence of thoughtful consideration of each subject. A large amount of good work was done, both in the reading and discussion of papers, and in the business department, where matters of vital importance were disposed of, and the interests of homeopathy enhanced in practical ways. The harmonious character of the session was manifested in the fact that all important matters were decided by a practically unanimous vote. This augurs well for our institutions, and we predict a good year for our society under the management of our new president.

\* \* \*

The following persons have served as President of the Colorado Homeopathic Society at various times since its organization. The first election occurred in 1881, when Wm. T. Vail was elected; 1882, W. R. Owen; 1883, W. R. Owen; 1884, J. M. Walker; 1885, W. T. Vail; 1891, S. S. Smythe; 1892, N. G. Burnham; 1893 and 1894, W. C. Allen; 1895, C. N. Hart; 1896, A. J. Clark; 1897, E. H. King; 1898, Genevieve Tucker; 1899, C. W. Enos; 1900, W. D. Howe; 1901, J. W. Anderson; 1902, C. W. Judkins; 1903, D. A. Strickler; 1904, Leroy C. Hedges.

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There were thirty-one papers prepared for the last session of our state society, as reported by the secretary.

\* \* \*

There are 168 names on the roll of our state society. All the persons represented have at some time been active in its deliberations. There are 87 members at present, 75 of whom are active.

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The following were visitors at the meeting of the State Homeopathic Society: Dr. Ellen J. Wetlanfer, Cheyenne, Wyoming; Dr. C. C. Rowley, Dr. H. K. Dunklee, Dr. B. P. Peck, Dr. Jessie R. Tennant, Dr. S. B. Merrill, Dr. J. W. Clegg, Dr. J. W. Hawk of Grand Island, Nebraska, Dr. W. W. Butman, Dr. E. P. Dunham, Dr. H. C. Menkel, Dr. Benj. F. Bailey of Lincoln, Nebraska, Dr. W. R. Stewart of Indianapolis, Indiana, and Dr. S. B. Anderson.

Four of the physicians present at the last meeting of our state society were in attendance at its first session, and assisted in its organization. Dr. J. M. Walker, Dr. N. G. Burnham, Dr. S. S. Smythe and Dr. S. Hoag.

\* \* \*

Dr. S. S. Smythe has been present, according to the record, at every annual session of the Colorado Homeopathic Society since its organization in 1881.

\* \* \*

The record would not be complete if we failed to give a meed of praise to our efficient secretary. His duties have been more than ordinarily full for such an office. It has devolved upon him to care for and promote the interests of the society without the aids that properly pertain to that office. Nevertheless the work has been well done and the splendid session of our society was due in a large measure to his faithful and efficient services. We were glad to see Dr. Howard re-elected unanimously.

\* \* \*

The opening exercises of the eleventh session of the Denver Homeopathic College were held Thursday evening, September 15th. The program consisted of music, recitations and an address by Dr. Horace T. Dodge. Dr. Hedges, the newly elected president of the state society, was present, and gave a very enjoyable offhand talk. The attendance was large, and the occasion one of profit and pleasure.

\* \* \*

The ladies of the Homeopathic Hospital Club have taken up the work for that institution again, after the rest of the summer months. They have a number of projects on hand, and will be heard from before the winter is past. Among the first will probably be their second annual turkey dinner. Their effort in this line last year was so successful that they feel confident of a larger success next time. This is a worthy institution, and should have the hearty support of every homeopath in this state. We appeal to the profession and ask that they give this institution their aid, both in good will and patronage, and also that they do what they can to assist the Financial Agent and the Board of Directors in their effort to raise the money to pay off the present indebtedness and place it where it can be free from embarrassment and stand as an honor to the profession in this state and a blessing to all that come within its walls. This can be easily done by a united effort, and we have confidence enough in the gener-

osity of the profession and our lay friends to believe it will be done. Who will be the first to speak with a generous subscription.

\* \* \*

In cases of placenta prævia Dr. Alfred King advocates elevating the hips of the patient. He would place the body at an angle of about forty-five degrees with the floor. In this position gravity comes to our relief; it carries the foetus towards the fundus of the uterus; it avoids loss of the amniotic fluid and makes turning, where it is desirable to do so, very much easier. The loss of blood is reduced to a minimum, and the safety of the patient is greatly enhanced. Aseptic methods are employed and all details are carefully considered. The position is favorable in every way, and does not embarrass the physician in any manifestation essential to successful delivery of the patient. As soon as the labor is completed and the necessary cleansing is attended to the bed may be lower and the case managed as in ordinary cases. This plan is well worthy of thoughtful consideration.

\* \* \*

Preceding the concert recently given in the interest of the Homeopathic Hospital, the ladies of the Club proposed to the physicians connected with the institution a contest in selling ticket-etc; the losing side to give the successful party a reception. Right well did the ladies make their promise good. On Tuesday evening at the residence of Dr. and Mrs. Hoag, 107 West Fourth avenue, was the occasion of this very pleasant meeting, and the doctors vow they are willing and anxious to again enter upon a similar contest, so highly did they appreciate the hearty greeting and gracious reception accorded to them on this occasion. There was a large number present, and the pleasant home of Dr. and Mrs. Hoag was made to echo with the merry laugh of the happy company. Music and light refreshment gave an added delight to the many happy events of the evening.

\* \* \*

We have received from Dr. M. H. Goodrick the program of the exercises celebrating the seventy-fifth anniversary of the founding of Illinois College at Jacksonville, Illinois. This is one of the oldest educational institutions in the West. The program is an extensive one, and requires three days' and evenings to carry it through. Music, addresses, poems, college songs, processions and athletics abound. Among the orators gathered from its alumni are many names of national reputation. Representatives from many of the leading schools of the country are to take

part in the program. This institution has done a grand work, and its history is worthy of elaborate celebration.

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Dr. Sheldon of Telluride, Colorado, advocates the posterior incision in the operation for the removal of the appendix. He thinks it applicable in a large proportion of the cases. Better drainage is claimed, and less liability to hernia resulting afterwards. Less time is required for the operation, and there is less shock, and less abdominal distress. The paper in full may be found in the September issue of the *Annals of Surgery*.

\* \* \*

"We now have records of a thousand administrations of antitoxin as a prophylactic without a single untoward result of any importance, and without a single case of tetanus developing. Last year in St. Louis, of 56 blank cartridge wounds treated by ordinary means, there were 16 deaths from lockjaw. This year 36 similar wounds were treated with antitoxin injections without a single death."—Brown.

\* \* \*

It is with sorrow we announce the death of Prof. Norman McGee of this city. He was the brother of Dr. R. P. McGee, a member of the faculty of the Denver Homeopathic College. Prof. McGee was a young man of bright promise. He had traveled extensively, and enjoyed the confidence and friendship of a large circle. It is thought he contracted tuberculosis while traveling in China. The sympathy of a large circle of acquaintances go out to Dr. and Mrs. B. A. McGee in the loss of their son.

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Chicago's diminishing death-rate is occasion for thankfulness. It is the result in a large measure of better drainage and improved water supply. It demonstrates the value of intelligent sanitary supervision in our great cities. The probabilities are that the vital statistics of the city will show that the death-rate among children under five years of age is where a large part of the improvement is found. Good wholesome food, milk and water, and the cleanliness of homes and public highways are potent factors in the health of childhood.

\* \* \*

Bellevue Hospital has lately had a patient to care for that weighed 410 pounds. In transferring him from one ward to another it was necessary to have a special stretcher made of heavy wood, with iron supports. When he was placed on the bed it collapsed at once. The bed was repaired and extra supports



placed under it, after which the patient was made comfortable. It is claimed Mr. Michael Glynn, for that is his name. is the heaviest patient ever cared for in that institution.

\* \* \*

A recent author states that the red light treatment for the cure of smallpox has not sustained its claims. The laudatory writings in favor of the Finsen light have not had sufficient support in the practical results. The statistics so far produced are not such as to give hope of any material advantage to be derived from its use in this disease.

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In severe cases of the vomiting of pregnancy, think of chlorotone, five grains night and morning; diet suited to the case. This remedy has done excellent service in some of these intractable cases.

\* \* \*

During the prevalence of typhoid fever last year much was written of the value of acetozone in the treatment of that disease, 2 grains every three hours or 8 grains dissolved in a quart of sterilized water and given freely as a drink. Reports so far this year show that it is still popular in some localities. The remedy should be studied carefully and its virtues fully ascertained.

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## BUSINESS BRIEFS.

If you wish the best and quickest results attainable in the treatment of *scabies, acne, pruritis, seborrohea, etc.*, use *Brower's Antiseptic Soap*. It is *antiseptic, non-irritating* and soothing to the skin. Try it and you will use no other. Send 10 cents to cover postage and sample will be sent to any address.

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Don't forget *Marach* in your pneumonia and inflammatory cases. It is the best antiseptic poultice on the market.

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Dont forget *AbilenA*, the natural American *cathartic water*. It stands at the head as an ante-operative cathartic.

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# PROGRESS

Vol. III.

DENVER, COLO., NOVEMBER, 1904.

No. 5.

## *Original Articles*

### WHAT IS SCIENTIFIC CLINICAL MEDICINE?\*

BENJAMIN F. BAILEY.

Clinical or bed-side medicine used to be considered the practical field of study, whereas the didactic lectures or study were looked upon as simply something to prepare us for a clinical study and give to us certain basic facts. It rendered it possible for us to draw proper inferences at the bed-side and to know the difference between cause and effect. Twenty-five years ago there were some grand old works on clinical medicine—works written by master minds, and yet those works were entirely the result of their personal observations, grafted upon their study of others' personal observations, and hence today these or similar works would be entirely passe. These works were simply assertions. Today we must have scientifically demonstrated facts.

At first thought it seems to some of us who have passed nearly a quarter of a century in the practice of medicine that we almost long for the good old days when the clean-cut observations of able men in large practical work were worthy of respect and confidence. We are inclined, in fact, to think that these are almost ultra-scientific days, and I recently heard a professional man say that "when a fellow gets so he uses a microscope, a stethoscope, a laboratory and a sphygmograph, etc., he ceases to be practical."

Then again, some of us look back on the practice of medicine the stated number of years ago and wonder whether in the

\*Read before the Missouri Valley Homeopathic Association, Kansas City.

light of all modern knowledge there is much better success in the treatment of given diseases. In fact, I myself question very strongly if under the most scientific treatment of the dominant school of medicine today there are obtained as good results in the treatment of typhoid fever, pneumonia, rheumatism, scarlet fever and in fact, almost everything but diphtheria, as were obtained by the homeopathic physicians forty years ago. Hence I am not inclined to belittle the observations of those earlier practitioners, but am of the impression that it is wise for me, at least, to stop and consider in what way modern clinical medicine is better, or may be better, than the clinical medicine of a quarter of a century ago.

Twenty-five years ago typhoid fever, though it was treated successfully by the Homeopathic profession, still ran rampant and its origin was shrouded in mystery. Today, though we have reason to believe that it costs the people of the United States \$90,000,000 every year, we know it is an avoidable disease. The same is true of scarlet fever. In pneumonia we have not perhaps made so great advances, although it seems probable that we are on the eve of more positive results.

Instruments of precision have made possible the avoidance of these diseases by rendering clear to us the causes of the same, and clinical medicine—in other words, bed-side study—will never be perfect until bed-side observations are made as perfect as the latest methods of observation and instruments of precision and resultant control experiments may make it possible.

The study, for instance, of hay-fever has been made by thousands of physicians upon thousands of subjects with the most unsatisfactory results, and never have more useless remedies been foisted upon the people than the new ones of this year. The so-called anti-toxine, is to my mind absolutely worthless, at least in a majority of cases, but it has been possible to inflict it upon the people because we have not yet reached the time when the profession and the people understand what constitutes scientific clinical medicine, what its possibilities are and to insist upon its possibilities being realized before the adoption of any

much-advertised nostrum, for such I consider the recently exploited anti-toxine.

This year, however, careful observers have been able to determine that there are certain changes at certain seasons of the year in the secretions of the mucous membrane of the nose and pharynx of certain people which result in the irritations manifest in hay-fever. These observations were only possible to men who were competent to use the laboratory, the microscope and the adjuncts to clinical observations. Personally, I am absolutely positive that anti-toxine in diphtheria is one of the greatest discoveries in the history of medicine.

It was the clinical study begun at the bed-side in the taking of the culture, carried to the microscope and the bacteriological laboratory. Then came the theoretical studies in the laboratory. Then the theoretical studies had again to have their hypotheses proven and demonstrated by a return to clinical use and study and then the clinical study came to be in the nature of a control experiment.

In short, the first thing it seems to me in scientific clinical medicine is the close observation of the well-educated, well-trained professional man of judicial mind. These first observations lead to possible hypotheses. These hypotheses, to be carried out and further proven by the microscope and laboratory, definite or modern methods may be necessary.

The hypothesis having been apparently proven the third step is the theoretical demonstration of the same by return again to clinical observation, and the positive demonstration by a careful clinical study involving the secretions and excretions as well as ophthalmoscopic, sphygmographic and any other studies that may be necessary.

Ergo, it is not necessary or wise to accept as positive any clinical study that is not the result of these possible steps of modern study that constitute a definite scientific certainty. Admitting this, are we just in asking the world to accept as demonstrated the law of similia which has been up to the present time the result of observations made before the day of most of our present methods of precision? Have we a right to ask the world

to accept as demonstrated any additions made in the last few years or any that may be made in the next few to the Homeopathic materia medica, that are made without the use of modern scientific methods? Some of our friends and colleagues question the germ theory, some question the observations of anti-toxine, and yet they have been made under vastly more scientific control than have the observations concerning the Homeopathic materia medica and its clinical application.

If the homeopathic law of similia be true—and no one believes in its truth more firmly than does the writer—it can not only be demonstrated by the reprovng of our remedies with the aid of all modern instruments and methods, but it can be vastly amplified and made much more definite by such reprovng. This reprovng having been made and the basic facts upon which we may prescribe having been secured, it is then our duty to demonstrate that these remedies given in minimum doses, frequently repeated, will cure similar conditions.

We have no right to ask the medical profession at large to accept this clinical demonstration except that it be carried out as a control clinical experiment.

In other words, it is possible that the use of these reprovng remedies exhibited to the sick that manifest similar symptoms, may show in such exhibition of remedies the exact changes which take place in the secretions, excretions, circulation, blood-cells, etc., not in one patient but in repeated patients, thus constructing a scientific basis not only for our materia medica, but for our clinical medicine, and so scientific a basis that the profession at large must accept it.

I present this argument to this society because it seems to me that the amalgamation of the medical profession is not only possible but desirable—possible because I believe the scientific man will accept scientifically demonstrated facts, desirable, because if homeopathy is true and the greatest boon that has ever been given to human-kind, it is our duty to demonstrate it so that it will be accepted by all and not by a few. If it is not possible to scientifically demonstrate homeopathy with the methods of this present day, then it is not true and is not worthy of preservation,

and it is our duty as a scientific body to at least give to our law the same tests and the same proofs that we demand of others. That this may be done, I ask the hearty co-operation of this society in the effort that is being made by the American Institute of Homeopathy for the reprovng under said scientific methods of our materia medica and for the establishment of an institute for such study and such experiments as may be necessary, and I further desire to call the attention of this society to the fact that at the last meeting of the Institute in Niagara Falls, in twelve minutes, it was my pleasure and honor to be able to raise from the platform \$1,100 for the prosecution of this work, and I would suggest that an opportunity be given at this meeting for the members of this society to show by their gifts their interest in and sympathy with this movement.

Lincoln, Nebraska.

## ELIMINATION OF UNNECESSARY SYMPTOMS FROM OUR MATERIA MEDICA.

HORACE T. DODGE, M.D.

I speak with the misgivings of one who is attempting a dissertation upon a subject too profound for the ordinary intellect to comprehend, much less elucidate, with any degree of satisfaction. And I think the important relation it bears to homeopathy and the general acceptance of our law of cure prevent its proper recognition by the world at large as immutable and infallible, as are the definite laws of nature, upon which are based astronomy, geology, geometry, mathematics or any of the exact sciences.

The subject to which I have the honor to call your attention is the elimination of verbose, misleading, contradicting, doubtful, cumbrous or unnecessary, symptomatology of our materia medica.

In the teaching of materia medica students should not be crammed with too many similar and repeated symptoms; many of which are enumerated under numerous remedies and are unimportant and to my mind should be eliminated. We sometimes as teachers are censured for not going over more ground and teaching the pure Hahnemannian system, but I have found that you have to drum and drum the key notes into the pupil, and go over the same remedies many times.

I believe in making the study as practical as possible and think the clinics help a great deal. To be sure considerable memorizing must be done, but the mind can retain only a certain amount. Cards are beneficial and necessary, but unless one studies their cases very carefully they are more liable to become confused and undecided what remedy to give when these similar or repeated (card) symptoms come before them.

Take, for instance, a patient sick with fever: One will have to describe the fever most minutely or the student will prescribe aconite, belladonna, baptisia, or some other remedy when it is not indicated, for nearly all remedies are given for some kind of fever.

I prefer to give a mental picture of the drug and suggest the use of a chart upon which is drawn the outline of the human body,

and by taking the prominent symptoms draw a line from the margin of the chart to the organ affected and note its action upon that particular organ. For instance, every characteristic could be placed therein and they should also be embodied on the opposite page in italicised letters. Let other symptoms remain in black face type, but we certainly could be able to see the action of our remedies and gain a knowledge of materia medica which could be acquired by no other means. Then besides it is a novel and interesting method of instruction.

In order to determine what the key notes or important characteristics are I would suggest that the proving of our remedies be conducted along different lines from those heretofore used. And the result not published until the entire report of the committee is ready for publication. There should be at least from fifty to one hundred provers for each drug, and every homeopathic physician should be enlisted in the work. The provers should be in good health. *I say this advisedly* and in order to determine what I call good health, the blood should be examined under the microscope, before and after the proving.

It is a well known fact that in paralysis, locomotor-ataxia, tuberculosis, gout, rheumatism and kindred complaints, we find evidences of the disease, through the blood, long before the patient is aware of it or suffers pain or inconvenience. Typhoid fever, malaria, and diseases accompanied by low forms of fever, may be recognized by the experienced microscopist, long before the disease is manifest by the patient and long after the recovery.

It is a question if syphilis, which is thought to be an "offshoot" of leprosy, is ever thoroughly eradicated, for the characteristic spore are ever present in the blood after years of successful treatment. They are of a dull red color, very lively and sometimes numerous, and when found in the serum remind one of flies floating on a mill pond, and unless treated like a parasite penetrate every organ and tissue of the body. French syphilographers consider it a crime not to administer mercury to prevent the ravages of this disease, and may we not find a similar condition in mercurial poisoning.



On the other hand let us see what action medicines have upon the healthy human blood.

Ammonia and milk have the property of destroying fibrin, and save lives by disintegrating emboli and fibroid growths. Red and white cells entwine with fibrin skeins, as in rheumatism, showing serious complications of the heart, as in pericarditis, alkaline treatment dissolve the skeins and release the blood cells. Kali carbonica, natrum muriaticum, natrum sulphuricum, many vegetable and mineral acids, ferrum, strychnia, morphia, act, we know by observation upon the blood, and may not aconite, belladonna, bryonia, baptisia and others? The higher potencies of a drug should be taken first, then the lower and a specified amount taken every hour by the clock. And from one to three months should be devoted to each remedy. At the expiration of the time the blood should be examined under the microscope. When the returns come in those symptoms which are pronounced or repeated the greatest number of times, should be the leading characteristics from which we build our chart.

One reason our remedies are rich in verbose symptomatology is, every symptom is jotted down no matter how insignificant, and as all temperaments are not susceptible to certain minor action of the drug those which are marked in their effects should carefully be placed in a group, as a picture of that proving. This will avoid much confusion and prepare us for the selection of our medicines, making us better and more accurate prescribers. We would have fewer remedies, but we would know better how to use them.

In making our chart for the selection of the proper remedy I would put in italics the most prominent symptoms, and those important, but not so pronounced as the former, in large black type, and for symptoms not so common but necessary to complete a picture of the drug I would enumerate in common type. Take any remedy, and all produce within the healthy economy many similar symptoms, but each have prominent characteristics peculiar to itself, which are called key notes and enable us to select the remedy to fit the case. Take, for instance, "pyrosis" the acrid burning eructations of *carbo vegetabilis*, with stomach extended

with gas. Other remedies may indicate similar conditions but we invariably think of *carbo veg.* and expect to find other symptoms to complete the picture.

When we find the patient past or near middle life, with low vitality, inclined to plethora with flabby muscles, who are tired after the least exertion, and who suffer fatigue of the chest, with a sensation as from glowing coals under the sternum, and constant eructations which are greasy, rancid, and always sour, with uneasiness in the abdomen, worse from the least food and better from passing flatus, we think of this remedy.

You may find others under which these symptoms could be found, but none which give the key note "pyrosis," and I would emphasize this upon the chart. In a great deal less time than is spent upon the confusing method of memorizing by cards it will teach the student to outline a picture of *carbo vegetabilis*. I might mention many others, *natrum muriaticum* with pearly cold sores, fidgety feet of *zincum*, the offensive sweaty feet of *silicea*, &c.

Under the present system of teaching homeopathy we never finish studying the therapeutic action of our remedies, and are constantly learning new and valuable symptoms from the evidences through their administration to our patients.

It is with the student of *materia medica* as it is with any other branch of medicine. Some learn sooner and are adapted for that particular study and grasp the indications for the selection of the remedy as by intuition. While others are slow and obtuse and learn the characteristics only by careful teaching and constant quizzing. As students so physicians—if the study is not made in the beginning interesting enough to have the pupil pass beyond a certain stage they make very poor homeopaths and always alternate and use combination remedies, and are the best patrons of the manufacturing nostrum vendor. Traveling men have told me time and time again that homeopathic physicians generally, treated them with more courtesy and were among their best patrons. Why is this so? Because the fundamental principles of homeopathy were never learned. Is this the fault of the teacher? Sometimes, yes, but in the main, no! We must convince the student, first, that our remedies act without perad-

venture of a doubt upon the healthy as well as the diseased body. We must teach him what disease is, that it is a disturbance in the balance of waste and repair. And that health is the balance of those forces which protect the organism, keep it from decay, and preserve the integrity of the organs and tissues of the body.

*Truth* is the *first* important requisite in determining the essential nature of what we are to teach.

The examination and dissection of dead bodies will not give it, and results must be obtained in actual practice. Often we have brought before us conditions which are rapidly fatal, and the explanation of the failure and breaking down of the vital forces is difficult if not impossible to understand. For instance, the sudden changes from what is considered perfect health to the alarming symptoms in malignant types of scarlet fever, diphtheria and in the relapses of typhoid and other low forms of fever.

We see evidences of what we term fatal disease, but it is all but impossible to define them any more than we can describe satisfactorily the principles of life itself.

If we believe in the law of homeopathy we must study the action of the drug upon the healthy body, and we naturally turn to the most reliable means for so doing.

I have become impressed with the similar action certain medicines have upon the healthy human blood, compared with the diseases for which they are recommended to cure (among the remedies are arsenic, mercury, quinine and iron) and I believe through a careful examination of the blood in disease, and in drug proving, we will find more reliable manifestations for their use, both in determining the nature of the ailment and in the selection of the remedy.

Again, what we need more than anything else in the teaching of homeopathy, is a plain, simple plan of explaining to the laity the principles and law of our system of medicine. Many times have I been asked the question: What is homeopathy? To be sure all are aware that the homeopathic physician gives little sugar pills and water in which is mixed a few drops of medicine, and often patients will bring two glasses and say, "one-half full,

is that right, doctor?" We need converts to our faith and it is from them we obtain our practice.

Many who are sick do not care to study, all they wish to know is which system of medicine will cure them in the least time and with least expense? But others are deeply interested.

I have tried to answer some of these questions and find it difficult to do so in a clear, concise and at the same time comprehensive manner.

It is the better class of people who take kindly to the teachings of homeopathy, and when once initiated are enthusiasts.

We need missionaries and field workers in every community to explain and interest greater numbers of people. To be sure the ranks are filling, and the per centage of homeopathic physicians is growing in every portion of the country, but not so rapidly as it should. I think such information as is necessary for all to possess who favor the use of our medicines, is a great help to the physician, and will increase rather than diminish his yearly receipts.

Mothers are proud to have it known that they obtain good results from these pleasant yet wonderfully efficacious medicines, and children cry for more after each administration.

We should circulate more of our literature explaining the use of those remedies most commonly used. Nearly every patient before coming to the doctor has been dosed and drugged with home remedies, and it would be a great benefit to all concerned if the medicines given is the homeopathic.

Let us explain to our patients that it is not the size of the dose, nor the taste of the remedy, which yields the greater curative benefit, but that homeopathy is an unchangeable, infallible, yet inexplicable law, governed by certain conditions which are produced upon the healthy person through the action of a given drug.

And when these symptoms are observed in the sick this same drug will eliminate and ultimately cure the disease. Tell them that this law was discovered by Samuel Hahnemann over one hundred years ago, and has been steadily growing in favor year by year. Teach them the use of aconite, belladonna, bryonia, and

a few of the principal remedies, without burdening their minds with detail symptomatology. When they receive the benefits from the administration of these commonly used remedies they will tell their neighbors, and I have never known a case wherein the physician was not benefited, directly or otherwise, through such instructions to those who are interested enough to study.

I have a case at present who is a recent convert to homeopathy and he has persuaded his wife and others to become interested in the use of our remedies, and they visit the doctor frequently, and always manifest a desire to know the remedy given. I always gratify them and explain the indications for its use.

Experience teaches, in such cases, when you convert people and convince them of the beauties of homeopathy you make long lasting and most profitable patients of them.

We must educate the masses and thus advertise homeopathy. Send out circulars and printed matter to all who are believers in this system and tell them to have their friends take an interest. Publish an instructive pamphlet from time to time and send a copy to every one. Ask those who do not know of homeopathy to read a simple plain description of the action of a few, say twelve of our remedies. *We must have converts, new believers, or we retrograde.* We must not stand idly by when others are such intense and enthusiastic workers in the various avenues of the profession. As in surgery, bacteriology, biology, and I might mention Osteopathy, Christian Science, and other cults, the progress of which detracts from our success and makes us appear in the descendency.

We should all work in harmonious union for the good of homeopathy. Avoid dissensions, unjust criticism, and, above all, be charitable, remembering we may all learn from each some valuable point in the administration of our remedies.

Denver, Colo.

## HOMEOPATHIC MEDICATION IN PREGNANCY.

MARGARET BEELER, M. D.

As is well known, internal medication alone is not the only means to be employed in caring for cases of pregnancy. A practical application of the rules of diet and sanitation, being also necessary. But so much may be gained by the proper use of the indicated remedy, that it is well to consider this use. Each case, of course, needs careful consideration and the remedy given should correspond closely to the symptoms.

Among the early distressing symptoms of pregnancy are nausea and vomiting. For these conditions we find a great number of remedies, among the most important being as follows:

*Nux vomica*, for patients of irritable disposition, does not sleep well, rises in the morning feeling sick with a desire to vomit, but inability to do so. Little or no appetite. Patient may feel better while eating, but soon feels badly and has a great amount of gas in stomach and bowel one-half hour after eating.

*Bryonia*, when nausea and vomiting are brought on or decidedly aggravated by the least motion. Great thirst for large quantities of water.

*Pulsatilla* has vomiting coming on in evening, or at night. Stomach is disordered from eating fat foods. Eructations tasting of food recently eaten. Appetite capricious.

*Ipecac* is indicated where there is excessive nausea and vomiting. Undigested food and a great amount of mucus is vomited.

*Arsenicum album* has vomiting after eating and drinking, especially after drinking ice-water. Burning in stomach and great thirst for cold water. Weakness and prostration.

*Colchicum* has nausea and vomiting excited by odor of cooking food.

*Sulphur* and *psorinum* may be indicated in obstinate cases.

*Lycopodium*, *carbo vegetabilis*, *calcarea carb*, and many other remedies will be found helpful in these conditions, but each must be selected according to its similarity to the individual case.

The homeopathic preparation of cocaine is said to be one of

the best remedies that can be used in very obstinate cases of nausea and vomiting.

Constipation or diarrhoea may accompany nausea and vomiting, and will be greatly relieved in many cases by the same remedy. To those remedies already given may be added, graphites, chelidonium, colocynthis, podophyllum, mercurius, sepia and many others.

Headache is at any time an unpleasant symptom, but is often much aggravated during pregnancy. The following remedies are frequently useful:

*Bryonia* has frontal headache, extending over head. Begins in the morning on first opening eyes. Worse by motion. Patient very irritable.

*Natrum mur* has violent frontal headache every morning on waking. Patient often has a great craving for salt.

*Nux vomica* has frontal headache associated with indigestion.

*Belladonna* has right-sided headache. Pain is very intense. Face flushed. Pain is also of a throbbing character.

*Sepia* headache extends from left side of head, and eyes, to occiput. Is relieved by eating. Patient is very nervous and irritable.

*Cimicifuga* has fullness and dull aching in vertex. Dull aching in occiput and sense of soreness there. Aggravated by motion.

*Pulsatilla*, *ignatia*, *sanguinaria*, and other equally important remedies may also be used as indicated.

Neuralgia is often associated with headache, and may be relieved by the same remedy, though by itself is generally susceptible to such remedies as—

*Belladonna*, in which the pains come on suddenly, continue with severity for a time and suddenly cease. The application of heat relieves the pain.

*Spigelia* with its indications of pain affecting the left side of face and eye. Also *magnesia phos*, *gelsemium*, *arsenicum* and *Cimicifuga*.

Disease of the teeth is best treated by the dentist, and when the cause of neuralgia, medicine will only relieve temporarily, then *mercurius* will often relieve acute pain, especially if worse at night.

Nervous and hysterical conditions in pregnancy are best treated by many of the remedies most familiar to all, among them being *ignatia*, suited to women of very sensitive and nervous temperament, with an inclination to be low-spirited and worry over everything.

Also, *pulsatilla* best suited to those of fair complexion, and of a delicate, gentle, yielding disposition.

*Magnesia phos*, *kali phos*, *calcareea phos* and many of the deeper-acting constitutional remedies will often greatly relieve various nervous symptoms.

In anaemic patients, the continued use of well-selected remedies is of great benefit. *Ferrum phos*, *ferrum met.* and *arsenicum* being often indicated also other remedies. *Albuminuria*, occurring as it does, so frequently in pregnancy is a constant source of thought and anxiety, because so dangerous when neglected. Yet even this condition can be controlled if taken in time and treated with care, the exercise and diet are of such assistance here, it is best not to depend entirely on medicine. *Arsenicum*, *apis*, *merc. cor.*, *cantharis*, *terebinthina*, *cuprum*, *gelsemium*, and other remedies may be used.

In prophylaxis of puerperal eclampsia, *arsenicum* is one of the best remedies.

*Apocynum* is of special value in cases having great oedema.

*Veratrum viride* for cases where convulsions immediately threaten, as well as during an attack.

In threatened abortion, while other measures are of great service, in fact necessary, the use of such remedies as, *caulophyllum*, *sepia*, *calcareea carb*, *sulphur* and others will be found to be advantageous. When the result is inevitable, and hemorrhage is to be controlled, *ipecac*, *sabina*, *pulsatilla*, *belladonna*, *erigeron*, *hamamelis*, and many more, may be used as indicated.

*China* may be used with good results, where hemorrhage has been very severe, and patient is very weak, as a result.

In those cases that show a decided tendency toward abortion during each succeeding pregnancy, especial care should be exercised at the early manifestation of such symptoms.

Deep-seated diseases, like tuberculosis and syphilis, require constant and careful treatment in every way. Such remedies as,



arsenicum iodide, phosphorus, ferrum phos, sanguinaria, and stannum being of use in the former condition, and some form of mercury or potash, being often indicated in the latter.

Of the acute diseases that attack pregnant women, the method usually followed in treating them, is sufficient also in these cases.

During labor we find the following useful: Cimicifuga, when pains are short, irregular, and spasmodic. Great amount of backache. This remedy may be given during the latter part of pregnancy, with benefit.

Pulsatilla, given in cases known to be those of malposition, is thought by some to assist in changing the child to normal position.

Caulophyllum for ineffectual pains of colicky or cramp-like character.

Belladonna, also has ineffectual pains, coming on well, but ceasing suddenly. Face is flushed and blood vessels throb.

Gelsemium has severe pains shooting into back and hips, and down the legs. Pains are inefficient. Os is rigid. Patient is very nervous.

Besides the conditions already considered, there are, of course many others, in all of which we can find a certain class of remedies covering the symptoms and giving relief.

Colorado Springs.

## ANTIMONIUM CRUDUM.

WALTER JOEL KING, M.D.

This remedy does not possess a great range of action, its energy being expended principally upon the skin and mucous membrane.

A disposition to grow fat is a characteristic peculiarity.

Antimonium crudum produces slow digestion with consequent fermentation and flatulence. The flatulence and all secretions are of a foul odor. It depresses and retards function, but its action seldom goes on to active inflammation.

Derangement of the digestion from overloading the stomach rather than the nature of the food, seems to be the cause of the disturbance. The nux deranged stomach comes more from mental overwork or from the abuse of coffee, wine or other alcoholic narcotic substances. In ipecac the trouble comes from unripe fruit, fats or sweets; usually the tongue is clear, and nausea and vomiting with grass-green stools are key notes. The disordered stomach calling for pulsatilla comes from eating fat rich food or from chilling the stomach. Another pulsatilla symptom quite characteristic of antimonium crudum is, that when symptoms reappear they change their locality, or go from one side of the body to the other.

Thick, milky-white coating on the tongue, or "white washed" tongue is the key note of the drug.

A symptom of great value in children is, cannot bear to be looked at; the child is fretful, peevish, sulky and hard to please. The adult has a like morose disposition, a sentimental or distrustful mood is frequent, and there may be despair or even suicidal mania.

Another characteristic symptom is, worse from bathing. It has not the aversion to water or to bathing that is found under sulphur, neither has it sulphur's redness of the lips and other orifices of the body.

Nausea and vomiting are not as marked under antimonium crudum as under antimonium tartaricum, but they may be very severe. The antimonium crudum nausea comes from overloading the

stomach, and the vomiting is aggravated or renewed at once on taking food or drink. The tartar emetic nausea and vomiting are in paroxysms. Antimonium tart, acts more on the respiratory mucous membrane, antimonium crudum more on the digestive mucous membrane.

Antimonium crudum has the symptom, sensation as if a copious stool would take place, when only offensive flatus is passed; finally a hard stool is voided. Diarrhea from over-eating and after over-heating; this latter—diarrhea after over-heating—is more marked under aconite and podophyllum than under antimonium crudum.

Diarrhea, watery and excoriating, often profuse after bathing, after cold food or cold water, or after over-heating, worse from acids, during the night or early morning. Cutting pains precede the stool, with pain in the rectum and protrusion of the rectum during stool. Podophyllum has prolapsus ani during and after stool, but the podophyllum diarrhea is painless—the cramps of podophyllum are of the feet, calves and thighs. Lachesis and ignatia also have protrusion of rectum during stool. The lachesis patient always sleeps into an aggravation, is worse in damp weather, wants the clothing loose about the waist and is afflicted with chronic constipation. The ignatia patient is indifferent to everything but is excitable and hysterical; there is a weak empty feeling in the stomach with aversion to warm food, meat and tobacco. and the prolapsus ani is caused by a difficult stool.

Diarrhea during pregnancy, and constipation alternating with the profuse watery diarrhea especially in old people, are symptoms pointing to antimonium crudum. Digestive disturbances of either old age or infancy very frequently best met by antimonium crudum. I believe it is often the indicated remedy in children when nux is prescribed.

Violent and continual itching of the back and chest, profuse bleeding of the gums, dry or fluent coryza, sore, cracked and crusty nostrils and corners of mouth, chronic catarrh of the bladder, chronic ophthalmia or redness of eyelids and eyeballs, and painful continual roaring in the ears are prominent symptoms of antimonium crudum.

The skin symptoms, as all others, are dependent upon indigestion. The skin cracks easily, the nails grow in splits, and there are thick horny callosities on the skin. Antimonium crudum has been recommended as a corn cure, but it will do no good unless indicated by the digestive symptoms. Urticaria from gastric derangements, eruption covered with honey-yellow crust like chicken pox, or delayed eruption in measles may call for this remedy.

There is absence of thirst in spite of the great dryness of the mouth and lips, or else ptyalism with salty taste and great thirst especially at night. Jerking, gnawing pain in decayed teeth, worse from cold at night, from contact and from cold water. Anorexia, disgust for food, desire for acids, which always aggravate, bitter or fluid eructations tasting of the ingesta, much offensive flatulence with spasmodic clawing or pressing pains in the stomach from indigestion. Under the action of carbo veg. the bowels, and particularly the stomach, are distended by the enormous amount of gas generated by the atonic mucous membranes; the most innocent food disagrees; there is profuse and constant salivation of stringy saliva, and carbo veg. would not be indicated early in an acute digestive trouble.

The antimonium crudum patient is very sleepy during the day; in the evening he is overwhelmed with sleep, but falls asleep late and has disagreeable dreams; he is tired and sleepy when awake in the morning. In these respects it resembles nux vomica, but the nux patient feels more weary in the morning than he did the previous evening.

Rheumatism is always attended with deranged digestion, so we find antimonium crudum one of the remedies indicated in arthritic affections of the eyes, elbows, fingers, and joints of the lower extremities; also in white swelling of the knee with tearing pains and in metastasis of gout and rheumatism causing gastric catarrh.

Antimonium crudum is also useful in intermittent fever; one prominent symptom here is, very irregular pulse.

If indicated by the unhealthy state of the intestinal mucous membrane crude antimony in potency will remove ascaris lumbricoides.

The antimonium crudum patient is better from warm food, during rest and in the open air. He is worse from over-eating, from cold water or cold food, from bathing, from sour wine, from motion, from getting over-heated, and in the evening.

In antimonium crudum the gastric symptoms predominate.

The three legs of my antimonium crudum stool would be derangements of digestion from over-loading the stomach, white-washed tongue, and anorexia with bitter eructations and offensive flatus.

Golden, Colo.

# 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.

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## *Editorial*

DR. GEORGE E. BROWN.

As we go to press we learn that Dr. George E. Brown, our Editor of Abstracts and Reviews, who went to California two months ago on account of ill health, has not improved as he had hoped and may find it necessary to remain there. We sincerely hope that his fears may prove unfounded and that both *Progress* and Denver may have the pleasure and satisfaction of welcoming his return in good health. He is a valuable man to both. Our readers have had evidence of his versatile mind. He is an inveterate student, a man of broad culture and pleasant personality. Should it be our misfortune to lose him we trust he may regain his health on the Coast, where our loss will but prove their gain. We bespeak for him a kindly reception in Los Angeles.

D. A. S.

MONOPOLISM IN STATE MEDICINE.

Medical legislation is a subject of interest to both the public and the profession. Expressions upon it differ widely. It is generally admitted that there should be some restrictions placed upon the individual who would practice medicine, but just where and how the restriction shall be placed is a matter of opinion; in

fact of nearly as many opinions as there are individuals. First in the matter of school representation: All earlier efforts were made by members of the dominant school with the idea that to them, because of their numbers, belonged the right to regulate. This assumed right has never been admitted by members of other schools and the principle has been fought until effort in its behalf has been practically abandoned. Next comes the suggestion of a combination board in which the different schools shall be represented, and in which each looks after the tenets of its own school. Here arises the question of how many and what schools shall be represented? In practice it means as many schools as have sufficient political pull to command recognition, but usually the so-called regular, the homeopathic and the eclectic;—Michigan adds the physio-medical.

Another principle advocated by members of different smaller schools is that each medical sect shall have a board to examine members of its own sect. This is done with the claim that no one sect is competent to examine members of another whose theories and teachings they do not comprehend. This is largely the position of the osteopathic school, and is that held by some members of our own.

Besides the question of school representation, there is a wide variation in opinion as to what shall be the duties and the powers of the Board of Medical Examiners. These vary so widely in different states that it is difficult to give any conception of the many requirements, and practically impossible for any one person to meet all of the requirements of all the boards. In other words, there are few men who can qualify for the examination in all the states.

The earlier boards were merely Boards of Registration which noted your credentials and issued a license to practice medicine. Following this the acceptance of diplomas granted by colleges meeting certain prescribed requirements, and the examination of all applicants not presenting such diplomas. The next step was to require a diploma from a college meeting defined standards, which standards are raised from time to time by the board in the exercise of its police powers, for entrance to the examination by the board. This latter high standard has been reached by New

York, New Jersey, Pennsylvania, Ohio, Michigan, Minnesota, and perhaps others. We presume the gentlemen who were instrumental in having the laws passed in the different states congratulate themselves on their great wisdom. We confess it must be a matter of self congratulation because we fail to see wherein the public is benefited by laws which compel men to confine themselves to certain channels in gaining information.

To appreciate the conditions it is necessary for one to put himself in the position of the applicant for license to practice medicine. If he apply to the Colorado Board he may be licensed without examination provided he is the rightful possessor of a diploma from a college recognized by the Colorado Board; otherwise he will be required to take an examination in all branches of medicine except materia medica and therapeutics. Any one may take this examination irrespective of the credentials presented. Suppose he wants to practice in New York, New Jersey, Pennsylvania, Ohio, Michigan, Minnesota or other state having a like requirement;—well that's a horse of another color. For purpose of illustration we use Michigan, though, with equal propriety, any of the states named might be used. Here he must not only show that he is the rightful possessor of a diploma from a medical college in which the "medical course covers a four years' graded course of seven months in each calendar year, the aggregate of which amounts to at least 120 weeks of at least 36 hours per week; and at least 43 months must have elapsed between the student's beginning his first course of lectures and the date of his graduation examination," but he must also, in addition, furnish proof of having in his individual studies fulfilled the above requirements, including proof of a preliminary education of "fifteen units", which units are defined by the Board, nine of which are compulsory and six optional from a number of subject designated by the Board. Having satisfied the Board on all the above points, he is then allowed to take an examination in all of the subjects pertaining to medicine. If he can not furnish the above proofs, both as to preliminary and medical education, he is debarred from taking an examination and from all chance of license. The Michigan Board has the above rules. New York has its special rules, likewise Pennsylvania, New Jersey, Ohio, Minnesota, et. al. All rules



subject to change at will by the various boards. A Blaine, a Lincoln or a Greeley would have little show with such boards.

We have always thought that a board of medical examiners that can not ascertain the fitness of an applicant to practice medicine without having to go into the minutiae of where, when and how he got his information is not worthy the name, but after reading the non-sensical rules and regulations of different medical examining boards, bearing on the eligibility of the applicant to take an examination, we are constrained to think that men who exhibit so little sense in this direction may not be competent to learn much of the capability of the individual examined by them, and that, after all, "Medical Examining Board" is a misnomer. We thus find the anomalous condition of the State supporting educational institutions granting medical degrees it can not accept as evidence of fitness to practice medicine; appointing Medical Examining Boards whose examinations it can not accept. What will be the next step in this mad rush to crowd out the poor deluded individual who thinks his mission is to "heal the sick" we do not know, but a board that can not be trusted to examine an applicant for license to practice medicine without going into the minutiae of where, when and how he obtained his information is indeed a hollow mockery. We have no sympathy whatever with this kind of class legislation, and we sincerely hope Colorado may never stoop to anything so wholly un-American; so radically opposed to good sense and justice to the man who may have attained his education out of the beaten path. We have always been proud of the fact that in America the self-made man is respected, but, verily, his days are numbered if the monopolistic spirit herein denounced is to become general.

In our next issue we may have something to say on the proposed medical bill for Colorado; a bill that we think has many virtues, not the least of which is that any one, irrespective of educational credentials, shall have the right to examination.

D. A. S.

#### BURIAL BEFORE DEATH.

A startling subject and one that is full of interest, is the possibility of burial before death has taken place. That it is possible there is no question. That it really and frequently occurs is

exceedingly doubtful. That there is an amount of carelessness some times in this matter on the part of physicians must be admitted. Dr. Icard, of France, has given this subject extensive study. He has gathered facts relating to a great many cases and speaks particularly of eleven cases where physician's certificate of death had been given, and all the subjects were revived before burial. In one case a blank certificate had been signed by the physician and left to be filled out by the friends at the particular hour when death occurred. In arriving at a decision of real or apparent death the nature of the disease with which the patient was afflicted may be an important factor; its duration, violence and known destructive tendencies may give positive support to the evidence of death; but in cases of sudden attack and unaccountable death the greatest care should be taken and no known methods of resuscitation left unused, and the subject kept till positive signs of decay are manifest.

The great haste exhibited by all keepers of public houses, hotels, large boarding houses, sanatoria and places for entertaining tourists and the summer visitors, to have bodies removed at once, is well known and is a source of great danger. In cases of this kind the physician should always be on his guard and personally inspect the body and apply all suitable tests, lest he be persuaded unwittingly to do a great wrong.

J. P. W.

#### BELLADONNA—THE NEW PROVINGS.

Dr. Howard P. Bellows has made a partial report of the work done by the O. O. & L. Society in the matter of drug proving during the past year. They have on hand as the product of their labor 730 full pages of typewritten material. This is to be sifted, condensed and verified in numerous ways before submitting it to the profession as reliable material for use.

The drug under consideration and study was belladonna. While they have just begun their study of the remedy, yet, there are a few interesting things that may be gathered from their report. They have had 53 provings up to the writing of the report. Of these 23 show the action of the drug to be most marked on the nervous system; 14 gave greatest disturbance of the alimentary system; while 10 gave decided prominence of nose

and throat symptoms, and the remaining 6 evidenced active eye symptoms.

Of the 53 provers 50 recorded the symptom: dryness of throat—in one case it lasted 19 days; 31 of the 53 gave well known frontal headache symptom. The old symptoms of the skin, heat and redness, are not so well sustained as seemed to be expected, but the dryness of the surface is given increased prominence, this corresponds with the prevalent indication: dryness of the throat. Another condition that was developed by 30 of the provers was a diarrhea; the most prevalent color of stool was yellow, yellowish-brown.

It is very evident, if this line of procedure is followed out there will be some cherished indications that have passed current before our classes and in our literature that must be given up as fallacious, and on the contrary there will be brought out the real truth and many new conditions presented that will place some of our old friends in a better light and give them a better defined field of usefulness. This is greatly desired and we confidently believe will be accomplished.

J. P. W.

#### SYPHILIS—WHERE THE BEGINNING; WHERE THE END?

The profound chaotic confusion, the fearfully inextricable tissue transformation involving every phase of the animal mechanism and the subtle irresistible assaults, delivered with almost deadly precision, in sudden and unexpected pathological evolution, following in the wake of tertiary syphilis, would seem to call for redoubled effort in clearing away the utter darkness now surrounding its direct causation and true symptomatology.

Perhaps the most regrettable feature of the whole matter is the uncertainty of diagnosis in many of the deeper lesions of supposed syphilis, involving the brain and cord and their accessories, nutritional and otherwise. No less an authority than the very highest (Virchow), with fitting resignation admitted our utter helplessness in a positive categorical diagnosis of gumma; hence, added to this confusion of symptoms our lack of ability to determine the actual specific elements at work in this perhaps most important factor in the prostitution of mind and body in the growing race since the records of man began, forces the conclusion that our work in pathology has only fairly begun.

In syphilitic lesions of the central system we have to do with the tertiary phase of the disease and at a time when the specific poison is not directly infectious because of the altered nature of its virus — probably due to the persistently resisting physiologic elements of the victim — but it is at this time that we have most to fear from the evolution of the disease, since the lesions now produced are of the most pronouncedly chronic and destructive nature in addition to the vast variety of forms assumed, and the fact that no class of tissue is held sacred from its ravages. Doubt in this branch of our professional work—in almost everything relative to lues—may be pardonable in the individual perhaps, but is certainly a matter for apprehension when seen from the medico-scientific view point.

As has been suggested by Erb, if there is no possible means of determining to a definite certainty that many pathologic states heretofore regarded as syphilitic, are such, then are not, along exactly the same hypothetical lines, many other anatomically morbid conditions not heretofore regarded as syphilitic, in reality distinctly luetic?\*\*\*\* This shrewd investigator classifies his cases, on clinical evidence, into groups for closer study with special regard to their influence upon the central nervous system, and the general conclusions reached would rob the gummy degenerating mass, heretofore regarded as conclusive evidence of tertiary syphilis, of much of its importance as a diagnostic factor, whilst the atrophies, nuclear and other degenerations, are correspondingly elevated to prominence in this regard and, if the deductions are tenable, would include among the syphilitic product many diversified systemic degenerations, primary and otherwise, whose etiology has never been fully established, and in this way upset another group of old traditions; that systemic degenerations could not be attributed to lues.

All of this, however, if true will shed new light upon many obscure morbid developments heretofore in direct conflict with our views of the action of this specific poison upon nutritional centers as well as the avenues of transmission; posterior and lateral sclerosis, spastic paraplegias and a host of cord and brain lesions entirely removed from the consideration of meningeal involvement or gummy growth.

A. C. S.

## CONTRIBUTIONS TO THE HOMEOPATHIC HOSPITAL.

The following is a list of the contributions to the Denver Homeopathic Hospital during the year 1903.

Dr. J. P. Willard.....	\$ 10.00
Dr. R. O. Butterfield.....	120.00
E. J. Wilcox .....	150.00
Dr. G. S. Peck.....	50.00
Harper Leiper.....	25.00
D. K. Lee.....	181.20
Dr. D. A. Strickler.....	10.00
Dr. J. W. Harris.....	25.00
U. S. Hollister .....	25.00
Fanny Childs.....	10.00
Mary F. Waterbury.....	5.00
Dr. O'Connor.....	50.00
Dr. W. A. Burr.....	54.60
The Denver Union Water Co.....	200.00
The Denver Dry Goods Co.....	50.00
Women's H. H. Club.....	104.84
Dr. J. B. Kinley.....	100.00
Dr. L. S. Brown.....	25.00
The Joslin Dry Goods Co.....	25.00
John Dove, (Printing).....	10.25
Smith-Brooks Printing Co. (Printing)	25.00
Geddis & Seerie.....	14.00
Boericke & Tafel, (Medical Supplies)	16.25
The Denver Fire Clay Co., (Supplies)	3.00
	<u>\$1,289.14</u>

The money and supplies were used for the general expense of the Hospital.

November 1, 1904.

W. A. BURR,  
Financial Agent.

# Department of Theory and Practice

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

## HINTS IN THE TREATMENT OF COUGH.

The STANNUM cough finds its most complete development in tuberculosis, pulmonary or laryngeal; bronchitis, or following hæmoptysis. Debility and a sense of great weakness, must lie down. GREAT WEAKNESS IN THE CHEST is a marked characteristic. Rough throat, hoarseness in the earlier stages, later, much mucus in the trachea EASILY DETACHED. Profuse *greenish expectoration* of an offensive *sweetish taste*, may be of a light yellow or lemon color and profuse. Teasing cough, worse a night, short breath; PROFUSE SWEAT; GREAT WEAKNESS. *Feeling of emptiness in the chest*. Great soreness in the chest. Suited, also, to the later stages of pneumonia.

\* \* \*

RUMEX CRISPUS. A dry, incessant, fatiguing cough, with an aggravating TICKLING at the INTRA-CLAVICULAR FOSSA: Worse by pressure, lying down, talking or INSPIRING COLD AIR; cough relieved by covering the head and breathing warm air; sore, raw feeling behind the sternum; THE MUCUS MEMBRANE OF LARYNX AND TRACHEA VERY SENSITIVE TO COLD AIR; mucus in larynx difficult to remove.

\* \* \*

CIMICIFUGA. A nervous, anxious, irritable state: Rheumatic pains in the muscles of the neck and back; myalgia; nervous shuddering; tremors over the body; cerebral, spinal and pelvic symptoms. A dry, teasing cough, worse at night; often associated with pleurisy; violent, paroxysmal; frontal headache and aching in the eyeballs; there seems to be a DRY SPOT IN THE LARYNX.

\* \* \*

ANTIMONIUM TARTARICUM. This remedy should be given in the 6th potency or higher. At the beginning of capillary bronchitis in children; in the later stages of pneumonia; in whooping cough when the paroxysm is induced by a fit of anger; cough in-

duced by eating and results in nausea and vomiting; COUGH AND DROWSINESS, a desire to SLEEP; MUCH COARSE RATTLING OF MUCUS IN THE CHEST, WITH INABILITY TO RAISE IT; COUGH SOUNDS LOOSE BUT PATIENT RAISES NO PHEGMA. In children and old people; patient weak, sleepy and pale-faced.

\* \* \*

**HYOSCYAMUS NIGER.** Incessant, dry, spasmodic cough; NIGHTLY DRY, SPASMODIC COUGH, AGGRAVATED BY LYING DOWN, and relieved by sitting up; worse from eating and drinking; it is valuable particularly in the treatment of the coughs of old people; spasm of the chest with arrest of breathing, better by leaning forward.

\* \* \*

**CAUSTICUM.** Violent shaking cough at night; hoarseness, cannot speak aloud; SUDDEN, COMPLETE LOSS OF VOICE—a local paralysis; hoarseness with a deep bass voice; roughness and weakness of voice; involuntary emission of urine when coughing or sneezing and when asleep; rawness and scraping sensation extending down along the trachea.

\* \* \*

**PHOSPHORUS.** Tall, slender, tendency to stoop at the shoulders; quick, lively perception; sanguine in temperament; very susceptible to external impressions; cough reflex from mental influences; cough started by the act of speaking; SENSE OF OPPRESSION IN THE CHEST and difficult respiration; cough excited by talking, laughing or walking in the open air; DRY COUGH with tightness across the upper part of the chest; IT HURTS TO TALK OR COUGH; pains in the larynx, feeling of rawness; laryngitis; SHARP PAIN IN THE LARYNX; the irritation extends down into the bronchi; tracheitis: bronchitis; HOARSE, ROUGH VOICE; voice altered; speech painful; aphonia; sputum yellow, BLOOD-STREAKED OR RUST COLORED; at the beginning of the stage of hepatization or pneumonia, or where the patient has high temperature and is at the same time bathed in a colliquative perspiration.

\* \* \*

**SPONGIA.** Follows well after aconite; dry, hoarse, barking cough with burning in the chest; FITS OF HOARSE, CHOKING, CROUPY COUGH; HOARSE, HOLLOW, WHEEZY COUGH; slow, noisy, wheezy breathing;

sensation as if breathing through a dry sponge; dyspnoea, weakness in the chest; scarcely talk after least exercise. In croup the cough is dry and sibilant and comes on after exposure to cold winds; worse in the evening, from cold air, singing or moving; some relief after eating or drinking.

\* \* \*

**NUX VOMICA.** Your spare, thin patient: Sensitive to external impressions, tired and worn out; YOUR OVERWORKED BUSINESS MAN, IRRITABLE AND CROSS; COUGH OF GASTRIC ORIGIN; convulsive shaking cough after dinner; often with a SPLITTING headache; pain in hypochondria when coughing; violent cough before rising in the morning; expectoration, yellow, gray, sweetish or may be bright red blood.

\* \* \*

**ACONITE.** Has been sitting in a draft, or more likely has been exposed to cold, dry winds while riding; has a chill, followed by fever, INFLAMMATORY PULSE; a short, dry cough; hoarse, rough voice, constant inclination to cough, with troublesome tickling in the throat; FIRST, A DRY THROAT AND LATER BURNING; an inclination to grasp the throat when coughing.

\* \* \*

**BRYONIA.** These indications are clear-cut and reliable; voice hoarse, rough, cannot speak clearly; coming into a warm room excites cough; dry cough with pain under the sternum; PLEURITIC PAINS CAUSING THE patient to hold the sides when coughing; SHARP, STITCHING PAINS, WORSE FROM MOTION; better by lying on the affected side. Tenacious rust-colored sputa. Headache aggravated by coughing; thirst for large quantities of water, at long intervals.

J. P. W.



# *Department of Surgery*

Conducted by JOHN WESLEY HARRIS, M.D.

## ANTI-TOXINE IN TETANUS.

It has been demonstrated by experiments at the Pasteur Institute, Paris, that the poison of tetanus exerted its influence on the ganglia of the spinal cord, and that it reached the cord through the motor nerve, that it would travel centripitally only, and not at all by the sensory nerves. If the poison was introduced directly into the spinal cord tetanus supervened within a few hours. The common mode of entrance is through the muscle ending of the motor nerves. It was also demonstrated that a fatal inoculation of the poison could be checked by injecting the anti-toxine directly into the nerve itself. Quite a number of cases have been reported as treated by the intraneural injection, also injecting directly into the spinal cord; not merely the sub-arachnoid space, and with a greater per cent of cures than by any other method.

J. W. H.

## AMEBIC DYSENTERY.

The increasing frequency of amebic dysentery seen in the temperate zone on account of so many of our people going to the hot countries and returning home with this condition and on account of its dangerous sequelæ, abscess of the liver, makes it of increasing interest, and demands of us the very best treatment possible. It has been demonstrated that the amebæ cannot live in a temperature as low, or lower than 70° F., hence the best treatment for this condition has been found to be prolonged cold douches applied to the intestinal mucous membranes. If there is ulceration 5 to 10 per cent peroxide of hydrogen is added. The patient is placed in the knee-chest position, and the quantity used is limited only by the tolerance of the patient. If they can retain the water but a few minutes it should be repeated two or three

times at each sitting to obtain the desired effect. The temperature of the water should be made gradually colder, and after several treatments the water can be made ice-cold. A fountain of glass or metal is best, then pieces of ice can be put directly into the water. The best results having been obtained where the temperature could be lowered to 45° F., or lower.

If the amebæ have involved the ileum or the upper end of the colon and cannot be reached in this manner, then it becomes necessary to make an artificial opening, either through the appendix or lower ileum, treating the intestine through this opening, and, after destroying the amebæ, close the opening.

J. W. H.

#### ACUTE OSTEOMYELITIS.

Appendicitis, gall bladder disease, abdominal and pelvic inflammations have, for the past few years, received their full share of discussion, but of no less importance than any of these is the subject under consideration, and to be of equal benefit to a patient an early diagnosis, and operation is fully as important. The early diagnosis of this condition is as difficult as any of the intra abdominal. The truth of this statement is proven by the number of cripples we meet, suffering from the ravages of this disease, who have been treated for rheumatism, tuberculosis, or something else, until too late to conserve the usefulness of a limb. Acute osteomyelitis occurs chiefly before adult life, and is usually caused by pyogenic bacteria traveling to the seat of infection from some minute skin wound. The long bones, at or near the epiphyses, are the ones most frequently involved. The disease usually begins with a severe chill, followed by high temperature, and intense boring pain at seat of infection, and when this is near a joint, which is frequently the case, effusion into the same takes place in about 48 hours, and it is on account of this effusion that it is frequently diagnosed rheumatism. The pain is markedly increased by deep continued pressure as in mastoiditis, even when the disease is confined to the bony canal. After the first 24 to 48 hours there occurs œdema, and accumulation of infectious products within the medulary canal, with destruction of bone tissue, increas-

ing pain from increasing pressure, and an attempt to secure an outlet. We have no more local manifestations than the ones already given until this outlet is obtained, and if we wait for nature to accomplish this we wait for a stripping of the periosteum from the bone followed by necrosis. The local symptoms that accompany the lifting of periosteum from the bone are swelling without fluctuation, tender and glazed skin, and most excruciating pain on manipulation or motion. The urine shows albumen and casts, with high specific gravity, and the blood a marked leucocytosis.

This is but a poor picture of this disease, but if I have emphasized the importance and stimulated any of you to a careful study of the same, this paper has not been in vain. The treatment should be early, radical and thorough, opening of the medullary canal, with proper drainage. The constitutional treatment should be judicious feeding with the most nutritious and easily assimilating food, paying marked attention to the condition of bowels, kidneys and skin.

J. W. H.

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## *Abstracts and Reviews*

Conducted by GEORGE E. BROWN, M.D.

### THE UNRELIABILITY OF THE MICROSCOPE IN THE DIAGNOSIS OF MALIGNANT DISEASES.

G. Mamilton Whiteford (*Brit. Med. Chi-Jour.*) says that he has seen the value of the microscope repeatedly and extensively tested in the diagnosis of all the more common varieties of malignant tumor. The result has been a series of shocks to his previously firmly-rooted belief, and he now holds that the microscope for purposes of differential diagnosis is perfectly unreliable. Hamilton of Aberdeen has shown microscopic sections of the tongue of persons over fifty-five years of age which present an appearance identical with that seen in epithelioma. He placed

side by side with them sections of clinical epithelioma, and the most expert pathologists were unable to distinguish between the two. The author considers the naked-eye appearances and the clinical history of a case to be much more reliable than the microscopic appearances.

#### THERAPEUTICS OF LECITHINE.

Lecithine is the ether distearyl-glycerin-phosphate of cholin extracted from the yolk of egg. Morichaux-Beauchant (*Paris Thesis*, 1901-1902, No. 110 *Gaz. Heb. de Med. et de Chirur*, February 2, 1902) shows that, when administered to animals either hypodermically or by the mouth, lecithine increases the appetite and augments the body weight very rapidly. It renders growth active, multiplies the number of erythrocytes and increases the percentage of hemoglobin. Urea, total nitrogen and the coefficient of the utilization of nitrogen are increased and the phosphates are diminished. In a number of pathological conditions in human medicine lecithine appears to increase the appetite, to renew the forces, to augment the body weight and to prevent the excessive excretion of mineral substances. Thus its use is indicated in pulmonary tuberculosis, particularly in its first stages. It is an aid to hygienic treatment and is not specific. Without having a direct action upon the production of sugar it has an advantageous action against the phenomena of denutrition in the course of diabetes mellitus. It is useful in the treatment of neurasthenia, the convalescent period, the anemias and the cachexias. It appears to be useless in athrepsia and in confirmed pulmonary tuberculosis in children. The dose is 0.2 to 0.3 gm. (3 to 4½ grains) by mouth and from 0.06 to 0.1 gm. (9-10 to 1½ grains) subcutaneously. The prolonged use of the drug gives no anxiety.

## *Current Events*

Transactions of the American Institute of Homeopathy, session of 1904, held at Niagara Falls. We have received this volume and given it a hasty inspection. We are pleased with it. We find here a store-house of good things. A book of 1141 pages. The following gives some idea of the contents stated in pages: We find devoted to Materia Medica, 100 pages; Clinical Medicine 106, Homeopathy 80, Pedology 166, Sanitary Science and Public Health 72, Obstetrics 90, Gynecology 184, Electro-Therapeutics 100. We congratulate Secretary Gatchell on getting up so large a work in such a short time. It is a book the profession may well be proud of.

\* \* \*

From investigations made in London, and the results published recently, it appears that every man, woman and child, that is guilty of either coughing, sneezing, singing or speaking in public, may become a menace to the public health, because the mucus and saliva thrown from the mouth and nose in either of these acts may be impregnated with bacteria, and it is possible for the pathogenic variety to be disseminated in this way. By various experiments it was demonstrated that on certain occasions where public addresses were delivered, particles of saliva were thrown a distance of forty feet from the speaker and cultures made from these were shown to be swarming with streptococci. The report suggests that this was a medium of spreading disease more to be feared than the presence of poisonous gases that accumulate in rooms occupied by large bodies of people.

Just to think; what a shower poor innocent mortality has had from the hoards of "spell-binders" that have swarmed all over this country lately.

\* \* \*

In children, steady complaints of pain about the head, the limbs or any part of the trunk, without visible signs of inflammation, should always lead to careful examination of the spinal

column. A diagnosis of rheumatism is often groundlessly made in such cases. Headache may mean cervical trouble high up; pains in the shoulder or upper chest may be due to similar troubles lower down, while caries of the lower cervical vertebræ may cause pain referred down the upper limbs. Dorsal caries may produce stomachache, or sensitiveness of the skin over the ilium. —*Inter. Jour. Surgery.*

\* \* \*

On account of a paragraph which has been going the round of the daily papers to the effect that lemon juice is an efficient destroyer of the typhoid bacilli, Bissell (N. Y. Medical Journal and Phila. Medical Journal, 1903, LXXXVI., 991) made a series of bacteriological experiments on this subject. In the first series of experiments the strained juice of half a lemon was added to half a glass of sterilized distilled water. He inoculated this mixture with typhoid bacilli and after a lapse of from 5 to 20 minutes i. c. c. of the lemonade was introduced into the various culture tubes which were placed in an incubator; although in this series of experiments the typhoid bacilli failed to grow, this failure is to be attributed, not to any germicidal effect of the lemon juice, but to the presence of free acid. In the second series of experiments he varied the method by introducing sterilized glass rods or sterilized silk threads which had been saturated with typhoid bacilli which were left in the lemonade for a period of 5 to 30 minutes. In all of these experiments he got a copious growth of the typhoid germs and concludes, therefore, that lemon juice has no germicidal effect upon typhoid bacilli, and that this method of treating water as a measure against typhoid infection should be discouraged.—*Review.*

\* \* \*

The average man has a large amount of the tiger in him, he likes to see blood flow, provided, it is not from his own precious body. A careful and somewhat extended reading of recent Medical literature gives abundant evidence of an effort in certain quarters to revive the old practice of blood-letting for all forms of acute inflammatory disease, where there is a full pulse and a plethoric condition of the patient. We take the following from a leading journal of recent date. The article is on the treat-

ment of pleuritis: "The drawing of about 12 to 16 ounces of blood in such a patient gives marvelous relief, and if only persuaded to try it once the physician will never neglect the golden opportunity to relieve pain in this disease in such a simple and satisfactory manner." So far, this germ does not seem to have infected the journals of the homeopathic faith.

\* \* \*

The next meeting of The American Institute of Homeopathy will be held in Chicago. At a meeting of the Homeopathic Medical Society of Chicago, held October 20th, at which there were 120 physicians present, Dr. Jos. P. Cobb, chairman of the committee on invitation reported as follows:

*Mr. President:*—In view of the fact that the American Institute of Homeopathy has accepted the invitation of the society to be your guest at the time of their annual session in 1905, and that I have had the honor to be appointed by the President of the Institute chairman of the committee of arrangements for that occasion, I desire to enter the following motion for your consideration, viz.:

That a committee of twenty members shall be appointed by the chairman of this society to work with the chairman appointed by the Institute, and to constitute the local committee of arrangements, with full power to represent the society in every particular; that the committee shall consist of five members to represent each of the three homeopathic institutions in the city, viz.: Hahnemann Medical College, Chicago Homeopathic Medical College and Hering Medical College, and five to represent that part of the profession not connected with the teaching staff of either of the three mentioned institutions. Further, that the institutions shall each be requested to nominate the five physicians by whom they desire to be represented on this general committee.

The motion, seconded by Dr. Ch. Gatchell, was put to vote and unanimously carried.

The President then nominated the following physicians to become members of the committee of local arrangements:

*Hahnemann Medical College:*—H. V. Halbert, M.D., C. G. Fellows, M.D., A. L. Blackwood, M.D., C. J. Swan, M.D., C. E. Kahlke, M.D.

*Chicago Homoeopathic Medical College*:—W. M. Stearns, M.D., T. E. Costain, M.D., M. B. Blouke, M.D., B. A. McBurney, M.D., S. H. Aurand, M.D.

*Hering Medical College*:—R. Morris, M.D., M. M. Thompson, M.D., F. E. Wieland, M.D., J. H. Allen, M.D., Stafford T. Mitchell, M.D., W. S. Harvey, M.D., C. F. Ely, M.D., E. C. Sweet, M.D., A. E. Thomas, M.D., L. A. Schultz, M.D., G. B. Richards, M.D.

An invitation was extended to the Illinois Homeopathic Medical Association to share with the Chicago society as host of the American Institute of Homeopathy at its annual session next year.

\* \* \*

“History of Homeopathy and its Institutions in America” is the title of an extensive work to be published in four volumes of four hundred to five hundred pages each. It will be printed on finely calendered paper, and will be attractively and substantially bound. The work will be edited by William Harvey King, M.D., L.L.D., Dean of the New York Homeopathic Medical College. It will give, “A history of the homeopathic hospitals, state and local.

“A history of the American Institute of Homeopathy, the International Hahemannian Association, and of the sectional and state medical societies.

“A history of the “Journalism of Homeopathy,” a special chapter devoted to an account of the establishment of homeopathic publications and the results achieved in this distinctive field of journalistic research, with personal allusion to their founders, editors and publishers.

“A record of the lives of past and present exemplars of homeopathy in the colleges, the hospitals, and in the field of professional practice. It is not the purpose of the editor to encumber the pages of this work with biography overcharged with fulsome praise, or to exploit the deeds of any one man more than another; but it is proper in tracing the history of homeopathy in America that there be made a record of the professional lives of those who have been or are its worthy representatives in the world of medicine.”



A large number of persons will be engaged on this work representing the various interests, and it will probably require some time before the entire work is completed. Dr. J. P. Willard has been requested to write the history of the Denver Homeopathic College and Hospital.

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The difficulty of diagnosing pregnancy during the first few months is well recognized, and is often the cause of great anxiety. The *New England Medical Gazette* gives the following "signs of pregnancy" as worthy of consideration: It is observed as early as the fourth week, or possibly earlier, and consists of an intermittent softening and hardening of the vaginal portion of the cervix uteri, with, in many cases, a change of color, from a pale violet to a normal pink hue, or the reverse. These changes in consistence and color are rythmic, more or less. The alternate softening and hardening is easily detected by the digital touch, while changes in color may be seen through the speculum. These signs or processes are, in all probability, early manifestations of what is subsequently recognized as the intermittent contractions of the pregnant uterus, and are probably due to a necessity for some change or modification in the uterine circulation incident to the nourishment and growth of the impregnated ovum through physiologic intermittent congestion of the generative system.

\* \* \*

We are pleased to see that at least one state has come to a reasonable consideration of the relation of the established practitioner to the requirements for a license to practice medicine. The Illinois State Board of Health seems inclined to recognize that the experience of many years may be considered as in some degree an offset to the many details of scientific requirement expected from the student fresh from college. After January 1st, 1905, the board will accept as part of the examination required, "satisfactory evidence of five or more years of reputable practice of medicine and surgery since graduation, and will allow a credit of five per cent, upon the required average of seventy-five per cent for each period of five years of such practice on the part of a candidate for a certificate." This is ray of light on a dark field. We hope other state boards will move in a like direction.

Something really new. Tangelo. The creation of a new fruit is announced by scientists in the employ of the government under the auspices of the department of agriculture. The new fruit is a hybrid resulting from a cross between the tangerine orange, and the pomelo, or grape fruit. The cross was made in 1897, but only this year (1904) have the seedlings borne fruit. The result is a new and delicious fruit, combining the characteristics of both parents, inheriting size, juiciness and refreshing flavor from the pomelo; from the tangerine, a thin rind, a tender pulp and an almost seedless interior. When extensively propagated, as it will be in a few years, the tangelo will be one of the most popular citrus fruits in the market.—*Times*.

\* \* \*

At the Congress of Otolgy at Bordeaux, M. Delie read a paper upon "Tobacco and the Auditory Sense." Tobacco, he said, exercises a direct and selective action upon the auditory nerve, and nicotine brings about circulatory troubles, owing to its exciting action upon the great sympathetic. It also gives rise to, or stimulates, a trophoneurosis which ends in neuritis of the auditory nerve. Tobacco should be used in moderation, and practitioners should warn patients in whom there is already auditory trouble that its action is specially harmful in their cases. In persons who are already suffering from arteriosclerosis, or who have a family history of such a condition it ought to be forbidden, and all the more if they are comparatively young.—*Lancet*.

\* \* \*

Grocco's Triangle has been the subject of considerable investigation and seems to be of some value in determining the extent of effusion in cases of unilateral pleurisy. It is found on the posterior wall of the chest and on the side opposite to that on which the effusion is located. "The inner boundary of it corresponds to the line of the spinous processes; the lower boundary corresponds to the lower line of pulmonary resonance and is from three to six c. m. long. The external boundary is an oblique line which joins the outer end of the lower boundary and runs to the point on the inner boundary corresponding to the level of the exudate." The dullness in this triangle is influenced by the extent

of the effusion on the opposite side and may be taken as an indication whether the quantity of fluid is increasing or decreasing, in this way it becomes a valuable diagnostic sign. The percussion dulness in this triangle is regarded as more reliable than that on the affected side. The latter may be modified by the products of inflammation.

\* \* \*

The severe experience with and high death rate from pneumonia in many of our larger cities during the past winter and spring, has created an intense desire to avert a similar calamity during the coming cold season. In this matter, New York City seems to take the initiative in a very practical way. \$10,000 has been appropriated to pay the expenses of a commission of prominent physicians, whose duty it shall be to investigate the cause and best methods of prevention of this disease. The following gentlemen have been selected for the work: Dr. Frank Billings, Chicago; Dr. William Osler, Dr. William H. Welch, of Baltimore; Dr. John H. Musser, Philadelphia; Dr. Edward G. Janeway, Dr. L. Emmett Holt, Dr. T. Mitchell Prudden, of New York; Dr. Theobald Smith, of Boston.

\* \* \*

In gunshot wounds in which the kidney has probably been injured or perforated, it will be wise to do a laparotomy for the reason that other important abdominal organs are likely to have been injured. The kidney itself will have to be attended to through the usual incision, as a rule.—*Cleveland M. and S. Reporter.*

\* \* \*

Nordrach Ranch, is the name adopted by Dr. John E. White of Colorado Springs for his institution for the cure of tuberculosis. We have just received his third booklet, giving a description of the farm, and a full account of what they are doing for the cure of this dread disease. Nordrach Ranch has been receiving patients of this class for three years and the good results show a remarkably high per centage. This institution is beautifully located, some distance from the city, and has every element of climate, sunshine, pure stimulating air and attractive scenery. It

will, we predict, make a record for the cure of tuberculosis that will be equaled by few and surpassed by none.

\* \* \*

Do you want to do something that will give you pleasant memories for the rest of your life? Then send a check for three hundred and sixty-five dollars to the Denver Homeopathic Hospital and thus supply a FREE BED FOR THE POOR FOR ONE WHOLE YEAR. How many will accept this opportunity to do a noble deed It will help the destitute in their distress and you will be a better man or woman for the act.

\* \* \*

Dr. S. P. Meredith of Windsor, Minnesota, is prospecting through Colorado, expecting to locate in this state to practice medicine. He is a graduate of Hahnemann of Chicago.

\* \* \*

We take the following from an article in the *Medical Visitor* for October. The body weight of a kitten is doubled in 7 days, the puppy in 8, the lamb in 10, the pig in 18, the calf in 47, the colt in 60, and the infant in 180 days. Taken in connection with the growing qualities of the food supply to the young, these figures contain food for thought.

\* \* \*

A report from the office of the Health Commissioner, November 1st, shows this city to be in good condition in the matter of sanitation, and the amount of sickness is less than is generally prevalent at this time of the year. The number of cases of contagious diseases is very much reduced from the same time a year ago.

\* \* \*

Dr. Sherman F. Ashby of Fairmount, Nebraska, has been visiting in Denver recently. During his stay he called on a number of our physicians and attended a clinic at the Homeopathic Hospital. He is surgeon to the Burlington and Missouri River Railroad.

\* \* \*

Dr. Laurence M. Taylor, formerly of this city and assistant to Dr. Strickler in his large eye and ear clinic at the college, has

located at Fruita, Colorado, and entered into partnership with Dr. C. B. Masser. Reports indicate that they are doing a large business.

\* \* \*

Mr. Alfred Zimmerman, a representative of the *New York World*, made a very pleasant call at this office last week. He, with his wife and son, made an extended visit to this city two years ago.

\* \* \*

Dr. Neils R. Finsen, whose fame rests chiefly on the development of what is known as the Finsen Light has passed to his long home. He was a man of great industry, a persistent worker and contributed much to subjects of light treatment in some forms of disease. He was author of "The Influence of Light on the Skin." His health has been declining for years. He was honored at one time by a visit to his establishment by Alexandra, wife of King Edward of England.

\* \* \*

Dr. Leroy C. Hedges, of Grand Junction, Colorado, has been appointed by the Governor a member of the State Board of Medical Examiners, in place of Dr. C. F. Stough, resigned. The appointment will be satisfactory to the profession throughout the state.

\* \* \*

The Denver Homeopathic College has started in for another year's work, and everything is moving on nicely. The students are faithful to their duties and very enthusiastic. The members of the faculty are doing their work well and take a deep interest in everything that pertains to the welfare of the institution.

\* \* \*

Miss Ruth Crittenden has been appointed assistant to Miss McFadden in the management of the Hospital and in conducting the Training School for Nurses connected with the Hospital. Miss Crittenden is a graduate from the Training School of the Boston University and comes to us with the highest commendations. She entered upon her duties at once.

Dr. William A. Secrist and family, formerly of Alpena, Michigan, have moved to this city and taken up their residence on Pearl Street, corner Sixteenth Avenue. The doctor will devote his attention to surgery exclusively. We wish him abundant success. He began his course of instruction in the College November 1st. Office, Room 17 Nevada Building.

\* \* \*

Dr. Carolyn D. Beebe, 1350 Detroit Street, Denver, has returned from her extended visit to Chicago. We are pleased to report that she is very much improved in health. Her son, Dewey, has entered the Denver Homeopathic College as a member of the freshman class.

\* \* \*

Dr. Collins thinks the best and most pleasant use of rubber gloves for surgical purposes comes from putting them on dry with the aid of sterile starch or lycopodium as a lubricant. The details of preparation are rather elaborate but highly prized by the doctor. A full account of it may be found in the *Standard* for October.

\* \* \*

"Denver is the only city on the map." This is the way many denizens of this beautiful city have of expressing their admiration for the place of their residence. The statement may not be geographically correct, but if the newspapers can be believed Denver is the only city on the map of this country where the civil service authorities at Washington have given orders that persons suffering from tuberculosis cannot be employed in the delivery of mail. The following is the order:

"With a view of guarding against persons who are afflicted with tuberculosis, it is directed that applicants for postoffice service in Denver, Colo., shall be examined by a medical officer stationed in that city, and if it is found that they are so afflicted their applications shall not be accepted."

\* \* \*

Red Noses.—Some unfortunate persons suffer from a tendency to redness of the nose, due to fugitive erythema which supervenes under slight causes, either internal or external. A Berlin physician, not improbably a sufferer himself, announces that this ephemeral but distressing condition may be cured by the ap-

plication of benzine. He applies it on a folded piece of lint, which is kept in contact with the erythematous area for a few seconds, carefully avoiding any friction of the skin. If the application be repeated a few times the skin covering the nose becomes paler and less shiny. The benzine applications may even be used as a prophylactic, so that persons whose noses are liable to vie in hue after dinner with the red, red rose can avert the calamity by including benzine among their cosmetic appliances.—*Med. Pres.*

\* \* \*

The medical authorities of the United States Navy propose to ask the next session of Congress for an appropriation of \$50,000.00 to be used to purchase a suitable tract of land on which to build a hospital adapted to the needs of tuberculous cases that develop in the men connected with that department of our army. It is the intention to select a suitable location and erect hospital buildings adapted to the out door methods of treatment. It is expected to locate the institution at a favorable elevation and not far from the sea coast.

\* \* \*

Fears. Aconite.—Afraid of a crowd, or of crossing a busy street; fear of approaching death, predicts the day. Arnica: Fear of being touched or struck by persons coming toward him. Arsenicum: Fears to be left alone lest he do himself bodily harm; fear of death when alone. Thuja Occidentalis: Fears he will be broken, thinks he is made of some brittle substance. Anacardium: Fears some terrible calamity will befall him. This is present on going to bed.

\* \* \*

How to kill a baby with pneumonia: Crib in far corner of room with canopy over it. Steam kettle; gas stove (leaky tubing. Room at 80° F. Many gas jets burning. Friends in the room, also the pug dog. Chest tightly enveloped in waistcoat poultice. If child's temperature is 105° F. make a poultice thick, hot and tight. Blanket the windows, shut the doors. If these do not do it, give coal-tar antipyretics and wait.—*Exchange.* The above prescription will apply equally well to adults, and the results may be guaranteed with confidence.

We heartily commend the views of a New York physician who writes of the value of an erect position of the body as a factor in longevity. He claims that the regular movements of the upper trunk muscles with the body erect, have a decided effect to improve the hearing and vision, and also tends to greater freedom in intellectual effort. Persons that habitually stand erect and give the chest its full antero-posterior diameter are less liable to diseases of the heart, great blood vessels and the lungs, hence an increased probability for long life.

\* \* \*

Many centuries before the Christian Era there existed in India and Ceylon institutions which performed the functions of hospitals (*Real Encyclopaedie*, Eulenburg; *Philadelphia Med. Jour.*) They were built and maintained by the Buddhists. In the Scriptures there is mention of what the Hebrews called Bethesda, but this was nothing more than a few rude huts in the neighborhood of a mineral spring supposed to have healing properties. According to Lecky (*History of European Morals*), the first hospital was founded by a Roman lady named Fabiola, about the fourth century, at Rome. Soon after, another hospital was founded by St. Pammachus, and another by St. Basil at Cesarea. During the crusades numerous hospitals arose in all parts of Europe. San Spiritu, built by Innocent III., was erected in 1204 at Rome. The first hospital in England was built by Lanfranc, Archbishop of Canterbury, in 1080. The first hospital of any size erected in American was the Pennsylvania Hospital, begun in 1751 by Dr. Bond and Benjamin Franklin.—*Exchange*.

\* \* \*

The women of Russia may obtain diplomas entitling them to practice medicine on about the same terms as the men. They must obtain them from some of the universities of that country, and also from the Military Medical Academy.

\* \* \*

Dr. and Mrs. Frank Kraft, of Bell Avenue, Cleveland, will conduct their next private club for visiting Europe, end o June, 1905, sailing from New York direct for Naples; the tour will then include the principle cities and historical places in Italy,



Switzerland, Germany, Holland, Belgium, France, England, Ireland, Scotland, and return from Glasgow, in mid-September. Price per person is \$510, which covers, practically, all transportation and hotel expenses from New York back to New York. A fine opportunity for ladies, or minor children traveling without escort, or for tired-out professional men, or school teachers, or students, or recent graduates, or for convalescents, or those along in life making their first and perhaps only visit to Europe.

\* \* \*

Dr. Mary Mills of Princeton, Indiana, has decided to make Denver her home. Her son has matriculated as a freshman in the Denver Homeopathic College.

\* \* \*

The ladies of the Hospital Club have completed their plans for a *Rumage Sale* during the last week in November. Sale room at Eighth Avenue and Santa Fe street. Give them a real enthusiastic support in this good work.

\* \* \*

We are pleased to read in the *Clinical Reporter* for October, the very kindly remarks that are made in reference to Dr. James A. Campbell, who retires from the active duties of the Faculty of the Homeopathic Medical College of Missouri, after a service of thirty-five years. In 1868, when a student in that college, he was a genial, warm-hearted gentleman, loved by every student, and we are not surprised that he has made a large place for himself in the affections of the members of the faculty of that institution. He is too big a man to be anything else than loyal to his Alma Mater. We quote: Few indeed there be who like Campbell have followed their Alma Mater's interests so many years, always faithful, always true and always willing to bear a share of the work and detail that is so necessary for the successful maintenance of any institution; we need more like him and it is hoped that some of those, who today listen to instruction, will in future take up the spirit and vim of this worker and bring to themselves honor, and to the College that gave them instruction, a good name.

## BOOK REVIEWS.

PROGRESS is in receipt of Census Bulletin No. 15, entitled: A Discussion of the Vital Statistics of the Twelfth Census. The work contains many valuable tables of comparative death rates in addition to the death rate from tuberculosis, typhoid fever, diphtheria, croup and the disorders of old age, in the various cities of the United States. The work was accomplished with the cooperation of Dr. John Shaw Billings, who had charge of the division of vital statistics at the tenth and eleventh censuses.

### ANNUAL REPORT OF THE SURGEON GENERAL, PUBLIC HEALTH AND MARINE HOSPITAL SERVICE OF THE UNITED STATES.

This compilation is the thirty-second annual report of this department in its 105th year of existence and the second annual report under Congressional Enactment July 1, 1902, which increased the latitude and efficiency of the service and designated it as the "Bureau of Public Health and Marine Hospital Service." The report contains important information concerning our national and cooperative local, foreign and insular quarantine and other public health service, under the control of the State Department: The data relating to plague, smallpox, yellow fever, &c., and the measures instituted for their prevention and hygienic control by the cooperation of the various branches of the service in the danger zones, is exhaustive. The service aims to cover every possible source of infection from the plague districts of Africa, the unsanitary and overcrowded areas of Europe, Asia and the sister republics to the Canadian borders, all of which are carefully and rigidly guarded against the propagation and transmission of infection and contagion. The report carries with it the conviction of efficiency and arouses a wholesome respect for the public health service.

A. C. S.

ESSENTIALS OF NERVOUS DISEASES AND INSANITY. By Dr. John C. Shaw, of the Long Island College Hospital Medical School. Fourth Edition. Revised by Smith Ely Gelliffe, M.D., Ph.D. of the Columbia University, New York. Saunders and Company, New York and Philadelphia. Price, \$1.00.

This little book is a compendium. It is accurate and comprehensively worded and arranged—it ought to be exceedingly

helpful to student and doctor. Essentially it is a students book, but it ought to prove an effective little helper in the hands of the regular practitioner who often wants the gist of nervous trouble placed quickly and concisely before him for purposes of inquiry or diagnosis. It is not a simple undertaking in this age to safely boil down and concentrate the valuable data in nervous and mental disorders into so small a compass without sacrificing some of the essentials, but Dr. Shaw has accomplished this and given the student and the physician a compend of unquestioned value and completeness.

A. C. S.—PP

**THE SURGICAL TREATMENT OF BRIGHT'S DISEASE.**—By George M. Edebohls, A.M., M.D., LL.D., Professor of the Diseases of Women in the New York Post-Graduate Medical School and Hospital; Consulting Surgeon to St. Francis Hospital, New York; Consulting Gynaecologist to St. John's and Riverside Hospital, Yonkers, N. Y., and to the Nyack Hospital, Nyack, N. Y.; etc., etc.

The first part of this volume is a collection of all the papers in chronological order, by the author, which have appeared in various journals from time to time on this subject. On reading these papers one sees how this treatment was developed by the author, and with what rapidity it has advanced, almost surpassing his expectations in curing so large a percentage of cases of what heretofore has been considered an incurable disease.

The second part is a history of the 72 cases operated by the author with the results in each case. He has stated his cases clearly and without any reserve, so that he who reads may judge for himself as to the results of this treatment. The confidence of the author is certainly very great when he says: "For even at the present writing we are able to affirm, as the result of experience, that renal decapsulation applied early in the course of chronic nephritis, and in the absence of complications, is almost free from danger in expert hands and is almost a certain cure." J. W. H.

**A TEXT BOOK OF ALKALOID THERAPEUTICS:** Being a Condensed Resume of All Available Literature on the Subject of the Active Principles added to the Personal Experiences of the Authors. By W. F. Waugh, M. D., and W. C. Abbot, M. D., with the collaboration of E. M. Epstein, M. D. 405 pages: The Clinic Publishing Co., Chicago. 1904.

The theory of the administration of alkaloids as summed up by these authors in their dedicatory statement: "The smallest possible quantity of the best obtainable means to produce a desired therapeutic result," cannot but appeal to all believers in drug medication. In all schools of medicine there is a tendency to do away with the large doses of crude drugs, and to place more reliance on the individual remedy; and, as far as possible, upon the active principle of that remedy. Much credit is due the reliable manufacturing chemists who have succeeded so successfully in extracting the pure alkaloids. As stated by the authors, the main facts known of the drugs here mentioned have been gleaned from the standard works on materia medica and from other available sources, that, as a careful review of the work shows, involved a great amount of painstaking research and observation on their part; and, as a result, they have given to the medical profession the gist of what is known of most of the alkaloids which have been separated. The plan of study has been that usually followed by writers on materia medica; the indications, however, being based on those of the homeopaths, the eclectics and the allopaths. While one may not subscribe to all the views set forth, yet a great amount of valuable information can be acquired from a study of this book.

G. S. P.

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## PUBLISHER'S PAGE

Owing to the many inquiries for Progress we wish to make the following explanations. Progress is mailed about the 15th of the month. If you fail to receive your copy notify us at once. Do not fail to notify us if you change your address. Three cents is required to have your journal forwarded.

### THE MAN BEHIND

Should get a hump upon himself and carry in his obstetrical bag a cake of "*Brower's Antiseptic Soap*" if he expects to avoid having another case of puerperal fever on his hands. It makes an ideal antiseptic douche, is a good detergent and an excellent soap for the hands.

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### GOOD FOR COLORADO.

"The growth of science in America has not been equaled anywhere else. Farmers have learned at last how to cross bees

with fire-flies in order to make them work at night. We have reached such a state of scientific knowledge that we have produced a fine cross between the potato and the onion. We plant the potatoes and onions in alternate rows. The onions are so strong and draw so much water from the eyes of the potatoes that the land needs no artificial irrigation for miles around."—Dr. H. W. Wiley, chief chemist of the United States Department of Agriculture.

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Walter K. Schmidt & Co., Ltd.,  
Wholesale and Retail Analytical Chemists, Drugs, Chemicals, Etc.  
The Abilene Company, Grand Rapids, Mich., Mch. 19, 1903.  
Abilene, Kansas.

Gentlemen:—It gives us pleasure to say to you that every bottle and every case of Abilene that we have sold has given satisfaction, and that it is one of the few mineral waters that proves to be a repeater. We have had so much experience with it that we recommend it over the counter; we feel we are giving a customer the best there is in any mineral water.

Yours truly,  
Walter K. Schmidt Co., Ltd.

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#### THE LATEST FROM LIMERICK.

There once was a man from Nantucket,  
Who kept all his cash in a bucket,  
But his daughter named Nan  
Ran away with a man,  
And as for the bucket, Nantucket.  
There once was a wandering vagrant,  
Whose felonies often were flagrant;  
He stole some cologne,  
Quoth Justice Malone,  
"Your crime is both flagrant and fragrant."

---

Boericke & Runyans Standard Homeopathic medicines are kept in stock by The Steinhauer Drug Co., 930 15th St., Denver.

Do not forget Marach in your pneumonia cases, it is the best antiseptic poultice on the market.

Hahnemann said (vide Chronic Diseases) linen underwear is the only kind the patient should wear, but it took the profession 50 years to be convinced of this fact. The Dr. Deimel linen-mesh is the standard.

# PROGRESS

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VOL. III.

DENVER, COLO., DECEMBER, 1904.

No. 6.

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## *Original Articles*

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### UGHT THE TEACHING IN HOMEOPATHIC COLLEGES TO BE CRITICISED BY THE PROFESSION?

BENJAMIN F. BAILEY, M.D.

I am told that there is a disposition on the part of non-college men to criticize the teachings of the homeopathic colleges of the present day. This may hardly seem strange to me, as I am inclined to believe that I may have been myself somewhat of a critic upon this question, and I am still inclined to feel some little inclination to question whether or not the instructors in every college appreciate fully the needs of the student and the demands of the present day. It may be possible that without exception they appreciate it better than it is possible for me to, but if so, they will kindly consider this short discussion on the question as a friendly consideration together of a subject which must be fraught with much interest to us all.

To open the discussion, it has seemed to me that in the first place there has been a lack of deep attention to the materia medica teachings; second, that the entire teaching has seemed to me to be at times belittled by that of other chairs, who are inclined to throw slurs at all internal medicine, and especially at our own materia medica, while their entire time is given to the support of treatment and discoveries based upon bacteriological work, viz., aseptic, antiseptic, germicidal, etc. "A house can not stand divided against itself." No college can do the best work when one member of the faculty is allowed to infringe upon another

member or to belittle his work. No man should be employed as a teacher in any higher educational institution who is so one-sided and whose judgment is so warped that he can see only the necessities and importance of one branch. Neither do I believe that the surgeon or the gynecologist can ever be a safe man who is so imbued with the mechanical, chemical and bacteriological that he has neither knowledge of or faith in internal medication. It is too much like the man who says it is wicked to take medicine because if we have faith we may be healed by prayer. How much more rational it is to believe that if there is a divinity He gave all the good things to the world and to find and use them is one of the highest purposes of man.

And just as this is true of the material world it is equally true of the human race. He endowed the surgeon with those qualities which make him especially fitted for surgery because the world would need a surgeon, and nature endowed the analytical mind with the powers of analysis, diagnosis and prescription because the world would need a doctor, but the broad surgeon and the broad doctor is the man who can glance across the field into his brother's domain and see and admire the work that he is doing, and long to often call him in for a morning chat and consultation upon some subject akin to his own field yet a definite part of his fellows.

If we cultivate this frame of mind we will see that there are certain positive facts existing which will give absolute importance and strength to each branch of medical teaching and which will prevent any slighting of attention or belittling of one teacher's work by another. For instance, I challenge anyone to question the truth of the law of similia. It is only in the minor details that we can differ in position. If this law is a vital truth it is the greatest duty of our school to develop it and to preserve it. This work requires an attention to detail and a perseverance that is deserving of the highest commendation, and hence every man who is striving to do this work for humanity should receive the support and honor of his fellows in the profession.

But such a man can not be trusted to do his work well unless he is broad enough to recognize that there are laws outside the

law of similia which are also true and also need support and advancement in their sphere by strong men in the profession, and no man who is entrusted with the demonstration, proof and teaching of the law of similia should criticise or cavil at those who are delving in a scientific line for the definite proof or disproof of other laws of healing. Many a great institution of learning has been crippled because the heads of different departments were jealous of the prerogatives of their own. Such a head of a department may have been a good teacher up to a certain point, but never up to the full human capacity.

In short, it is our duty as homeopathic physicians to define, prove and teach not only similia, but every other law that is in any way connected with carrying on the best possible work by the medical profession. It is our duty to see that our colleges are manned with men who in their various branches shall be good teachers and not narrow critics, and I would even go farther—if the homeopath who is teaching materia medica can not be broad enough to allow proper investigation of other laws he is nor fit to teach in any school, and if the teachers of any other laws of healing are not broad enough and wise enough not to interfere with or criticise the materia medica department they are not wise enough to teach in any college, and if they criticise, especially the homeopathic law they certainly have no business in a homeopathic college.

Hence, if there is any criticism of the teachings of homeopathic colleges it is a criticism that may be due to any college, and the well-rounded homeopathic college ought to escape criticism if it teaches wisely and faithfully all the branches of medicine and in the therapeutic branch includes similia, serum therapy, hydro therapy, electro therapy, etc.

Lincoln, Neb.



## "WHAT IS THE MATTER WITH OUR HOMEOPATHIC COLLEGES?"

GEORGE ROYAL, M.D.

Dean of the Homeopathic Department, University of Iowa.

As we were leaving our college building at Kansas City, on the afternoon of October 6th, after discussing the needs of our materia medica, a friend remarked, "Royal, what is the matter with our colleges?" He then went on to repeat the criticisms he had heard or read; criticisms made alike by friend and foe, informed and ignorant. As I remember the criticisms, there were ten, which ran something like the following:

1. They do not turn out enthusiastic homeopaths.
2. They do not teach pure homeopathy.
3. They do not properly teach materia medica.
4. They do not make the other chairs assist that of materia medica.
5. They spend too much time in laboratory, on pathology, and bacteriology.
6. They also spend too much time on the specialties.
7. There is not enough of the spirit of reciprocity between them.
8. There are too many of them.
9. They have done away with the preceptors.
10. They do not measure up to the old-school medical colleges.

I could not tell from my friend's question and statement of the above criticisms, whether he believed them or not. I did not have the opportunity at that time to answer the question or comment on the criticisms; but if you will give me a little space in your journal, I would like to do so now. I would answer the question, in the parlance of the day: "They're all right." I say this, because, in the main, I believe it to be true, and because I feel sure that the few defects which do exist, and which are brought out in the above criticisms, may be easily and speedily corrected.

Now let us take up these criticisms. The eighth I do not

believe to be a just one. On the contrary, I do not believe we have homeopathic colleges enough. I am confident that six or eight more colleges, properly located in different sections of our country, would not only increase the number of practitioners of homeopathy, but, in a greater proportion, the adherents of homeopathy. Every opening in the fall, every commencement in the spring, and the going and coming of students at vacation time, serve as advertising media for the cause. I sincerely believe that a homeopathic college in connection with every state university would be of great advantage.

On the other hand, I feel equally confident that there is no city in the country large enough to maintain more than one college to advantage; i. e., to the advantage of the cause of homeopathy. The entire strength and forces in our largest cities should be utilized to equip and man as thoroughly as possible one college and one post-graduate school. The latter not only afford an opportunity to the alumni of the former to return every three or four years, and acquire that which has become known during the interim; but also to afford the graduates of the smaller colleges an opportunity to supplement the work of their alma mater.

As to the first criticisms, that the colleges do not turn out enthusiastic homeopaths, I do not believe that the colleges are responsible for this lamentable condition. That homeopathic physicians are not as enthusiastic as they were a few years ago, or as they ought to be, I know; but that our colleges are not the cause, I am equally sure. The responsibility lies with the profession at large. The reasons for the condition are many. In the first place, homeopathy is no longer a novelty. Our therapeutic system has passed beyond the experimental stage—it has been established. On the other hand, electro-therapeutics, hydro-therapeutics and psycho-therapeutics have absorbed the enthusiasm not only of the profession, but also of the laity, which latter is so essential to the former. And, again, our school has been making up a deficiency which has really been a serious drawback to us. In the long and rapid strides that have been taken in surgery and, in fact, all specialties, our school has not been one

whit behind the others. Our surgeons and specialists are now the equal of any. We can no longer be reproached for having but one idea.

This devoting of so much time to the training of our specialists, which has given occasion to criticism No. 6, is a cause of apparent rather than real lack of enthusiasm. Those who make this criticism are of the class which consider homeopathy as merely a therapeutic specialty. Anything outside of prescribing the indicated remedy, they would consign to the dominant school. Hence the enthusiasm which our school has bestowed upon surgery, electricity, and other kindred subjects, during the past fifteen years, is not credited. Our minds run in grooves. We are the creatures as well as the creators of fads. Most of us like to do one thing at a time. What is true of the individual is true of the profession. I feel sure that, now that we have all assisted in developing the above named specialties, our school, as a unit, will, as it is in duty bound, assist in bringing our therapeutics to as high a standard as possible.

Right here, let me say to my homeopathic brother who has been sending his son, his nephew, or his student to an old-school college, giving as his excuse that those colleges furnish better instruction in surgery, diagnosis, electricity, etc., than is given in ours, that his excuse is no longer applicable or honest.

This brings us to the tenth criticism, which I pronounce not only unjust, but false. And this I do deliberately. After having taught for over twelve years in a state university in which both schools have a college, where I have had every opportunity to make comparisons, after having visited and examined eleven colleges of our own school and an equal number of the old-school; after having attended clinics and watched the specialists operate, heard them lecture and prescribe, I am confident I know whereof I speak. The subjects in which the old school are said to excel us in teaching, are the fundamental branches—pathology and diagnosis. As a matter of fact, these subjects in our state schools are taught by the same men, in the same laboratories, and to students examined and admitted by the same examiner. As there are in both schools colleges which are weak, and others which are

strong ; some which are well, and others which are poorly equipped, I contend that it is only *at state schools* that the truth of such a statement can be demonstrated. I want to say further to this homeopathic brother, who, in addition to the excuse he has given, states that he himself can and will teach his son or nephew the homeopathic materia medica, that he has undertaken a very difficult, if not impossible task. I find it difficult enough, with all the professors of the other chairs assisting me, to teach our materia medica ; but think what would it be if these professors were not only ridiculing my teaching, but were at the same time daily teaching something different. Let every homeopathist who entertains such ideas read carefully Dr. McConkey's prize essay on "Why Students of Medicine Should Select the Homeopathic School," and especially the three statements which the *Medical Century* has placed on the fly leaf of that pamphlet. The careful reading of that pamphlet, I am confident, will convince any one whose mind is open to conviction, that the place to send medical students, especially homeopathic medical students, is to homeopathic colleges.

To this last mentioned cause, viz., assuming that our school is merely a therapeutic specialty, and at the same time working side by side with old-school physicians, in developing the specialties, more than to all other causes combined, do I attribute the lack of enthusiasm among our younger men. That there is not enough of the spirit of reciprocity is true. When teaching in the public schools I received more help from teachers' meetings in one year than I have during the entire twelve years which I have taught in a medical college. Our professors ought to *exchange* every now and then. Every college ought also to ask members of the profession to come and deliver special lectures. I am glad to say that the Intercollegiate Committee is expecting to present the subject to the Institute at its June meeting.

I also believe we made a mistake when we refused to give credit for the time a student spent in a preceptor's office. I know there were good and poor preceptors, as there are good and poor professors ; but, on the whole, the student's time which he spent in an office was profitable. But what was still better, it inter-

ested physicians to be on the lookout for bright young men and women to come into their offices, and later into our colleges. The only way we can make this loss good is to so fill our physicians with the sense of their duty that they will watch every graduating class in their high schools, and from them procure students for our colleges.

As to criticisms 4 and 5, I do not believe either is just. In our college the other chairs do support that of *materia medica*. In considering the fifth, let us remember our claim: "That all that pertains to the great field of medicine is ours." If we believe this we are in duty bound to assist in putting these two branches upon as solid a basis as possible.

The second criticism I will not discuss, because there are so many opinions as to what constitutes *pure* homeopathy. It is like the interpretation of certain portions of the Bible.

The third and most important criticism remains to be considered. As a teacher of *materia medica*, I confess that I cannot teach it as I think it ought to be taught. I consider that there are three essential requirements necessary to an *ideal* method of teaching *materia medica*.

First—That every student should prove at least one drug and superintend the proving of another, during his college course.

Second—The kindergarten plan should be followed.

Third—That every student should be taught the toxicological dose and effect of each drug, and the antidotes.

The first and third of these requirements can easily, and in my opinion should, be met.

The second is much more difficult. In fact, for many colleges, impossible, because it would necessitate a patient for every group of symptoms presented by a proving. Belladonna and arsenicum would require over twenty-five patients each. Most of our professors of *materia medica* do hold clinics, and all should hold as many as possible.

Fulfilling the first of these requirements would imbue our graduates with faith. Fulfilling the second, as nearly as possible, would create enthusiasm. Fulfilling the third, self-reliance.

As most of our colleges do meet the above requirements, I feel that materia medica is *properly*, though not *ideally*, taught.

Des Moines, Iowa.

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## HOMEOPATHY IN OUR MEDICAL SCHOOLS OF TO-DAY

JOHN P. SUTHERLAND, M.D.,

Dean of Boston University School of Medicine.

It is sometimes claimed there is a lukewarmness about modern homeopaths, especially the recent graduates, that contrasts unfavorably with the enthusiasm of the homeopathic practitioner of a generation ago. Whether or not this criticism be well founded is not the object of our present consideration. Whether or not there is inefficiency or insufficiency in the teaching of homeopathy to-day is the question which will bear, at the present moment, a little consideration. Different methods may be made use of in discussing the question, but the statistical will probably give as clear an idea of the condition of things as any other. Let us contrast numerically, the faculties of our medical schools of twenty years ago and to-day. I speak, of course, of one school with whose history I am well acquainted. Twenty years ago the total number of that faculty was twenty-eight, nine of whom were professors. Of the total number, one devoted his college hours wholly to the teaching of materia medica; seven gave a portion of their time to the teaching of general and special therapeutics; one considered the history and methodology of medicine, and one pharmaceutics. The course in materia medica covered two years of thirty weeks each, two sessions a week. The course in pathology and therapeutics (theory and practice) occupied the same length of time. The other courses covered a portion or the whole of one year.

To-day in the same school the faculty consists of sixty-two members, *twenty-five* of whom have to do with the teaching of materia medica and homeopathic therapeutics, *two* are connected with the department of homeopathic pharmaceutics, and *two*

devote their attention to the history of medicine, the "Organon," the "Chronic Diseases," and the principles of homeopathy. That is, at the present time, *twenty-nine* members, or a *larger number than the total membership of the faculty of the same school twenty years ago*, devote a portion, or all of their school hours to the teaching of homeopathy.

To go a little more into detail, the present course in *materia medica* (that is, drug pathogenesis pure and simple) consists of three lecture-hours and two (often it is three) quiz-hours a week for the thirty or more weeks of the school year for two consecutive years (five, sometimes six hours a week for sixty weeks). The course in general pathology and therapeutics necessarily has to consider the etiology, pathology, and diagnosis, as well as the treatment of disease conditions. This course occupies three hourly sessions a week throughout the school year for two consecutive years. The subject of treatment is, of course, considered from a broad standpoint, and includes general management, diet, and hygiene, in addition to the administration of the applicable homeopathic remedies.

Practical hospital and dispensary courses in clinical medicine for the senior students are given by three experienced clinical teachers, covering an aggregate of eighty hours a year. In addition to these courses, the well-equipped medical school of to-day has departments devoted to the specialties : such as diseases of the ear ; of the eye ; of the nose and throat ; of the skin ; of the chest ; of nervous diseases ; departments on insanity, paedology, gynaecology, obstetrics, surgery. In all of these special departments the subject of homeopathic therapeutics receives due consideration. In addition to all this, advanced students have the opportunity of spending all their available time in general and special dispensary clinics, in all of which special emphasis is laid upon the selection and administration of the homeopathic remedy.

Thus it may be seen that nearly as much time is devoted to the teaching of homeopathy to-day in our medical schools as was devoted to the entire course in medicine twenty years ago. If this seems an exaggerated statement, I would call attention to the fact that twenty years ago the majority of the medical schools of

this country were graduating students after a two-years' course, the three-year course being followed by quite a large number, but not by all. Just how closely the parallelism between disease symptomatology and drug pathogenesis is drawn, just how minute is the search for a perfect simillimum, depend greatly on the individual instructor; but I cannot believe that there is any marked slighting of homeopathy in the teaching of our present-day homeopathic medical schools.

In discussing this subject we should not lose sight of the facts: first, that homeopathy is a method of treating disease conditions by means of drugs administered in accordance with a definite formula; second, that medicine (the great art of healing) includes in its armamentarium many other things than drugs; third, that the homeopathic medical school of to-day must be a *medical school*, and not merely a school in which homeopathic materia medica and therapeutics are taught. It must teach all the sciences upon which the "art of healing" rests, in addition to teaching homeopathic materia medica and therapeutics.

The recent advances in medicine have not been in the direction of the development of drug resources, and possibly homeopathy has suffered somewhat with medicine in general, on account of the glamor connected with minute laboratory investigations in embryology, bacteriology, physiology, pathology, etc., which has overshadowed the humbler and less attractive studies of drug pathogenesis and drug therapeutics.

To thoroughly equip its graduates for the large affairs of life, the homeopathic medical school must teach all that is useful in medicine in general, besides giving special attention to all that the term "homeopathy" includes; it must take advantage of all modern methods of teaching, including amphitheatre, lecture hall, laboratory, with all obtainable hospital and dispensary facilities, and all the laboratory and diagnostic apparatus necessary to accurate work.

The problems which confront the medical school of to-day are certainly more varied and complex than those which our predecessors of two decades or a quarter of a century ago had to face; but I am convinced that an analysis of the curricula of our



homeopathic medical schools will show that, instead of less attention being paid to homeopathy now than formerly, there will be found to be, as has been pointed out, the very reverse.

In discussing this subject, one should not lose sight of the truly marvelous development of surgery during the past quarter century, neither should one lose sight of the fact that the dietetic and hygienic management of diseases has also been greatly developed.

The time is probably ripe for a renaissance in the study of drug pathogenesis, and it is to be hoped that the next few years will see a greater activity in drug proving than has characterized the past one or two decades.

Boston, Mass.

## HOMEOPATHY SHOULD BE PROPERLY TAUGHT.

ROYAL S. COPELAND, A.M., M.D.

Secretary Homeopathic Department University of Michigan.

Overlooking the importance of teaching the fundamentals of general medicine, the homeopathic college, in general, is criticised by many of our profession, because so much attention is paid to etiology, diagnosis, and pathology, and, so little time is devoted to homeopathic therapy.

The Homeopathic College was founded, not only to teach homeopathy, but also, we believe, to educate physicians. Before one becomes an ophthalmologist, he must be a physician. As one of olden times has said: "A specialist is a man who knows something about everything and everything about something." So, we think, the homeopathist must first know medicine, the broad and general science, before he can intelligently take up the therapeutic specialty, homeopathy.

Every teacher in a homeopathic college, we suppose, watching the facial expression of a visiting physician, has observed the picture of wonder, doubt and possibly disgust, as the lecturer has enlarged upon the etiological theories and the pathological certainties of this, that or the other disease. Upon the clinical teaching, especially, the visitor seems to look askance at any detailed description of operative measures, or the suggestion of local or general treatment.

Much of the teaching in the homeopathic college, however, must be exactly like the teaching in the colleges of other schools of practice. It must be borne in mind that the students on the benches are not physicians; they are laymen, as yet, and must be taught all the details of a great and growing art. When they master these details, and not until then, are they prepared to appreciate the fine distinctions of the homeopathic specialty.

To know and perhaps to employ general measures which, though they may not influence the disease, undeniably promote the comfort of the patient, should make one no less a loyal homeopath. To be versed in the bacteriological, chemical and pathological sciences should not be an excuse for the finger of scorn.

Not until the teacher habitually proposes remedies, actually looking to the cure of disease by some drug action different from that recognized by our practice, does he become a traitor to our cause.

I do feel, however, that as a matter of good taste and in harmony with the proprieties, the teacher in the homeopathic college should guard himself against careless, routine and general prescribing. No matter what his practice may be in his private work, in his official capacity, where he is the representative of a distinctive school, he should on every occasion make his prescription in the most careful, painstaking and exact way possible. Unless he is willing to devote himself to the study of his patients, with the homeopathic prescription in mind, he is too lazy, too careless and too valueless to be retained in his position. I care not how successful he may be in his private practice, or in his clinical results, unless he is daily impressing his students with the efficacy and efficiency of the homeopathic principle, he is out of place in the homeopathic college.

In teaching, nothing can be taken for granted; to make our schools do what their founders intended, there must be not only the teaching of general medicine, but also the daily presentation of our distinctive doctrine. So, therefore, in covering the broad field of medicine, let the teacher not overlook the special importance of homeopathic therapeutics, without which our excuse for separate existence is forever lost.

In the homeopathic college at the University of Michigan the teachers have some advantage and some disadvantage, perhaps, over our colleagues in our institutions. When we get the students he has learned nothing of therapeutics, but is thoroughly grounded in the scientific branches of and collateral to medicine. His mind trained and stored by several years of scientific lectures and laboratory work, is prepared to grasp, assimilate and analyze the pretensions or realities of homeopathic therapeutics. We are less called upon to add to his general knowledge of medicine than are our colleagues in most other homeopathic results, but with the habits of coldly scientific thinking, incident to the student's previous training, we must present the truths of *Similia* in such a

way as to make them harmonize with scientific conclusions already formed.

In our teaching, we frankly state the position of the dominant school as it relates to the treatment of the disease under consideration. We outline, then, our own treatment, and attempt to prove the superiority of the homeopathic method. Clinically, the greatest pains is taken to prescribe accurately. The student assumes the attitude of a consultant and is treated as such. In this way, he makes actual and practical use of his knowledge of homeopathic materia medica.

Coming in contact, as we do, and in such close competition with the other school of practice, we are constantly in the lime light of therapeutic criticism. We are doing our best, in this great intellectual centre, to demonstrate that the disciples of Hahnemann are not blind followers of a theory in medicine, but are fully awake to all the modern ideas of the scientific world. We trust we are proving, to the unbiased at least, that in the medical world homeopathy is a living, moving and increasing power for good. We say this modestly, and not because as individuals we think we possess any special virtues. We are here as the representatives of the great homeopathic profession and are presenting the homeopathic doctrine in the sublime faith of perfect assurance. We take the hand of every other faithful teacher and bid him God-speed for himself and for his college. As members of the homeopathic profession, however, we demand that our colleagues everywhere maintain the truth of homeopathy, and, as teachers, properly and fully present them on every possible occasion. Let there be no reason for the cry that homeopathy is not taught in our colleges! Shame on any teacher who wears the mantle, but has not the faith or the courage to proclaim the doctrine! If there be such a one let him make way for a more worthy successor! Homeopathy is a living reality to be perpetuated by the enthusiasm of live exponents!

Ann Arbor, Mich.

## THE COLLEGE OF THE PAST AND THE PRESENT.

JAMES P. WILLARD, M.D.

Dean of the Denver Homeopathic College.

We hear a great deal about the good old days when HOMEOPATHY was taught in our colleges: and a sad lament that in these degenerate times our so-called homeopathic colleges do not teach the law of similia, as our forefathers did. And this is proclaimed as a sad commentary on the present status of therapeutics in our school of medicine. The writer has made some inquiry on this subject, and has also had some experience that has influenced his mind to an extent. A brief historical reference may not be amiss.

In the sixties, I was a student in one of our colleges that has maintained an honorable record for nearly fifty years as an institution teaching the principles of our school of medicine. In all these years I have never heard it stated that my alma mater was anything else than an accredited homeopathic college. I believe this college was a fair representative in its teaching, of the standards of our school. Its graduates have occupied an honorable place in the ranks of our profession, and some of the brightest men that ever wrote their names on the pages of our literature have occupied chairs in its faculty.

It may be of interest to compare, in a brief way, the extent and the method of teaching homeopathy in that institution, with the forces at work on the same subject in the youngest member of the sisterhood of homeopathic colleges as we have them to-day.

The first year we had ONE professor devoting his time to teaching homeopathic materia medica, giving two lectures each week, and no quiz; the second year we had the same professor giving the same two lectures each week, and treating practically the same list of remedies. At the end of this second year we passed our examinations and received our degrees as homeopathic physicians.

In the chairs of theory and practice, as it was called in those days, we had the homeopathic therapeutics taught to the class. Here we had precisely the same experience as with the materia

medica : two lectures each week, and repeated the same way in the second year ; and then were graduated as homeopathic physicians. This was the extent of the teaching of homeopathy in this representative institution of its day, and, up to that period, in the history of our institutions. These men have passed to their long home. Peace to their ashes. They were equal to the best of their time, and surpassed by none. As I write, I catch inspiration from a glance at the picture of my old professor of theory and practice, and reverently bow my head to the most brilliant man of our school, Dr. Wm. Tod Helmuth. And I must pay a tribute of love and respect to that "noblest Roman of them all," who stood as a champion for homeopathy when most of the profession of to-day were in their swaddling clothes, Dr. John T. Temple, who taught us our *materia medica*.

In the Denver Homeopathic College we have one member of the faculty whose entire college work consists in teaching the "Organon, and Principles of Homeopathy, recognizing the paramount importance of a full acquaintance with the principles underlying our school of practice ; and care is taken that every student be made familiar with the law of cure." He gives two lectures each week, and quiz. In the department of *materia medica* we have two professors teaching the first and second year students, and two teaching the third and fourth year classes ; and in no case is the work of one year repeated by the same person to the same class the next year. Every student taking a full course in this school will have received instruction in this branch from four different persons to the extent of four lectures each week for the four years.

In the department of theory and practice we have five professors devoted to teaching the therapeutics of our school, every one of whom is a loyal homeopath. They entertain various opinions on the question of potency, and it is taught and used in our clinics in all degrees—from what may be called low, all the way through the scale to the high, and that without controversy or friction. These men are always true to the tenets of our school, and believe implicitly in the law *similia, similibus and curentur*. This work extends through three years of our course,

and aggregates at least eight lectures per week for three school years, and no unnecessary repetition of the work to the same students.

When we consider the course required of our schools at this time and compare it with the work done in the average medical college of forty years ago, we find a very wide difference: the course is very greatly extended, the time required is double what it was then, and the demands on the student infinitely more trying. It is possible that the proportion of teaching of homeopathy to that of the whole course given may be in some cases less than it was in former years, because of the extent of the increase by the addition of many new subjects that are the development of recent years, and are essential to a proper qualification of the student for his future work, nevertheless, I believe the amount and character of homeopathic teaching in our schools is greater now than at any time in the past.

This is written, not in a spirit of laudation of this particular school; because we have no doubt that our schools generally are doing equally well in this matter, and some of them probably very much better; but I thought that possibly a little reference to the work done in the good old days might be interesting to those who are willing to learn. I have scant sympathy with the chronic fault finder, because, so far as my observation goes, he is the last individual to take hold with an honest purpose and try faithfully to correct the errors about which he prates so loudly.

Denver, Colo.

## THE HOMEOPATHIC COLLEGE. WHAT IS THE USE OF ONE?

CHARLES E. WALTON, M.D.

Registrar of Pulte Medical College.

To teach anatomy, physiology, chemistry? No! To teach bacteriology, pathology, and hygiene? No! To teach surgery, gynecology, and obstetrics? No! What then? To teach *Homeopathy*, any college which fails to do this is unworthy the name of a homeopathic college.

Homeopathic materia medica, homeopathic therapeutics, homeopathic philosophy, are the three distinctive features of a homeopathic college. Omit these, and one school is very like another, differing only in the personnel of its faculty, and its ability to draw students.

The student who seeks homeopathy should not be saturated with allopathy first, and then drawn through a homeopathic sieve. The filtrate would not be worth an analysis. The impurities are so obvious, and contaminating, that a result from such a method, even though labeled *pure product*, would be an object of suspicion.

The success of a homeopathic college depends upon an enthusiastic teacher of materia medica, and of therapeutics. Every teacher of a specialty should know and teach the materia medica related to his specialty. He will overlap other claims, but the student profits by the repetition and acquires side-lights of remedies which will improve his drug pictures.

If our colleges are not doing what is expected of them it is because they are giving too much prominence to operative and mechanical methods of treatment. The brilliancy of a pill cure is obscured by the sheen of a knife cure. Most patients prefer the pill.

A well-ordered homeopathic college of the present day gives all that can be furnished by any other college, and in the way of therapeutics is expected to give much more.



It is a waste of time for a student to spend four years in study to be told at the completion of his course that there are only four or five remedies that can be relied on in the treatment of disease. This may make him a good life insurance examiner, but a poor physician; a good army surgeon, but a poor practitioner; a good health officer, but a poor health restorer. There is need of all of these, but a combination of abilities will not mar his usefulness.

We hear occasionally of the luke-warmness of the homeopathic profession, but this is more imaginary than real, and the charge usually comes from those who are voicing their own condition rather than stating a fact based on information. Each year the societies are taking more interest in materia medica papers. The journals are giving more materia medica articles, and the integrity of drug provings is becoming an object of wide-spread investigation. This argues well for homeopathic perpetuity. Every homeopathic cure is of double benefit, first to the patient, and second to the prescriber.

The victory of an exact prescription is as exhilarating as that of a successful operation, and there will always be a greater demand for the former.

The homeopathic colleges should have the support of the homeopathic physicians. If they are not worthy of it blot them out, but do not starve out the worthy ones and then whine about the decline of homeopathy.

Homeopathy will not decline so long as there are physicians who can cure safely, quickly, and pleasantly. That is what patients demand, and it will be a long time before there are no patients in the world.

University connections may be needed in some quarters, but it takes a strong faculty to make the students understand that sugar-coated allopathy is not homeopathy.

A university supplies the advantage of state support, but an ample endowment would furnish a better "run for the money."

Our colleges need more money, more self-sacrifice, more enthusiasm. We need to develop more Herings, more Hemples, more Dunhams; Lippes, Farringtons, and Allens; Dudgeons,

Burnetts, Hendersons. The patients of today can be cured by the doctors of the past if we can rear young men to imitate their illustrious examples.

It is up to the colleges to do this work. It is up to the profession to send fit material to work on. When this is done the laity will respond by ample employment, and our colleges will be full to overflowing.

Cincinnati, Ohio.

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## HOMEOPATHY, ITS PRESENT STATUS AND THE RELATION OF THE HOMEOPATHIC COLLEGE TO ITS FUTURE.

J. RICHEY HORNER, M.D.,

Registrar of the Cleveland Homeopathic Medical College.

We are not one who thinks that because Dr. Sears, of London, happened to hear a college teacher give for a certain disease suggestions for treatment not homeopathic the whole fabric of the homeopathic school is going to the "demnition bow-wows,"—not a bit of it. One swallow does not make a summer, nor does one teacher stand for all that is taught in homeopathic colleges. The day is gone by when homeopathy can be reckoned simply on the similia. Fifty years ago the homeopathic school was essentially a school of therapeutics. Its votaries had made but little excursions into the other departments of medicine. The first book on surgery by members of the school—Hill and Hunt's *Homeopathic Surgery*—was published in the early fifties. It was very difficult to form a faculty of seven for a homeopathic college. We know this to be a fact because we have recently been interested in collecting material for William Harvey King's *History of Homeopathy* and the records of the Cleveland Homeopathic Medical College, which at its inception in 1850 was the Western College of Homeopathy, shows that it was difficult to find the surgeon,—in fact he had to be brought to Cleveland from another

state, and it is a fact that this faculty was gathered from a number of cities only after months of effort. Homeopathic doctors in those days did practically nothing else but prescribe remedies. Incidentally they cured their patients of disease. To-day we are represented in every field of medical science. We have surgeons without number, chemists, pathologists,—in fact, almost any city of fifty thousand inhabitants could have a homeopathic medical college if all that were needed were men to fill the chairs.

And what is the result of this broadening of the field? Why, necessarily, a broadening of the individual man? He recognizes the fact that to him belongs not merely the pill, the dilution—but everything needed as an adjunct in the treatment of disease—and if one man decides that he can rely on the adjunct for the cure of certain diseases does it make him any the less capable to prescribe homeopathically for other diseases? Hardly. *All* homeopathic physicians prescribe homeopathic medicines homeopathically. Perhaps they do not *always* prescribe them, but before condemning them consideration must be made of the individual. Not all men are alike and not all men think alike, nor do they see things alike. That's one beauty of this universe of ours and it does not take a map or a diagram to show that the world would be flat instead of round if things were contrarywise. So the individual man has a right to tell others of that same opinion. It does not make him any the less a homeopath. If we might venture a guess it would be that in his daily work he is prescribing homeopathic medicines as freely and as frequently as the average physician who follows the law of Hahnemann.

The homeopathic school today is in the front rank. Its votaries are numbered by the thousands, its clientele by the millions. While in a certain section for local reasons the school does not seem to possess its former influence, a study of the general field will show that the work it is doing is great work—and wherever two systems of medicine are compared, homeopathy, if one of the two, shows a positive and decided superiority. Nothing pleases the homeopath more than to be placed in a position where a fair comparison may be made between the results of his treatment and those of some other school of medicine.

The need in our colleges is more bedside instruction in medical cases. I have no hesitancy in declaring that students would vote by a large majority that this is the crying need of the hour. It is all very well to have a large dispensary, with its forty to one hundred patients per day—but everyone who has worked in a dispensary must acknowledge that such work is extremely unsatisfactory. Why? Because you cannot *show results*. The average patient does not report if improvement is marked. With acute cases it is practically impossible to follow the condition from beginning to end. With chronic cases the improvement is not rapid enough to satisfy the go-ahead, unwilling-to-be-patient young man who in his senior year *must* be impressed with the fact that he still has something to learn—otherwise he would take all these dispensary cases, acute, sub-acute and chronic and cure them in one day. And where then would our dispensary be? No, the medical side of the average dispensary is far from satisfactory, and it cannot be changed very readily. When a patient goes to bed at the hospital, there he stays practically as long as he is wanted. There the teacher has a chance to carefully examine and study him, and, more important, he has the chance to see the effect of prescriptions made. The student learns the action of the remedies far easier than in any other way—and as cases progress and are cured he is impressed with the value of homeopathic treatment. If it happens that the patient does not progress toward recovery, it's the business of the teacher to explain why—and if he cannot—well, he has to face the inquisitive and exacting members of the class. So we repeat that the most effective of all teaching is the bedside work, and the most important phase of this work is that concerned with medical cases. We would urge upon the authorities of all of our colleges that they develop it to the highest possible degree. Don't worry about the surgical work. There is of that plenty—a lot to spare. Fortunately in most of the colleges it does not, as it recently did, occupy the whole of the stage, still the proportion is not by any means just: Recently upon the occasion of the annual convention of the Greek Letter Fraternity, held in our city, the faculty of the college gave clinics all day—from 9 in the morning until 4:30 in the after-

noon. There were seven clinics in all and of these, *five* were surgical. That's a fair sample of the present proportion of medical and surgical clinical work now being offered in our colleges. Too much surgery don't you think? But that's not so bad as it was formerly. The proportion five years ago would have been about  $6\frac{3}{4}$  surgical and  $\frac{1}{4}$  medical.

We do not need, as a rule, *more* materia medica taught in our schools. Nothing is done in such a way that it cannot be bettered, and teaching of materia medica is no exception to the rule. Now, its not more *teaching* but more *demonstration*, and that is why we are making a plea for enlargement of the average college facilities for more and better bedside instruction. Here in Cleveland we are fortunate in having a homeopathic staff on duty at the immense hospital owned and operated by the city. We have two residents in the hospital and one-fourth of all patients admitted come under homeopathic treatment. Here is where we do our bedside instruction. The Dean of the college, Dr. G. J. Jones, devotes an entire morning each week to clinic or medical diseases. The patient with typhoid, Bright's disease, or what not is brought from his bed to the amphitheatre and the case is demonstrated to the senior class. Afterwards a tour of the wards is made and cases studied. This is practical teaching which must necessarily be effective in more ways than one, but the principal one is that of impressing on the student the method of prescribing and showing him the results of the action of the remedy prescribed. Another effect is that the student is filled with enthusiasm over the result if that result is what it ought to be. Nothing is more in demand among students than the results. The surgeon appeals to them because he gets results. He does something which *shows*. The materia medica man does not give *visible* results when he stands up in the college amphitheatre and prescribes his remedies, consequently much of the *force* of his teaching is lost—and as we have noted, the patients upon whom his remedies have produced a decided visible effect never turn up again—and we are back once more to our plea for more *medical* bedside teaching.

And what of the student? Is he luke-warm? Possibly he

is but he won't be if you *show* him that you can and do get *results* just as clearly and plainly as does the surgeon with his blood-red scalpel. The student of the present day is a thinking, reasoning individual. He must be so, otherwise he could not get through the course prescribed by our State Boards as a pre-requisite for matriculation. He is quick to see all the good points in his professor, and all the bad points too. Give him something that appeals to his powers of logic and reasoning and he will certainly respond.

And he is not losing faith in homeopathy. He does lose faith in the hybrid-homeopath, of course, and so he should, but in the man who uses homeopathy in his practice he has faith because he sees that results come. The other day we had occasion to call at a house where one of our students is living. Having to wait a few minutes before being admitted to our patient, we stepped into the student's room. Of course, our first look was at his books. What do you suppose we found on his table? Here is a list, (and we are sure the table was not fixed, for the student did not know we were there nor did he know we were coming): Hering's *Materia Medica*, The *Organon*, Burt's *Materia Medica*, Hahnemannian Monthly, S. A. Jones' "Grounds of a Homeopath's Faith," Fahnestock's *Materia Medica Manual*, Johnston's *Therapeutic Key*, Dewey's *Essentials*, Gatchell's *Compend*, *Medical Dictionary*, Helmuth's *Surgery*, Leavitt's *Obstetrics*, McIntyre's *Stepping Stones to Neurology*, Gray's *Anatomy*, *Quiz Compend on Obstetrics*. That's a fairly good list, dont you think? And there are others.

The future of homeopathy no man knows, but when we take all the signs into consideration the indications are that there is a world of good which is hers to accomplish—and while her votaries are perhaps not so openly enthusiastic as were those of forty or fifty years ago always remember that deep waters run still.

Cleveland, Ohio.

## CHICAGO HOMEOPATHIC MEDICAL COLLEGE; ITS TEACHINGS.

N. B. DELAMATER, M.D.

*Professor of Mental and Nervous Diseases and Legal Medicine.*

In response to the request of my warm friend, Dr. Strickler, I am pleased to say a few words as to what is taught in the Chicago Homeopathic Medical College.

In the freshman year, each week has six hours of Anatomy, four hours to Physiology, five hours to Chemistry, six hours to Histology, one hour to Hygiene and Sanitary Science, and two hours to *Materia Medica*.

In this year they are thoroughly drilled in the organon and must learn the very foundation principles of homeopathy. They get that alone which can fit them to apply future knowledge to the cure of the sick. The student also gets the methods of preparing our various remedies, and learns what they are.

In the sophomore year, one hour on Toxicology, eight hours on Surgical and General Pathology, four hours on Bacteriology, six hours on Anatomy, three hours of Physiology, two hours on minor Surgery, one hour on Dietetics, three hours on Chemistry and Urinalysis, one hour on applied Nervous Anatomy and description of organic Nervous Diseases, and two hours on *Materia Medica*.

One hour is devoted entirely to Symptomatology and the selection of the affiliated remedy, and one hour to the history and physiological action of the drug. They are taught here as to how the similitum can be found, and what drug proving is, how it may be done, and the method of obtaining symptoms.

In addition, there are dissections and autopsies. In the junior year five hours are devoted to general practice. This includes not only the etiology, pathology, and history of each disease mentioned, but also the symptomatology and the selection of the affiliated remedy. Eleven hours on all branches of Surgery, four of which are clinical.

They are here taught the efficacy of the indicated remedy in

hastening recovery after operations, and also in bringing about cures, and thus preventing the necessity for operation in many cases. One hour of Surgical Gynaecology, and one hour to pure Medical Gynaecology. In this hour they are thoroughly taught to treat this large class of cases successfully with the indicated remedy ; this is practically a materia medica or therapeutic hour ; two hours of Obstetrics. Here, again, about one-half the time is devoted to teaching the use of homeopathic remedies ; two hours for skin and venereal diseases. Full advantage is taken in this department, both by lecture and illustration, of the opportunity to prove the great superiority of the application of our great law of similars. It is a pleasure to point to numbers of persons who, from the demonstrations in this department, have been forced to a belief in Hahnemann's teaching, and to follow it. One hour to Dietetics, two hours to Paediatrics. The instruction in this department is most thoroughly on homeopathic lines. One hour to Physical Diagnosis ; two hours to the eye, ear, nose and throat. In this department very close attention to a pure affiliation of the homeopathic remedy is given. One and a half hours to Mental and Nervous Diseases, one hour to Electro-therapeutics and four hours to Materia Medica, of the most pure Hahnemannian type.

The fourth or senior year is given up mostly to clinics ; in these the symptomatology is kept prominently before the student. The results of pure Hahnemannian prescriptions, demonstrated so fully in these clinics, can hardly help being convincing, not only as to the efficacy of remedies thus selected, but as to the efficacy of the higher potencies. In addition, there are two hours given to Materia Medica—one to pure homeopathic, the other to the use of palliatives, hypnotics, narcotics, hypodermics, etc. We maintain that, with all the teaching as to how to apply our law, the practitioner must know what is done by others in this line, and how to use them in emergencies with the least possible harm.

As to the question, why so many homeopathic graduates make so little use of our principal, and do so much so-called Regular practice, it is difficult to say. There may be homeopathic colleges in which the teachings tend in this direction. I am sure that they are very few, if any.



I am satisfied that from very nearly all, if not absolutely all, of our colleges, the student is a thorough-going believer in the law, and starts out to practise it honestly. That many gradually become more and more mongrel in their work, we are forced to admit. I am sure, however, it is not in any way due to the influence during college life, but to various influences later in life; possibly the most prominent being the time and labor required in the proper selection of the remedies. It is so much easier to look at a label and find that this combination is good for a cold, or nervousness, or what not. The one great practical reform that I have to suggest is the organization of local societies, to meet and compare notes at frequent intervals. As it is now, the members of our school, except in a few larger cities, stands each man alone. Give him the feeling of security that necessarily comes from united concerted action with his brother in the county or district; let him know what others are doing and accomplishing with pure prescribing, and he will be a better homeopath; not only that, he will grow to be, year after year, a better homeopath. I believe the remedy lies not in the colleges, but with the practitioners.

Chicago, Ill.

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### A LETTER FROM DR. BOERICKE.

EDITOR OF PROGRESS: You ask me to contribute to your symposium on the "Homeopathic College," and "to say something refuting the inference that our colleges are not true to their colors, and suggest such needed reforms as may seem wise." It seems to me that it is not so much a question of faithfulness, but of the necessarily changed expression of that faithfulness as a result of the great changes in the requirements and college curriculum. The time was, in the early days of our colleges, when homeopathy, its philosophy and materia medica constituted the backbone of the curriculum, and the graduates, no matter how proficient or deficient in all else, were homeopaths, both in faith and practice. But the introduction and development of modern scientific research, the creation of new sciences like bacteriology, the laboratory and experimental departments, and, at

the same time, the growth of extra-homeopathic therapeutics forced homeopathy from its commanding and ruling position to one less prominent. It became a *therapeutic specialty*, of exalted importance indeed, but nevertheless a specialty. The student was no longer made for homeopathy, but homeopathy for the student; for him to utilize it if he chose. The State Boards of Medical Examiners require many other things besides, before they will bless the applicant with their authoritative license to practice. Say what you will, these state examining boards will determine for us the relative importance of the different branches of medicine so far as the college must recognize them. This results in the relative side tracking of homeopathy. While homeopathy has a legitimate and exalted place within the field of medical practice, we now acknowledge that it is not the *whole* science of therapeutics, and therefore we cannot resent this side-tracking, but must look the fact squarely in the face. We do not love homeopathy less, but the great science of medicine more. With our growth as a school has also come an increased sense of proportion, and, while not yielding one principle of our philosophy or one essential fact of our practice, rather strengthening these by the scientific development around, we know that the great stream of medical progress sweeps on, and, unless we bring to bear the same scientific spirit on our own specialty, that has revolutionized other departments, it will sweep by us, and we will be left behind in some quiet pool of our own.

Are you dissatisfied with this Cinderella position of our Therapeutic Queen? Then establish post-graduate schools of homeopathy. Turn some of the weaker homeopathic colleges that now scatter their resources and forces in endeavoring to traverse the whole domain of medicine, into *homeopathic special schools*. Establish hospitals and dispensaries; practise the *homeopathy pure and simple*, and see how far that will carry you. Around these, bring your best men, true homeopaths, and *teach homeopathy*—theoretical and applied. Leave to others to furnish the groundwork for making doctors. *Let us make homeopaths*. If our results at the bedside are superior to those of the old school, and we know they are, let us demonstrate it at our hospitals, and I believe that the innate majesty of Truth will convince—not the masses, but the few open-minded ones. As of old, ten righteous men could have saved the city, so this minority will save to medicine and keep alive Hahnemann's message to the world and its magnificent practical expression of a century.

San Francisco.

WILLIAM BOERICKE, M.D.

# PROGRESS

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DAVID A. STRICKLER, M.D. .... Editor  
AMBROSE C. STEWART M.D. .... Associate Editor  
JAMES B. BROWN, M.D. .... Business Manager

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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.

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## *Editorial*

### TEACHING IN HOMEOPATHIC COLLEGES.

There has been considerable criticism of the teaching in homeopathic colleges by various physicians, both homeopathic and otherwise. Believing that much of this criticism is unjust and without cause, *PROGRESS*, this month, presents a number of articles from men competent to speak for the various colleges. They are men who need no introduction to our readers, and whose loyalty to the cause of homeopathy will not be questioned by any one who is familiar with the history of homeopathy and its leading men. They represent men who stand at the head of the profession, both locally and nationally.

That all men do not agree as to the relative amount of time that should be given to the different branches is a well-known fact; but that homeopathic teaching is a strong factor in all of our schools must be evident to all. It is not the only thing taught, and in the very nature of things, should not be.

Want of space in this issue crowds out other equally good articles representing other colleges, but they will appear in our January issue. We believe a fair, candid discussion of this sub-

ject must result in good to the cause in general, and shall be pleased to received articles on the subject, pro or con, written in the spirit indicated.

D. A. S.

#### THE DENVER HOMEOPATHIC COLLEGE.

While it is not our purpose at this writing to go fully into detail, to speak of colleges in general, as we prefer to have others who are more familiar with individual colleges speak for them, we can speak definitely for the Denver Homeopathic College, and we believe our readers will be interested to know something of what is being done in this college towards making *homeopathic* physicians of its students.

In the freshman year three hours per week are devoted to lectures on Homeopathic Materia Medica, and one to Principles of Homeopathy. In the sophomore year, three hours to Materia Medica, one to Pharmacology and three to Clinical Medicine. In the junior and senior years each, four hours to Materia Medica, three to Medical Gynecology, one to Clinical Medicine, besides the various departments of Theory and Practice. There are eight different teachers confined in their teachings to Principles of Homeopathy, Pharmacology and Materia Medica, three of whom add clinical work demonstrating the application of their teachings. Every Chair is filled by graduate homeopathic physicians, all of whom we believe are loyal to the cause of homeopathy, both in theory and in practice.

Homeopathy does not consist in the size of the dose, though there are those in our school who believe only the minute dose—the high potency—is effective. They are represented in our college by at least three of the eight teachers mentioned.

This statement of fact should convince any half-way intelligent individual that there is a vast difference in the teaching of therapeutics in a homeopathic and in an old-school college in the city of Denver, A. D., 1904.

D. A. S.

## PROGRESSION.

With this issue, we close Volume III. The pages of PROGRESS grow brighter and more pleasing as time goes on. All matter is now hand set, and the selection of type has been guided by the desire to reduce eye-strain as much as possible and to increase the pleasure of reading.

Mr. Jere Stott, who has charge of the mechanical department of PROGRESS, is an artist in his line of work, and will continue to maintain the artistic character of this publication. Any suggestions along these or other lines from our readers will not only be appreciated for their friendliness and their effort to make PROGRESS better and more beautiful, but will aid us materially in attaining our purpose to maintain an artistically-modern medical publication, in the sense both of the matter contained and the manner of presenting it.

A. C. S.

## APROPOS.

Apropos to closing the third volume of PROGRESS, and, without apologies to Little Boy Blue, a word may, with due modesty, be spoken of her past. Our readers will doubtless recall, we made the statement at the beginning, that the homeopathic profession in our neck of the woods—her college, hospitals, etc.—was absolutely without journalistic representation, and that PROGRESS came in demand of a necessity long felt. She came with money and brains, and she still retains both. Some journals possess neither, especially the latter. Whilst she was not immediately snowed under with advertising contracts, she therefore has been able to devote the space to saying good things to and for the profession. In the meantime, her readers have rapidly increased, and she has gradually acquired advertising patronage which is being *paid* for.

Her contributors have been drawn from the unquestioned moral, ethical and intellectual strata of the profession, communications not being accepted from any other class. Many of our readers will no doubt agree with us, that this is not always true of Western journalistic (?) methods. PROGRESS is thankfully fortunate in having the entire profession to draw from.

A study of her pages will develop the fact that for the short time she has been before the medical public, she has enjoyed the rare good fortune of gathering to her roster of honored contributors many of the very ablest men in the profession of (homeopathic) medicine—men whose distinguished and intellectual attainments and commanding personalities have brought glory and renown to our national and state institutions in recent years. These are the men who to-day are backing PROGRESS with their intellect, their loyalty and their energies in advocating and keeping before the profession important intrinsic measures which, we hope, will tend to eventually place the law of similars upon a scientific basis, so firmly fixed that it will command the respect and indorsement of many men of profound learning and unquestioned sincerity of purpose, who, to-day and under present systems, entertain grave apprehensions as to the fate of our institutions in the years to come.

In the hands of a loyal, discriminating and intelligent profession, PROGRESS must ever conserve the highest interests of the cause in which she is enlisted, and when this is no longer possible, and her mission will have been fulfilled, she will as gladly bow her adieu, and inscribe upon her closed but honorable career—*Finis*.

A. C. S.

#### MEDICAL LEGISLATION.

There is perhaps no subject of general interest to the medical profession upon which there is greater variance of opinion than that of medical legislation. It is not an uncommon experience to hear a man speak upon two sides of the same question within an hour's discussion. This apparent contradiction in men otherwise well balanced grows out of the fact of lack of appreciation of the fundamental principles upon which the laws are based. No question can be intelligently discussed without first agreeing upon some definite basis of discussion. In medical legislation it would seem but proper that its purpose should be first considered, after which, ways and means come legitimately. In the usual discussions, ways and means are considered without any definite understanding or consideration of the purpose of legislation.

If the purpose be an effort on the part of the people to protect themselves from ignorant and incompetent physicians, then it would seem competent that the state appoint one board to examine all persons who wish to practise medicine in any of its departments, such examination to be uniform for all, and no one to practise in any department of medicine without a license from the board.

In theory, we believe this position sound. In practice, with the varying systems of therapeutics—medicinal and otherwise—which have already gained recognition, and which may yet gain recognition, it means one of two things—either the subjects of *materia medica* and therapeutics must be ignored in the examination, or the board must be sufficiently large to accommodate members of every school thus far recognized as having standing in the state. Just how many schools this may mean must be determined by the political pull of the members of the various sects.

To us, it seems that the state, which means the people, is not interested in, and should not create a state medicine, any more than it should create a state religion. Hence it is not concerned in the building up, nor in the destruction of any sect in medicine; but that it is vitally interested in knowing that all who practise medicine in any of its departments have a good knowledge of the fundamental branches of all medicine—branches upon which all schools of medicine agree. It is justified in assuming that a man who lays a good foundation can be trusted to build a safe superstructure, while it assumes that the man who has no foundation is not to be trusted nor recognized as capable of treating disease according to any system of medicine. This kind of law properly administered deprives no capable man of the right to practise any system of medicine which may seem to him wise. It admits of a wide definition of what constitutes the practise of medicine, and thus enables the state to punish the quack, the ignoramus, and the pretender, as no high-grade or high-standard law like that of New York, Pennsylvania, New Jersey, Ohio, and Michigan ever can. Their walls are high for the best, but they are supported by stilts, between which the medical confidence man walks unmolested in broad daylight. Witness New York with its 20,000 quacks to 6,000 licentiates.

Theoretically, it should make no difference who administers such law, so long as they are men of intelligence. Practically, with the school prejudices that exist, the board should be so constituted that no *one* school has the majority of votes. A diploma from a college of recognized standing should always be accepted in lieu of an examination, because such diploma is guarantee of knowledge of fundamental branches in the past, as well as good faith on the part of the applicant, as shown by his attendance at a medical college for a full period of study, and its successful termination. It is a well recognized fact that compulsory examination on primary branches is an injustice to the man of experience, and places the recent and undergraduate at an advantage, while the man of experience is the safe man to the state. A bill has been prepared by Dr. Van Meter of this city, Secretary-Treasurer of the State Board of Medical Examiners, in consultation with members of legislative committees from different state medical societies, designed to meet the above points. This bill will undoubtedly be considered by the next legislature, and we believe it worthy of favorable consideration. We bespeak for it the support of all persons who are in favor of the principles above indicated.

D. A. S.

#### A NEW HOMEOPATHIC COLLEGE FOR DENVER.

We note in the *Denver Post*, of the 7th instant that "members of the old school have started a movement for another homeopathic college, in opposition to the present one. In the new college the doctrines of Hahnemann are to be taught". We further learn that the "old school" refers to the physicians "who founded and were in control of the Homeopathic College and Hospital years ago. These are headed by Dr. Ralph D. P. Brown".

The *Denver Post* seems to have a "scoop" in this bit of information, as it gives the only intimation thus far, that a new college has been projected. Just how Dr. Ralph D. P. Brown, who was a freshman in the Denver Homeopathic College in the year 1898-1899, comes to be the head of those who founded the college in 1894, we are not informed. The times do not seem especially propitious for new medical colleges, but as we are all interested in



the growth of homeopathy, we wish the new college abundant success.

D. A. S.

#### A LITTLE TRUTH FROM AN UNEXPECTED SOURCE.

“Mastin of the *Denver Critique* is after the dry bones out Denver way. Not an issue appears from underneath his virile pen that does not make good reading. And we are often moved to wonder whether there really is trouble in the Denver college or whether that is merely Mastin’s way of saying things. As we do not get PROGRESS any more, why, we do not know, we are unable to get at the other side of the case. But PROGRESS never spoke of the rumpus. It ignored it pine-blank. That’s a breezy country out there on the plains, and things are not always what they seem. We admire Mastin’s way of telling things. He handles a forceful and able pen.—*American Physician*.”

“We really feel quite puffed up to think anyone has so good opinion of our modest and well meant efforts at editing, yet we cannot help but experience a slight chilly sensation, along with our elation, at the lack of absolute confidence displayed in the foregoing, We are almost willing, however, to admit that there is but little trouble in the Denver Homeopathic College, as there is scarcely enough left of that institution on which to place the proverbial “chip,” and as regards our saintly, yet none the less esteemed contemporary not noticing the “rumpus” about the only thing we can think of in its case is the boy who was caught with the goods and he had “nothing to say.” We can not help but compare the conditions under which the two homeopathic publications of this Rocky Mountain region were brought into existence; first, the advent of *The Critique* which occurred some twelve years ago. Its sole aim and purpose was to promote the welfare and interests of a then infant institution, the Denver Homeopathic College, and in looking over old files we notice that no opportunity, no matter how obscure, was overlooked by the editors to boost the college; consequently, as a result of this course, along with well directed effort on the part of faculty, students and numerous friends, the infant institution, like the little peach in

the orchard, "grew and grew," until it was a source of surprise to its supporters as well as a credit to the cause it so ably represented.

Then came the rumpus—but that is painful as well as past history.

Notwithstanding *The Critique* was in possession of the "outs" it persisted in pursuing an absolutely neutral course until the present editorial management took charge, shortly after which period a passion to possess it appeared to take hold of certain members of the college clique and they immediately laid their plans to purchase the managerial interest and in doing so endeavored to make the editor the cat's paw with which to coax *The Critique* chestnut from the conflagration. That we declined any and all allurements and placed the purchase price so high as to make the procurement of a balloon necessary for the purpose of looking at us, even, is another matter of past history, painful, however, to the other fellow only. Then came PROGRESS. (Dont' jump, please.) Its somewhat anemic attitude concerning college and hospital matters leads us to think the negroes to be about right when they sing:

"De Lawd moves in a mischievous way,  
His blunders to perform."

—*The Critique*, December, 1904.

PROGRESS is not much given to quoting its contemporary, and does so at this time only because a little truth bearing on the origin of PROGRESS accidentally found expression.

It remained for the present editor of *The Critique* to admit that a journal founded for the honorable purpose of building up our college, and which for years was its strong ally, should under his guidance be made an enemy of his alma mater, and be engaged in the dishonorable task of maligning and misrepresenting homeopathic institutions,—a self-imposed task so pleasant to him, that no reasonable proposition looking to a union of forces could be considered.

While he joins in the song of the negroes, which he seems to think appropriate, we are pleased to be able to state, without fear of successful contradiction, that the Denver Homeopathic

College is stronger in its teaching forces, its chairs in general are better manned, homeopathic materia medica and theurapeutics are better and more fully taught, than when the editor of *The Critique* received his degree from us. By comparison with the year in which he graduated; we have thirty-five members of the faculty to twenty-seven at that time, twenty-five professors and ten instructors to nineteen professors and eight instructors; ten men on materia medica and theory and practice, to six; and fully as many hours per man are given per year. Besides which, he graduated the last of a possible three year term with the largest class in our history, for reasons obvious to men familiar with the college affairs the country over, at which time our freshmen class outnumbered our present class by two.

PROGRESS has a mission. Its birth was rendered necessary by the course of the present editor of *The Critique*. It is content to rest on its merits. We have not entered into controversy in the past, nor shall we do so in the future, but we believe justice to our college demands a fair statement of fact, when persistently and maliciously misrepresented.

D. A. S.

#### CONTRIBUTIONS TO THE HOMEOPATHIC HOSPITAL.

The following is a list of the contributions to the Denver Homeopathic Hospital during the year 1904, up to December 1st:

Dr. C. W. Enos.....	\$200.00
Dr. R. O. Butterfield.....	130.00
Dr. W. J. King.....	80.00
Mrs. Nannie O. S. Dodge.....	150.00
Merchants Publishing Co. (Printing).....	10.00
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Dr. W. A. Burr.....	195.00
Dr. J. G. Locke.....	10.00
Dr. R. P. McGee.....	20.00

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Of this amount \$3000.00 has been paid on the principal of the Hospital note, and the balance applied on the interest and the general expenses.

W. A. BUEB,  
Financial Agent.

# *Department of Surgery*

Conducted by JOHN WESLEY HARRIS, M.D.

## ABSCESS OF THE LIVER.

Abscess of the liver has so many phases that it is not always easy to diagnose. It so often runs such a slow insidious course and no history given of any of the diseases which are followed by this condition, that it is frequently mistaken for something else. The chief cause is any suppurative or infective disease of any of the abdominal organs, as gall stones, cholangitis, appendicitis, tubal or pelvic abscess, typhoid fever, and dysentery, and especially the amebic dysentery. The symptoms are so irregular that there are none that can be looked upon as leading or diagnostic. In many cases there will be the recurrent chill, rise in temperature, followed by sweat, rapid soft pulse, tenderness in region of liver, increased area of dullness, with right shoulder pain, giving a history of one of the above named conditions which would lead to an easy, accurate diagnosis. Then again, another case has temperature slightly subnormal mornings, with normal evenings, slight perspiration sometime during the night, pulse soft and accelerated, dullness on percussion only slightly increased. no shoulder pain, and on most careful questioning you may elicit symptoms that will lead you to diagnose cholangitis several months prior, which has been followed by abscess of lower part of right lobe, being so walled off that there is but the slightest absorption, and not of sufficient size to produce the shoulder pain. Some writers lay great stress on leucocytosis as diagnostic of pus, but this will not exist unless during the acute stage. If the abscess has existed for any length of time the leucocytosis return to their normal number. The diagnosis must be made on a careful history of the case and a knowledge of what symptoms pus will produce under the various conditions in which it may exist in the system.

After determining that an abscess of the liver exists, the problem of proper drainage is one that presents itself. By proper drain-

age, I mean a method that will drain without resorting to pressure and one that will expose the peritoneal cavity to infection the least possible. The writer has had no experience with the method quite frequently adopted by the English surgeons in the East Indies; which is to locate the abscess with an aspirating needle, then thrust a large trochar and canula into the side between two ribs through the various tissues into the abscess cavity, remove the trochar and pass a large rubber drainage tube, which has been put upon the stretch by a rod inside to make it smaller, through the canula to the bottom of the abscess cavity, then remove the canula. They claim for this a very low mortality rate. If it is possible to reach the abscess by making an incision through the back just below the last rib on the right side and drain it through Morissin's culdesac, I have found it to be the best route to pursue. It affords the best position for thorough drainage, and the least danger of septic peritonitis. Cases operated by this method suffer much less pain and make a much more rapid recovery. In some cases an exploratory incision can be made anteriorly, the abscess located, then drained through the posterior incision, the anterior one being closed. When I have been able to adopt this method the mortality rate has been nil. When it is not possible to reach the abscess or drain it in this manner, then it must be done in the usual way.

If the abscess is due to *ameba dysenteriae*, the dysentery must be cured or there will be repeated relapses with the formation of other abscesses. The proper treatment for the amebic dysentery is the repeated colon flushing with cold water. The ameba becomes inactive in a temperature below 70° F., and are soon destroyed in a temperature somewhat lower. Place the patient in the knee-chest position, hanging the receiver not more than three feet above the hips, throw into the colon slowly as much as can be retained, gradually reducing the temperature at each treatment until it is being used 45° F., or lower. A glass or metal fountain is best as ice can be put directly into the water. The length of time required to rid the bowel of the ameba, depends upon the quantity that can be retained and the low temperature that can be endured. It ranges from two to eight weeks.

In twelve cases of liver abscess operated in the past two years, I had one death, in a lady sixty-four years old; two relapses in one case six months apart, due to the ameba dysentery, which were finally overcome by the cold water injection treatment, the patient having had no trouble now for over a year; the other cases leaving the hospital with the abscess healed, the shortest in three weeks and the longest in six weeks.

J. W. H.

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## *Department of Skin & Venereal Diseases*

Conducted by JOSEPH B. KINLEY, M.D.

### VACCINIA AND POST-VACCINAL ERUPTIONS.

When one reads of the deplorable and often tragic conditions following an epidemic of small-pox, we wonder why any one can indorse an anti-vaccination movement. The human family is, however, so constituted that an anti-movement of any kind can get adherents. At any rate, vaccination is in vogue, though post-vaccinal troubles sometimes follow.

The death rate before vaccination in 1708 was enormous. Avicenna (980-1037) describes it as the most fatal of all diseases. Rhazes, the learned Arabian writer, who gave us the first clear account of small-pox, says: "More of the Caliph's men died of it than of (in) war." Prescott says: "That in Mexico and Central America whole villages have been wiped out" and so we might go on quoting at great length to justify vaccination, but this we do know, vaccination is an important prophylactic factor at this time, and there will be post-vaccinal complications and sequælae, and we must combat them. Three conditions, however, are necessary to minimize them: First, the selection of a pure bovine, not human virus; second, practically absolute asepsis in its commercial preparation; third, the absence of syphilis, tuberculosis, eczema, and various other diseases in the patient to be vac-

culated. If the three conditions can be secured, there is little probability of post-vaccinal troubles. Of the first and second conditions we may feel fairly secure, the third condition may be present and we may reasonably expect complications to follow.

In our homeopathic armamentarium we have the weapons for combating the most violent cases likely to occur.

The following case from the writer's practice, serves to illustrate the efficacy of *Rhus-tox*, in a case of Sydenham's febris variolosa sine variolis. Boy, age 14, slightly cachetic, had glandular swelling on neck, enlarged tonsils, poorly nourished, but no family history of tuberculosis, syphilis or any skin disease. Was vaccinated by a public vaccinator; vaccination did not take; on fifth day taken with a severe chill, backache, nausea and vomiting, followed by temperature 103; pulse very quick but regular; on sixth day became delirious, which was soon followed by coma, from which he could not be aroused. On this day the writer was called and prescribed *Rhus-tox* 3 x. hourly; the patient made a very slow but complete recovery.

The following case serves to explain the cause of many of the complications which follow post-vaccinal eruptions: A girl, aged 11 years, applied for treatment at Parson Uzzell's Tabernacle, free dispensary. The patient had been vaccinated two weeks before; the upper arm was enormously swollen; a dirty bandage covered the place of vaccination. A student was requested to remove it, and a place two by four inches was found, pus covered and filthy; the soiled bandage had not been removed since vaccination; there were eruptions on other parts of the body resembling somewhat the pustular stage of small-pox. This was clearly a case of auto-infection. The wound was treated antiseptically each day for two or three weeks; the patient was given tartar-emetica 6 x. and made a good recovery.

No one ever claimed that vaccination conferred immunity against a possible reawakening of constitutional diseases existing in the patient at the time of vaccination, nor is it claimed that wound infection does not occur unless the most approved aseptic precautions are taken.



The vast majority of all civilized human beings have been vaccinated one or more times, with the result that the mortality rate has been reduced to less than one per cent, while before vaccination, it was estimated at about fifty-two per cent, but vaccinal and post-vaccinal eruptions are likely to appear in persons predisposed to these disorders.

J. B. K.

---

## *Abstracts and Reviews*

Conducted by GEORGE E. BROWN, M.D.

### WATER AND BRIGHT'S DISEASE.

The observations presented in Carter's paper were undertaken with the object of determining the influence of dry and moist climates on the amount of water consumed, and the amount given off as urine, and whether or not there is any relation between the prevalence of Bright's disease and the climatic conditions. A careful study of his tables of comparison of mortality rates and climatic conditions of different cities shows that there is no relation between the degrees of humidity or length of the warm summer season, and the mortality from Bright's disease; nor does the latter bear any relation to the general mortality rate. For instance, in Denver and Boston the conditions of temperature are very similar, while there is a wide difference in the humidity; but the proportion of deaths from Bright's disease is practically the same. There appears to be no doubt that Bright's disease is more prevalent in Galveston than in most cities, but it seems highly improbable that the climatic conditions have anything to do with this. Carter believes that there are two causes, which seem more plausible than any of the explanations usually given: (1) The excessive use of meats in a climate in which proteids cannot be so readily metabolized as in a colder climate; and (2) the failure to recognize and properly manage mild acute infections.

—*Journal Am. Med. Association.*

There are many things we have learned, and some of them over and over again ; but, we forget. Hence, the following extracts from Dr. Pierce's paper on "Kreosotum" in the *North American Journal of Homeopathy*, for November, will be of interest :

Kreosote is an irritant poison disorganizing the blood and producing an irritating effect on the mucous membranes and the skin ; and besides the latter, we find that it affects the respiratory and gastro-intestinal tracts, and the female genito-urinary tract in particular.

There is a general tendency to hemorrhage of dark blood, and to decomposition of all fluids and secretions, so that fetid discharges and secretions is one of the characteristics of the drug. Another characteristic is in reference to the pains, which are always described as burning, and likened to burning as from red-hot coals. In the pathogenesis of the female sexual organs these characteristics occur frequently, the general indications being inflammations with ulcerations, and offensive excoriating discharges and biting or burning pains.

The menses are of dark, offensive blood, and they often reappear after having stopped entirely, or are followed by an offensive acrid leucorrhœa.

The lochia is offensive, and, if the drug is indicated in pruritus, we usually find that scratching causes burning.

Of course, kreosote would be indicated in lupus, cancer and gangrene, including that due to diabetes, with the offensive discharges and burning pains.

J. P. W.

## *Current Events*

Dr. L. C. Grosvenor's contribution to the treatment of placenta praevia, as published in *Journal of Obstetrics* for November, is so concise and well put that we take the liberty of giving the essential points. He regards this condition the most anxious and trying complication of the lying-in chamber. The attendant must be resourceful and conscious of his ability to combat the trouble successfully. He must, by his expression and manner, inspire confidence. Indecision courts failure. As regards methods and procedure and material for use, he places the resilient tampon first. This is made of alternate thin fluffy layers of oakum and absorbent cotton ten inches long and four inches wide. Pack the vagina completely; this is best done through a bivalve speculum. Medicinally, he would soak the pledgets that are placed next the cervix with adrenalin 1 to 2000. This acts as a hemastatic and stops the flow. Remove in twenty-four hours, cleanse and treat antiseptically. By repeating this process, the patient may be carried forward in safety for days and weeks. When labor begins in earnest, and dilatation is complete, remove the tampon, "poke" the placenta to one side, apply the forceps, bring down the head as a plug, and the peril is past.

\* \* \*

The old year is passing and will soon be gone; have you prospered in your business during the past twelve months, have your methods been such that you have reaped success by following them? If not, then cast about for the fault or defect and change the current of your affairs so as to bring them into harmony with the best, modern business ideas, and you will reap a harvest the coming year that will surprise you.

How many new books have you purchased and read during the past year? How many medical journals relating to the interests of your profession, and bearing the best thought of the best minds in all the land, have come as ministers of help and good

counsel to your office? The best returns for your money will be from the current literature that comes to your office weekly and monthly in the shape of good, ably edited medical journals. Take all the best in your own school of medicine and one or two of the best that can be found in other schools; read them carefully with an open, receptive mind and you will grow intellectually, be a better man, a better physician, and stand higher in the estimation of your professional brethren. The few dollars spent in this way will repay you ten times over in a financial way and a hundred per cent in the broader conception of the possibilities of the profession in which you are engaged. You cannot afford to be a back number.

\* \* \*

Nicholson and Rankin review the whole subject of uncinariasis. The bulk of their paper is taken up by a discussion of the various theories of the way in which infection takes place. To settle the matter in their own mind, they have collected aetiological records of 118 cases, most of which occurred in their own practice. They conclude that ground itch is by far the most important portal of infection, and that dirt eating and contaminated water supply, while capable of infecting, are not nearly so important as ground itch as a source of infection.—*New York Journal*.

\* \* \*

Our dear friends of the old school who appear to be so fond of legislating for the benefit of others, seem to have arrived at a place where they are having administered to themselves a dose of their own preparation. The pneumonia commission of experts appointed by the authorities of the city of New York seemed to think they would have a fair field and no favors to grant: but the Civil Service Commissioners have ruled that these experts cannot employ assistant physicians in other cities to assist them in their scientific work, unless these assistants first come to New York and take the municipal civil service examination.

Verily, this is not the last snag our medico-legal old school friends will run against in their mad career of legislating for all

mankind. The *New York Medical Journal* of November 26th laments as follows: "It is pitiable to think that the civil service examining board of the city of New York, which not long ago rose up against an excellent appointment by the Board of Trustees of Bellevue and Allied Hospitals, should now be entertaining the idea of subjecting to its examination the eminent gentlemen who have consented to give the health department their aid in the study of pulmonary diseases.

\* \* \*

Dr. J. W. Ballantyne has used Bossi's *dilator* in eight cases of *complicated labor*. The first case was one of eclampsia in a primipara. The pelvis was narrow, both at the inlet and outlet, the foetal head presented in the *sight oblique diameter* unflexd, with the forehead leading. The patient was brought to the hospital in an eclamptic fit, and the fits continued during the first two hours after her admission, while labor made no progress. Dilatation of the cervix by Bossi's dilator was then begun, and completed in twenty minutes. It was necessary to perform *basilysis* before the child could be extracted, and the third stage was complicated by hemorrhage, due to adhesions of the membranes to the uterine walls. The history of the puerperium was one of gradual recovery; the patient was able to leave the hospital three weeks after delivery.—*Journal of Obstetrics*.

\* \* \*

A visit to Pueblo and a call on the doctors of that busy city is always a pleasant experience. Dr. Hatzfield, Dr. Gray, Dr. Knapp, Dr. Walter and Dr. Randall report a prosperous condition of things medical. Dr. Tucker has retired from practice and moved to her ranch, some distance from the city, where, it is said she will devote her time to literature.

\* \* \*

Dr. Kittie W. Higgins, of this city, died at her late residence, 910 Sixteenth street, Sunday morning, Dec. 4th. We are not informed as to the nature of her illness. She was a graduate of Dunham's Medical College of Chicago, and has been a resident of this city for a number of years past. She leaves a large circle of friends.

The Rummage Sale, conducted by the ladies of the Homeopathic Hospital Club, was a decided success. They realized quite a neat sum of money as the result of their enterprise. The proceeds will be used by the ladies to replenish the supply of linen used in the hospital.

\* \* \*

Dr. Sarkisian will fill the chair of Physical Diagnosis in the Denver Homeopathic College during the absence of Dr. Geo. E. Brown. The doctor is a thoroughly trained medical gentleman and has had excellent advantages for study in the best hospitals of Europe.

\* \* \*

Dr. W. A. Burr, financial agent, paid another five hundred dollars on the debt of the Homeopathic Hospital, November 28th, 1904. The doctor is prolific in plans, and proposes to pay the last dollar of that debt in the not distant future.

\* \* \*

Epidural, subdural, paradural, constitute the various names used by the hypertechinical in describing the operation of injecting a liquid into spinal canal. The anesthetic effect of this operation, for which it seems to have been used first, does not appear to be entirely satisfactory in the results: it is not probable that it will ever be used extensively for that purpose. Incontinence of urine in children is the latest field of experiment with this device and some very gratifying results have been obtained. Two to three drams of the physiological salt solution should be injected: this may be repeated once or twice. Some authorities think cocaine adds to the permanence of the result; others argue that the beneficial results come from the bulk of the fluid causing a distention of the canal and consequent stretching of the nerve filaments. If subsequent experience demonstrates its efficiency in these troublesome cases, it will be a valuable addition to our resources.

\* \* \*

Our old friend, that has been a constant visitor to our office since the first number was issued, now proposes, as we see by a late editorial, to move up in the procession, broaden its field of

usefulness, and change its name. Instead of *Homeopathic Journal of Obstetrics Gynecology and Pediatrics*, we are to have *The Journal of Surgery, Gynecology and Obstetrics*. The number of pages will be increased. This is suggestive of the trend of thought and investigation in our school of medicine. Our surgeons are taking first rank in that specialty; our gynecologists are equal to the best, and it is a wise move on the part of one of our leading journals when it places these branches in the forefront and devotes its pages to this advancement. We hope to see this movement successful and *The Journal of Surgery, Gynecology and Obstetrics* become authority on all these subjects.

\* \* \*

Mr. and Mrs. Jules Malliux are visiting Denver. This is their marriage trip. We had the pleasure of knowing Mrs. M. when she was Miss Lillian Alexander, of Salt Lake City. Usually affable and stylishly groomed our old friend has added both to his radiance and his raiment and in justification of his ecstasy we are happy to say it would be a difficult task to find a more gentle and refined lady or a more delightful companion than the lady of his choice. Mr. Malliux is the confidential representative of the August Luyties Homeopathic Pharmacy Co. and with his bride is being royally entertained by Mrs. Al. B. Levi, of 1637 Lincoln Avenue, according to the broad-gauge, liberal heated code of these royal entertainers. Congratulations all around. s.

\* \* \*

It is said that a bureau for the hire of domestic servants has been opened in St. Petersburg. That is nothing new in America. We have had the intelligence office and the employment agencies for a great while. We have had, also, the domestic servant; or we thought we had. It may be a question, whether we had them or they had us; nevertheless, the domestic servant has been here, in possession. But a new feature appears in the Russian capital that, so far, has not gained a firm hold here. There the domestic servant must present a certificate of good health, showing that she is free from disease, and that in no possible way can she be the medium of carrying pathogenic germs from the outer world into the sacred precincts of the household where she is to

preside as the culinary artist, chamber maid or nurse. As in this country, the domestic servant is the only person that ever goes into the sin and disease infected world after dark, it is probably well enough that she be carefully guarded and protected with a certificate of good health and perfect sanitation. But we wait with interest to hear from the free-born American domestic when a rule of this nature is attempted in this country.

---

OBITUARY.—Just as we go to press we learn of the sudden death of Dr. Wm. H. Bigles, of Philadelphia. More extended notice will be given in our next.

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## PUBLISHER'S PAGE

Owing to the many inquiries for Progress we wish to make the following explanations. Progress is mailed about the 15th of the month. If you fail to receive your copy notify us at once. Do not fail to notify us if you change your address.

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---

It was down in old Kentucky.

"That city drummer was the dullest chap I ever met," said the proprietor of the cross-roads store.

"In what way?" asked the man on the prune box.

"Why, he actually thought he could sell pocket knives with corkscrews down here."

---

*Boericke's Pocket Manual of Materia Medica*, second edition, a pocket encyclopedia of homeopathic materia medica can be found on sale at the F. Steinhauer drug store, Denver, Colo. Also a complete line of homeopathic medicines, prepared by Boericke & Runyan, are kept in stock.

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DAVID A. STRICKLER, M.D., - - - - Editor  
AMBROSE C. STEWART, M.D., Associate Editor  
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