



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

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

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

Usage guidelines

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

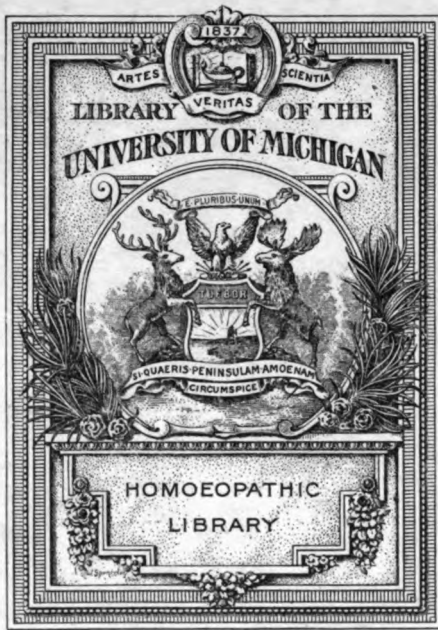
We also ask that you:

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

About Google Book Search

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

A 413092



HOMOEOPATHIC
LIBRARY

THE GIFT OF

Dr Dewey.

H610.5

I64

#77



Vol. I.

SEPTEMBER, 1907.

No. 1

IOWA

HOMEOPATHIC JOURNAL

ADDRESS OF THE PRESIDENT OF THE HAHNEMANN
MEDICAL ASSOCIATION OF IOWA.

W. L. BYWATER, M. D., Iowa City, Iowa.

One year has elapsed since we assembled in convention in the city of Des Moines. A year of activities. A year that has seen the culmination of many successes as well as witnessed many failures. A year that has presented many questions for solution, some few of which have been solved. A year that has simply added its share to unsolved questions and has left them to go over to be worked out in future years. A year that I am quite certain will show the red figures on the proper side of the page when the balances are struck.

Yes, it has been a good year for Homeopathy. We have had trials with which to contend, but they are only going to make us stronger.

Homeopathy is founded upon one of God's own laws, not to be disturbed by prejudices, by bigotry, by petty jealousies, nor by gross ignorance. The Creator made the law of similia similibus curantur and He placed the minerals in the earth, and planted the medicinal vegetables upon its surface, first seeing they were well distributed, and then left man to work them out.

The medicinal substances were first found, but it was not until this natural law upon which homeopathy is founded was dis-

covered that they could be prescribed in a rational, intelligent and scientific manner for the cure of the sick.

This law has been tried; it has been put to the severest tests; it has given a good account of itself; it has been true to the trust in it imposed. This law is infallible. When failures come, they are the result of the shortcomings of the prescriber or the unreliable drugs which he prescribes.

As I said before, this has been a good year for homeopathy. This has been made manifest in several ways, amongst others is the interest shown in our sister state on the south. The homeopathic profession of Missouri is taking steps looking forward to the establishment of a homeopathic department in their State University. If it can be brought to a successful termination, it will do much for our brethren in that state in particular, and for Homeopathy in general.

Here in Iowa, we find the homeopathic physician of our capital city contemplating the erection of a homeopathic hospital. If their present plans do not miscarry, a long felt want will be supplied.

In Springfield, Massachusetts, a fine hospital has been opened and dedicated to the use of homeopathic physicians.

In San Francisco, Hahnemann Hospital, the pride of the profession on the Pacific coast, has been brought out of the ruins of the great earthquake and has been doing yeoman service for the people of that city.

In Pittsburg, a deal is about to be consummated whereby the homeopathic hospital will be sold to the city and with the money received therefrom one of the finest hospitals in the country will be erected.

These are only a few of the evidences of progress made during the year, many more could be cited.

But there is one instance in which we are making a miserable failure and that is in supplying the country with homeopathic phy-

sicians. Calls are coming from all parts of the state. The demand is growing greater every year. More calls are coming in, more physicians are wanted. Not only in this state, but the Macedonian cry "come over and help us" has reached our ears from adjoining states. Have you read what the president of the state society of Oklahoma said? Have you heard from Texas? Have you been reading the calls from other sections of the great south and southwest? The same call from all; more homeopathic physicians. A call comes from the city of Louisville, Kentucky, asking for at least six physicians.

This great demand for physicians has been felt in our hospitals, it has robbed them of their internes. In the east, some of the large hospitals under homeopathic control are actually advertising for internes. There is no little anxiety expressed for the future by those in authority. They say that the field of general practice is making such a demand upon the members of the graduating classes that but few are left for hospital positions.

You ask, "What is to be done?" The answer is for each one to interest himself in this call from the people. Make it a personal matter and resolve that you are going to start at least one young man or young woman in a profession that is not over-crowded. If you wish to look at it purely from a selfish point of view, then you should do it because every time a homeopathic physician locates in an unoccupied field it means more professional work for you in the way of consultations, etc.

The local homeopathic societies of the state of New York have awakened to the great needs of the people and by resolution, its members have promised to individually interest themselves in the young people and send them to our colleges. This should be done all over the land. It is to be regretted that our youths are allowed to pass by homeopathic medicine with all of its advantages and opportunities when a few words from you might be the means of starting them upon a successful medical career.

The College of Homeopathic Medicine of the State University of Iowa is ready and anxious, as are all the other homeopathic colleges scattered from the Atlantic to the Pacific, to receive and educate all whom you can send.

The University Homeopathic Hospital continues to be a prosperous institution. It is more than self-supporting. For several years it has not cost the state a single cent for current expenses.

During the past year there has been some little misunderstanding regarding free clinics. This was caused by the following resolution, which was adopted by the Board of Regents: "No person shall be admitted to the free clinic except upon the recommendation of his or her family physician, priest or pastor, or the official having in charge the poor of his or her district."

This resolution came as a result of the protests from physicians of the state, who complained that patients who were amply able to pay came to the clinics and were operated upon free of charge. A letter in the hands of the patient from the home physician stating that the bearer is entitled to a clinical operation will correct any unjust advantages which may have in the past been taken of the free clinic.

The homeopathic profession is proud of its past achievements. It has made its influence felt upon the whole medical world. Medical reformations are to its credit. Abuses long practiced by the medical profession and long tolerated by an uncomplaining public were corrected by the homeopathic school of medicine.

The size of the dose of the allopathic physician has been slowly but steadily reduced until you now hear him speak of "broken doses." The number of ingredients in a single prescription has been materially decreased. You no longer find doctors of the old school putting sixty-five different drugs in a single prescription as was actually done in 1865, but the number has been gradually reduced and will continue to be reduced until some day the single remedy will be used.

Homeopathy is responsible for these reforms and should be given the credit.

This is only a small portion of what our school of medicine has done. And what has been accomplished is small when compared with what there remains to be done. One great reform which has been instituted, but not completed, is the use of variolinum in vaccination. This method of making patients immune from smallpox has been proven to the complete satisfaction of those who have used it along with the old method of sacrifice to be far superior to the latter. Variolinum has been put to severe tests. Individuals living in families in which were quarantined cases of smallpox, have been vaccinated by the internal method and have not contracted the disease. The opponents of the method argue that perhaps those people would not have contracted the disease had the variolinum not been used. Perhaps not, but the very same thing can be said of the old method of scarification. However, the mere fact that the persons thus treated did escape is all we want until it has been proven that the remedy does not bring immunity.

So far, unprejudiced observers believe in its efficacy. By careful observation their doubts were dispelled because of the results obtained from its administration.

Where it has been fought to the last ditch, where courts have been appealed to with the hope that their rulings would discontinue its use, the enemies could not find any evidence of its inefficiency. Had it failed, it would have been known and its failures would have been heralded from shore to shore.

Its use should be encouraged not only because it is superior to the method of scarification, but because there are no detrimental effects from its use. You can look the country over and you will find no deaths that can be traced to its use. You will find no one who will date his failing health to the time variolinum was administered. This cannot be said of the old method of scarification.

How often do you hear of the loss of a life from this last named method of vaccination.

Within a few very months, a young physician, a very recent graduate of the college of medicine of the State University of Iowa, a young man with the best part of life before him, was sacrificed because men adhere to this dangerous and death-dealing method.

We have made a fine beginning. We have met the legal objections and the courts have sanctioned our practice, as the following attests:

Department of Board of Health, Des Moines, Iowa.

October, 25, 1907.

To Whom It May Concern:

This is to certify that the use of "variolinum" is recognized by the courts throughout the State of Iowa, and can be taken in preference to the usual vaccination if so desired.

G. W. Mattern, President,
James Morgan, Secretary,
James E. Miller, M. D., Physician,
Board of Health.

Here is an opportunity for the homeopathic medical profession to work out one of the greatest medical reforms known to history. A real blessing to humanity. A chance to relieve the human race of a practice that not only makes invalids but takes the very life itself. A practice that has been bolstered up by laws, until parents are compelled in many states to sacrifice their offspring upon this altar established in the eighteenth century, and maintained simply because men refuse to investigate.

Are the people willing to accept a reform of this kind? They most certainly are. The sentiment in favor of the use of variolinum is reaching out. Even Homeopathy with its rapid spread is being outdistanced by this reform. I doubt if there is a physician present who has used variolinum to any extent and has let it

be known that he is using it but what has had calls from people who never took a dose of homeopathic medicine in their lives, requesting that they be vaccinated by the internal method. Simply showing that the people are anxious to escape the evil effects that so often follow vaccination by scarification.

I would recommend that this association at this session take some action regarding the use of variolinum. If you are not ready to go on record as an association endorsing its use, then I would suggest that steps be taken to make further investigations and demonstrations to prove its efficiency.

If this association will at this time or at some time in the near future take action endorsing the use of variolinum in no uncertain terms, if its members will go earnestly at work educating the public, and will follow up this education by the practical demonstration of the efficiency of the drug, it will be but a comparatively short time until, in spite of all opposition, all prejudices and all ignorance, it will be the accepted method and the only method in use.

When this comes to pass, people will not refuse to be vaccinated, no more lives will be sacrificed, no more invalids from this source, and smallpox epidemics will be reduced to the minimum.

I most heartily recommend that action of some kind be taken by this body.

And now I come to the last question to be considered in this address. I bring it to your attention because I love Homeopathy. Because I am ready to defend homeopathic principles wherever and whenever they need a defender. If I say any unkind things, if my language seems harsh, it will simply be because I am driven to it. The meanest warfare in which any man or set of men was ever engaged is when the enemy refuses to come out in the open, but does its fighting from ambush.

The olive branch with the dove of peace resting thereon was extended by the gloved hand, but the deadly dagger was concealed

in the other, ready to be driven to the very heart of Homeopathy at the first opportune time. Is there any justification for these statements? If you have any doubts in this matter, take up the medical journals for the past eight months and carefully read their pages. Beginning with our own state of Iowa with its unfair, unprinciples and uncalled for Clarke bill, study the legislation proposed in such states as New York, Pennsylvania, Michigan, Texas and a half score of others and then express your opinion. It is enough to make the very blood of a true believer in the principles of Hahnemann to boil with indignation. A carefully studied and prearranged program was attempted to be carried out. A premeditated attack upon Homeopathy. And this nicely arranged program was not conceived in a day or a month, but was thoughtfully worked out while we were being hypnotized by the olive branch.

Are the men and women of our school of medicine ready to defend their faith within them or are they going to meekly fold their hands and be legislated out of existence? It is for you to say.

There never was a time in the history of this country when the American people would tolerate anything that was unquestionably unfair. But their attention must be directed to this unfair question and this duty must be performed by you.

In the state of New York there are three separate state examining boards. The allopathic board is made up in its entirety of physicians of that school of medicine. There is no one on the board to interfere with any of its plans or deliberations. It is free to act as the majority wishes. They were not satisfied with this freedom, but they must become meddlesome. So a bill was prepared and introduced in the legislature making a single board of examiners without either homeopathic or eclectic representation.

It was claimed by the supporters of this bill "that such legislation is necessary for the preservation of the present high stand-

and to prevent unqualified persons from assuming the rights which belong to educated practitioners of medicine."

This claim was met by the two minority schools with the proposal of amendments to the present laws which would prevent any lowering of standards.

But the allopathic committee showed its hand when it answered "that the only terms on which it would confer was a single board bill without homeopathic or eclectic representation."

In making this reply, it gave the lie to its first reason for a single board, namely, to prevent the lowering of standards and showed beyond doubt that its sole object was to get the granting of all certificates in the hands of an allopathic board.

In Pennsylvania, three separate boards exist. The Homeopathic and eclectic physicians are perfectly satisfied with this arrangement, but the allopathic physicians are not. So a bill was introduced in the legislature doing away with the three boards and creating in their stead a medical council which will be composed of nine members, five of whom are the Lieutenant Governor, Attorney General, Secretary of Internal Affairs, Superintendent of Public Instruction, and the Commissioner of Health. The other four members are to come from the state board of examiners.

The interesting features of this bill are first that no questions can be asked by the state board of examiners until they are first passed upon by the medical council, a body largely composed of men who know absolutely nothing of medicine, and secondly that no questions are to be asked in therapeutics or materia medica. In other words, a man could receive a certificate if he possessed a sufficient knowledge of anatomy, physiology, chemistry, histology, etc., even though he knew absolutely nothing about the most important subjects of all, namely, therapeutics and materia medica.

That bill no doubt was written by physicians. What an interesting document it must be to men of other professions, when

studied by them. Would a state board of examiners of the legal profession endorse a law that prohibited them asking questions concerning the practice of law? Or a dental board requiring an examination in all subjects except that pertaining to the care of the teeth? They would be just as reasonable as is this bill pending in the legislature of Pennsylvania.

In Michigan there has been but a single board. Not satisfied with that, the allopaths have introduced a bill which is characterized as being "un-American and despotic." It is so manifestly unfair that the entire homeopathic and eclectic professions of the state are united in its opposition. A substitute bill has been introduced into the state senate, creating three separate boards of examiners and a medical council, the membership of the latter to consist of the presidents of the three boards, and the president of the state board of education.

In making an attempt to get a separate state board of examiners, the homeopathic physicians are carrying out the recommendation of the Interstate Committee of the American Institute of Homeopathy. This committee urges that homeopathic societies advocate the establishment of separate examining boards in all states where they do not already exist.

These are only a few of the things attempted in the way of legislation. Many more could be cited. In most instances it was so unfair that its defeat was accomplished by simply calling the attention of the legislators to its unfairness. Thinking men believe in and will stand for fair treatment. This was shown in the disposal of the Clarke bill in our own state. It would have been interesting to you to have read some of the things written by members of the legislature concerning this bill.

In conclusion, I will urge that the homeopathic physicians of Iowa take a firm stand to maintain their rights and their integrity; that they resist all unjust legislation; that they bring out the full truth concerning variolinum, if it is not already known, and



if the present knowledge or any additional information justifies its use in bringing immunity from smallpox, that they do their utmost in bringing about its general use; and lastly that every homeopathic physician in the state shall go to work to increase the attendance at our colleges.

ANESTHESIA—PREVENTION OF VOMITING.

After a number of vain attempts to find a means of preventing the nausea and vomiting which so often follow the use of ether and chloroform, Wanietscheck (prager medisinscher Wochenschrift, No. 50, 1906) discovered that the internal use of alypin, one of the newer local anesthetics, would entirely prevent it.

Just before beginning the administration of the anesthetic the patient is given 5 to 6 drops of a five-per-cent solution, and this dose is repeated as soon as the patient is sufficiently recovered to swallow. This usually prevents all nausea, but if there is a tendency to it the dose may be again repeated in one or two hours.—*Therapeutic Gazette.*

We wish to call the attention of all the members of our association to the advertisements herein contained. These are the people who are making our Journal a possibility and are to that extent deserving of our favor. Only good reliable houses have been solicited and it is the purpose of the management to allow no questionable ad to appear upon these pages. A variety of good big business firms have been asked to come in with us. Look for their ads in the next issue.

Our readers are respectfully invited to send in their want and for sale notices. We can help you.

THE REPORT ON THE PRESIDENT'S ADDRESS.

Your committee to which was referred the address of the President beg leave to submit the following report:

We have given careful consideration to the recommendations made by President Bywater in his excellent address.

We take pleasure in commending the aggressive tone and spirit of this address. It is direct, positive and aggressive. It breathes the spirit and purpose of confidence. It leaves no occasion for hesitation or wavering in its recommendations to the gathered representatives of our association. Moreover, it points us to work not completed—to labor in the interest of our faith, yet undone.

We would accentuate the recommendation contained in his address relative to the need of added members—recruits to our ranks in the field of practice. These can only come by multiplying the number of students in our Homeopathic Colleges.

The urgent appeal comes from all directions for more earnest men and women of our faith and practice. While the Regulars are planning to limit the output of new doctors; while they are striving to put up the bars to the medical degree by adding heavier entrance requirements, thus making an aristocracy of medical practice, we are unable to supply the demand for competent physicians.

The call comes from the city and from institutions needing help. Indeed the appeal is made from all points of the compass. It is our providence to meet the demand. United, persistent effort is required of us individually and collectively to secure students for our department.

In this department we take just pride. It is ours. Our interests center here. It is the most tangible evidence of our legal

recognition. It should awaken not only a commendable pride in every member of our faith in Iowa, but should command our unreserved and enthusiastic support.

Our president views with satisfaction the leaving effect of homeopathy upon the practice of our confreres of the regular school. Not only may he who runs read the marked modifications of their practice due to our influence, but it is gratifying to have representatives of that school openly confess it. If our existence as a school of practice had accomplished nothing more it is worth the while.

Our president holds to the belief that variolinum as a prophylaxis against smallpox should receive further official endorsement at our hands.

It has for years had our endorsement in the form of an official definition. Beyond this we can only direct attention to this fact and command it as a meritorious method of vaccination to our confreres in other states.

The note of alarm expressed regarding hostile legislation is timely. We have contended successfully in committee rooms of our legislature against measures calculated to do us infinite damage. The benevolent purpose of such contemplated acts as the proposed Clarke bill is to drive nails in the coffin lid of our department.

Such benevolence is hard to appreciate by any lover of our State Institutions, and much more by those in our department.

Under the specious plea of economy our department should be killed.

Lessons learned by attacks all along the line means that "eternal vigilance" is still the price of not only our safety but of our very existence.

The purpose of benevolent assimilation with or without our consent is to be consummated if possible.

We therefore accentuate the commendation of our president

that we be eternally vigilant that our interests may be conserved to the end that there shall ultimately be an unreserved recognition of our eternal truth of the Law of Similars.

Respectfully submitted,

A. M. Linn, M. D.

C. M. Morford, M. D.

E. R. Jackson, M. D.,
Committee.

CHOLERA VACCINATION.

According to the report of the Bureau of Science at Manila, the vaccine extracted from the immunizing substances from the spirilla has proved very successful. "The first provincial point at which any extensive cholera vaccinations were practiced was Augat and its barrios, in the Province of Bularan, where 1,078 individuals (about one-sixth of the inhabitants) were vaccinated. Since that time 122 cases of cholera have appeared in Augat, 121 of which are among the uninoculated and only one among the inoculated." These are the statistics up to November, 1906.—North American.

JUST AS GOOD AS EVER, THOUGH.

An old physician of the last generation was noted for his brusque manner and old fashioned methods. One time a lady called him in to treat her baby, who was slightly ailing. The doctor prescribed castor oil. "But, Doctor," protested the young mother, "castor oil is such an old fashioned remedy." "Madam," replied the Doctor, "babies are old fashioned things."—Ladies Home Journal.

SOME OBSERVATIONS FROM TEN YEARS' PRACTICE
IN GYNECOLOGY.

S. W. STAADS, M. D., Sioux City, Iowa.

We know that not all diseases to which a woman is subject are caused by pathology of the generative organs. And vice versa, the condition of the generative organs may be such as to constitute pathology and yet no symptoms are produced indicating operative interference. Therefore, a displacement of the uterus or adnexa e. g. does not necessarily require the surgical intervention of the Gynecologist. Theoretically, we admit, displaced organs will cause suffering, but practice proves that this is not always so. Consequently we try milder means first in restoring diseased or displaced organs, such as the administration of the simillimum, baths, massage, electricity, mental suggestions, rest in proper position, sufficient and proper exercise, etc. These remedies will often restore the organs to normal conditions and thus prevent real subjective suffering, but they should also be thought of and employed where disease has really manifested itself and caused actual ill health. We as homeopaths should certainly remember Hahnemann's motto: *Die milde Macht ist stark!* I am confident that numerous so-called gynecological cases could be cured by simple non-surgical means, and that would certainly constitute an ideal gynecological practice.

But experience teaches us also that perhaps the largest percentage of female complaints does require our surgical skill, and it is very fortunate that surgical dexterity has today reached such a high degree of perfection and precision that we can promise our operative cases a great deal and fulfill our promises. How many women could be mothers, splendid housewives and lovable com-

panions would they but submit to—sometimes trivial—operative work. But no, they fear and dread it unnecessarily. Some of them do so out of selfishness and prefer to make things around them unpleasant to undergoing a curative operation, which possibly might cause them some pain for a few days. My experience is that you cannot instill common sense into such senseless women and that very often all diplomacy and strategy is for naught. I have therefore adopted the rule never to bother much with that class of cases which wants to remain the dominating factor. As surgeons we must not only rely upon our surgical armamentarium, but we should also try to inspire hope and confidence in our patients, for especially in gynecological operations the proper after treatment is a *conditio sine qua non* and does require first and last the patient's confidence in and submission unto the doctor. Where we cannot obtain this condition we will seldom succeed and might as well quit the case from the beginning.

But now our patient is with us and we therefore want to do our very best for her. She cannot wish more for her recovery than we do. This is the ideal condition and should in itself insure splendid results. It is the beginning of the preparation for the operation. I have found that in certain cases Abbott's Hyoscine-Morphin-CACTIN Tablets, if given resp. 3 hours, 1 1-2 hour and if necessary again 15 minutes before the operation, will make a general anesthetic unnecessary. In all my cases it has certainly reduced the amount of anesthetic necessary to complete analgesia and relaxation.

Experience has taught me that we can do a number of operations by the vaginal route easier, and with less danger to the patient than if we had made laparotomy. To be sure, it often requires more skill, knowledge and surgical judgment to perform a hysterectomy by the vaginal route than by abdominal section. But no Gynecologist should be lacking in this degree of ability.

~~Irritated and inflamed conditions of the mucous membranes~~

in and around the vagina can very often give rise to unproportionate disturbances and should never be overlooked.

A torn perineum or prolapsed vagina in the form of a cystocele or rectocele, needs repair. The sympathetic nerve reflex from these conditions is immense and must be reckoned with.

A lacerated cervix uteri must be attended to, for irritation of the small nerve endings of the sympathetic branches in the hard, unyielding scar tissue certainly does cause numerous reflex troubles. For all sewing in the vagina and uterus I use chromicized cat gut No. 2 or 3.

When a uterus needs curetting, it should be done with a sharp curett, for a blunt instrument is no earthly good, except for the removal of adherent bits of placenta. While curetting it is well to let a steady stream of a hot mild antiseptic, like Pix cresol or 1-2 per cent Crethol, run through the instrument in order to wash away the loosened debris and cause an aseptic wound surface. Be careful never to press too hard against the fundus uteri, it is very thin and sometimes soft like cheese and can easily be penetrated by the curett.

In all work upon the uterus from the vagina it is best to have a guyrope in the posterior and anterior lip instead of tenacula and volsella.

Let me impress upon your mind that nothing will give tone to a flabby uterus like a packing of the same. After dilating and perhaps curetting, a packing with cordine or gauze, left in situ until expulsive contractions manifest themselves, will sometimes do wonders.

When performing hysterectomy, be sure to keep closely to the body of the uterus, for only thus can we avoid wounding the uterine vessels and the uteters. If we follow this precaution we will often be enabled to perform the whole operation without ligating a single blood vessel. In this operation it is wise to leave in a little drainage of small size in preference to closing the wound entirely.

Laparotomies do become necessary for the removal of larger tumors and cysts and the incision usually falls in the median line. While cystic ovaries were formerly removed entirely, we have learned that as we can reform obstreperous children without killing them, so we can cure a diseased ovary without removing it entirely. I cut away the cystic part, or prick the larger cysts and remove the hard scar tissue and then a few stitches with chromicized cat gut Nos. 1 or 2 will close the wound nicely. Fallopian tubes seldom need surgery aside from removal for pus. To sound or catheterize them is perhaps useless.

Hysterectomy performed by the abdominal route is relatively easy of performance. Care should be taken to place the ligatures around the ovarian arteries near the outer extremity of the broad ligament and to have the uterine arteries exposed well, so as to include nothing else in the ligatures around them in order to avoid the ureters. Stitch up the pelvic floor carefully and stop all bleeding points. The closing of the abdomen in layers is a so well established advantageous procedure that I do not believe any modern surgeon relies on through and through sutures only, he may add them to the layer sutures for safety.

After Laparotomies and extensive vaginal work it is always advisable to make use of Fowler's position, for it aids drainage and helps prevent septic troubles of the pelvis. Be sure to have the head end of the bed sufficiently elevated, 18-20 inches are not too high. Of course during shock and such conditions the head should be lowered, being the indicated position for the more urgent emergency.

In many cases I deem it a good plan to have the patients stay in bed even longer than the operation demands. That will rest the over-taxed nervous system and help the real cure along most wonderfully.

We all learn that gynecological diseases are frequently associated, if not caused, by rectal diseases, and the latter must be cured if we shall be successful gynecologists.

My form of hand sterilization has stood the test of time with me and consists of the following steps: After thorough scrubbing with a stiff brush and soft soap in hot water, we next scrub for a few minutes in 50 per cent alcohol, then in 1-2 per cent solution of Crethol, then in sterile water, whereupon the hands are thoroughly dried and Murphey's hand solution of Gutta Percha in Benzine is poured over them, which, when dry, has greater advantages than rubber gloves. The patient's abdomen is first washed with hot water and ethereal soap, next with Ether, then with Alcohol and finally with sterile water. When dry, Murphey's Gutta Percha in Acetone is poured over and prevents secretions or excretions of the infecting cuticle from entering the wound.

I give these things for what they are, a few points from my experience, which may be of no account to most of you and perhaps of use to some of you. If you differ with me, remember the splendid motto of the North-American Journal of Homeopathy:

In Certis Unitas

In Dubiis Libertas

In Omnibus Caritas.

Read before the Hahmnmann Medical Association of Iowa.

HOMEOPATHIC THERAPEUTICS IN THE TREATMENT OF DELICATE CHILDREN.

ALICE I. ROSS, M. D., Whittier, Iowa.

Before this audience and upon this topic I can hope to say nothing new; the only excuse I have for taking a little of your time is that for the thirteen years of my professional life much of my work has been with this class of patients, and during that time I have been continually growing more optimistic.

Perhaps in no other field of our work does Homeopathy reap a richer reward.

This topic lies near my heart; it makes me wish that for a little while I could make St. Paul's words true and "speak with the tongues of men and angels."

If I could speak a word to rouse to greater faith or more sympathetic study of these cases some one present I should feel that I had in some measure begun to repay the great debt I owe to homeopathy.

The average American baby, when given anything like a favorable opportunity, will furnish few problems for the doctor's consideration, so I pass him by with good wishes for his journey.

The little patients who come under the title of this paper often come from the poorer class of people, those in whom we must consider the problem of sufficient nourishment and appropriate clothing, where, when we have done our utmost, oftentimes our pay is a woman's blessing and the knowledge that another life is rescued to unknown possibilities of usefulness.

Sometimes I wonder when studying some puny, emaciated specimen of humanity "Is it worth while?" "Would it not be better for the individual and the race to let these weaklings perish in infancy?" And the answer must come to all of us that some of the world's most useful men and women have come up from such frail babyhood.

An instance occurring to me at this time is the infancy of Sir Walter Scott. Somewhere I have read of him that he was such a frail child that in an effort to impart some vitality to his little body his caretakers would at times strip him and wrap him in the warm, bloody fleece of a sheep. Better resources are ours in these days, homeopathy has much to offer.

The class of patients I especially wish to consider and who after that has been disposed of, after months of patient experiment furnish me much material for thought and study come from vari-

ous cases. Sometimes they are born in an anaemic condition, of mothers tuberculous, sometimes dyspeptic from birth with a mother who is incapable of furnishing them proper nourishment or any nourishment at all. Sometimes they are children of mothers who are exhausted from rapid child bearing, or who are too old to give their offspring normal vitality.

From whatever class they come into our care they furnish a series of problems which you will not fail to recognize. To get them started at all the great question of food must be met, and on the part of the physician and mother and semi-starvation on the part of the baby, come the perils of teething, which seems to be worse in the bottle fed infant.

Never ceasing vigilance and skill in the correct interpretation of early symptoms are the price of success. It pays to take a little time from your busy hours and drop in to study these little people at frequent intervals; sometimes the symptoms the mother does not see at all are the very ones to lead to the successful prescription of a remedy.

It does not mean to her that the little bottle fed babe shows swollen joints and extreme aversion to motion or that the little one exhibits preternatural precocity and has a way of appearing wrapped in thought with intervals of wanting to bump the forehead or occiput on something hard, or that the large head is growing box-like in shape with thickened sutures and wide open fontanelles.

To us it means the interception by diet or well chosen remedy of infantile scurvy or tubercular meningitis or rickets. If one wishes to avoid the painful necessity of writing a death certificate it is needful not to wait until they are sick, but to consider them lawful subjects for constant supervision.

I find it a great help to keep a written record of these patients and jot down the symptoms as they come up. Lest other cares lead me to temporarily neglect them I sometimes keep a list of especially difficult cases over my desk and make them the subjects of frequent study.

That is the secret of success in their treatment, continual thought, courage, patience that is inexhaustible.

Time goes so fast, when a short time ago I was anxiously watching by cradles of weakness and suffering, now sturdy forms and bright heads crown around me as I make my calls. Truly a reward worth working for.

In the treatment of these children I want to emphasize the importance of the Homeopathic remedy, the well selected, single remedy, chosen after careful bedside observation of symptoms, supplemented by study of *Materia Medica* and repertory and all the well remembered knowledge of college days.

In the acute illness of these children I would say just a word to the young practitioner. Don't let a desperate case stampede you. Suppose the temperature does run up to 106 and the tiny pulse is too fast to count and the shadows of death seem to be settling over the little face. Sit calmly down by the bedside and think and watch. Somewhere in the totality of the symptoms lies the key to the whole situation. Somewhere in the pages of our matchless *Materia Medica* is the record of the remedy that will change this picture of sorrow and suffering to one of joy and health as quietly and easily as the sun floods the earth after an April shower.

The problem that concerns us is to bring these two pictures together and match them as perfectly as we can. To accomplish it one needs the skill of an artist, unbounded faith in our remedies and patience and love for humanity akin to the Divine.

If the little one must die the Homeopathic remedy is the best thing I know to relieve suffering, but in nine cases out of ten they will not die.

It pays to be a student of *Materia Medica*. Our present *Materia Medica* is imperfect, no doubt; it is young yet. But in its pages as it now exists is enough of well verified truth to employ

the life-time of a vigorous intellect in its mastery, and skillfully applied, to cure the vast majority of human ills and relieve the rest.

I have no quarrel with scientific medicine. It is well to study, diagnosis and pathology and microscopy and all the rest, only don't let it destroy your ability to read correctly the symptoms of your patient or abolish your faith in and knowledge of *Materia Medica*. Don't become so interested in the construction of the woodchuck's burrow that the animal himself slips out and is gone before you realize that it was the woodchuck and not the hole that was the object of your search.

The remedies which have been most often indicated in my practice are the Calcareae, the Kalis, the Mercuries, Sulphur, Silica, the Anatomical preparations, the Nosodes, and sometimes where these do not truly and correctly meet the disease picture, one which we are apt to regard as superficial and ephemeral in action as Cina or Chamomilla will clear up the symptom picture surprisingly when well indicated.

Just here I want to call your attention to an article on Iodoform in Tubercular Meningitis by Wm. S. Miner in the *N. A. J. of Homeopathy* of 1896, and also to the brief record of this substance in Boericke's *Pocket Manual of Materia Medica*.

In one case of tubercular meningitis Iodoform and vaseline one drachm to the ounce used as an inunction to the occiput twice a day did splendid service. I believe it thoroughly Homeopathic to this disease.

In conclusion let me summarize: Write out the history of these cases as fully as it can be obtained, as the case progresses keep full record with the remedies used. Keep such patients under supervision. Let no morbid process steal on you unawares.

Stick to the Homeopathic remedy, single if possible. Last but not least, cheerfully, patiently, hopefully work for your patients and in the outcome your efforts will be crowned with a measure of success that will be ample reward for your labors.

Read before the Hahnemann Medical Association of Iowa.

IOWA HOMEOPATHIC JOURNAL

PUBLISHED MONTHLY.

G. A. HUNTOON, M. D.....EDITOR

DEPARTMENT EDITORS.

T. F. H. SPRENG, M. D... MATERIA MEDICA & CLINICAL MEDICINE
F. J. BECKER, M. D.....
.....OBSTETRICS & GYNECOLOGY, UNIVERSITY NOTES
A. M. LINN, M. D... HYGIENE & SANITARY SCIENCE, PEDRIATRICS
C. W. EATON, M. D.....SURGERY

ERWIN SCHENKPUBLISHER

Send all communications in regard to advertising to the Publisher, Dr. Schenk, Utica Building, Des Moines, Iowa.

Send all other communications, papers, news items, etc., to the Editor, Box 152, U. P. Station, Des Moines, Iowa.

With a great deal of temerity we make our initial bow to the Homeopathic profession of the great state of Iowa, and indulge in the fond hope that you will deal kindly with us.

At the last meeting of the State Society, at Iowa City, a motion was passed for the Society to arrange for the publication of a journal as a representative organ of the Hahnemann Medical Association of Iowa, and the following members were appointed by the President as a journal committee: A. M. Linn, T. F. H. Spreng, F. J. Becker, C. W. Eaton and G. A. Huntoon.

At a meeting of this committee at Des Moines, with four members of the committee present, it was decided to make the secretary of the state society, G. A. Huntoon, the editor and business manager of the journal, and that the other members of the committee act as department editors.

The editor has not been chosen for this position because he has exhibited any special fitness for it, but because of the fact that

as secretary of the State Association, he would represent the whole profession of the state. And he will endeavor to serve you to the best of his ability.

The other members of the editorial staff are men whom you all know and delight to honor, and the very fact that they are connected with the Journal will insure its usefulness and success.

Our aim will be to promote Homeopathy and a Homeopathic sentiment throughout the state, and to bring into closer unison and fellowship the members of the Homeopathic profession. We want to reach and to hear from the men especially, who are in the smaller towns, the "country practitioner," who feels that he is sort of alone in the world and that nobody cares what he is doing, or what becomes of him, and bring him into closer touch with things that are going on in the state, which will be to our mutual benefit.

This Journal is going to depend, to a large extent, upon the members throughout the state of Iowa for its support. It will be your Journal and the interest that you take in it will help to determine its success.

Whenever anything happens that you think will be of interest to the profession, write us about it; and when we can be of any service to you do not hesitate to command us.

G. A. Huntoon, Editor.

BUILDING UP THE STATE SOCIETY.

There may be various ways of building the membership of a state society, one of which might be to limit the membership, say, to a *thousand and by no means allow it to exceed that number*. Let the transactions of the society be of such practical value that every reputable physician will see the necessity of joining it in order to keep abreast of the times. He should be made to realize that a membership in the society is essential to his social position.

and material welfare and that it is a necessary requirement for his professional standing.

The time has passed when it was only necessary to be able to display a diploma from a reputable college in order to have a standing in a community. At the present time the diploma is only one of the essentials. In order to be progressive, post graduate work is necessary, membership in local, state and national societies is *absolutely necessary*.

Where is the physician who would dare locate in Sioux City and not affiliate himself with our local society? Not that the society could not exist without him, but he would find it absolutely necessary to join us.

Every reputable physician should have that same realization of our state society, especially the younger members of our profession. The older and more experienced can be more independent and yet they owe it to themselves, to the younger men and to the state society to join hands and make the Hahnemann Medical Association of Iowa the only state society whose membership is full.

Let every homeopathic physician in the state of Iowa say to himself, "I will attend the next meeting of the state society and if the society will have me, I will become a member of it. I should have done so before and I just will at the very next meeting. So help me God!"

The membership will have reached its limit only when every reputable physician in the state has joined. If your name does not appear, what shall we conclude?

T. F. H. Spreng,
President Hahnemann Medical Association of Iowa.

ATTENTION—MEMBERS OF H. M. A. I.

All those who are in arrears will kindly send in their dues so as to be placed on the accredited list of subscribers in accordance with the resolution adopted at the last meeting of the Association in Iowa City. Yours respectfully,

M. A. Royal, Treas.,
308 Good Block, Des Moines, Iowa.

NEWS ITEMS.

All the readers of the Journal are earnestly requested to send items of general news, personals, births, deaths, removals, etc., to the Editor, Box 152, U. P. Sta., Des Moines, Iowa.

B. M. Rinehart, M. D., has sold his property at Burt, Iowa, and moved to Oak Lawn, Ill, just south of Chicago.

H. R. Blay, M. D., of Beaver Dam, Wis., has located at Burt, Iowa, and taken the office and home vacated by Dr. Rinehart.

Drs. Charles and Clara Stoddard have moved from Spirit Lake, Iowa, to Boone, Iowa, and taken the office and practice of Dr. A. L. Martin, who goes to Detroit.

W. A. Seeley, M. D., has moved from Prungar to Spirit Lake, Iowa.

I. N. Paul, M. D., of Perry, Iowa, left about August 10 for a trip to Yellowstone Park for a few weeks' vacation. The Doctor has been practicing medicine in Perry for twenty-two years and this is the first vacation he has had except for a day or two when he has been away on business or attending the meetings of the State Homeopathic Medical Society.

A. J. Myers of Creston, Iowa, has just returned from a trip to Texas and New Mexico, looking at land; but did not invest. The Doctor says that Iowa land is good enough for him.

E. C. Hough, M. D., of Villisca, Iowa, returned home the first of the month from a little vacation, camping and fishing at Blue Lake, Iowa. Like most of us that go fishing, he brings home a good fish story.

O. W. Okerlin, M. D., of Essex, Iowa, was at Boone, Iowa, the middle of August, called there by the illness of his mother.

C. L. Jones, M. D., of Shenandoah, Iowa, was on the sick list the first of the month, had a close call for typhoid, but was better at last report.

Dr. W. N. Linn, brother of Dr. E. G. Linn and Dr. A. M.

Linn of Des Moines, is now en route for a year's study in the clinics of London and Vienna along special lines,

Dr. G. E. Smith of Mt. Pleasant, preceptor of several stalwart homeopathic physicians of the state, will be in Des Moines during state fair week.

Dr. A. P. Hanchett of Council Bluffs, member of the state board of health, has just returned from an extended trip in the east. The Doctor stopped in Des Moines to attend a special meeting of the State Board.

Dr. Charles Woodhull Eaton, the senior homeopathic practitioner in Des Moines, a man who stands at the very fore front in the local state and national societies, has given up his private practice and will devote his entire time to the medical directorship of the Des Moines Life Insurance Company. Dr. Eaton does not feel that in doing this he is abandoning the practice of medicine, but that he is simply specializing along the insurance line, or branch of the profession.

Miss Mabel King, '07, graduate of the Nurses Training School of the Homeopathic Hospital at the State University, has located in Des Moines.

C. G. Clark, M. D., of Atlantic, Iowa, was married July 17 to Miss Anna Thompson, a graduate nurse of the same place. The Doctor is the fourth one of his class to marry a graduate nurse. This accounts to a certain extent for the scarcity of nurses.

R. A. Jacobson, M. D., of Exira, Iowa, was in Chicago about the middle of August to consult a physician in regard to himself. The Doctor has been over-working himself and needs a good rest.

W. K. Foot, M. D., of Omaha spent about two weeks in August fishing in Wisconsin.

Laura J. Broun, M. D., of Lincoln, Neb., spent a two weeks vacation at East Park, Colorado, camping out. Dr. Rose of Illinois took care of the Doctor's practice while she was away.

Benj. F. Bailey, M. D., of Green Gables, Lincoln, Neb., is visiting in New Hampshire.

F. S. Witham, M. D., of Omaha spent a couple of weeks in August fishing in Wisconsin.

Dr. S. Staads, with his family, is spending the month of August at Lake Okoboji. The Doctor reports having a glorious time.

Delmer L. Davis will spend ten days at Rochester, Minn., this month and from there expects to go to Chicago and spend some time there in special work.

Dr. and Mrs. Herman are doing Yellowstone National Park and other points of interest in the northwest.

Dr. T. W. Bartlett, who has been in poor health for the past few years, in July underwent an operation for tubercular stricture of the bowels. The operation was a success and the Doctor feels that he has a new lease on life.

Garnet S. Felt, M. D., of the class of '07, S. U. I., has located at Reinbeck, Iowa.

Dr. H. F. Landis has located in Newton, Iowa, taking the practice of Dr. Lusk, who has gone to Keota.

A card just received by Dr. Royal from Dr. and Mrs. C. W. Ihle makes the announcement that "it was a girl" and her name is Murul Anna. Congratulations.

STATE UNIVERSITY NOTES.

Drs. C. E. Loizeaux, '04, Dubuque, and J. W. Cogswell, '06, Cedar Rapids, were recent visitors at their Alma Mater.

Dr. F. C. Sage, '93, of Waterloo spent a well earned vacation in British Columbia

Dr. L. B. Greene has disposed of his practice at Reinbeck to Dr. G. S. Felt, '07. Dr. Greene intends to spend the next year in post graduate work in the hospitals of New York City.

Dr. B. R. Johnson of Cedar Rapids, ex-professor of theory and practice, has returned from a six weeks' vacation spent in vis-

iting several of the important hospitals of England and the continent.

Dr. George Wenzlick has disposed of his practice at Hills, Iowa, and removed to Iowa City, where he has opened an office.

After nearly a quarter of a century of faithful and successful service, Dr. Leora Johnson has resigned her position as anesthetist at the University Homeopathic Hospital.

During the month of August Dr. Morford of Toledo has been a frequent visitor at the University Homeopathic Hospital, where his wife was recovering from a surgical operation.

Dr. W. I. Bywater spent a six weeks' vacation at the Chicago University doing special work on diseases of the ear under Dr. Shambaugh.

Dr. F. J. Newberry and family of Los Angeles, Cal., ex-professor of O. O. & I. at the College of Homeopathic Medicine, S. U. I., spent a few days at Iowa City calling on their many friends. The climate of California has fully restored the Doctor's health and he is again attending to a very large practice.

A letter from Dr. A. B. Palmer, '07, locates him at Seattle, Wash. Dr. Palmer was one of fifty-eight who successfully passed the Washington State Board, out of one hundred and eighteen who took the examination.

Drs. C. H. Cogswell, Jr. B. S. '01, M. D. '02, and J. W. Cogswell, B. S. '04, M. D. '06, of Cedar Rapids, sailed August 17 from Montreal on the Dominion line steamer Ottawa for a year's post graduate work in Vienna and Berlin. We hope later in the year to be able to print some notes on European study from them.

Miss Alice Beattie, superintendent of the University Homeopathic Hospital, spent her summer vacation in Chicago, Cleveland and Buffalo. While in these cities she spent some time studying the administrative methods of the modern hospitals of the east.

Dr. F. C. Titzell and family spent a very pleasant six weeks' vacation in visiting relatives at Spokane and Seattle and taking in the sights of the Pacific coast.

Among the new faces seen at the University during August was that of Dr. Zoller of Fredericksburg, who brought a patient to the hospital for an operation.

Having his wife and sister at the hospital under the care of the Gynecologist seemed to be too much of an attraction for Dr. E. B. Wiley of Grinnell, so he decided to come down and submit to the surgeon's knife for a strangulated hernia, which had been making life almost unbearable for several days. The Doctor is making a good recovery and will be out in a few days.

Among those who had patients at the hospital during August were Drs. F. A. Strawbridge, '86, A. H. Barker, '93, F. T. Lauder, '01, R. A. Jacobsen, '04, C. C. Wiggins and E. B. Wiley.

After ten years of continuous work in a very extensive practice Dr. L. W. Struble, '97, of West Liberty has been obliged to give up the practice of medicine and removed to a ranch in western Nebraska, where he hopes to regain his health. Dr. Struble is one of Iowa's best alumni and his going will be a great loss to the University and the profession of the state.

Dr. L. A. Royal, '06, has resigned his position at the Fergus Falls, Minn., Insane Asylum and removed to West Liberty to succeed to the practice of Dr. Struble. The people of West Liberty will find him a worthy successor to Dr. Struble.

Miss Alice C. Beatle, superintendent of the University Homoeopathic Hospital, attended the fourth annual meeting of the Iowa Association of Graduate Nurses held at Ottumwa, Iowa, in May. This was the largest and most enthusiastic meeting the Association has ever held. The next annual meeting will be held at Sioux City.

The appointment of Dr. Raymond Peck of Davenport to the Department of Theory and Practice to succeed Dr. B. R. Johnston is a source of great satisfaction to the University, as Dr. Peck is one of Iowa's best alumni and will fill the chair with credit to him-

self and honor to the college. Dr. Peck was born at Atlantic, Iowa, and after graduating from the Davenport high school entered the College of Homeopathic Medicine at S. U. I., from which he graduated with honors in '98, receiving the appointment of House Surgeon in the hospital. After completing his year of hospital service he moved to Davenport, where he has built up a very extensive practice. From 1899 to 1904 Dr. Peck held the position of assistant in the department of surgery under Dr. Gilchrist and proved his ability as an instructor.

As another year of college work will soon begin a schedule of the clinics may prevent confusion to the physicians and annoyance to patients. Dr. Hazard's clinic on Monday is devoted to diseases of children; Dr. Bywater's, Tuesday, to diseases of the eye, ear, nose and throat; Dr. Peck's, Wednesday, to diagnosis; Dr. Royal's, Thursday, to therapeutics; Dr. Becker's, Friday, to gynecology, both medical and surgical; Dr. Titzell's, Saturday, to general surgery. Those wishing to send patients to the clinics should bear in mind that the regulations adopted by the Board of Regents in January, 1906, require all patients seeking free clinical treatment or operation to furnish a certificate signed by their physician, clergyman or overseer of poor certifying that they are entitled to free clinical work.

SOCIETIES.

SIoux CITY HOMEOPATHIC MEDICAL SOCIETY.

The regular monthly meeting of the Sioux City Homeopathic Medical Society was held at the office of Dr. J. H. Lawrence, Tuesday evening, August 13, 1907. Dr. Lawrence read a paper on Diseases of the Nasal Cavities and Accessory Sinuses, which was extensively discussed.

A committee previously appointed to devise ways and means for the establishment of a Homeopathic Free Dispensary was continued, the members being unanimous in the desire that such a dispensary should be opened.

CENTRAL IOWA HOMEOPATHIC MEDICAL SOCIETY.

The annual meeting of the Central Iowa Homeopathic Medical Society, held at the Montrose hotel, Cedar Rapids, Iowa, Wednesday, August 14, proved to be one of the most interesting and helpful the society has ever had. It was voted to change the meetings from semi-annual to quarterly, and in accordance with this action the next meeting will be held at Iowa City the second Tuesday in October.

Those in attendance at this session of the society were Drs. L. A. Royal, West Liberty; D. R. Hindman and A. E. Crew, Marion; C. H. Cogswell, Sr., E. P. Childs, W. A. Hubbard, DeForest E Tiffany and G. F. Wentz, Cedar Rapids, W. L. Bywater, F. J. Becker, T. L. Hazard and F. C. Titzel, Iowa City.

The newly elected officers are T. L. Hazard, president; L. A. Royal, secretary; DeForest E. Tiffany, treasurer .

DES MOINES HOMEOPATHIC MEDICAL SOCIETY.

The regular monthly meeting of the Des Moines Homeopathic Medical Society was held at the residence of Dr. Alice Humphrey Hatch, Tuesday, August 6. Dr. Hatch read a paper on office treatment, which elicited a general discussion. Dr. Huntoon read a paper on "Locomotion," in which a few suggestions in regard to the automobile were brought out.

At the close of the meeting Dr. Hatch and Dr. Harriet Messenger, the hostesses of the evening, served the society with an elaborate lunch. Altogether the evening was thoroughly enjoyed by all present.

REPORT OF THE LEGISLATIVE COMMITTEE.

Mr. President and Members of the Association :

The report of your legislative committee will be brief. We have had no cases before the courts the past year and only one matter before the legislature, viz., the "Clark bill." This bill was introduced by the representative from Jefferson county. Dr. Clark was formerly a lecturer in the College of Medicine of the S. U. I. I feel certain that he had the approval and assistance of certain members of the faculty of that college in preparing and pushing his bill. The object of the bill, if we are to believe the statement made in its introduction, was "Economy." Dr. Clark not only introduced the bill but had it sent to the committee on the State University, of which he was a member, and then put in a good deal of his valuable time trying to induce the members of that committee to vote for his pet measure.

At the first hearing before the committee Dr. Clark read a carefully prepared address attempting to show that there is no difference in the treatment of the two schools in surgical or gynecological cases nor the diseases of the eye, ear, nose and throat. He assured the committee that he had many warm personal friends amongst us homeopaths and further that he had introduced the bill because he felt sure that it was for the good of the College of Homeopathic Medicine. At the second hearing before the committee Dr. E. E. Dorr, editor of the Iowa Medical Journal, repeated the substance of Dr. Clark's address. Your chairman stated the facts for our cause at the first hearing. It was not thought necessary to have any of our friends say anything at the second hearing. The bill was killed by the committee. We were informed that Dr. Clark had only one supporter, although four voted to report the bill out for passage, two doing so out of courtesy to their fellow member of the committee. We are assured, however, that the attempt will be repeated at the next session of the legislature.

We feel that in justice to one old school physician, a state

senator, to whose sense of honor and fair play the homeopaths of Iowa are indebted for many favors, we ought to quote a few sentences from a letter written by him on this subject. They are as follows: "While I belong to the regular school of medicine, I recognize the fact that I am here to be impartial, to be fair to other views beside my own. I would be in favor of the bill could I be convinced that it would not impair the efficiency of the homeopathic department." "It would be difficult for a professor to give a lecture on the eye, ear, throat or obstetrics without suggesting treatment, and there is where the 'rub' comes in, I think, and where the ground of the homeopath would be trodden upon." Would that every homeopathist were as clear of perception and true to our cause as is this "regular physician" to truth and justice..

Your committee respectfully urge that you show your interest in Homeopathy in the College of Homeopathic Medicine and this association following the suggestion of the state senator and send your patients and students to institutions where the instruction as to the preparatory and after treatment will be in accordance with the law of similia. Respectfully submitted,

George Royal, Chairman.
C. H. Cogswell.
F. Becker.
A. P. Hanchett.
A. M. Linn.

Green Gables
THE
DR. BENJ. F. BAILEY
SANATORIUM
Lincoln, Neb.

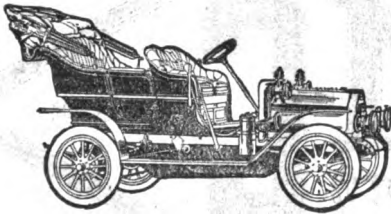
**Health
and
Rest**

A thoroughly modern, homelike place for the care of non contagious diseases.

Separate building for mental cases.

Write for illustrated catalog.

THE CARS FOR SERVICE



REO \$1250

F. O. B. FACTORY

The editor of this journal bought a two cylinder Reo Car on February 14, 1907, and up to August 15, 1907 it cost him just \$4.40 for repairs.

For absolute dependability and minimum reparative expense this car leads them all.

Four Reo cars to one of any other make of car in the state.



FORD \$600

F. O. B. Factory

The little favorite with Auto thinkers; easy to handle, light, economical to run, a happy combination of high speed and durability.

Write For Book of Descriptions to

SEARS-NATTINGER AUTO CO.,

814-16 Walnut, - Des Moines, Iowa.

IOWA HOMEOPATHIC JOURNAL

Vol. 1

OCTOBER

No. 2

GIVE US MORE LIGHT.

(George Royal, M. D., Des Moines, Iowa.)

Notwithstanding the fact that I have spent much of my time, the past few months, reading the contributed articles and editorials in our journals, and a large number of personal letters in which all sorts of questions were asked, all sorts of complaints made and all sorts of advice given as to what the medical profession and colleges, especially the homeopathic medical profession and colleges, are doing and should do, I never felt so much in need of good sensible advice as I do today.

To begin with, there never was a time when there was so much unrest among medical men, so much dissatisfaction with the present status of things medical.

Especially is this true of medical ethics, medical education and medical legislation. Activity along these lines has led to confusion.

Confusion has led to misunderstandings with bickerings and heartaches.

Much of this confusion is due to the fact that we are, today, dominated by the spirit of individualism.

The result of the thought of the last quarter of the last century was to separate the individual from the masses.

Independence is a consequence of this individualism and as a result of this independence every man, especially if he happens to be a member of a state board, a professor or dean of some college, an editor, or an officer of some medical society, feels it his duty to inaugurate and carry out some medical reform.

As discouraging as the prospect for good, at first, seems, there is hope in the fact that in all the plans proposed and methods out-

lined the object is one and the same, viz., to raise the standard and increase the efficiency of the medical profession.

The great task seems to be to compare and study all the plans suggested for securing this most desirable end and from them to evolve and elaborate one to which all can work.

To accomplish this the representatives of the three recognized schools of medicine must be heard, must confer together and must assist each other.

And what is more, certain facts, rights and principles must be recognized, accepted and rigidly adhered to or the attempt will be a dismal failure.

The facts which must be taken into consideration are:

1st. That there are, in the United States, three distinct schools of medicine differing from each other on that most important subject, *drug therapeutics*.

2d. That these three schools have their separate boards of examiners, their colleges, hospitals and sanatoria, and their following among the people.

The rights to be respected are:

1st. Invested rights. States, corporations and individuals have put money into these colleges, hospitals and sanatoria.

2d. The right to hold, maintain and perpetuate colleges, hospitals and organizations includes the right to license medical students and nurses.

3d. The right, which every American citizen prizes, to call whomsoever he pleases to care for himself or his, in cases of sickness, providing he does not endanger the public by so doing.

The principles to be lived up to are:

1st. That a minority should be given a hearing in all matters in which it is interested.

2d. That no one is to be condemned till he has had a full and impartial hearing.

As the Council on Medical Education of the A. I. H. expects to work along the above lines it may be well to state its views a little more fully so that not only those who have asked questions

and made complaints, but *all* interested may so understand as to co-operate intelligently.

In the first place, although the Council was appointed and its duties outlined by the A. I. H. its object and the methods to be pursued were previously discussed and approved at meetings of the Inter-Collegiate Committee.

The report of the committee to confer with the A. M. A., whose adoption created the council, was also previously read before the Inter-Collegiate Committee, discussed and promised the united support of the members of that committee.

At these meetings, in which every homeopathic college was represented, it was shown that the demand for graduates of homeopathic colleges was far greater than the supply, and the opinion was also expressed that the rights of every college should be protected.

The Council therefore considers it its duty to stand by all the homeopathic colleges providing they are now and continue to be up to the standard required by the Council.

It further pledges itself to do all in its power to help bring up to its standard any college which is or may hereafter fall below.

This Council also recognizes the fact that the Council of the A. M. A., not being conversant with the method of proving drugs upon the healthy human being, acted wisely in not attempting to rank any of the colleges on this point.

Furthermore, as the old school does not place as much importance upon the administration of drugs as we do it is not surprising that the Council of the A. M. A. should not have given the homeopathic colleges credit for three or four times as many hours in *Materia Medica* and therapeutics as are required in old school colleges.

All such matters, however, can be readily adjusted when the Councils of the three schools shall meet.

The task assigned this Council is no easy one. The hardest part of it is to estimate the relative rank of the college.

To illustrate: On general principles, one would expect that a college whose income is divided among its professors (the so-

called private school) would be less rigid with entrance examinations. And yet who would think of a Hering, a Mott or a Scudder as having been influenced by a few paltry dollars, or that a Ward, a Keene or an Ellingwood would risk his reputation as a teacher or sacrifice his educational institution by cutting salaries?

We all know that every institution of learning is dominated by a few men who stamp their individuality upon every graduate.

And it is the exception to the rule when any such man is influenced by pecuniary considerations.

From the deans of our colleges and the homeopathic members of examining boards, whether of separate or combined boards, we feel we have a right to expect assistance.

Of these and of all interested in our work we respectfully ask for all the light possible.

MUSCULAR ASTHENOPIA.

(By R. W. Homan, M. D., Webster City, Iowa.)

The word "asthenopia" means painful vision. There are two varieties of asthenopia—accommodative asthenopia, due to weakness or exhaustion of the ciliary muscle, and muscular asthenopia, due to weakness or exhaustion of the internal recti muscles. This latter is also called "convergence" asthenopia by some writers. Our thanks are due to Professor Copeland, of Ann Arbor, Mich., for this terse classification.

Muscular asthenopia is one of the penalties of civilization. The untutored savage, surrounded only by the horizon line and whose roof is the sky and clouds for the greater part of his waking hours, expends very little nerve force in accommodation and convergence, except in whittling out a few arrows or stringing beads and bears' claws, and therefore is not troubled with asthenopia. The majority of his civilized brethren, however, surrounded as they are by the walls of offices, stores and shops are almost constantly exercising accommodation and convergence during their waking hours, and asthenopia is a frequent result.

Muscular asthenopia may be found with normal vision, but a large majority of the cases are found in connection with refractive

errors. I herewith present a study of the muscle conditions in 150 cases which I have tabulated from my every-day work during the past few months, as evidenced by my case record. No case over forty years of age or with weak accommodation was included in this tabulation.

In the 150 cases the refraction was found to be hyperopic in 119, myopic in 20 and mixed in 11. Of the 119 hyperopic cases 45 were simple hyperopia, 21 simple hyperopic astigmatism and 53 compound hyperopic astigmatism. Among the myopic cases were found: Simple myopia, 2; simple myopic astigmatism, 7, and compound myopic astigmatism, 11.

In all these cases the muscle tests were made with the refraction corrected. The testing was done in a three-fold manner: First, with the Maddox rod, light at fifteen feet, to show muscle balance; second, at the near point with the La Grange neuropsometer, showing power of convergence or adduction with accommodation; third, with the prism bar, light at fifteen feet, showing adduction without accommodation. In this test the internal recti should overcome at least four times as many degrees of prisms as do the external recti.

Keeping in mind that muscle balance means only the static condition of the external and internal recti or the relative positions of the two eyes when the fusion faculty is quieted, either by the production of vertical diplopia or with the Maddox rod, and that the last two named tests show the dynamic or functional power of the internal recti, the one assisted by the accommodative effort and the other without it, the study of these tabulated cases is a matter of considerable interest.

Now as to the muscle balance. As it will take up too much time to consider the muscle conditions in each of the seven varieties of refractive error as tabulated we will consider them in three groups: First, hyperopic, embracing simple hyperopic astigmatism and compound hyperopic astigmatism. Second, myopic, embracing simple myopia, simple myopic astigmatism and compound myopic astigmatism. Third, mixed astigmatism.

In the 119 hyperopic cases we find normal muscle balance in

28 per cent, esophoria in 60 per cent and exophoria in 12 per cent. In the twenty myopic cases we find normal muscle balance in 40 per cent, esophoria in 50 per cent and exophoria in 10 per cent. In the eleven cases of mixed astigmatism we find normal balance in 27 per cent, esophoria in 63 per cent and exophoria in 10 per cent. Of the whole number of cases, regardless of refractive condition, there was normal balance in 30 per cent, esophoria in 59 per cent and exophoria in 11 per cent. To the casual observer it would seem that in this 59 per cent the eyes should be trained out by stimulating the external recti and the sixth nerves, but let us go into the subject a little deeper. Thus far we have only studied the muscle balance, the position of the eyes when at rest. Let us turn our attention to the functional power of the internal recti and see what strength they have displayed in these cases when in a state of activity.

In convergence at the near point, or adduction *with* accommodation, we find in the hyperopic cases 78 per cent with normal power and 22 per cent weak, while in the same cases we find adduction *without* accommodation normal in 28 per cent and weak in 72 per cent. In the myopic cases we find normal convergence in 90 per cent and 10 per cent weak. In the same class of cases we find adduction without accommodation normal in only 30 per cent and weak in 70 per cent. In the cases of mixed astigmatism we find normal convergence in 100 per cent and in the same class of cases we find adduction without accommodation normal in 46 per cent and weak in 54 per cent. It will be observed that we find the percentage of normal power higher in the test at the near point than at the distant point, by which we see that the true functional condition of the internal recti is not shown until we eliminate the accommodative effort.

As to causes of muscular asthenopia we can say that any impairment of the general vitality may produce it, also overwork at the near point, but by far the greater percentage of the cases are caused by refractive error.

The symptoms are numerous and varied. Any or all of the following may be present: Headache, frontal, temporal and in

aggravated cases, occipital. Eyes tire quickly when in use at the near point; blurring of vision; nausea; smarting, burning and aching in eyes; conjunctivitis, vertigo, general nervous exhaustion, brought about by the constant expenditure of nervous energy required to maintain single vision. The above are the chief symptoms found. Many others may be present.

How are we to treat these cases? The first thing to do, in the majority of cases, is to correct the refractive error with proper lenses. But it depends upon the variety of the refractive error and the amount of muscular weakness whether we shall stop with this or not. All convex lenses may be regarded as sedatives, all concave lenses as stimulants. This classification of lenses is a great help in understanding their effect on the function of convergence. Accommodation and convergence are very closely related to each other, although not inseparable. In all hyperopic cases the convex lens which is prescribed to relieve excessive accommodative effort will also quiet the stimulus to convergence, and if weakness of the internal recti is present it will likely remain until the muscles are treated. In all hyperopic cases where much weakness of adduction is shown, I always advise muscle treatment in addition to spectacles. I find some people very hard to convince that glasses are not all they need, but if they suffer on account of their obstinacy it is their own fault. In myopic cases the concave lens prescribed is a stimulant and at the near point calls for increased activity of both accommodation and convergence. Such cases with only a moderate amount of muscular weakness will usually recover with spectacles only. If weakness is pronounced the muscles should be treated. In any event it is a good plan to keep the case under observation for a few weeks.

The treatment needed in these cases, in addition to spectacles, is prism exercise. To be successful, prism exercise must be directed not toward the correction of a phoria, but toward restoring power to muscles that are *functionally weak*. A great deal has been written on the treatment of muscular imbalance, but muscular imbalance doesn't always indicate functional power by any means. As a convincing point in regard to this statement I will call atten-

tion to the eighty-nine cases of esophoria mentioned earlier in this paper. Of these cases 62 per cent had weakness of adduction without accommodation. If the esophoria had been treated these cases would have become worse instead of better, for the wrong set of muscles would have been exercised. Phorias are spasmodic and changeable and usually disappear gradually after the refraction is corrected. I usually pay but little attention to them except as a matter of record. Thus we will see that in muscular asthenopia it is the internal recti that are weak and it is the purpose of the prism exercise to stimulate the internal recti and the third nerves in a regular, systematic way. I usually have the patient come to the office three times a week and seat him facing a light fifteen feet distant, at which I direct him to look. I put on the trial frame and then begin with the prism bar before one eye, with apex of prisms toward the weak muscle. My prism bar contains fifteen prisms, each one degree stronger than the one preceding. I begin with the weak prism and after waiting perhaps one second for the eye to respond I drop the bar to the next stronger prism, and so on. When the patient has overcome the fifteen-degree prism I quickly remove the bar and insert in the trial frame over the other eye a ten-degree prism from the trial case, apex in. I now begin again with the prism bar as at first and continue as long as the patient can maintain single vision, the whole procedure occupying ten or fifteen minutes' time. This is followed by two or three minutes' application of mild faradism over the insertion of the muscle. The adduction should be developed up to forty or fifty degrees and kept there for three or four more treatments given at less frequent intervals, when the treatment can be discontinued. I am not much in favor of convergence exercises at the near point, for then the accommodation comes into action and we are not certain how much of the stimulus goes to the ciliary muscle and how much to the internal recti. My observation has been that such a method of treatment is not so successful as exercises given while accommodation is at rest.

Internal remedies are a great help in connection with prism exercise. When there is much headache I use *Onosmodium*, *Bry*

onia, Natrum muriaticum or Gelsemium. Where weakness and blurring predominate I use Ruta, Natrum muriaticum or Kali carb. Where there is a great deal of twitching of the orbicularis and spasm of the accommodation I use Agaricus or Jaborandi. Many other remedies may be indicated. If there is any impairment of the general strength it should, of course, be looked after. Should the weak muscles fail to develop to a proper standard of strength, prisms may be worn to support the weak muscle. In this case the base instead of the apex should be over the weak muscle. On account of the weight and thickness of such a glass only two or three degrees of prisms can be worn before each eye. Such use of prisms acts only as a crutch and does not increase the strength of the weak muscle. In any case not more than half of the prism correction should be worn. Some years ago a great deal was said in favor of partial tenotomy in these cases, but if the muscles are properly treated this is very rarely necessary.

DIET IN DISEASES OF THE STOMACH.

JAS. MOORHEAD, M. D., Marion, Iowa.

Mr. Chairman, Members of the H. M. A. I., Fellow Physicians

You have been listening to some very interesting papers on the examination of the stomach and the diagnoses which may be made from the conditions found to exist in any given case, and Professor Johnston, as Chairman of this Bureau, has asked me, as he said, to "round out the subject" by taking up the matter of diet in disease of the stomach.

First let me say that attention to a particular organ is very apt to be misleading. The really important digestive processes take place in the intestine, and according to Carteret, in seventy per cent of all cases suffering from digestive disturbances, the trouble is due to faulty digestion of the starches. This means that difficulty is connected with the mouth and small intestines, and not with the stomach to any great extent. Indeed it has been demon-

strated that the stomach can be excised and the patient gain weight and get along very well. A dog from whom the stomach was removed in Heidelberg, lived for many months and never found out that he had no stomach. If he had been more intelligent, and had known that his stomach was gone, the chances are that he would have pined away, or consulted a stomach specialist. Dietetics is not yet an exact science, but merely an applied art, based upon known facts and empirical observation.

Foods have certain chemical and physical properties that may often be utilized with therapeutic advantage, always remembering that there is a personal factor in the regulation of diet, namely, the agreeing or disagreeing of food with the person who eats it. All individuals do not react alike to the same articles of food, as also they do not to the same medicinal agents, and allowance must be made for personal idiosyncrasy.

Many people cannot eat strawberries without attack of heartburn and dyspepsia, while for others they are wholesome food. Some persons cannot use melted butter without having an attack of indigestion, while butter spread upon bread does not affect them. Milk is for most people a very wholesome, digestible and nutritious food, but there are persons who are made ill by drinking it. Indeed, cases in which the most wholesome kinds of foods are hurtful to individual persons are unfortunately numerous. Different persons are differently constituted with respect to the chemical changes which their food undergoes, so that it may be literally true that "one man's meat is another man's poison." Every man must learn from his own experience what food agrees with him and what does not. But Plutarch says, "This sentence, "know thyself," is but a word, but only Jove himself could do the thing."

Miss Nightingale wrote that "To watch for the opinions which the patient's stomach gives, rather than read analyses of foods, is the business of all those who have to settle what the patient

is to eat—perhaps the most important thing to be provided for him after the air he is to breathe.”

It is what we think and what we do that makes us what we are, mentally and morally, but according to the conclusions of Professor Fisher of Yale it is what you eat that makes you what you are. According to a table of recipes outlined by the professor, food not only decided a man's muscular character but his mental caliber and particular fitness in business life as well. Here are some of them: To make money in the stock market, eat meat fresh from the slaughterhouse, just as the eagle, the shrewdest of all types, kills a lamb and eats it on the spot. To become a prize fighter or a great warrior, eat all raw meats. To cultivate brainstorms, eat the midnight lobster. To be a Mollycoddle, eat nuts and breakfast foods. Pursuing this argument it would appear that just as the carnivorous animals, as the tiger and lion, are predatory and ferocious, so can a human being become by devouring rat meat. And by the same process the gramnivorous animals, like the cow and horse, are tractable and strong, just as the man is who lives on vegetables. It is the inevitable tendency of the human mind, when it is always exercised on the same problems, to become automatic in its operations. We have all heard of the hospital physician who ordered walking exercise to a postman. But the most inconsiderate form of prescribing consists in the ordering of abundant food and generous wine to people who find it hard enough to keep soul and body together. But what will you say to the unattached man or woman who must depend on cafes, restaurants or boarding houses for daily bread? It might be entertaining to such an one, if he is of an inquisitive nature, to try and figure out just what he is eating. He might begin by a thorough investigation of the breakfast food, for this, like man, is fearfully and wonderfully made. And should he try to solve the riddle of the common everyday variety of hash, for instance, he would have a problem that would keep him busy for at least an

hear. In fact it has come to such a pass that a man who runs onto the real, genuine article wonders what is the matter. He has been used to the imitation so long that the real thing is distasteful and he grows suspicious. He is accustomed to strawberry jam made out of glucose and timothy seed. It is like the woman in London who, after the water pipes had been cleansed, during a certain reform, complained that the water was not good any more. "It has neither smell nor taste," she whined, and she was quite disgusted with the misguided reformers. Real milk would be far too rich for the average restaurant patron and genuine butter and bona fide food would give him the gout.

Mr. Will R. Dunroy of Chicago, who probably has had a wide experience, breaks out in doggerel on this subject. He says:

"I go to feed my famished face
 In misery each day
 In some loud, noisy restaurant
 Or dismal old cafe,
 And dine on chalk and grease and sand
 And breakfast on chopped hay.
 The milk I get is like the sky,
 It is so very blue,
 And, oh, the things they hand to me
 In what they call a stew!
 The steaks I get are tougher than
 The bottom of a shoe.
 And, oh,, the mystery of hash,
 The toughness of the pie!
 The wonders of the stuff I eat
 As every day goes by,
 No wonder I grow thin and lank
 And masticate and sigh."

Is it any wonder that he has dyspepsia? But this is enough on that side of the subject of diet in disease of the stomach.

DIET IN DYSPEPSIA.

Dyspepsia, although only a symptom indicating a disturbance of some kind, rises in practice, like convulsions, to the dignity of an ailment. The laity invariably associate the symptom "dyspepsia" with the stomach proper, and thus the stomach specialist may bask in the sunshine of all the ills that flesh is heir to, because all sickness is accompanied, more or less, by dyspepsia or loss of appetite.

The immediate causes of indigestion may be grouped under several heads. (1) Errors in quantity or character of the food. (2) Diseases of the digestive organs, either structural, or due to impaired nervous control. (3) Defective absorption. (4) Abnormal intestinal excretory processes. One of the chief difficulties in studying the subject is the fact that many totally different conditions give rise to similar symptoms.

In the so-called nervous dyspepsia, the impaired innervation may be of the mouth, stomach, intestines, or associated glands, and the disorder of nervous control may be of central origin, such as anxiety, hysteria, grief, or disappointment, or it may be of reflex origin, as from the kidneys, ovaries, or other organs, or it may be that the nerves of the stomach are irritated. The term nervous dyspepsia is a generic name covering the various gastric neuroses—sensory, motor, or secretory—and therefore does not denote a group of symptoms, but indigestion of nervous origin. For this reason there are no absolutely characteristic symptoms, and even by grouping symptoms the ascertainment of the cause of any case of indigestion is extremely difficult.

An infant first digests only albumen, as the lactose and finely divided emulsified fat of milk are readily absorbed. At about six months of age, carbohydrates are digested, while the power of digesting masses of fat is not developed until much later. In indigestion the powers last acquired are the first to disappear. The ability to digest fat disappears first, then the digestion of carbohy-

drates is disordered, while the ability to digest proteids, (or albumins) continues unimpaired.

The common sense treatment of such cases is to put the patient, for a time, upon an exclusively albuminous diet, (milk and egg albumen). After improvement becomes manifest the carbohydrates may be resumed with caution. Acids such as lemon juice may be given with fat to facilitate its digestion. Fats and greasy foods disagree because they set up butyric-acid fermentation, which causes heartburn, regurgitation, and a rancid disagreeable taste. Sweets and raw or insufficiently cooked starches cause lactic-acid and other fermentations with flatulence. When these fermentations occur the starchy and fatty foods must be omitted from the diet, and in their stead, acid fruits and vegetables, such as apples, peaches, tomatoes and oranges, should be eaten.

Combinations of certain foods almost always disagree, as, for example, sweets and acids, fruits and beer, ice cream and beer, milk and cherries. To enumerate all the various substances which may at some time or other cause indigestion would be to include practically the entire list of foods. Each new case must be separately studied, and general rules admit of many exceptions. Balfour says, in summing up the relations of food to enfeebled stomach digestion, that "Three things greatly disturb gastric comfort—too large a meal—too short an interval between the meals, and lastly, the ingestion of food into a stomach still digesting."

A simple explanation of the normal physiology of digestion will often interest an intelligent patient and secure his hearty cooperation in methods suggested for his cure, which otherwise he would find extremely irksome. He should understand that digestion begins in the mouth by proper preparation there of all food and the digestion of starch in particular, and that the practice of slow eating gives time not only for the more thorough mastication, but also for the more abundant secretion of the necessary digestive fluids.

Very slow eaters are not so often dyspeptic as are those who "eat and run." The sign "Quick Lunch" so commonly seen has contributed much toward earning for Americans the title of a "Nation of Dyspeptics," for a meal quickly served is too quickly eaten as well. I have seen this sure sign of indigestion in a doctor's office, "Gone to Dinner; Back in Five Minutes; Wait." Solid food insufficiently masticated passes into the stomach too dry and in too large masses for the gastric juice to act upon it promptly, and stomach digestion is greatly retarded.

The dietetic treatment of dyspepsia is so complex that it is easier for some persons to be put upon a very rigidly restricted diet for two or three weeks than to be allowed to select for themselves appropriate articles at each meal. It includes the study of all classes of foods.

I will not take up your time by giving an extended list of foods to be forbidden, but will mention a few desirable articles to be recommended in ordinary cases, leaving out the analysis showing percentage, proteids, fats, carbohydrates, calories and heat units.

Cereals—Wheat bread, stale or toasted; dry unsweetened rusk; soda crackers; sometimes oatmeal, but without sugar.

Fats—In moderation only, butter thinly spread.

Vegetables—Chiefly in soups, thoroughly cooked, made of tomatoes, beans, fresh peas, or sometimes of potatoes.

Fish—Broiled, without rich sauces, fresh oysters, stewed.

Eggs—In any form if they are found to agree, except hard boiled or fried.

Meats—Broiled steak, tender roast beef or mutton, roasted chicken and game.

Fruit—Baked or stewed apples or prunes. Occasionally a little fresh fruit to prevent constipation, oranges, peaches or grape fruit.

In bad cases it may be necessary to enforce a strictly bread-

and-milk diet until improvement occurs. In nervous dyspepsia a fluid diet is to be avoided if possible, and the patient's tastes and idiosyncrasies are to be taken into consideration. It is a better plan to start with a liberal miscellaneous diet, and gradually eliminate articles which disagree than to start with fluid or peptonized food and gradually build up. Nervous dyspeptics must understand that the "heart thumping" is not heart disease. In fact, "mind cure" applied with tact will work wonders, just as a placebo often does.

Dr. Thompson gives a few general rules applicable to all cases of dyspepsia. 1. Eat slowly, masticate thoroughly. 2. Drink . . . hour before, or two hours after meals, rather than while eating. 3. Eat at regular hours. 4. Do not eat when very tired, rest before and after meals. 5. Avoid taking business worries and professional cares to the table. 6. Take systematic exercises in the . . . open air, walking or horseback riding. 7. The bowels should be kept open by laxative foods and fluids rather than by medicine. 8. Avoid too much variety at any one meal. Take meats and vegetables at separate meals.

LYSPEPSIA WITH DEFICIENT GASTRIC JUICE. (Atonic Dyspepsia.)

Take three meals a day, and freshly cooked meats should be included in two of them. Beef, mutton and poultry are recommended. A diet which is too bland and tasteless fails to stimulate the stomach sufficiently, and it is better to offer a reasonable variety and a moderate use of condiments. In chronic affections of the stomach, with feeble digestion owing to deficiency of the gastric juice, boiled rice, tapioca, arrow-root, crackers and farinaceous vegetables will be found desirable. Buttermilk is particularly suitable to these cases, and should be given at fixed hours and in definite quantities, say six ounces every three hours. "When the patient is hungry, let him eat buttermilk; when he is thirsty, let him drink buttermilk."

DYSPEPSIA WITH HYPERACIDITY.

The diet should consist largely of rare, finely minced beef with stale bread or toast, or a few crackers with a little butter. Vegetables if taken should be thoroughly cooked and mashed or made into soups. Fruits must be cooked. A generous diet with proteids in excess is indicated theoretically.

DYSPEPSIA WITH BULIMIA.

A certain class of dyspeptics are always abnormally hungry, for hunger is a general sense, due to the needs of the tissues rather than to the purely local condition of the stomach. Suffering from indigestion they fail to assimilate food properly, become hungry again soon after meals, and do not obtain the full nutritive value of what they do eat. Consequently they over-eat or eat between meals, and do not give the stomach sufficient time for rest. They should be taught to restrain the appetite and to stop eating short of satiety, to prevent overloading the stomach, and sufficient time must be given between meals for the thorough digestion of the food.

CANCER OF THE STOMACH.

In this disease the indications are to supply as much nourishment to the body as will adequately meet the nutritive demands and check the progressive emaciation, while at the same time we reduce to a minimum the work of gastric digestion and the pain that is usually attendant upon it. To do this we must give food in such form that it can be readily absorbed by the vessels of the stomach itself, and cause little or no irritation by its presence there, or food that can readily pass out of the stomach and be absorbed lower down in the alimentary canal.

Speaking generally, food should be fluid, and sufficiently concentrated to supply the necessary nourishment in a small bulk. When milk is well borne, no better food can be taken. Peptonized milk will often be found to agree when ordinary fresh milk will

not. One important point to keep in view in the feeding of cases of cancerous stricture of the pylorus is to give such food as can be digested and absorbed in the stomach, (or predigested food), which will not have to be passed through the narrowed pyloric outlet in order to be digested lower down. It is necessary, therefore, to avoid starchy, farinaceous foods, for they cannot be digested in the stomach, and if retained there, they give rise to the development of lactic and butyric acids, set up much pain, and lead to troublesome nausea and vomiting. Should any considerable hemorrhage from the stomach occur during the course of the disease, it may be necessary to limit the administration of food, for a time, entirely to nutrient enemata, so as to keep the stomach free from any irritation or functional excitement.

GASTRIC ULCER.

The rules that should govern the dietetic treatment of cases of ulcer of the stomach are few and simple. In the first place we must avoid all food that can, either mechanically or chemically, irritate the surface of the ulcer. (2nd) Avoid the use of food that is calculated to stimulate the acid secretions of the stomach, for this will act as an irritant to the raw, ulcerated surface. (3d) Avoid distending the stomach with much food at a time, for a relaxed condition is favorable to the filling up and healing of the ulcer. (4th) Any excitement of the muscular movements of the stomach should be so far as possible prevented. And lastly, in cases of perforating ulcer, in which severe and dangerous hemorrhages have occurred and may recur, the stomach should be kept absolutely at rest for two or three days at least, and the patient fed with nutrient enemata. In most cases restriction to an exclusively milk diet will fulfil these indications, and to prevent any firm coagulation of casein in the stomach, some alkaline solution should be added to the milk. In many instances mixing the milk with an equal quantity of lime-water is sufficient. If there is distinct in-

tolerance of milk, corn starch, pap, gruel, beef jelly, white of egg, custard, water ices and ice cream may be given.

It is not possible for the stomach, when the seat of ulcer, to digest the normal amount of nitrogenous food without being injured thereby. Those articles of diet should be employed which are digested and assimilated chiefly in the intestinal tract. But though the patient is given some food by the mouth, this should be supplemented by rectal feeding. By pursuing this combined method the vital forces can more effectually be supported. Failure to cure cases of gastric ulcer is often due to the fact that but little nourishment is supplied to the system, the patient's strength being allowed to become exhausted quite early. In serious cases, solid food should not be given until the reparative process is well advanced. If, after two to four weeks of strict feeding, the symptoms of the disease have disappeared, we may permit a gradual return to more solid food, but full diet should not be taken for a long time after apparent recovery, say two to six months.

Rectal Feeding.—It has been ascertained experimentally that soluble albumin, such as is contained in expressed meat-juice, is absorbed in the rectum to nearly the same extent as complete peptones; egg-albumin, when mixed with a small quantity of common salt, is also absorbed, but the mixture is too irritating to be suitable for enemata. Peptonized milk gruel or peptonized beef-tea, or malted milk, are useful preparations for rectal alimentation. Only a small quantity should be injected at a time, from one to three ounces; a larger quantity is liable to be rejected. Not more than a fourth part of the amount of nourishment necessary for subsistence can be absorbed in the rectum, as its capacity is limited and absorption therein exceedingly slow, and diarrhoea is extremely liable to set in after a time, so that rectal injections are no longer retained. As a temporary expedient it is very useful, but if we have to trust to it alone, we can only avert death from starvation for a brief time, two to four weeks.

For all physicians a fair comprehension of the total requirement of the diseased organism is the best foundation in prescribing a suitable diet. Modern nutritive therapy no longer limits itself to the prohibition of this or that food, but it expresses positive opinions in ordering the diet, both as regards the nature and quantity of the food. Only in diseases which run a rapid course may the amount of food consumed be, for the time, disregarded. Here real starvation may be necessary on account of the altered functions of the stomach, and we may make up our minds regarding the quantity and choice of the food, quite independently of the actual food requirements of the body.

The subject of dietetic therapy should never be allowed to become a matter of routine. Many of us adhere too closely to definite diet schemes which have been prepared by some celebrated author. Or we may even hand to the patient a so-called diet list which refers only to the disease, and not to the patient, and which means the annihilation of individual dietetic therapy. Only the intimate union of practical experience with a comprehensive understanding of fundamental theoretic laws will enable us to choose rightly in every case.

Read before the Hahnemann Medical Association of Iowa.

A METHOD FOR THE RAPID HARDENING AND EMBEDDING OF PATHOLOGICAL TISSUE.

ERWIN SCHENK, Des Moines.

This method was devised by Dr. C. Gutmann of Heidelberg University. With the exception of slight modifications it has been in use for some time though not brought to the attention of the profession in general until recently.

I have used it frequently for the last four years and have found it very satisfactory.

Heat facilitates the action of the reagents and its use is rec-

ommended for that reason. The ordinary alcohol-lamp and tripod can be used for the heating.

You will find this condensed table easy to follow:

1. Place in 10 per cent Formalin—5 minutes.
2. Transfer to 95 per cent alcohol—5 minutes.
3. Transfer to absolute alcohol—5 minutes.

(Change once.)

4. Place in anilin oil until completely transparent—15-20 minutes.

Temperature about 110 degrees Far.

5. Xytol, change 2 or 3 times, about 15 minutes.

6. Paraffin, 10 minutes to one-half hour, depending on the size of the pieces.

Temperature about 125 degrees Far.

It is evident that this method is only adapted to cases where the pieces are not more than 1 to 3 M.M. thick. Especially currentments are suited to this method, though it is by no means limited to this.

The time according to the table should not exceed 1 1-4 to 1 1-2 hours to complete the whole process.

Some specimens prepared in this way have been in my office for three years and are still in good condition. This goes to show that the method is suited as well to cases where the specimen is to be kept for some time.

IT WAS ON THE HISTORIC POTOMAC, TOO.

CHARLES WOODHULL EATON, M. D., Des Moines, Iowa.

The time was last June. The place was beautiful and historic Hampton Roads. The meeting of the Institute, held at the Exposition, was nearing its close. The day was of the finest; and among the crowd waiting on the deck at Old Point Comfort for the day boat to Washington were sundry returning members of

the Institute. But the number of passengers was large, the boat was a capacious four-decker, and no one guessed how many comrades were aboard as we passed out between Fortress Monroe and the little island fort named Woolf, and headed out into the broad waters of Chesapeake Bay, where one is out of sight of land for half a day and until well within the broad mouth of the Potomac. But soon we began to find each other and form a little group on one of the forward decks. There was the active and alert Dewey of the Century; the always helpful and accommodating French of Boericke & Tafel; the genial and energetic Brown of Mt. Kisco, New York; the stalwart McElwee with his "Greater St. Louis" smile; the sunny Bailey of Atlantic City. But this list must be cut short abruptly or otherwise it would continue until there were enumerated a full twenty-five "good fellows of both sexes," as Ludlam used to say.

So, foregoing the pleasure of recalling each one by name, we must go straight to the central figure, Dr. W. A. Paul of Boston, who was chairman of the Institute committee on new members last year; and, as the Institute knows a good thing when it sees it, chairman of that committee for the coming year also. He was quick to see the opportunity presented in the fact of twenty-five loyal members of the Institute gathered together for a whole day, where neither care nor anxiety could corrupt, nor the telephone or door bell break through and steal. So he set himself diligently to work to see how many new members these twenty-five fellow voyagers would pledge themselves to get for the Institute during the coming year. And he put in a long and faithful day's work. It takes time to generate enthusiasm, and it takes work to get people to pledge themselves when they carefully count the cost and expect to keep their pledges to the letter. But Chairman Paul kept at it with the persistence of a life insurance agent, the cheerful variety of an auctioneer, and the straightforward diplomacy of a John Hay. It was an all day labor of love. But when the sun had

dropped out of sight in the west, and a twinkling light or two shone on the crest of Mt. Vernon, and the myriad lights of Washington broke into view on the eastern shore, he held in his hand pledges for one hundred and fifteen new members.

And now this letter has just come to hand:

American Institute of Homeopathy.

Committee on New Members, Willard A. Paul, M. D., Chairman.

Boston, Mass., August 16, 1907.

Charles Woodhull Eaton, M. D., Des Moines, Iowa.

My Dear Dr. Eaton: I am writing to you a letter that I intended to have written nearly two months ago. It was my intention to communicate within two weeks with every member of that famous meeting on the "Jamestown" June 22; but when I returned home I found, as I dare say you did, more things to attend to than I could well do, and that has been the state of affairs ever since.

I now find things in better shape, and am going to take up the work in earnest. I appreciate very much the interest that you personally took in that meeting, and in the work of the new membership committee. You promised to bring in in 1908 twelve new members. I trust you will not only be able to redeem your promise but increase your numbers.

Let me hear from you at your earliest convenience, renewing your expressions of interest, so that you will not only help your own but my enthusiasm as well, as we all need to enthuse each other in this work. Let us pull together to make 1908 the banner year of the American Institute of Homeopathy, and then we shall feel that the meeting in the "Jamestown" on the Potomac that beautiful June day was the one thing that led to success. I am, very truly yours,

Willard A. Paul.

Verbum sapientia sat.—Of course I do not mean to stop at any paltry twelve. Every Homeopathic physician in Iowa ought to be a member of the Institute. He ought to be a member for the

Institute's sake and he ought to be a member for his own sake. Everything has been done to make the financial burden a light one. The dues are five dollars per year with nothing added for the first year. This includes a large and valuable volume of transactions which will come to your desk free, with no charge even for express.

If YOU are not now a member, drop me a line to the effect that you are ready to become such, and I will attend to the details. Let us reward the labors of Chairman Paul with a great list from Iowa. He richly deserves it. The Institute needs you. You need the Institute. Why not be mustered in today?

IOWA HOMEOPATHIC JOURNAL

PUBLISHED MONTHLY.

G. A. HUNTOON, M. D. Editor
ERWIN SCHENK Publisher

DEPARTMENT EDITORS.

T. F. H. SPRENG, M. D. Materia Medica and Clinical Medicine
F. J. BECKER, M. D. Obstetrics and Gynecology, University Notes
A. M. LINN, M. D. Hygiene and Sanitary Science, Pediatrics
C. W. EATON, M. D. Surgery

Send all communications in regard to advertising to the Publisher, Dr. Schenk, Utica Building, Des Moines, Iowa. Send all other communications, papers, news items, etc., to the Editor, Box 152, U. P. Station, Des Moines, Iowa.

EDITORIAL.

The editor and the Journal committee have every reason to feel good over the reception of the initial number of our Journal. The morning after the Journal was received by you, we received by return mail twenty-two subscriptions and quite a goodly number of letters with words of praise and encouragement in them and every mail since has brought subscriptions in it.

This simply goes to show that there is a field for this Journal and that you are going to support it because you want to see it succeed. It does us good to get these letters of encouragement, as well as those of criticism; with the one we are urged to do more work, the others are an incentive to do better work.

We don't want you to forget that this is your Journal and that we are depending on you to send us news items, papers, cases, etc., as well as your subscription.

G. A. H.

THE WAYS AND MEANS COMMITTEE.

The importance of Dr. Royal's article in this issue of the Journal is found in the fact that he speaks not only as Dr. Royal, but also as Chairman Royal.

Most of those who were not at the Jamestown meeting of the Institute, have learned through the articles and discussions in the journals that a "Council on Medical Education" was created, its duties being to care for our educational interests. This of necessity means, first, our medical colleges, and second, the examining boards of the various states, which boards determine the minimum educational requirements to which the colleges must conform.

Educational matters are just now in a state of unusual ferment and confusion because, on the one hand, of the recent investigation by the Allopathic national Society of all medical colleges of all schools, and on the other, the differing requirements adopted by the examining boards of the various states.

An additional element of turmoil and difficulty has been added in the concerted and persistent effort on the part of the Allopathic profession to obtain legislation, in all the states, which shall do away with the independent examining boards of the Allopathic, Homeopathic and Eclectic schools, and substitute therefor a single examining board controlled absolutely by the Allopathic body, and for the express purpose of crushing Homeopathy. They were successful in New York and Texas last winter; and we saved ourselves in Pennsylvania only by a hair's breadth, and must renew this drawn battle before Pennsylvania's next legislature.

So it comes about that the work before our council on medical education is all-important; not merely for our prosperity, but for our very existence. And the Iowa Journal bespeaks for this council the alert and hearty support of every Homeopathist.

In organization, its membership could not be better—Royal, of Iowa University; Dewey, of Michigan University; Garrison, of our New York College; Sutherland, of the Boston University, and McConkey, of our San Francisco College—a magnificent chain of representative institutions, extending from coast to coast.

In spirit, it includes both the radical and conservative, and is certain to honor our school with that dignified poise which avoids the weakness of extremes.

In intent, it proposes to save every one of our colleges to usefulness and honor, giving its labor freely to the work of bringing up to full and satisfactory standard, any college which may seem to lack in any particular.

In alertness, it proposes to keep in touch with the various state examining boards, doing its utmost to see that fairness and equity toward our graduates "shall not perish from the earth."

This is the Council, and this its campaign. By every consideration of loyalty to the Cause and duty to our Council, we are under obligation to hold ourselves as nothing less than "minute men," subject to any and every call to rally to their standard and vigorously bear our part, both in the contests before legislative bodies and the creation of public sentiment at home.

C. W. Eaton

MATERIA MEDICA NOTES.

ANTIMONIUM TARTARIUM.

Antimonium Tart. is one of the reliables in cholera morbus. It has the nausea, vomiting, loose stools, prostration, cold sweat and stupor or drowsiness found in almost all bad cases of this disease. Two or three doses will usually bring prompt relief—a dose administered after each vomiting spell. You will not find this generally recommended in the text books, but you will find it a gem. Try it. Tartar Emetic is also one of our best remedies for hepatization of lungs, remaining after pneumonia. We have experienced most brilliant results with it in these cases.

IPECACUANHA.

Since Ipec. leads all the remedies for nausea, any complaint accompanied with persistent nausea, the patient not being at all relieved by vomiting, should at once call attention to this remedy. In gastric troubles caused by dietetic errors the choice may lay

between Ipecac and Pulsatilla. for both have gastric disturbances, due to indulgence in mixed diet—pastry, ice cream, pork, fatty food, etc. Puls. may be considered the better while the food is in the stomach. Ipec. after it is out, but the nausea persists notwithstanding. Ipecac affects the whole intestinal tract. One very characteristic symptom is that the stomach and bowels feel as if relaxed and hanging down. There are three characteristic stools: Fermented stools—foamy like yeast; grass-green stools—mucous or watery; slimy stools—dysenteric, with more or less blood.

All these stools are found very often in children, especially in summer time, often as a consequence of overeating or wrong eating. A few doses of Ipec. will right matters and prevent the little patient from running into so-called cholera infantum or entero colitis. The characteristic nausea is a sure indication.

T. F. H. S.

SOCIETIES.

The secretaries of local societies are requested to send in reports of local society meetings not later than the 18th of each month to Box 151 U. P. Station, Des Moines, Iowa.

ON TO OKLAHOMA CITY.

We are in receipt of a communication from Dr. J. Hensley, chairman of the local committee of arrangements for the American Institute meeting for 1908 at Oklahoma City, assuring us that there will be no question about their being able to afford ample accommodations for all that come. He encloses a clipping from one of the daily papers concerning the Lee Hotel Annex, which says that "The Annex alone will be seven stories in height and will contain 120 rooms, sixty-two of which will be provided with private bath and modern in every respect. The dining room on the second floor will be 60x60 feet. The Annex will be strictly

modern and fire proof. A bridge across the alley will connect each floor of the Annex with the main building.

"When the Annex is completed and the improvements in the main hotel building are finished, the hotel will have 247 guest rooms which will make this hotel the largest hostelry in either of the two territories and larger in size than the hotels in Dallas. Every room will be provided with a telephone."

Dr. Hensley says that there is another hotel that is more aristocratic than this one. Here is an extract from the Doctor's letter: "I have made arrangements to have all the meetings of the Institute, including exhibits, under one roof. We will give you a grand reception. I will expect a large delegation from your state."

This certainly sounds good. The members of the profession in the middle West and Southwest should see to it that we do our part toward making the meeting next year a great success. It is not too early now to begin making plans to attend the meeting.

Dr. Hensley insures us ample accommodations and a good time, and it is up to us to do the rest. Iowa ought to send down at least 100 members.

SIOUX CITY HOMEOPATHIC MEDICAL SOCIETY.

The regular monthly meeting of the Sioux City Homeopathic Medical Society was held at the home of Dr. S. Staads, on Sept. 10th. The Society was honored by the presence of Dr. Titzel, of Iowa City. After a very enjoyable 7 o'clock dinner the papers of the evening by Dr. Titzel and Dr. T. F. H. Spreng were read, the subject of both being, "Should a Homeopath Use Palliatives or Local Treatment?" The discussion was led by Dr. W. H. Hanchette and both papers were extensively discussed by the members present.

DES MOINES HOMEOPATHIC MEDICAL SOCIETY.

The meeting of the Des Moines Medical Society was held at

the home of Dr. Alice A. Goodrich, Tuesday evening, September 16, 1907. The meeting was well attended. Dr. C. G. Loizeaux read a paper on "Echinacea" and Dr. E. B. Guild read a paper on "Some Heart Remedies." Both papers provoked a general discussion. The special feature of the evening was a complete surprise on Dr. C. W. Eaton who has recently withdrawn from active practice and is now devoting his entire time to the medical directorship of the Des Moines Life Insurance Company. The society wishing in some way to show our appreciation and high regard for Dr. Eaton, presented him with Clark's Dictionary of Materia Medica. Dr. George Royal made the presentation speech. The Doctor was taken completely by surprise, and the man who on all occasions is so ready with words, found it somewhat difficult to give expression to his feelings.

The wives and husbands of the members were present at the request of Dr. Goodrich. After the program refreshments were served. The evening was thoroughly enjoyed by all and one long to be remembered.

As we go along through life, if we could only show our friends while they are living how much we really do think of them, rather than waiting until they are gone, to pay tribute to them, what a lot of enjoyment we could get out of life and how surprised our friends would be.

NEWS ITEMS.

Dr. F. A. Seemann, of Sioux City, has returned from a ten days' visit to his brother's cantaloupe ranch at Rocky Ford, Colo.

Dr. P. L. Marble, of Liscomb, recently spent the day in Webster City, having brought a patient to the hospital to be operated on by Dr. Alton, of Fort Dodge.

Dr. and Mrs. E. E. Richardson, of Webster City, left September 19th for a short vacation trip to points in northern Iowa and

in South Dakota. The Doctor is president of the Webster City Chautauqua Association.

Dr. John L. Maffat, of 1136 Dean St., Brooklyn, N. Y., has recovered from his illness and announces his resumption of practice. Office hours as before, until 12 o'clock and between 5 and 7 p. m. Sundays by appointment only. Special attention to the eye, ear, nose and pharynx.

Dr. Hobert E. Martin, of Elvira, has recently located at Lyons, Iowa.

Dr. C. E. Holloway and family took an automobile trip to Chariton, Iowa, where they visited Dr. Frank Boynton. The Doctor got back safe and sound.

The treasurer of the State Society wishes to announce that his office is open to receive dues from members who are in arrears. The society needs the money, and we know that it is merely a matter of neglect if you are not paid up. Send the treasurer a check today, M. A. Royal, Good Block, Des Moines, Iowa.

Dr. E. J. Lambert, of Ottumwa, was in Des Moines the last of September. The doctor left his subscription with us.

Dr. J. A. Swallum, of Storm Lake, was in Des Moines the last of September, bringing some patients for consultation work.

STATE UNIVERSITY NOTES.

On Monday, August 12th, a daughter arrived at the home of Dr. and Mrs. H. C. Parsons, at Anamosa.

Dr. C. J. Snitkay '01, of Belle Plaine, was a recent visitor at the Homeopathic Hospital and as usual brought a patient.

Dr. W. I. Parker, of Aurora, Iowa, made a flying trip to the hospital, and as business seemed to be his object in coming, returned home as soon as it was transacted.

Miss Effie J. White, N. T. S. '03, has returned after a prolonged trip to the Pacific coast, in search of a much needed rest, and again taken up her work at Tipton,

A postal card dated London, August 25th, announces the safe arrival of Drs. C. H., Jr., and J. W. Cogswell after a painfully healthy voyage.

Miss Sadie Trier, N. T. S. '05, has removed from Oelwein to Germania where she will follow her profession of nursing.

Dr. and Mrs. E. B. Wiley, of Grinnell, have returned home after having been inmates of the hospital for some weeks.

Dr. Leora Johnson has returned from an extended visit down East, spent at Boston and vicinity, and celebrated the same by entertaining the Iowa City Hom. Med. Soc. and their wives at an elaborate dinner at the St. James Hotel. Those present were Mrs. and Miss Gilchrist, Miss Beatle, Dr. and Mrs. Titzel, Dr. and Mrs. Becker, Dr. and Mrs. Bywater and the hostess.

Dr. J. W. Watzek, '81, and family, passed through Iowa City on August 3d, enroute from Davenport to Sigourney in their touring car. After graduating at S. U. I. College of Homeopathic Medicine the doctor first hung out his shingle at Sigourney, but later removed to Davenport, where he enjoys a lucrative practice.

Dr. F. C. Titzel made a pilgrimage to Sioux City where he read a paper before the Sioux City Homeopathic Medical Society.

Miss Ethel Dunham, N. T. S. '07, of Manchester, has gone to Iowa Falls to take care of a patient for Dr. E. N. Bywater.

Dr. W. E. Anderson, of Washington, has the honor of sending the largest number of students to the Homeopathic College of Medicine of the State University. Six students are there with his name as preceptor. Such a record as this is one to be justly proud of and worthy of emulation by all of us.

Dr. H. C. Parsons, of Anamosa, has the next largest number of students in the University, having three students to his credit.

The enrollment of the Homeopathic College of Medicine of the State University is forty-five. Ten more are enrolled in the combined course. This speaks well for the school this year.

A CASE OF ACUTE ARTICULAR RHEUMATISM.

(M. R. Waggoner, M. D., Sr.)

Dr. Peak, a Regular or Allopathic surgeon to one of the Illinois regiments during the rebellion. While riding on the beach at New Smyrna, Florida, last March, was exposed to a cold northeast wind; took his bed, with swelling of left shoulder joint, considerable fever, and the joint was excessively painful on the least motion. An Allopathic physician was called and after about a week's attendance without any relief, was discharged and I was called. I found the Doctor in constant pain, had not slept any for four nights, motion of shoulder intolerable, pulse 100, temperature 102 1-5, no other joint had been affected and there was no endocarditis. I stated to the Doctor that I was of the Homeopathic school of practice and he said, "I am aware of that and if you can help me out of this dilemma, I want you to do it." I removed all clothing from the shoulder and enveloped it with absorbent cotton covering this with protective tissue, over this applied a roller bandage, the whole being held in place by turns of adhesive plaster. I left him Aconite 1x and Bryonia 2x to be taken alternatively every half hour and requested the Doctor to discontinue the Salicylate of Soda and Morph. Sulph. which he had been taking before I was called. The first night he slept two or three hours, the second night he slept half the night, and the third night he slept the whole night.

This treatment was continued for three days, on the third day his temperature was normal and his pulse was 76. I now had the Aconite discontinued, removed the dressings from shoulder, sponged the shoulder and applied new dressing the same as at first visit and continued Bryonia 2x every two hours. On the fifth day the Doctor was out walking in the front yard of his boarding house and was profuse in his expression of thanks for what I had done for him. No further treatment was necessary. I report this case to you, not that there is anything new in it, except the patient.

AN IMPORTANT EVENT IN PARIS.

Dr. G. Sieffert, Paris.

In his clinical lecture on the 10th of last June, in the Hospital Necker, Prof. Dr. Huchard, the great French authority in diseases of the heart, publicly proclaimed in the presence of his numerous audience his reception of the law of similars.

The celebrated scholar discussed one after the other the law of *Similia similibus*, the contrary action of medicines, and Arndt's biological fundamental law. With great applause he mentioned the labors of Pflueger, of Hugo Schulz and of P. Jousset. He even made mention of my humble name, and of my *Manual of Therapeutic positive*, at which I was not a little flattered. He only took a few exceptions to the extremely minimal doses, which Hahnemann endeavored to introduce exclusively in the last period of his life, and this was only done in passing. Finally Dr. Huchard concluded his address with the following determined words: "I have the courage to express my opinions without any ambiguity, and to declare that the homeopathic method is the correct one."

After Dr. Huchard, Professor Dr. Lucas-Championniere added the following words: "Our Master, Dr. Huchard, desires to leave us, and after many years' work to retire to rest. But we cannot allow this. We need his help too much as yet. We will establish a Medical School independent of the University, in which the student can acquire the knowledge which the official medical faculty will not give him."

It is probable that Homeopathy will find in this school the place which it deserves. There is also at present some talk of a demand to be made by the "Societe Francaise d'Homeopathie" for the establishment of a chair of Homeopathy in the University of Paris. But the success of such an undertaking is quite problematical. The obstinacy of the University is well known from old. Nevertheless, we can now say: "Truth is advancing!"

I may here relate in brief words how Dr. Huchard came to be converted to Homeopathy:

About five years ago Dr. Huchard was called by a patient to quite a distance from Paris. When he came to the station, he went into bookseller's Bailliere, and asked him for any newly published medical work, which he might read through during his journey. Mr. Bailliere answered, he had only one in stock, but this would not probably interest the Professor, as it was a Dictionary of Homeopathic Therapy. "That will not matter," said Dr. Huchard, "give it to me." And so Mr. Bailliere handed him my *Formulaire de Therapeutique positive*. Eight days later, having returned from his journey, Dr. Huchard called in an allopathic druggist and said to him in passing: "You find me about to turn homeopathic. I have a work here which interests me very much, although I do not know anything about the author." The druggist was my nephew. A mere accident. "But I know the author, he is my uncle," said he. "Please tell him then to come to see me," he said. It was thus that I came to be acquainted with Dr. Huchard, who had probably before that through his therapeutical studies become acquainted with Homeopathy. Thus sometimes the least of causes may produce effects of great importance. "All is well that ends well," we say in English.—The Homeopathic Recorder, September, 1907.

Green Gables
THE
 DR. BENJ. F. BAILEY.
 SANATORIUM
Lincoln, Neb.

**Health
 and
 Rest**

**A thoroughly modern, homelike place for
 the care of non-contagious diseases.**

Separate building for mental cases.

Write for illustrated catalog.

Glyco- Thymoline

is indicated for

Catarrhal Conditions

Nasal, Throat, Stomach, In-
testinal, Rectal and Ut-
ero-Vaginal Catarrh

Liberal Samples
on Application

Kress & Owen Company,
210 Fulton St., New York



IOWA HOMEOPATHIC JOURNAL

Vol. 1

NOVEMBER

No. 3

CHOLECYSTITIS.

Frank C. Titzell, M. D., Iowa City, Iowa.

Perhaps there is no disease in the abdominal cavity, that is so frequent in its occurrence and yet so little understood as cholecystitis. It stands next to appendicitis in frequency and simulates that disease very much in its clinical behavior.

The importance of early diagnosis is becoming more and more imperative since we are beginning to understand something of the results that we may expect in neglected cases of this character.

Kehr, Mayo, Friedlander and others tell us that 10 per cent of all adults have gall-stones and who can tell what per cent of this 10 per cent are due to neglected cases of cholecystitis. That a great many cases of gall-stone do originate from this disease primarily, there is no doubt. It is equally true that gall-stones cause cholecystitis in a great many instances, and this only makes proper treatment the more imperative.

Cholecystitis like appendicitis can be divided into three varieties—the catarrhal, suppurative and gangrenous. The catarrhal variety is the most frequent and is usually the result of interference with the normal drainage of the gall-bladder from stone or inflammatory swelling in the cystic duct.

The usual number of pathological changes follow: Exudation takes place faster than normal and the gall-bladder becomes distended to a marked degree, depending of course upon the thickening of its walls from the inflammation and its elasticity. Deep median pain is present to a considerable extent. We can account for this if we will but remember that the four lower dorsal and two upper lumbar nerves send terminal branches to the common and cystic duct and also to the neck of the gall-bladder. So pain, severe and cutting in character,

together with spasm of the diaphragm and difficulty of breathing, is a common accompaniment of this condition. Jaundice is very seldom present as the bile passes down the hepatic, to the common duct and out into the intestine, freely and unobstructed. Many of these cases simulate gall-stone from the colic produced in the passage of thick mucus through the tubes, which sometimes plugs the duct, leading to distension of the gall-bladder just as a stone lodged in the duct would do. Not only this, mucus is the nucleus of gall-stones in a great many instances. These cases too, are prone to recur frequently and in that way are again like catarrhal appendicitis.

Suppurative cases of cholecystitis are frequently these same catarrhal ones that have become infected from some source or other and have gone on to an empyaemia of the gall-bladder. Infections occur by the bacilli ascending the common duct, some by way of the lymphatics, others by adhesions of the gall-bladder to the intestine and still others by way of the portal circulation and bile ducts. A great many of them are from the typhoid bacillus, some are from the colon bacillus and others from some one of the various pyogenic bacteria.

Cushing tells us that in 30 per cent of his cases he found typhoid bacilli. Mayo says he has not found this to be true in his work. Ochsner says that 30 per cent of his cases had previously had appendicitis, so there is some division of opinion on this particular point.

However this may be, it is certainly true that many cases of hydrops of the gall-bladder resulting from catarrhal cholecystitis, do become infected and end in empyaemia. It is also true that we have many cases of infections following recurring cholecystitis and we must not forget that many of them are suppurative from the very beginning of the trouble.

Pain in these cases becomes persistent, the gall-bladder becomes swollen, the pulse rapid, there is some temperature, the patient has chills and sweats, is little jaundiced and our picture is complete. The symptoms are more severe in every way than the catarrhal variety and indicate that dangerous changes are taking place.

The reason that we do not have high temperatures is no doubt due to the poor lymphatic supply to the gall-bladder and the ducts and hence small or limited amount of absorption of septic material into the system. The gall-bladder has no lymph glands and but few lymph channels. There is one gland at the junction of the cystic and common ducts, another at the junction of the gall-bladder and the cystic duct and who knows but what this seeming scarcity of lymphatic anatomy is a provision of an all-wise Providence to protect these bodies of ours from frequent infections that might take place from this source.

In phlegmanous cholecystitis we have the most virulent type of infection leading to gangrene or perforation of the gall-bladder. Rapid peritonitis with or without the latter quickly supervenes. This condition is most usually due to stone and is characterized by great tenderness, exhausting vomiting and generally septic pulse and fever and with little if any jaundice.

While the catarrhal variety of cholecystitis is like catarrhal and the suppurative is similar to the ordinary suppurative appendicitis, the phlegmonous variety in the same way is analogous to the fulminant, perforating case and leads to the same disastrous results unless proper treatment is promptly instituted.

The field of differential diagnosis I will not enter, suffice it to say that abscess of the liver, floating kidney, appendicitis, and ulcer of the stomach are the diseases most likely to require differentiation. The prognosis depends upon the treatment almost entirely and this brings us at once to this part of the subject.

Statistics made up from the experience of the best men in the country tell us that early operations upon gall-bladder troubles give a mortality rate of less than 1 per cent and that late operations give us a mortality of from 10 per cent to 12 per cent, so I think argument is not necessary to convince us of the importance of early drainage in a majority of these cases. The only question upon which there might be a division of opinion, would be as to which were operative and which were medical cases.

In the acute catarrhal cases unaccompanied by stone, I would not advise an operation until an effort had at least been made to cure the case with the indicated remedy. However, if after a few days of medical treatment, the case does not improve, but on the contrary steadily grows worse, as evidenced by increase in temperature, more tenderness in the gall-bladder with distension of that organ and a tendency to local peritonitis, drainage should be instituted.

In cases where stone is present, as is usually evidenced by the history of the case, an operation is certainly indicated and especially if the stone has attempted to pass and has become lodged in the cystic duct, as it is prone to do, producing distension, pain and the other symptoms that necessarily must follow.

In suppurative cases drainage is always indicated. The great danger of the expectant treatment here, is suppurative cholangitis or abscess of the liver from extension of the infection. Many of these and in fact a great majority of them, are catarrhal cases that have become infected and hence again the importance of looking after the simple catarrhal cases. To my mind, drainage of suppurative gall-bladders and ulcerating ones from stone pressure, with removal of the stone, is the only treatment in these days of antiseptic surgery.

In gangrenous cases there can be no difference of opinion as to the treatment. The indication is to remove the gall-bladder, but we are not always able to do this. If adhesions have formed and it is fairly well walled off, we should drain the cavity, just as we would in a similar case of appendicitis. I believe this is much safer for the patient than attempting to remove it with the probability of infecting the peritoneal cavity in so doing.

Most of these cases of gangrenous or perforative cholecystitis are due to a bladder full of stones or to one large stone which is ulcerating its way to liberty by way of the intestine and duct or through the bladder wall itself into the abdominal cavity, and they should be removed when drainage is instituted.

In regard to cholecystitis recurring after drainage, will say

that Murphey of Chicago, has given us statistics after observations on some 2000 cases and concludes that this does not occur and especially after cases due to stone.

In the matter of making an absolute diagnosis and especially in those cases due to stone, Mayo says, that in his work, many times when everything points to stone, they do not find it, but do find other conditions demanding operation and drainage and one of the most common of these is cholecystitis. It is a fact that the great majority of stone originate in the gall-bladder and their existence indicates that there has been a previous cholecystitis, therefore does it not logically follow that we can prevent many of them by properly treating this disease when it is present? At the same time we can prevent suppurative cases by taking care of the catarrhal ones.

Mechanical or inflammatory obstruction of the cystic duct, interfering with normal drainage of the gall-bladder, is where the trouble begins, so if the gall-bladder does not drain normally, why not help nature by draining it abnormally through a tube? The operation is comparatively safe, is simple and effectual to a marked degree and when done early prevents suffering from gall-stones and other conditions that are sure to supervene.

In closing I wish to repeat; there are three varieties of cholecystitis—the catarrhal, the suppurative and the gangrenous, just as we have these three varieties of appendicitis.

The treatment of the first is primarily medical. Drainage for stone and distension and when we wish to avoid suppuration or recurrence as in this variety of appendicitis.

The suppurative cases are always drainage cases as in this variety of appendicitis, while the gangrenous ones are emergency cases just as they are emergency cases of appendicitis, and they should be treated in the same way.—Read before the Hahn. Medical Society of Iowa.

HOW CAN THE STUDY OF MATERIA MEDICA BE MADE MORE INTERESTING AND IMPRESSIVE?

T. F. H. Spreng, M. D., Sioux City, Iowa.

Materia Medica, being the back-bone, so to speak, of our system of medicine, we realize the absolute necessity of familiarizing ourselves with it—to acquire a passion to master it --for only after acquiring a reasonable knowledge of Materia Medica are we competent to prescribe.

It would be the height of egotism for us to presume to offer something better in the method of teaching the beginner than we already possess, and yet there is a method which appeals to us more and more, and one which we believe possesses a fascination that would make Materia Medica one of the most interesting studies of the entire course. Not only that, it also grows in interest upon the general practitioner and stimulates him in acquiring a more intimate knowledge of each individual remedy.

The scheme is this: Let each remedy represent an individual, and if you please, have a portrait in water-colors, giving as perfect a likeness of the personal of the remedy as is possible. Study the character, the disposition, the individuality of the remedy—the biography, if you please. You will have a study as interesting as the reading of Plutarch's Lives, and very much more so to the practitioner, for he is in daily contact with his characters and commands them as a general commands his troops. He is intimately acquainted with each individual and can rely implicitly upon each and every one to perform his work faithfully.

To us, Aconite is represented in physique and complexion like that possessed by the character of Mr. Pickwick in Chas. Dickens—full-blooded and of a sanguine temperament. He is quick in action and stands ready to deliver the first blow if called upon.

Attacks of all sorts come on suddenly, from exposures to a dry, cold wind. In plethoric children we get an illustration of that in the sudden congestion of the brain, with intense fever, or with convulsions. We get illustrations of its suddenness

and violence in any organ of the body—the brain, the lungs, the liver, the blood, the kidneys. It is suited to the complaints that come on suddenly from the very cold weather of mid-winter, or from the intensely hot weather of mid-summer. All these inflammatory conditions are attended with great excitement of the circulation, violent action of the heart, a tremendous turmoil of the brain, a violent shock with intense fear.

The mind symptoms that are associated with aconite conditions stand out in bold relief. The patient feels the violence of his sickness, for he is under a great state of nervous irritation, nervous excitement. He thinks he will die and actually predicts the time he will die.

When we see this intense fear, this awful anxiety, great restlessness, the violence and the suddenness of these attacks we may rely implicitly upon aconite to bring about the desired change.

Nux Vomica is an old dyspeptic, lean, hungry, withered; bent forward and prematurely old. He is irritable, over-sensitive to noise, to light, to the least current of air, to his surroundings; extremely touchy in regard to his food, many kinds of food disturb, strong foods disturb; he is aggravated by meat; craves stimulants, pungent, bitter, succulent things, something to brace him up. Nux isn't a very amiable individual, on the contrary he is irritable, touchy, sensitive, never contented, never satisfied, disturbed by his surroundings, so much so that he wants to tear things, to scold; he has a violent temper, cannot be contradicted or opposed; if a chair is in the way he kicks it over; if, while undressing, a part of his clothing should catch on a button, he would pull it off because he is so mad at it. We will suppose him a man of business; he has been at his desk until he is tired out, he receives many letters. He has a great many little irons in the fire; he is troubled with a thousand little things; his mind is constantly hurried from one thing to another until he is tortured. It is not so much the heavy affairs, but the little things. He is compelled to stimulate his memory, to attend to all the little details; he goes home and thinks about it, lies awake at night;

his mind is confused with the whirl of business and the affairs of the day crowd upon him, finally brain fog comes on. When the little details come to him, he gets angry and wants to get away, tears things up, scolds, goes home and takes it out on his family. Sleeps by fits and starts, wakens at 3 a. m. and his business affairs crowd on him, so that he cannot sleep again until late in the morning when he falls into a fatiguing sleep and wakens up tired and exhausted. He is over-sensitive to the open air, to a draft of air, always chilly, always taking cold, and it settles in the nose and extends to the chest.

His skin is over-sensitive to touch, to draft. Full of pains and aches. He sweats on the slightest provocation. Full of brain fog, fatigue, neuralgias, convulsions of single muscles and those of the whole body; muscular twitchings; weakness, trembling and paralysis.

Just one more character to illustrate this scheme.

Allow me to introduce to you Mr. Sulphur. He is not so handsome as some others, in fact, is anything but that. But he makes himself so generally useful, that in spite of his disgusting personality you will call upon him frequently to give you a lift. It was Constantine Hering, was it not, who called him the ragged philosopher? Like Walt Whitman, he is supremely democratic. There is no strata of society to which he refuses his service; he is, however, most at home in the slums.

In appearance he is a lean, lank, hungry, dyspeptic fellow, with stoop shoulders, his face is dirty, shriveled and rather red, the skin is delicate and easily affected by the atmosphere. He blushes on the slightest provocation, always red and dirty looking, no matter how much he washes it. He is not fond of soap and water. He is dirty. He does not see the necessity of putting on a clean collar and cuffs, and a clean shirt. Because of this carelessness of his person he is the victim of filthy odors. He has a foul breath, he has an intensely foetid stool. The discharges are always more or less foetid, having strong, offensive odors. The axillae gives out a pungent odor and at times the whole body gives off an odor like that coming from the axillae. He has catarrhs of all the mu-

cous membranes and the catarrhal discharges everywhere excoriate him. The thin liquid faeces cause burning and rawness around the anus. "All the fluids burn the parts over which they pass." This is a keynote, and is true everywhere in Sulphur. In addition, the poor fellow has all sorts of eruptions. There are visicular eruptions, pustular eruptions, furuncular eruptions, scaly eruptions, all attended with much itching and some of them with discharges and suppuration. Crops of boils and little boil-like eruptions come out. He is tortured greatly with burning. Every part burns; burning where there is congestion; burning of the skin, or a sensation of heat in the skin; burning here and there in spots; burning in the glands, in the stomach, in the lungs; burning in the bowels, in the rectum, burning and smarting in the haemorrhoids; burning when passing urine, or a sensation of heat in the bladder; burning of the soles of the feet, in the palms of the hands and on the top of the head.

Sulphur is supremely selfish. He has no thought of anybody's wishes or desires but his own. Everything he contemplates is for the benefit of himself. A state or refinement is not akin to Sulphur. He is the very opposite of all things fastidious.

These are only fragments to illustrate our scheme. The practice of medicine grows more interesting to us every day, because of the absolute certainty of the result, when the indicated remedy is selected. Our failures are due to our imperfect knowledge of the *Materia Medica*. Therefore, the method that would impress indelibly upon the minds of the student the characteristics of our proven remedies ought to be the one sought for and adopted. It will be utterly impossible to find a method that will make the study of *Materia Medica* an easy one. To become familiar with the characteristics of our numerous remedies, will require an infinite amount of study, and that study must be persisted in so long as we are in active practice. It becomes more interesting because the degree of our success is measured by the knowledge we possess of it, and to the skill we display in selecting the remedy.

Kent's Lectures on *Materia Medica* approaches more nearly this plan than any other work on the subject. In giving these few examples we have largely quoted from him. The Lectures are intensely interesting and lack only the illustrations to make them still more impressive.

The physician armed with a case filled with remedies which have been proven upon the healthy and who possesses a perfect knowledge of those remedies, is prepared to demonstrate the law of cure. "Similia Similibus Curantur."—Read before the Hahn. Medical Society of Iowa.

AND THUS ENDETH 'THE LAST' CHAPTER:

A. M. Linn, M. D., Des Moines, Iowa.

Coincident with the smallpox epidemic of recent years, there sprang into importance the necessary measures for successfully combating it. The chief reliance for protection both for the profession and the laity since the time of Jenner, is vaccination. Quarantine and isolation are helpful, but to this date no method of protection against smallpox compares in effectiveness with vaccination in some form. It has proven the ne plus ultra in checking the ravages of this dreaded scourge. The question of method of using vaccine for immunization has never been to the fore because but one, to-wit, scarification was generally accepted and used. Other methods were little known.

Smallpox rarely prevails. Many medical men never see a case in their practice. Consequently it is not surprising that vaccination by scarification was practically the only known means of protection against smallpox, even among those of our own faith and practice. Variolinum had not yet obtruded itself as a material improvement upon the generally accepted means of immunization. In such a contingency, therefore, it must literally coerce attention to its own merits as a prophylaxis by incontestable proofs of its efficacy. Evidence of the value of variolinum were immediately forthcoming. It was quickly shown that the source of the remedy was not dissimilar

to that of vaccine; that the series of symptoms provoked by its use was identical to those elicited by scarification; that these occurred in the same order and in the same period of time and with the same result, namely, immunization against smallpox.

If variolinum could obviate the dreaded "sore-arm" and yet afford protection against the smallpox pest, it surely merited a cordial welcome as a happy improvement upon accepted methods. The "infected arm" was a bugaboo of large proportion. Like Banquo's Ghost, it would not down at our bidding.

The history of the struggle for legal recognition of variolinum in Iowa is a familiar story. Our partisan State Board of Health transcended its authority and over the protest of the minority members adopted a definition of vaccination, designed to render the use of variolinum illegal. That definition was made to order and designed for this express purpose by a committee appointed at the Conference of State and Provincial Boards of Health at its meeting in Providence in 1902. Our venerable Ex-Secretary, a delegate from our Board, arose in that Conference only to recite the history of the struggle in our state and to ask the formation of such a definition by the Conference. It was done. It was brought home and adopted by our Board over the energetic protests of the minority. Immediately the issues were joined and legal contests were begun. In three several instances, our non-partisan judiciary held that our State Board of Health had exceeded its authority in adopting any such partisan definition. The Legislature was then importuned to legalize by statutory enactment the use of vaccination by scarification. The struggle ended here when the Legislature, figuratively speaking, "washed its hands" of the whole affair. It could scarcely be expected to place its stamp of approval upon a measure which the unbiased judiciary of our state would immediately annul.

Our State Board of Health has just completed the revision of our Health Laws and Rules regulating quarantine, disinfection, etc. Among these new rules, there appeared for re-adoption, the old definition of vaccination. To adopt it or not to adopt it, that was the question. Judicial decisions and ad-

verse legislation had been apparently unable to suppress it. At this date, however, a new factor was to be considered. This is pre-eminently an age of scientific investigation. New truths appear to-day on the Medical horizon that were not dreamed of yesterday. The realm of vaccination has been largely widened within the last three years. Vaccination means more to-day than it did yesterday. At the present time vaccines are used for immunization against tuberculosis, Malta fever, plague, streptococcus, pneumococcus, staphylococcus, gonococcus, proteus, antrax and bacillus coli. A vaccine according to that eminent authority, Sir A. E. Wright, is "A sterilized and standardized suspension of bacteria in salt solution." These are what are designated by Von Ruck as the "aqueous vaccine solution." It affords me much pleasure to quote a very definite experience with this form of vaccine from the writings of Drs. Calmette and Guerin of the Pasteur Institute of Lille, France: This quotation is given for the reason that the opponents of variolinum strenuously contended that it would be wholly valueless as a prophylaxis when administered per oram.

"Many experiments having demonstrated that tubercular bacilli destroyed by heat or other agents pass through the walls of the intestines as readily as living bacilli and are found in the mesenteric ganglia and lungs, we experimented with the object of discovering whether young animals, such as calves and kids, that had been made to swallow two doses, the second forty-five days after the first, of from five to 25 grammes of dead bacilli or bacilli whose virulence had been modified, could endure with impunity the injection of a meal of 5 centigrammes of fresh tubercular matter taken from a cow—matter which would be surely infectious under ordinary conditions. We are now convinced that bovine bacilli destroyed by boiling for five minutes, or simply heated during the same period, will, for five months, and even for a longer time to which it is not now possible to fix a limit, vaccinate perfectly against virulent infection through the digestive organs."

Nor in the light of the experiments of Sir A. E. Wright were the small doses of variolinum objectionable. With scien-

tific accuracy his opsonic index registered definite results when he administered only from 1-1000 to 1-2500 of a milligram at a dose. These doses you will readily admit would compare not unfavorably with attenuations, not always found among the remedies of some physicians of our faith.

Experience lent an incontrovertible argument to the value of variolinum. Statistics recently gathered show that from record cases 2756 persons took variolinum. Of this number subsequently 537 were exposed to smallpox, some in the capacity of nurses, and but ten of this number contracted the disease.

Every member of the Board believes in the efficacy of the antitoxines. At this juncture to re-adopt the old definition would be tantamount to saying, "our belief in vaccines is contingent upon the orthodox source from which they are proclaimed." Every member believes in the large measure of benefit to the race coming from the scientific work of Wright. We recognize the mathematical accuracy of the methods of Pasteur Institutes. We appreciate something of the systematic investigations made by Von Ruck. In the light of recent research our old definition of vaccination is obsolete. To adopt it anew would be to oppose our weight to the march of scientific truth. We could not accept the teachings of science in one part and deny it in another analogous part; we could not adopt a definition of vaccination conclusively proven an error. The voices formerly in its favor were registered against its adoption. The definition was defeated and, "Thus endeth the last chapter."

The Iowa State Board of Health is composed of professional gentlemen of the highest attainments. Save for their partisan bias, the legitimate outgrowth of their professional training and traditions, they are wholly exceptional. I entertain for each a high personal regard and treasure for each a warm personal friendship. I yield to no one in admiration for the exceptional service each is giving our peerless commonwealth. It is with no feelings of acrimony and with no bitterness in

my pencil tip that I trace their record of opposition to the use of Variolinum.

With the repeal of this unfortunate definition is removed the only question in recent years calling strenuously to the fore the differences in medical faith of the members.

It is particularly gratifying to note the advancement making today in the medical profession. It is an earnest of advantage to the laity when our therapeutics shall contain only good with no latent element of harm. The progress made in the immediate past is commendable. To this we would be gratified if we may contribute our mite. It may be truthfully said of variolinum that its partial acceptance as a commendable advance upon accepted methods of immunization against smallpox has been won only after crucial demonstration of its worth. Its general acceptance at the hands of the medical profession is assured for the reason that it is not only vouched for by a successful experience, but by analogy is scientifically proven to be an efficient and dependable measure for immunization against the smallpox test.

We take a deep, full breath, inhale a full measure of the ozone of good fellowship, and with no cause for dissension upon the mental horizon bend our united energies in consummating a larger work for our splendid commonwealth.

RESULTS OF ANALYSIS OF GASTRIC CONTENTS IN SPECIAL CONDITIONS.

By H. C. Parsons, Anamosa, Iowa.

In taking up this subject I have endeavored to incorporate only conditions that are of practical interest to the general practitioner. The most of us have little time or inclination to go into all the methods of the laboratory in the examination of gastric contents, but certain examinations may be made by anyone who will go to a slight amount of trouble. The reagents needed are not many, the apparatus simple, and the results will be satisfactory to the doctor.

Dr. Johnston has demonstrated the essential methods and I wish to merely make some observations upon the clinical sig-

nificance of the findings in the more important tests.

We will consider first, the conditions we expect to find in a normal stomach. The amount of gastric juice varies greatly. It averages between 2 and 3 litres of 4-6 pints daily. The secretion continues slightly during fasting and usually 5-10 c.c. and exceptionally as much as 50 c.c. can be removed from a healthy resting stomach. One hour after a test meal 20 to 50 c.c. should be obtained. A less quantity indicates increased motility, diminished secretion, imperfect withdrawal, or undue potency of the pylorus. A greater quantity means decreased motility, or hypersecretion.

Pure gastric juice is a clear faintly yellow watery fluid of a spec. grav. of 1.002-1.003. It has a mildly sour taste, acid reaction, and faint characteristic odor. The secretion contains hydrochloric acid pepsin, rennin, possibly a fat splitting enzyme, mucus, mineral salts, and water. Lactic, butyric, acetic, malic, tartaric, and propionic acids, with acetone, alcohol and aldehyde may be present from fermentation.

Litmus may be used to test for acidity though inasmuch as the secretion is practically always acid even in diseased states, this test is not of much importance.

It is otherwise however, with the matter of total acidity which includes free and combined H.C.L., organic acids, and acid salts. The total acidity may be arrived at by Topfer's method. This method will give also the amount of free H.C.L., Combined H.C.L., Total H.C.L., Amounts of Acid Salts. The amount of H.C.L. may be approximated by use of a 5 per cent alcoholic sol. of Dimethyl-amido-azo-benzol and Bells color scale.

The total acidity should be between .2% and .3%.

Free H.C.L. between .1% to .2%.

Combined H.C.L. about .1%.

In ordinary examinations it is rarely necessary to determine more than the Total acidity and the Free H.C.L. The total acidity normally varies from about 50 to 70 one hour after Ewald's or Boas' test meal. By this we mean that it requires 50 to 70 c.c. of a 1-10 Na O.H. Sol. to neutralize 100 c.c. of

gastric juice. What then is the significance of alterations in Total Acidity?

In local or general hyperaemia as in ulcer, neuroses, and the first stages of inflammations it is increased to between 90 and 120 (normal 50-70).

Hyperacidity is frequently caused by the organic acids liberated from fermentation. Gastric irritation is usually due to this cause rather than to a true hyperchlorhydria. In advanced, acute, and chronic inflammation and malignant growths it is diminished. When H.C.L. is absent, lactic and other organic and fatty acids usually supply an acid reaction. In glandular atrophy, mucous gastritis and with large amounts of saliva, the stomach contents may be neutral or alkaline. The amount of H.C.L. furnishes one of the best indications of gastric acidity. It fluctuates in amount with nervous, vascular and malignant changes.

Free H.C.L. appears after saturation of bases and albuminous constituents. After Ewald's test breakfast it usually appears in about 35 minutes, and is at its maximum in about 60 minutes. The quantity usually varies between 25 and 50 or .1%-.2%. The entire acidity of the gastric contents may usually be considered the sum of the free and combined H.C.L. or between 50 and 75.

When free H.C.L. is absent the amount of combined H.C.L. becomes valuable for diagnosis of the glandular condition. Pathologically the amount of H.C.L. varies between 0 and 160 or between 0% and .6%. We classify the various conditions as follows:

Euchlorhydria (normal acidity) .1% to .2% is strong evidence against any organic disease of the glandular structure.

Hyperchlorhydria—Occurs in Irritative dyspepsia, gastric ulcer, early hyperaemic stage of gastritis, and neuroses of the stomach.

Hypo-chlorhydria—Sub-normal. Below .1% indicates diminished innervation, degenerative changes or lowered gastric nutrition. Common in tuberculosis, chronic gastric catarrh, mod-

erate carcinomatous invasion, dilatation, atony, chlorosis, toxæmia, poisoning, and all asthenic states. If met with in ulcer, carcinomatous metaplasia should be considered.

Anachlorhydria (Anacidity)—Permanent total absence of free H.C.L. points to the destruction of the gastric glands by degeneration as in chronic gastritis and cancer. Glandular atrophy is present in 1-2 to 2-3 of all the cases of anacidity. Temporary absence may be due to a neurosis, in which case pepsin and rennin or their zymogens are sure to be present and the prognosis is good. When these enzymes and their zymogens are absent the diagnosis of hopeless atrophy is justified. When H.C.L. is absent the stomach becomes more liable to infections and intestinal putrefactions and toxæmia are more common. Fluctuating amounts of free H.C.L. point to a neurosis.

SIGNIFICANCE OF LACTIC ACID.

Lactic acid is not a product of gastric activity, but is the most common of the organic acids of the stomach. It is produced by the fermentation of carbohydrates through the action of bacteria. Normally this action occurs only slightly in the early stages of digestion before the acidity reaches .01% when the H.C.L. inhibits but does not destroy the organisms. Lactic acid may be ingested with the food. Traces are found in the bread of Ewald's meal. Meats contain sarco-lactic acid, and it is common after drinking milk. Lactic acid after a test meal is present in traces too minute to detect by Uffleman's direct test when H.C.L. is present. Amounts which this test determine are always pathological. In the absence of H.C.L. the amount may reach .4%.

Carcinoma is the only disease in which lactic acid in considerable amount is commonly found. It here appears late. Low motility and absence of H.C.L. together furnish proper conditions for the fermentation of which lactic acid is the indication.

The cases of carcinoma where lactic acid is not found are those which do not seriously impair the motility such as carcinoma of the cardiac orifice.

It is sometimes desirable to determine the presence of pepsin though its presence may be inferred in the presence of H.C.L. In atrophic gastritis, pepsin is always the last digestive element to disappear. The total absence of pepsin and pepsinogen may be shown by allowing a glass of .2% H.C.L. to remain in the stomach for half an hour. If the removed acid liquid has no digestive activity, the total absence of pepsin is established.

The motility of the stomach may be considered normal, if on the removal of the test meal, in 60 minutes the quantity of gastric juice is 50 c.c. or less. If the amount is below 20 c.c. motility is increased or the removal was unsuccessful. It is seldom necessary to apply the Salol test, 3-5 grs. capsule Salol.

Microscopical examination of the stomach should be made in obscure cases. It will often assist in clearing up the diagnosis, though there are few or no conditions in which it will give absolute evidence. The Boas-Oppler bacillus grows in long, jointed, irregular chains of long bacilli, is easily seen by a low power and may be stained with aqueous methylene blue. Its growth seems favored by lactic acid and inhibited by H.C.L. so conditions produced by carcinoma are very favorable to its growth, and it is usually found in abundance in such cases.

If stomach washings are sent to a pathologist for examination they should be preserved in .2% formalin to prevent decomposition of possible glandular elements or carcinomatous cells. Read before the Hahn. Medical Society of Iowa.

According to Dr. W. Blair Bell, of England, there is an internal secretion of the uterus, which is the essential factor in the sexual life of woman. This secretion he terms "uterin," and he maintains that the menopause is primarily due to atrophic processes of the uterus with destruction of its secreting structures. No definite conclusions have been yet arrived at from clinical observations along this line, but there appears to be some possibilities in such a theory.—The Clinical Review.

IOWA HOMEOPATHIC JOURNAL

PUBLISHED MONTHLY.

G. A. HUNTOON, M. D. Editor
ERWIN SCHENK Publisher

DEPARTMENT EDITORS.

T. F. H. SPRENG, M. D. Materia Medica and Clinical Medicine
F. J. BECKER, M. D. Obstetrics and Gynecology, University Notes
A. M. LINN, M. D. Hygiene and Sanitary Science, Pediatrics
C. W. EATON, M. D. Surgery

Books for review, exchanges and contributions. (It is to be understood that papers have not been printed elsewhere, that they should be typewritten, reprints will be furnished at cost if request accompanies paper.) Personals, news items, subscriptions or card ads, should be sent to the Iowa Homeopathic Journal, Box 152, U. P. Sta., Des Moines, Ia.

All communications in regard to advertising should be sent to the Publisher, Dr. Schenk, Utica Building, Des Moines, Iowa.

Each contributor is alone responsible for the ideas advanced.

We are truly grateful for the courteous treatment that we have received at the hands of the other Homeopathic Journals, a large majority of which have not only put us on their Exchange list, but have noted our existence in their columns, and have wished us well.

There has been quite a demand for the first two numbers of our Journal, by those who did not get them, so that our supply has been exhausted. We are very sorry that we did not have a larger number printed, so that we could supply all who wanted them.

HOMEOPATHY A SYSTEM OF SPECIFIC THERAPEUTICS.

The wave of Therapeutic Nihilism sweeping over the ranks of the Dominant School of Medicine, as a result of the universal acceptance of the germ theory of disease by the profession, is inclined to carry with it many of those who have been believers in the curative power of drugs when administered according to the law of similars.

The great tendency to direct therapeutic efforts toward the destruction of the disease causing bacteria, rather than at the condition of the system which made its invasion by the bacteria a possibility, is the greatest fallacy that has confronted the medical profession during the last decade. Every student of medicine should realize that ridding the system of infectious bacteria is an impossibility, and their destruction does not cure disease. So eminent an authority as Howard Kelly of Johns Hopkins University, in his work on Operative Gynecology, says: "It is important to consider not only the invading Micro-organism, but also the germicidal powers of the cells and fluids of the body. Even the most careful antiseptic and aseptic technique often fails to exclude the entrance of bacteria, * * Under these circumstances the antibacterial properties of the living cells and of the fluids often suffice to inhibit the growth or the pathogenic manifestations of the invading bacteria. It is largely to these natural inhibitive forces of the living tissues that we must ascribe the good results obtained in many surgical operations conducted under a bad technique."

If in surgical work, where we have the best possible opportunity for the destruction of bacteria, we must still depend in great measure upon the antibacterial properties of the living cells and fluids of the body, how much more must we depend on the main combating diseases in which any attempt at the antiseptic destruction of the bacteria is an impossibility.

In the proving of drugs upon the healthy system the homeopath determines the specific cells or tissues and fluids of the body upon which each drug has an action. The exact nature

of the changes produced in them, and the expression, or symptoms, resulting from these changes. Having thus found the specific action of each drug upon the cells and fluids, we have laid the foundation for the combating of disease with drugs, "specifics," if we can establish a definite relation between drug action upon any cells and fluids and the action of disease on the same. This relation we believe to be expressed by the law of *Similia Similibus Curantur* as shown by Hahnemann more than a century ago.

It is immaterial to us whether the curative action of a drug indicated in a certain condition is due to the restoration of the defective antibacterial property of the cells and fluids or whether the drug acts as a "specific" antiseptic in the cells and fluids when indicated by the changes and symptoms of disease. The method of action is of much less importance than is the result.

Homeopathy is a system of "Specific" Therapeutics and has stood the test of years. No discovery in the etiology of disease has in any way disproven its efficaciousness and nothing has been found that surpasses it in the curing of diseases that are amenable to drug action and there is no national reason why we should abandon it and again return to a system of experimental therapeutics.

F. J. Becker.

INTERNAL VACCINATION.

Recently there has been considerable attention paid to the internal method of vaccination. Some are very enthusiastic over its use; others who were at first skeptical about its use are now beginning to sit up and take notice.

This is due to the fact that we all recognize that vaccination by scarification is not free from bad results, and in some cases is attended with loss of life itself; and of course we all want to see an improvement made in a method which is fraught with such hazards.

Rather than have smallpox of the severity that characterized the disease before the days of Jenner, we would of course choose the lesser danger of vaccination by scarification. However, the disease of late years has been of such a mild nature

in this country that the person who had a vaccinated arm, in the majority of cases, suffered more than did the person who had the smallpox.

The best results that can be obtained from the scarification method is a sore arm; the worst is loss of health or death. It is little wonder then, that with these facts staring them in the face, the laity are eager and willing to rely on something else to prevent the disease or even to run the risk of having the disease itself.

Now it has been clearly demonstrated that Vaccine given internally in minute doses, until it produces its effect will, in the majority of cases, prevent smallpox, and when taken in the course of the disease will materially lessen the severity. This at best is all that can be claimed for vaccination by scarification. With the internal method there are no bad results; with the other there may be many.

Now when we are confronted with such facts as these, do we as guardians of the public health measure up to what is expected of us, if we do not investigate and use the methods that are not only the safest, but the best for our patients?

Dr. C. W. Eaton, in a paper read before the American Institute, which paper was ordered printed and distributed to the members of the profession throughout the country, and the article by Dr. A. M. Linn, which appears elsewhere in this Journal, present an array of facts concerning this method which should convince the most skeptical that the Internal method of Vaccination is by far the best means of protection against Smallpox, that we possess.

The daily paper printed the story of the fond father whose wife presented him with a bouncing boy one morning about daylight. There being no scales in the house to weigh the baby with, the father rushed out into the street and halted a passing icewagon and secured the loan of the ice scales to weigh the baby. When the baby was put thereon, low and behold the indicator dropped to 40 pounds. Now the father knows why his ice bill has been so large this summer.

NEWS ITEMS.

B. F. Steves, M. D., of Eau Claire, Wis., and Fred Southerland, M. D., Janesville, Wis., have gone to Chicago and will spend a year in post-graduate work.

W. C. Porath, M. D., of Varina, Ia., was in Des Moines last month. He brought some patients to the hospital for operation.

J. M. Jackson, M. D., formerly of Mt. Auburn, Iowa, has located at Spirit Lake, Iowa.

B. J. Sandy, M. D., and family of Shenandoah, Iowa, spent a little vacation with relatives at Lake City and Rockwell City. He gained seven pounds, looks fine and says he feels so.

H. F. Landis, M. D., who took Dr. E. E. Lusk's place at Newton, had to leave on account of his health and has gone to Minnesota.

Murry Wildman, M. D., of Fort Dodge, Iowa, took a trip last month to New Mexico, a combination of business and to see his parents.

I. O. Pond, M. D., and wife and little daughter were at Gladbrook last month at a reunion of the Pond family. The doctor says there were enough ponds there to make a good sized lake. The doctor has just bought and moved into a new office of which he is justly proud. He has a right to be, as it is one of the best arranged and neatest offices in the state.

Dr. R. P. Wild and wife of Le Mars, Iowa, were called to Toledo, Iowa, October 4th, on account of the death of his father.

Dr. R. W. Honian of Webster City was called to Sioux Rapids September 26th to consult with Dr. I. O. Pond.

Drs. C. W. and A. R. Wilder of Atlantic, Iowa, spent their vacation taking in the sights of Colorado around Denver and Colorado Springs and report a very pleasant time.

A. P. Macomber, M. D., of Atlantic, has been on the sick list for about three months with a very peculiar headache which nothing seemed to relieve. It is day and night and all the time. He tried Colfax for two weeks, but it did him no

good. The doctor's many friends will wish him a speedy recovery.

F. A. Seeman, M. D., of Sioux City, Iowa, was called to Correctionville, Iowa, to operate on a case for C. F. Thompson.

C. F. Thompson, M. D., of Correctionville, Iowa, took two cases to the hospital at Sioux City to be operated on by Dr. Staads. Both cases were boys that had been kicked in the head by a horse.

Dr. H. S. Miner of Fort Dodge has been appointed superintendent of the detention hospital for inebriates at Knoxville, to succeed Dr. W. S. Osborn, resigned. Dr. Miner was one of about fifteen applicants. He will assume charge of the institution about Nov. 1st. Dr. Osborn will take up the practice of medicine in Colorado. His wife has consumption and he has been tering her condition. Dr. Miner is a graduate of the Hahnemann Medical College of Chicago. He is about 50 years of age and has been in the practice of medicine for more than twenty years. He has had experience in the treatment of inebriates and dipsomaniacs in institutional work in the state of Nebraska. Since then he has made a special study of the subject and he goes into the Knoxville institution especially well equipped for the work. The superintendent at Knoxville pays \$2,000 a year and living for the incumbent and his family. Dr. Miner is married and has two children.

Dr. Erwin Schenk, the publisher of this Journal, is wearing an exceedingly broad smile on his face these days. The cause is a ten-pound boy that arrived at his house Tuesday morning, Oct. 29th. The boy's name is Homer Newton Schenk.

We have received the announcement of the marriage of Dr. C. G. Loizeaux, of Des Moines, to Miss Emeline Baldrige, of Pawnee City, Neb., on October 23, 1907.

Delmar L. Davis, M. D., and wife, of Sioux City, Iowa, have just returned home after a few weeks' trip at Rochester, Minn., and Chicago, Ill., on business. The doctor also spent some time in Decatur and other Illinois points visiting relatives.

Uric Acid Conditions.—In acute cases improvement is noticed in 24 to 36 hours, and the patient rapidly recovers, the uric acid deposits being speedily and thoroughly removed by the use of Uric-Antagon.

Immediate Relief From Asthma.—I have used the H.M.C. Comp. (Abbott) quite frequently with the best satisfaction. In all cases the results were all that could be asked. In spasmodic asthma it gave immediate relief. I have combined hoscine and cactin with codeine, with even pleasanter results following.

H. C. Howard, Campaign, Ill.

Green Gables—We wish to call the attention of our readers to Doctor Bailey's Sanatorium, "Green Gables," at Lincoln, Neb. Doctor Bailey is a member of our own school who runs a strictly ethical institution and is deserving of our preferred patronage.

Everybody wishes to make the next year's meeting of our Hahnemann Medical Association of Iowa a success, and so do I as your humble chairman of the Bureau of Materia Medica. I would like to hear from such members who have a good subject which they wish to bring before the meeting under this bureau. If you have or will have any short, good papers, let me know it. I would also thankfully accept any useful suggestions as to what you would like to have presented under my bureau. I wish to please you.

Yours for a grand meeting in 1908,

S. Stads, Sioux City, Iowa.

If a woman whose appendix has been removed continues to complain of pain and discomfort in the right side, there is reason to suspect inflammatory diseases of the right ovary and tube. Hence the importance of determining the condition of these organs in the course of every operation for appendicitis.—*Medical Standard*.

NEBRASKA NEWS.

Dr. Martha Clarke of Omaha has been quite low with typhoid fever. Her sickness was especially grave, and the death of her father at the beginning of her convalescence was a most pathetic incident, occurring, as it did, in her own home.

Dr. D. A. Foote of Omaha was slated for a trip to the Pacific Coast in September, but was waylaid by some emergency work in western Nebraska and has deferred his trip until the first of the year.

The 1908 meeting of the Nebraska State Homeopathic Medical Society will be in Omaha next May at a date, we trust, not coincident with the Iowa State Meeting.

Politics defeated the reappointment of Dr. Benj. F. Bailey as a member of the Nebraska State Board of Medical Examiners. He had held the position for twelve years, and had been honored with the presidency of the Board for several terms. He was a very useful man, and had the endorsement of the State Society for another term, but there was a combine against him in the appointing board, which consists of the Governor, the Superintendent of Public Instruction and the Attorney-General.

Dr. S. F. Ashby of Fairmont, Nebraska, has been appointed the successor of Dr. Bailey upon the Nebraska State Board of Health. Dr. Ashby is a gentleman of ability and will represent the Homeopathic profession with dignity and honor.

J. S. Alexander, M. D., of Omaha, is wearing a smile that won't come off. The cause is a new girl baby that came to his house the other day to stay, and of course there never was just such another baby.

F. A. March, M. D., of Seward, Neb., has bought a new home and moved his office up town.

J. E. Brainard, M. D., of Superior, Neb., who has been traveling in Ohio and other places trying to regain his health, has about recovered and expects to begin practice again about Nov. 1st.

Dr. Rose, who took care of Dr. S. J. Brown's practice at Lincoln, Neb., while the doctor was on her trip to Colorado, is now in Europe and will study there for a year. Dr. Rose expects on returning to locate in western Iowa or Nebraska.

A. T. Hubbel, M. D., of David City, Neb., was in Lincoln recently on a little business trip, and also took occasion to call on some of the doctors in the city.

Dr. McNabe has again located at Fairfield, Nebraska, after a year or two spent in New Mexico and Colorado. The doctor says he thinks there are lots worse places than Nebraska to live.

Dr. Cate of Nelson, Neb., is spending a few weeks in Oregon and Washington seeing the country.

Benj. F. Bailey, M. D., of Lincoln, Neb., was in Chicago this month to meet Mrs. Bailey on her return trip from New England, where she spent the summer.

UNIVERSITY NOTES.

Dean George Royal took a vacation and spent the week from Sept. 19th to 26th at the University looking after the interest of the students as they came in to register, as there are many who find it rather difficult to comply with the new regulations imposed upon us by the State Board of Examiners. This action on the part of our Dean was very much appreciated by the students.

Among the out of town Alumni who attended the quarterly meeting of the Central Iowa Homeopathic Medical Association at Iowa City, Oct. 16th, were Drs. A. E. Crew, Marion; A. B. Clapp, Muscatine; A. L. Martin, Clinton; R. E. Peck, Davenport; Alice I. Ross, Whittier; L. A. Royal, West Liberty; C. J. Snitkay, Belle Plaine; G. F. Wentch, Cedar Rapids.

A card from Drs. R. H. & Nettie G. Gray, S. U. I. '95, formerly of Anamosa, Iowa, announces that they have resumed practice at San Antonio, Texas. This is gratifying news to their many Iowa friends, as it indicates that the doctor's health is improved by the change of climate from Iowa.

The annual Freshmen reception of the Hahnemannian Society, (Students), was held in the reception rooms of the college on Wednesday evening, Oct. 2nd, with an unusually large number of students and visitors present. The interest shown in this society by all is making it one of the strong elements in the student's life at the college.

The following physicians have been recent visitors at the hospital with patients: D. K. Bond, Waterloo; A. A. Griffis, Tipton; G. W. Anderson, Nemaha; P. G. Eilers, Alburnett; M. A. Taylor, Clarksville; E. B. Wiley, Grinnell. By coming with a patient a physician always shows his interest in the patient and comes into closer touch with the work of the college and hospital.

In order to give all who are interested an idea of the amount and variety of Clinical work being done at the college we submit the following list of Clinical operations done during the past week: 2 Appendectomies, 1 Varicose Ulcer of Leg, 1 Femoral Hernia, 1 Complete Abdominal Hysterectomy, 1 Double Ovaryectomy, 1 Perineorrhaphy, 2 Trachelorrhaphies, 1 Removal of Pterigion, 1 Removal of Adenoids, 1 Tonsilotomy.

Drs. C. H. Graening, Waverly, O. A. Hansen, Forest City, and P. E. Triem, Manchester, had patients at the Clinics, but were unable to come with them; while we are always pleased to receive patients from physicians who are unable to come with them, it is always more satisfactory to have the physician accompany them when possible.

Dr. A. L. Pollard of Denver, Colo., spent several days in Iowa City calling on old friends.

Among the freshmen who entered the college this year is Howard Clark, son of W. O. Clark, who was so well known to the older members of the State Society.

Drs. A. H. Barker, '93, of Brooklyn, and F. T. Launder, '01, of Garwin, brought patients to the hospital during the last week.

Nothing can be more humiliating to a young man or woman who has made up their mind to study homeopathic medicine, than to find upon their arrival at the University that they fail to have the required credits to enter our school, and are

obliged to take an examination under the University Examiner in branches that they have never been taught, or enter the College of Liberal Arts for one or more years before they can be admitted to the study of medicine. At the beginning of the present school year six bright young men found themselves in this position. Of this number three decided to remain and enter the college of Liberal Arts to make up the deficiency, two went to other colleges and one returned home.

If the profession of the state will take notice of this and see that their students have a diploma from an Accredited High School or have the required credits, it will save them the annoyance and humiliation and be a benefit to our college.

STATE SOCIETY.

The following doctors were elected Chairmen of the different Bureaus of the Hahnemann Medical Association of Iowa for next year. Surgery, F. C. Titzwell, M. D., Iowa City, Clinical Medicine
 Nervous Diseases, O. A. Hansen, M. D., Forest City; Materia Medica, S. W. Staads, M. D., Sioux City; Ophthalmology, Rhinology and Otology, Dr. E. G. Linn, Des Moines; Gynecology, L. W. Struble, M. D., West Liberty; Obstetrics, J. S. Cron, M. D., Gladbrook; Pediatrics, W. E. Anderson, M. D., Washington, Iowa; Hygiene and Sanitary Science, Alice I. Ross, Whittier, Iowa.

Now it will be a great favor to them if you will write to them and tell them what Bureau you will be willing to write a paper for. It is not too early now to begin planning to make the meeting at Des Moines next The Best Meeting Yet.

G. A. Huntoon, Secy.

CENTRAL IOWA HOMEOPATHIC MEDICAL SOCIETY.

The quarterly meeting of the Central Iowa Homeopathic Medical Society met at Iowa City, Wednesday, Oct. 16th. President T. L. Hazard called the meeting to order at 5 P. M., the program for the meeting being a Symposium on Pneu-

monia with the following papers :

Symptoms.....Dr. C. H. Cogswell, Cedar Rapids
 Diagnosis.....Dr. R. E. Peck, Davenport
 Pathology.....Dr. A. A. Griffis, Tipton
 Complications and Sequella. .Dr. W. A. Hubbard, Cedar Rapids
 Medical Treatment.....Dr. George Royal, Des Moines
 Surgical Treatment.....Dr. F. C. Titzell, Iowa City
 Nursing.....Miss Alice Beatle, Iowa City

The number of physicians present was the largest in the history of the society, members being present from a large number of the surrounding towns, nineteen members, three visitors and the members of the junior and senior classes of the College of Homeopathic Medicine of the University being in attendance.

• Each speaker was limited to ten minutes.

After presenting the subject, a recess was taken and the visiting physicians were the guests of the resident physicians at an excellent supper. At 7 o'clock the members re-assembled and enjoyed a free and full discussion of the subject. Some of the points brought out by the discussion were: That strychnia and strychnia phos, are the two best stimulants when stimulants are needed, except in cases of alcoholics, when, if anything helps, it is alcohol; that a jacket of absorbent cotton is best for local application; that plenty of fresh air is of great benefit; that it is better to keep the temperature of the room from 60 to 65 than to keep it from 68 to 73; that all physical exertion should be avoided till resolution is well established; that the indicated homeopathic remedy acts as an antitoxine. President Hazard confined the participants in the discussion strictly to croupous pneumonia. One of the noticeable features of the meeting was the confidence and satisfaction which men who had been in practice from 25 to 43 years expressed in and from the use of the homeopathic remedy. The interest shown at the meeting proved that the faith in Homeopathic therapeutics is still as strong as at any time since the promulgation of the law by Hahnemann and all who were present departed feeling that they had gained something that would be of help

to them in combating this, so prevalent disease, during the coming winter months. The meeting was a success in every particular.

The next meeting will be held at Cedar Rapids, Ia., on the third Wednesday of January, 1908.

Lester A. Royal, M. D., Secy.

DES MOINES HOMEOPATHIC MEDICAL SOCIETY.

The regular monthly meeting of the Des Moines Homeopathic Medical Society was held in the office of Dr. Eaton in the offices of the Des Moines Life Insurance Company. Sixteen members present.

Dr. Rorebaugh read a paper on "Obsessions" which was generally discussed. The doctor took a very broad meaning of the term Obsessions and described nearly all the conditions coming under Imperative Ideas.

Dr. Schenk's subject was "Orthopedics," under which he gave a description of an operation for Bunions, accompanying the lecture with diagrammatic sketches. A general discussion followed the lecture. The Society sent some flowers to Dr. Aldrich, who was ill and confined to his home. Steps were taken for the Board of Censors to investigate members of the profession who live in towns adjacent to Des Moines on inter-urban lines, with a view to inviting them to become members of this society.

THE ROCK RIVER INSTITUTE OF HOMEOPATHY.

The 90th quarterly meeting of the Rock River Institute of Homeopathy was held at Clinton, Iowa, Thursday, Oct. 3rd, with a very healthy attendance, due in great measure to the urgent invitation of the Secretary. Besides the regular members and several guests from Chicago, who contributed to the success of the meeting with excellent papers, many members of the profession from the Tri-Cities were present. The day was given over to the reading and discussion of papers on Gynecological and Surgical subjects, as the following program shows:

- 1 Burns and Scalds.L. H. Maloney, M. D. Savanna, Ill.
Discussion.G. B. Bushee, M. D., Clinton, Ia.
- 2 First treatment of Wounds. H. E. Martin, M. D., Clinton, Ia.
.. Discussion.C. Gruber, M. D., Clinton, Ia.
- 3 Injuries of the Eye.T. B. Carlton, M. D., Clinton, Ia.
Discussion.S. S. Kehr, M. D., Sterling, Ill.
- 4 Treatment of Lacerations of the Cervix and Perineum
with regard to ultimate results.
.E. A. Sickles, M. D., Dixon, Ill.
Discussion.M. J. Hill, M. D., Sterling, Ill.
- 5 Placenta Prevae.W. B. Ryder, M. D., Clinton, Ia.
Discussion.D. M. Finley, Clinton, Ia.
- 6 Therapeutics of Light. .O. B. Blackman, M. D., Dixon, Ill.
DiscussionGeneral.
- 7 Modern advances in Nasal Surgery.
.Burton Haseltine, M. D., Chicago, Ill.
- 8 Tumors of the Breast. .C. E. Kahlke, M. D., Chicago, Ill.
- 9 Diffused Suppurative Peritonitis from Appendicitis,
Treatment by Operation, Flushing, and Drainage.
.H. R. Chislett, M. D., Chicago, Ill.

Earnest talks for a better support of our Medical Colleges and more students from the Homeopathic profession to fill were given by Dr. H. R. Chislett of Chicago, and Dr. R. E. Peck of Davenport. The annual election of officers resulted as follows: Dr. F. C. Skinner, LeClaire, Ia., Pres.; Dr. Sears, Clinton, Ia., Vice Pres.; Dr. A. W. Blunt, Clinton, Ia., Secy. and Treas.

Frequent meetings with the discussion of such important papers cannot fail to be of help to every practitioner of medicine and should be of more frequent occurrence.—Ed.

CORRESPONDENCE.

San Antonio, Texas, October 17, 1907.

G. A. Huntoon, M. D., Des Moines, Iowa,
Editor Iowa Homeopathic Journal.

Dear Doctor:—Your complimentary copy of the Journal reached us and we perused its pages with no little pleasure. The many old familiar names recalled our associates at S. U. I. and we also note many new names added to the list.

The Homeopathic profession of Iowa is to be congratulated upon having such an able exponent as your Journal. We would enjoy its visits each month.

The steady growth of the Homeopathic school of medicine and the position the Homeopathic physician occupies in Iowa is better appreciated by us since our removal from the state to one where the Homeopath is a pioneer and where our numbers are so few and where some of those few have gone over to the major school for reasons best known to themselves.

However, Texas has some loyal Homeopaths who are meeting with success. We have a state society and also local societies that are working for the spread of Homeopathy.

While our removal to the sunny south was not of our own choosing we are more than glad we made the change.

The climatic conditions have certainly done great things for Dr. R. H. in the nearly two years we have been here. He, like others in the profession when sick, realized and dreaded the worst, but he has made all the gain he could have hoped or expected. He surely has every reason to say that San Antonio and southwest Texas is deserving of a right to its claim to be the Mecca of those afflicted with pulmonary tuberculosis. The conditions are certainly favorable in every way. We have seen so many cases who came here as a last resort, after having tried the higher altitudes of Colorado, Arizona and New Mexico, and they have fully recovered here. A large percentage of the families here from the north have come here for the health of some member of the family.

If this lengthy article consumes too much of your time we will promise not to repeat the offense.

Yours fraternally,
Nettie G. Gray.



PICRIC ACID.

Dr. H. A. Roberts in the North American for October, 1907, in an article on "Some Acid Remedies," has this to say of a remedy that we fear is too frequently overlooked.

"Picric Acid is marked intensely by exhaustion; in whatever sphere this is the key to the situation, whether it be mental, nervous or physical, exhaustion is the ever-present accompaniment.

The mental exhaustion is usually brought on by overstudy. The patient gets to the point where the least attempt at mental work brings on severe, throbbing, heavy, bursting pain, usually in the occiput and extending down the neck, burning all the way down. This condition is often met with in school children and college students, and it is a source of satisfaction to see how promptly picric acid helps those patients. Again, this condition may be caused by worry of business or from the loss of friends; it matters not how, picric acid will repay study.

This exhaustion, if continued and carried far enough, leads to softening and paralysis. We get an actual softening of the brain and spinal cord. Again we find special muscles paralyzed from over-work, simulating writer's cramp, where it has proven its curative power.

In many cases where iron is given by the dominant school we think of picric acid.

To the congested condition of the cerebellum and spinal cord is undoubtedly due the irritation of the sexual system—the terrible erection—erections long standing, with emissions which do not relieve the priapism. Phosphoric acid has more lasciviousness than picric acid, while picric acid conditions are more that of priapism.

It has cured cases of diabetes brought on by shock where the profuse urination was mostly in the night and marked prostration was present. Kent speaks of its curative action in pernicious anemia, having been led to its use through its action on gonorrhoeal fig warts—believing these conditions to

have the same origin. The skin is a dirty, yellow, cachexia. There is also a tendency to small furuncles, especially in the ears; they are small and exquisitely sore.

In all picric acid states, there is marked heaviness of the body, especially is this so in spinal troubles. Oxalic acid has a similar action, but there is more of numbness, while picric acid has heaviness. There is a sensation as if a band were about the parts—"as if the ground was coming up to meet him"—of extreme exhaustion on the slightest, either physical or mental."

FACTS TO BE PONDERED OVER.

W. C. Hollopeter, M. D., in an article in the *Journal of the A. M. A.* of Oct. 19th, 1907, under the heading of "The Duty of the Physician to the School Child," after reviewing the conditions that exist in the school life of the children of this country, makes the following conclusions:

1. The school life of the child at the present day is too complex and difficult. Too many subjects for study have been introduced, and too great a thoroughness required for the young mind. This has a tendency to unbalance development and create nervous irritability.

2. In teaching large classes the personal equation is lost. The most valuable element of the teacher is showered on the bright child, while the backward or defective are frequently lost to sight.

3. Teachers who fail to recognize a defective child commit a great injury by permitting the child's mind to be unemployed. This is especially true of the depraved type of children. The children in our reform schools, the great army of the police court, chronic drunkards and criminals, the tramp, vagrants, low prostitutes, are largely recruited from this class of the slightly mentally deficient who were neglected in their youth.

4. In the gathering of classes of children of unequal capacity, the teacher fails to recognize the varied powers of attention, which is of first importance in the process of development.

5. The physician should take a deeper interest in watching the mental defects and having children so afflicted properly classified. The physical defects, including those of the eye, ear, nose, should receive more attention than is now given.

6. We as a profession are confronted with the appalling information that 120,000 defective school children exist in the United States."

BOOK REVIEWS.

Messrs. Boericke & Tafel have in press a work from the pen of Dr. Clarence Bartlett. The book has the concise, yet thoroughly descriptive title, "Treatment." It will be in a class by itself, giving full *treatment* for practically every known disease; not therapeutics only, though this branch is fully gone into, but *treatment* in the broadest sense. It will make a work of about 1,200 large octavo pages.

The author has been assisted in his task by noted specialists; i. e., Dr. C. M. Thomas on eye and ear; Dr. E. M. Graham, skin; Dr. C. S. Raue, infants; Dr. W. F. Baker, hydrotherapy, and Dr. W. H. Hammond, on X-Ray. This book will probably be ready for delivery in February.

IOWA HOMEOPATHIC JOURNAL

Vol. 1

DECEMBER

No. 4

What is the Homeopathic Law?

DELMER L. DAVIS, M. D., SIOUX CITY, IOWA

Although this paper is not introduced to you with an apology, I do trust it is not asking too great indulgence on your part to listen to it when I explain that its substance has been read once before at a meeting of the Sioux City Academy of Sciences and Letters. My desire for introducing it here is prompted by the belief that its substance is one of a line of reasoning, in defense of our faith, heretofore not publicly read and recorded before any body of members of our school of healing. I say *desire* on my part for truly it has not been through great solicitation on the part of others, aside from a few of my professional friends who heard the paper on that evening. In my introductory remarks before the Sioux City Academy of Sciences, I said my subject did not burden me with any attempt to tell them the difference between the several drug schools of medicine, but I would try to tell them only my conception of what one school claims as its system of healing; also, since the request for the paper had come from the laity, its text would be practically free from our professional technicalities. This will explain why I may seem to dwell upon certain points or principles, with which you are more or less familiar, even at the risk of growing very tiresome. Nor have I seen prudence in curtailing its present length, even though I do fully realize it exceptionally long for the occasion, but not too long for the subject. Certainly I have been considerate enough of my probable listeners here, to change the wording very materially, but I have still striven to stick to the text.

The charts before you are not exhibited as illustrating points not fully mentioned by the paper, but more particularly to bring before you the essentials of it.

The subject of this paper is "What Is the Homeopathic Law?" and before we answer this question by pure affirmation, it is best for us to become classified.

The healing of the sick is a process not limited by the introduction into the body of substances termed drugs. We may understand a drug to be any material which, when introduced into a living organism, disturbs one or more *normal functions* of that organism to the point of *abnormal action*. Now it follows from this that drug action is almost never creative, it is not a new functioning entity, but is purely an influence—an influence which either inhibits or exhibits, depresses or excites, lowers or elevates, ameliorates or aggravates an already existing function. We have then, as is shown in the outline, those schools which use the drug method of cure to be the Allopathic, Old School, self-termed Regulars, next the Homeopathic, Eclectic, and Physio-Medical; of the drugless methods, surgery, though not constituting a school, leads, by far, all others in this class. Then follows the Osteopathic, Chiropractic, Electro-therapeutic, Hydrotherapeutic, Dietetic and Rest cures, and lastly Suggestive Therapeutic, which must include, regardless of strong denial to the contrary on the part of their respective followers, Magnetic Healing, Divine Healing, Christian Science, Spiritualism, Occultism, Doweism, Hypnotism, Open and Auto-suggestion, and an illimited number of allied cults. In this last assertion I am borne out by any recent psychology.

All drugs do not follow the same law of action; there are drugs which act mechanically as in the administration of oil, laxative or aperient waters, also the various intestinal and vesical anti-septics; those which act chemically as in the administration of lime water and other alkalies for excessive acidity of the stomach, muriatic acid where the normal acid secretions are deficient, alcohol and oils as heat producers; those which act physiologically as in the administration of morphine to relieve pain, alcohol as an intoxicant and chloroform as an anesthetic; and lastly in this list I acquaint you with a word dynamical, common in mechanics and forces, and associated particularly with the homeopathic idea of drug action.

It is very fitting that we here make some inquiry as to what the homeopathic idea of drug action is. On April 11, 1755, at Meissen, Saxony, was born a babe which later bore the name of Samuel Hahnemann, whose name will always be immediately associated with the system of homeopathy particularly as its founder. When 20 years of age he entered the University of Leipzig, taking a course of medicine, finally graduating in 1779 from the University of Erlangen. His one special study was chemistry, especially the toxicology of arsenic and the various mercurial preparations. After ten years of this work, and while at work upon the translation of an English *Materia Medica*, he became greatly impressed by the marked similarity existing between the toxic and physiological action of drugs and the disease for which they were given, notably among these were quinine, arsenic and iron. This excited in him his first idea as to a law of "similars" in therapeutics and prompted him to make extensive researches in medical literature for corroborations of this truth. Just 111 years ago, after 6 years of this research, he published his first paper propounding the "law of similars," giving a list of several drugs known to produce effects similar to the disease they seem to cure. From this time until death took him in his 88th year, his whole life was given up to the practice of, and the writing of masses of literature on, the law of similars. While Samuel Hahnemann stands as the founder of the homeopathic system, he was anteceded by hundreds of years in the announcement of such a method. Hippocrates, born 420 years before the dating of the Christian era, and the undoubted father of all medicine, plainly states that some diseases are cured by the "law of similars" while others are cured by the "law of contraries" and so it is true that few men follow after the time of Hippocrates up to the time of Samuel Hahnemann who did not recognize and, with more or less frequency, refer to a "law of similars." Then, as is still true, the "law of contraries" was dominant. Even at this early date, a century before the dawn of atomic chemistry and molecular physics, Hahnemann conceived the idea that each drug or substance possesses a "spirit-like force" which could be developed by potentization or dynamization, a theory, which we will later

see, conforms to our present knowledge of chemistry, physics and life.

The fundamental principles of Homeopathy are five in number :

1. *That disease is manifested by symptoms*, in other words disease is not a material thing of which our organism must be expurgated, but is an influence, a disturbance of the normal run of affairs which shows itself through certain signs or symptoms.

2. *That knowledge of drug action should be obtained by experimentation on the healthy human body.* This second principle entails us with greater study. It gives us what we term provings of a drug. To prove a remedy, from 3 or 4 to 25 or 30, as nearly as possible healthy individuals, representing both sexes, are selected. They each receive the drug to be tested in a uniform strength, each take it about the same, and each independent of the other prover, records the various symptoms exhibited or produced. Both subjective and objective symptoms are recorded, the mental symptoms, the disturbances of the special senses, as sight, hearing; taste, etc., are carefully tabulated as well as those disturbances of the various systems, as digestive, respiratory, circulatory; excretory, muscular, etc.; the time of the day and change of conditions which either relieve or aggravate these symptoms. When these 25 or 30 or 50 or 100 proving records, as the case may be, are all brought together for comparison, a compound record is made. All those symptoms which appear quite common throughout the whole number of records certainly stand pre-eminently as the manifestation of that drug, and hence are made the record for that drug. Inductively this method gives us an idea of the action of that particular drug on the nearly as possible healthy human body, and as such is termed the proving of that drug, making its totality of symptom: Proving, because in a given number of cases, we have selected the common factors, the same method as is used in trying to establish any natural law. Observation and recording of symptoms of poisoning, either acute or chronic, also furnishes us data of drug action.

3. *That the curative relation between these two sets of phenomena exists by virtue of the "law of similars."* Now, ladies and gentlemen; what does this mean? It means that if you have ever

witnessed a person suffering from acute arsenical poisoning, and have seen them writhe in agonizing burning pain in the stomach and bowels, have seen them suffer from vomiting and purging, have heard them almost constantly crying out for water to satisfy an unquenchable thirst; for they are burning up all over, and have seen that great prostration, restlessness of body and pallor of expression—yes, I say again, if any of you have ever witnessed even such an acute action of arsenic, it takes no further evidence or argument to convince you of the field of arsenical action, and you must know that when arsenic is given to the healthy or to the diseased, its field of action, its class of tissues selected, its trail or thread is the same. If there is health in a class of tissues, in a field of action or on a given track, disease is produced when arsenic is given, if there is a similar disease in this class of tissues, in this same field of action and arsenic is properly given, health is the result. Again I might refer you to the slow poisoning of arsenic, to the slow poisoning of lead, of phosphorus or an acute poisoning from strychnine and thereby show you further that if a drug has a given sphere or track of action, disease or health does not change that sphere of action, though they may change its form. This shows you the close relation, though only in the coarser actions, existing between disease symptoms and drug symptoms which establishes principle No. 3.

4. *That the selected remedy should be administered singly, uncombined with any other, hence the single remedy.* Why the single remedy? Because our guide, the proving, is the picture only of the single remedy, its action has not been clouded or hampered by any other drug, the totality of the drug symptoms is found in the record of the provings of the single remedy; the totality of the disease symptoms is found by carefully questioning and examining the patient—between which two sets of symptoms there must exist the strong similarity.

5. *That it should be given in the smallest dose that will cure, hence the minimum dose.* This principle is our only restriction on dose. It does not say a quintillionth of a thousandth part of a milligram nor does it forbid giving a pint or even a jug full in

some cases. How the size of the dose is determined will be taken up later on. The word Homeopathy has no bearing upon dosage, but has its origin from the two Greek words: "homeo," meaning like or similar and "pathos," meaning affection or disease.

That these five fundamental principles of homeopathy, as are enumerated here before you, have so far been treated only from the standpoint of a homeopath's conception of them, it may be rightfully argued, but, I am about to try to convince you of your justification in their belief, by methods seemingly irrelevant to the affirmed law of similars and drug potentization.

There is a conservatism among the masses of people which seems to have existed as far back as the beginning of people. This conservatism has bought us, at a great expense, nearly every natural law with which we are now acquainted. No man has ever dared to propound a new theory or a new law and follow its dictates, except as the target of cynosure, criticism and ostracism. He was at first a fake, a sensationalist, later a dogmatist, a crank, if you please and, after the law or theory had proven itself, grown into the acceptance of his contemporaries, he was conceded one of the greatest benefactors to science of his time. Samuel Hahnemann was no exception to this rule. Long before the white man set foot on North American soil there was near its western border a great shaggy, rocky ridge of the earth's upheaved crust. Comparatively a short time ago one man Pike climbed one high peak, since which time this same high peak is fixed in our minds and serves its part as a continental guide. The blood's cycle has been the same for ages, though only a little less than 300 years ago did Harvey dare assert and persist it was true, nor was it necessary for Broca to discover his anatomical tract for us to be able to talk. The laws of Newton, Pascal, Charles, Avogadro and Boyles have existed throughout time, but these men dressed them up from the raw material and made usable articles of them. If the "law of similars" is a law, is a fact, is a truth, it is such independent of Samuel Hahnemann, it is such independent of any prejudice, adverse criticism or malicious attack.

In making a gross analysis of the universe we find its component factors to be finite and infinite; under finite there are two, matter or mass and energy or force governed by certain regular methods of co-ordination which we term laws; of the infinite there are also two, time and space, not governed by laws. Our universe is monistic, all these laws must reach the point of harmony, natural laws cannot conflict, although the resultants of forces almost always conflict. We learn from philosophy that matter exists in four rather distinct states, solid, liquid, gaseous and radiant, yet with every conceivable transitional degree between them. We learn that the material unit, retaining the properties of the substance, is the molecule, but this molecule, *per se*, that is as a unit, does not permit these four stages to exist; it must possess something non-material and this is motion. For any given substance this form of motion is identical throughout, varying only in degree. Now this molecule will not take us to the end, for it is only the physical unit. Chemistry takes the atom for its material unit, but a study of this atom is not the essential study of chemistry, the atom is simply the hypothetical unit taken to account for certain manifestations or phenomena. Neither an abstract atom nor a concrete mass of them constitutes the fundamental study of chemistry, but chemism, a force of attraction which causes these atoms to unite, and a form of motion or vibration which makes this atom different from the other atom are the things which concern the student. We cannot conceive of an atom in quantity, it occurs to us only as the demonstrative agent of these certain forces. Whether the matter of our universe is composed of one hundred elements or of only one element, all others being allotropic forms, as is now held to be the case by some scientists, the things which makes iodine differ from iron is not primarily the size, weight, color and compactness of the molecule, but is primarily a vibratory motion. In other words, the distinctive quality of every material entity is a specific motion. Gold and silver are different because they do not have the same form of motion. Scarcely any works have been written during the last half century which do not concede this relation existing between matter and force or motion. Heat, light,

sound, and electricity are not doubted as being forms of motion, and in fact we are forced to admit that the strongest agents at our command are those which do not possess the universal properties of matter. What about the telephone, wireless telegraphy, the spectroscope, the weather forecasting station and a great number of other mechanical devices which clearly exemplify the material acting as the agent of the non-material. It is highly improbable that matter could exist independent of vibratory motion. You will recall that we have no evidence of any instance in which the particles (molecules, atoms or ions) are at a positive state of rest. Theoretical rest would be absolute zero, which has never been reached, has been guessed at only through experiments along one line, and if it is ever reached, it will be measured only by our present crude scale of heat measurement, and lastly we are not warranted in the premise that heat is the result of every form of motion. To say that a body is devoid of heat unite (the term heat unite not being used in a specific sense here) when it exists at absolute zero is not to affirm its being devoid of motion. This motion is one of vibration, it is a vibratory motion, and since nothing ever travels in a straight line, it is our idea that the atom has a path which it repeatedly traverses and not a path in which its course is ever blazed anew. Therefore, we are justified in concluding that *matter* or *mass* is the agent of *energy* or *force* which is *motion*, and this motion is a *vibratory motion*.

So much having been said for matter, of which substance drugs are composed, let us turn our attention to the human body or more generally speaking to living organisms. Herbert Spencer in his series of synthetic philosophy, dealing with the Principles of Biology, Volume I, chapter I, says: "When we remember how those re-distributions of Matter and Motion which constitute Evolution, structural and functional, imply motions in the units are re-distributed; we shall see a probable meaning in the fact that organic bodies, which exhibit the phenomena of Evolution in so high a degree, are mainly composed of ultimate units having extreme mobility. The property of substances, though destroyed to sense by combination, are not destroyed in reality; it follows

from the persistence of force, that the properties of a compound are resultants of the properties of its components—resultants in which the properties of the components are severally in full action, though greatly obscured by each other. One of the leading properties of each substance is its degree of molecular mobility; and its degree of molecular mobility more or less sensibly effects the molecular mobilities of the various compounds into which it enters.” And this view of his taken now forty years ago is in harmony with the foremost physiologists of this present time, though perhaps made more definite by additions. The first four chapters alone are given up to a discussion of the relations between forces and matter. Some five years ago Scribner’s Magazine contained a 36-page article, first publication, by Nikola Tesla, America’s and possibly the world’s greatest student of electrical forces. The title of Mr. Tesla’s article is “The Problem of Increasing Human Energy,” every word of it good mental meat and, herewith, is quoted just one paragraph. “Though we may never be able to comprehend human life, we know certainly that it is a movement, of whatever nature it be. The existence of a movement unavoidably implies a body which is being moved and a force which is moving it. Hence, wherever there is life, there is a mass moved by a force. All mass possesses inertia, all force tends to persist. Owing to this universal property and condition, a body, be it at rest or in motion, tends to remain in the same state, and a force, manifesting itself anywhere and through whatever cause, produces an equivalent opposing force, and as an absolute necessity of this it follows that every movement in nature must be rhythmical. Long ago this simple truth was clearly pointed out by Herbert Spencer, who arrived at it through a somewhat different process of reasoning. It is borne out in everything we perceive—in the movement of a planet, in the surging and ebbing of the tide, in the reverberations of the air, the swinging of a pendulum, the oscillations of an electric current, and in the indefinitely varied phenomena of organic life. Does not the whole of human life attest it? Birth, growth, old age, and death of an individual, family, race, or nation, what is it all but a rhythm?

All life-manifestation, then, even in its most intricate form, as exemplified in man, however involved and inscrutable is only a movement, to which the same general laws of movement which govern throughout the physical universe must be applicable."

Following Nikola Tesla's article by about one year, Dr. Jacques Loeb, then of the Chicago University, announced his recent researches and discoveries, McClure's Magazine containing a 10-page article bearing the title, "Bordering the Mysteries of Life and Mind." This article embodies the substance of his conclusions after years of experimental biology and through these conclusions we are made acquainted with a most unique theory of life. Relative to his ambitions in this direction, he says: "I very early came to the belief that the forces which rule in the realm of living things are not other than those which we know in the inanimate world. Everything pointed that way. Galvani, watching a frog's muscles contract, discovered what we call galvanic or voltaic electricity. The connection of the two must be very close, yet a century has elapsed with hardly a step of real progress. * * * I wanted to go to the bottom of things. I wanted to take life in my hands and play with it. I wanted to handle it in my laboratory as I would any other chemical reaction—to start it, stop it, vary it, study it under every condition, to direct it at my will!" Dr. Loeb concludes that life is a series of vibratory motions, which he affirms to be electrical in nature, the unit of which is an ion—an ion representing an atomic combining power. Further he says relative to the use of food: "Evidently, the chief role of food is not to be digested and 'burned' in the muscles and organs, as present-day physiology assumes, but to supply ions. The heat developed is a by-product. The chief action is the production of electricity. The body is in some sort a dynamo. Food, then, is of value according to the amount and kind of electricity it affords." Spencer was of the opinion that only a proximate definition of life was possible. In same volume above referred to, page 60, he says: "Elsewhere, I have myself proposed to define life as 'the co-ordination of actions;' and I still incline towards this definition as one answering to the facts

with tolerable precision. It excludes the great mass of inorganic changes; which display little or no co-ordination. By making co-ordination the specific characteristic of vitality, it involves the truths, that an arrest of co-ordination is death, and that imperfect co-ordination is disease." It is clear then from these quotations that we are unquestionably justified in considering life to be a vibratory motion, and, for the sake of convenience and comprehension, it will be a particular kind of motion termed "protoplasmic force." Health then is "protoplasmic force" in a state of equilibrium and disease is this same force unbalanced. It should not be understood from this that protoplasmic force is a primitive and independent one, having but a single nidus, as it were; it is meant more that this term comprehends a great compound resultant, similarly as Spencer means when he says (page 3), "It follows from the persistence of force, that the properties of a compound are resultants of the properties of its components—resultants in which the properties of the components are severally in full action, though greatly obscured by each other."

Therefore, from the point of health, each individual is an entity, a force unto himself, which force if we were able to register, would not show the point of equilibrium for one individual was the same as for you, for me or for all others.

From the point of disease it is clear that imperfect co-ordination, or unstable protoplasmic equilibrium, merely means a variance from health, and not necessarily a condition diametrically opposed to it.

And now if it has been made clear to you that drugs are matter, that the characteristic quality of matter is vibratory motion, that health and disease are but different manifestations of the same form of a vibratory motion and by virtue of this relation, drugs are able to produce both health and disease, we are into and ready to discuss principles Nos. 2 and 3, which, for the sake of expedition, will be taken up together.

In citing literature, of origin other than homeopathic, relative to drug provings and the law of similars, I scarcely know how much to select, there being such an abundance. First, I call your

attention to a *Pharmacopœia*, written in 1755, the year of Hahnemann's birth. The author was Albrecht von Haller, a Swiss by birth and life, and the real father of our modern physiology and physiological therapeutics. In its preface is found the following: "In the first place the remedy is to be tried on the healthy body, without any foreign substance mixed with it; having been examined as to its odor and taste, a small dose is to be taken, and the attention directed to all effects which thereupon occur; such as upon the pulse, the temperature, the respiration, the excretions. Having thereby adduced their obvious phenomena in health, you may pass on to experiment upon the sick body."

Samuel O. L. Potter, A. M., M. D., M. R. C. P. Lond., formerly professor of the Principles and Practice of Medicine in the Cooper Medical College of San Francisco, author of a number of medical works, and a man most bitter in his denunciation of anything which savors of homeopathy, says, in speaking of rational therapeutics, "Galenism in the 2d century, Paracelsism in the 16th, and Hahnemannism in the 19th, all originated in efforts to find a more rational system of administering medicines than the prevailing empiricism of the day." Further, this same author in passing favorable comment upon Von Haller's diction, says: "While, however, the mass of the medical profession, blinded by prejudice, turned away from everything which savored of drug-experiment, a few physicians were quietly working on the lines of Haller's dogma that drug-proving is the only true basis of drug-using."

Again he says, "What has hitherto been the conviction of but a few, is daily growing into a fixed canon of professional belief, that physiological experimentation with drugs must be the basis of their therapeutical employment, and that all real advance towards the establishment of therapeutics as a science, must be made upon the lines laid down by Haller, namely, drug-proving upon the healthy human organism."

Dr. John Aulde, of Philadelphia, for years past a constant writer to some of our best medical journals, in an article on *Strychnia Arsenate*, says, "Large doses continued for a consid-

erable time produce fatty degeneration in the liver, kidneys and cardiac muscle, and the cerebral structures do not wholly escape its mephitic influences. Nevertheless, arsenic is used to remove the very conditions which it has been shown to produce, namely, fatty degeneration, but instead of being an illustration of the truth of the doctrine originally taught by Samuel Hahnemann, it simply and beautifully demonstrates what I have so long taught in relation to cellular therapy which, by the way, is strictly in accord with scientific investigation." Notice, will you please, Dr. Aulde says, "strictly scientific." Ergo, if *he* gives arsenic to correct a set of symptoms found in a diseased person very similar to those instituted by the administration of arsenic to a relatively healthy individual, he is "strictly scientific." If *you* are a follower of Samuel Hahnemann and do the same thing under the same circumstances, it is dogmatically unscientific. This is ample for you to see what members of the medical profession, not affiliated with the homeopathic persuasion, think of principles Nos. 2 and 3.

Instances of the advocacy of the single remedy, when possible are too prolific to call for detailed citation, although mixtures actually stand yet as an almost exclusive form of drug administration. Works all practice written by present day authorities are almost free from the mixture prescriptions, which constituted nearly the whole of drug treatment in the older works. Osler's work is notably silent on mixture prescriptions. There is a very pronounced evidence toward the giving of only one or two remedies of the old school. Strict references to the single remedy, however, are usually made with reservation, as Dr. Shattuck, of Harvard, says, "As far as you can, give a drug uncombined." The "active principle" drug advocates are doubtless bending further toward the single remedy and their followers come nearer actually using it than any other class of drug doctors aside from the homeopathic prescribers.

Dr. W. C. Abbott's principles in his own words are, "Use the smallest possible quantity of the best obtainable means to produce a desired therapeutic result."

As to the fifth principle. What is and why give the minimum dose? Is the attenuated remedy efficacious? And if so, how is it explained? That it is efficacious, I have reasons to affirm; how it is explained, I imagine I can show you.

This same Dr. Potter, above referred to, says, "The Dosage of medicine is the weakest part of the therapeutic armament, the flaw in our weapons which may be the cause of their failure at any moment, perhaps the most critical one for a life. If the accumulated rubbish of ages, which has been called therapeutic knowledge, is ever to be given scientific shape, or placed in process of becoming a science, the question of dosage must form one of the principal corner-stones in the foundation. The difference, when between extremes of dosage, is often so wide as to separate actions directly contrary to each other, the action of the very large dose opposing that of the very small one:—a truth hidden by one set of dogmatists under their former doctrine (now rule) of "similars," and avoided by the great mass of the medical profession, through dread of the boggy-name "irregular." Much to the contrary, this is no hidden truth with our school, it is the very essence of *the* law, not *our* law, of "similars" and is the one dominant principle which has so long separated its followers in belief from its doubters and repudiators; but, unfortunately for our own cause, there are too many advocates of the attenuated remedy who haven't the first word of satisfactory explanation to offer their inquiring and half credulous brother.

Comparisons may be odious in some instances, yet in many they serve as a great expedience. The following just now occurs to my mind. If a veritable army of painters is employed to paint the side of a barn, the labor of only that number which can get next to the surface will be used; instead of it being one side of a barn, we will take it as a circular enclosure filled with painters, still only those at the edge give measurable energy; and lastly, imagine if you will, a hollow sphere completely filled with human or automatic painters, you can see at once the enormous loss of labor from those inside the first layer. Then the greatest results are secured when each individual painter is given freedom from

contact of others and contact of material is substituted. There is "strength in union" only commensurate with the individual units of strength which enter into the union and lend their energies in one direction. That union of force which causes one to infringe upon the free action of another plainly gives us a waste of energy.

The object of attenuation is *not* to develop force but to effect a state in which the inherent force becomes most assertative. When a drug is given in such a form that the force of adhesion is not reduced to nil by the increase of distance between the vibratory units, we cannot expect to obtain the same results as when each unit swings in its path independent of the others. And this greatest possible amount of independent vibration coming in contact with the unbalanced protoplasmic force institutes harmonic vibrations, restoring it to a state of equilibrium. This is what is termed *dynamic* drug action and neither demands nor shatters your belief in a pre-ordination of some mysterious law of cure. Personally I have no time for that which savors too strongly of an "inexorable predetermination" in which cause and effect have no voice.

Is there a limit to attenuation? Yes, certainly there is, but unfortunately no deductive method of determining it. We are wholly dependent upon induction and that gives us no great degree of certitude, chiefly because each individual is a protoplasmic force entity. Possibly a determination of intermolecular space would be a deductive step, but, as yet, it is doubtful. From the preceding paragraph it follows that *the advantageous limit is reached whenever the process of attenuation separates the vibratory units of the acting drug to that point where the path of one is not crossed by the path of the other.* All attenuation beyond this point is of no value. No one can say that the 3x, 30th, 200th, 1m, or any other specific potency is *the* potency to employ in all instances. Remedies practically infectual in massive doses should never be used dynamically in the lower potencies. Potency is not a personal question with the physician as much as it should be a result of compiled personal experiences.

I do not know why those of homeopathic persuasion seem to inherit some ideas regarding their justification for the similar remedy and attenuation which are sad mistakes. Think and think well, then you will see first of all, neither sugar of milk nor alcohol are inert substances; next the endless trituration of one or suppression of the other would never potentize nor attenuate either; third, one form of matter is never converted into another by any such process—that is, belladonna never makes more belladonna from alcohol or saccharum lactis; and fourth, if this were true, it would defeat the very object sought in making the attenuation. There is explanatory thought on this line more wholesome to our own minds as well as being more satisfactory to the minds of others.

In conclusion, I beg you to remember that this paper deals only with one method of cure and in asking you to believe it, I am not asking you to renounce a belief in other methods, because I, myself would not do that. No other method has been assailed, or argued against; homeopathy, to the exclusion of other good things, has not been flaunted in your face. I have tried to tell you that drugs are matter, controlled by force, which is a motion, this motion is one of vibration,—that dynamization to a certain point gives the molecular or atomic path its greatest space of action and hence effectiveness; I have also tried to tell you that the human organism is matter controlled by force, that this force is a great compound resultant from the multitude of vibratory mobilities, that these vibratory motions when stable are health, when unstable are diseased, and that there is an harmonic vibratory relation between the potentized, dynamized or attenuated drug and life, by virtue of which harmonic relation, unbalanced protoplasmic force can be reduced to a state of equilibrium which is health.

Lastly, I will give you a homeopath's definition of himself. 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.

Indications for Operation in Uterine Fibro Myomat.*

F. J. Becker, M. D., Iowa City, Iowa.

Although a great many of the leading gynecologists of the day advocate the extirpation of fibro myomats of the uterus as soon as discovered, without regard to this location and symptomatology, the conservative physician hesitates before advising a patient to submit to an operation which shows a mortality rate of from three to five per cent under the most skilled of operators. The traditions of the past have a great influence upon the present, and most physicians still look upon these tumors from the standpoint of symptoms, rather than from that of pathology and prognosis.

In looking over tables of statistics relating to uterus fibro-myoma we find that thirty-five per cent undergo degeneration or produce complications which would prove fatal if not relieved by surgical means. Twenty-five per cent product disturbances which do not necessarily result in death, but give rise to conditions resulting in chronic invalidism, while the remaining forty per cent do not interfere with the general health or occupation of the individual.

According to the rule that any condition, not remedial with drugs, which endangers life or interferes with the occupation and comfort of the individual, becomes a surgical condition and justifies operative interference. Sixty per cent of all fibro myoma should be classed as surgical, and the remaining forty per cent as non surgical.

If we adopt a conservative course and decide upon delaying operative interference until there are special indications for it, we should learn to recognize these indications early so that valuable time may not be lost, and special dangers developed by a too long delay.

The first thing that should be considered in our examination of a tumor should be its location and relation to the uterus and surrounding organs. All tumors so located that their continued development will result in complications endangering life, should be removed as soon as discovered whether they are producing

*Read before the Hahn Medical Association of Iowa.

symptoms or not. This is especially true of those lying under the broad ligaments. As a rule these tumors do not produce symptoms early and are not apt to produce sterility as are those located in the body of the uterus sub mucous or interstitially.

If pregnancy occurs however, their location in the pelvis makes the delivery of a normal living child impossible, as even a comparatively small tumor will so block the pelvis as to prevent the passage of a child through it, besides exposing the mother to the recognized dangers of labor when complicated by fibro myoma. The dangers of pregnancy and labor under such conditions are however, slight when compared with the continued growth of the tumor. The limited space of the bony pelvis, even in tumors of slow growth will in time give rise to serious pressure symptoms of the rectum, bladder and ureters, giving rise to retention of fecal matter in the colon and urine in the bladder, or daming back the urine in the ureters causing consequent infection and inflammation of the pelvis of the kidney, and kidney. Furthermore, in the development of these tumors the old classical position that fibro myoma atrophy after the menopause can not be applied, as the pressure produced by their growth causes firm adhesion of their capsule to the surrounding structures. These adhesions become vascular and furnish a secondary blood supply to the tumor independent of the uterus, even in those cases where the primary origin of the growth was from its side, and consequently their development is not affected by the menopause and its associated atrophic changes. Furthermore, if surgical interference is delayed until a tumor blocks the pelvis and has become firmly adherent, its enucliation becomes a very difficult matter and subjects a patient to unwarranted dangers which could have been avoided by its earlier removal.

Having determined the exact location and relation of a tumor and the probable influence of its growth upon surrounding organs, the next question to be considered is the rapidity of growth. Tumors that grow rapidly should be removed at once. This rule should be applied to both primary and secondary growths. A tumor where primary development is rapid is sure, in time, to

interfere with comfort and occupation if nothing more; while a secondary rapid increase in size indicates increased cellular activity, due to oedema, infection or degeneration of the tumor. As the exact character of these changes can only be determined by microscopic examination, and as statistics compiled by Bovace, Noble and others show that in form eleven to fourteen per cent of all fibro myoma degenerations take place which necessarily prove fatal, a rapid increase in size which is often the first evidence of beginning degeneration is an indication for immediate operation.

The symptoms of fibro myoma are indefinite and dependent more upon the complications produced by the tumor than upon the tumor itself. Those which are most common and which should be considered imperative indications for operation are hemorrhag, and leucorrhoea pain and pressure, reflex nervous disturbances of the heart. Of these hemorrhage and leucorrhoea are the most common, and are due either to the development of a hemorrhage, endo-metritis caused by the presence of the tumor or to ulceration and necrosis of the endometrium covering the tumor, or of the tumor itself. The amount of hemorrhage varies from a slight increase and prolongation of the menstraul discharge to almost constant and profuse bleeding interfering with the vitality of the patient and causing a condition of marked anemia. In like manner the amount of leucorrhoea varies from a slight increase of the normal serous discharge from the uterus to a profuse seropurulent discharge containing masses of broken down tissue due to necroses of the endo-metrima or tumor. In all cases in which there is produced an endo-metritis there is danger of an extension of the inflammation to the fallopian tubes, and pelyic peritoneum, giving rise to pyosalpinx and peritonitis, while a necrosis of the eudo-metrium or tumor frequently results in either a localized or general septic condition. Pain as a symptom associated with this class of tumors may be located in the tumor itself, in the uterus or in surrounding structures. As under normal conditions these tumors are not sensative and do not have pain in them. The occurrence of pain in the tumor is significant

of secondary changes taking place, and especially so when associated with a rapid increase in size. Pain in the uterus may be due to the growth of the tumor stretching the wall of the organ or to an attempt at expulsion of a sub-mucous tumor which is growing into its cavity, while pain in surrounding parts indicates pressure on adjacent organs, interfering with their function or infection and inflammation in the appendages or peritoneum. Aside from these local symptoms the irritating influence of fibro myoma is often a cause of marked nervous disturbances either associated with or independent of any local manifestations. These nervous disturbances vary according to the nervous susceptibility of the individual and include all of the classical manifestations of hysteria including even hystero epilepsy. In former years the cardiac disturbances occurring in patients who were afflicted with this class of tumors were looked upon as being entirely nervous in character and only further evidences of the aforesaid hysteria. However, the not infrequent occurrence of degenerative changes in the myocardium and blood vessels with corresponding changes in the circulation and blood leading to thrombosis and embolism, has opened up a new field for investigation and Pellanda in a paper on the causes of deaths from fibro myoma of the uterus published in Paris in 1905 states that death in the natural course of fibro myoma is due in eleven and one-half per cent of cases to thrombosis, embolism, sudden syncope, or cardiac lesions. Although the nature of the cause of these conditions is still a matter of further investigation. We should regard the circulating disturbances as due to definite changes and not as simple reflex functional disturbances.

As a resumer let me say again, that the location and rapidity of growth of fibro myoma and the probable complications resulting from the same are of first importance in indicating to us the course that we should follow in dealing with them, while the symptoms and disturbances in the functions of the body should indicate to us that complications are developing, and so long as the primary cause of these complications remains we cannot hope to remove them permanently, and hence, all tumors which inter-

ferre with the functions of other organs as well as those causing permanent changes, should be removed before conditions result which endanger the life of the individual and needlessly increase the operative mortality.

The Opsonic Index in Its Relation to Inoculation by Bacterial Toxins.*

By W. H. Watters, M. D., Boston, Mass.

Reprinted by permission from the New England Medical Gazette.

The mere announcement of a *new method* of treating disease may or may not merit the attention of scientific men. Such announcements have been frequently heard by all present and the vast majority have been forgotten, not having proved to be of value. Enunciation of a *new principle* will usually be more deserving of notice both on account of the wider field of application and the greater importance of the subject. And when this new principle very closely resembles one already long proven true by a somewhat ostracized faction, the satisfaction of the members of that faction should be great.

This is what has recently occurred in the promulgation of the method whereby infectious diseases are treated by bacterial toxins, the administration and dosage being controlled by determination of the opsonic index. It is a method so similar to, if not identical with, the one most familiar to all homeopaths that a full discussion before the Institute seems warranted. In the following paper I think that all my auditors will recognize familiar facts at almost every step, in connection with kind of medicine, size of dose, frequency, aggravation, etc. It seems as though, at last, we have a means of demonstrating in a manner uncontroversial by any school the truth of *similia similibus curentur* that we have so often demonstrated clinically to our own satisfaction.

In beginning to elucidate this method, it seems advisable to speak of a theory of immunity introduced by Metchnikoff and called by him the "phagocytic theory." He saw, years ago, that in various infections, certain cells, most commonly the neu-

*Read before the American Institute of Homeopathy, June, 1907.

trophilic leucocytes, possessed the power of surrounding or engulfing a number of the invading bacteria. Influenced by reasons that cannot be given here, he advanced the idea that these leucocytes by enclosing the bacteria, killed them, thereby producing immunity. This theory modified in some ways is still upheld by many eminent workers and vies with the lateral-chain theory of Ehrlich as the best known explanation of the individual's power to resist disease. This phagocytosis was recognized to be of varying degrees of intensity in different persons and in the same person at different times, but no reason therefor was known. It remained for Denys and Leclef to give the first suggestion tending toward an explanation. In 1895 they claimed that phagocytosis was aided at least by the action of blood serum upon the leucocytes. They were further able to show that some substance existed in the blood serum of immunized animals that, by its action upon the bacteria, promoted phagocytosis. In other words, invading bacteria must encounter the opposing action first of this substance in the serum and finally of the phagocytes. Other investigations followed but it was left for Wright and his pupils to successfully elaborate a method of accurately estimating the amount of this power and also of experimentally increasing it. To this substance he has given the name of opsonin, meaning to prepare food for, indicating thereby its action in preparing the bacteria for ingestion by the leucocyte.

Concerning the nature of opsonin, whether it is allied to the immune bodies, amboceptors, complements, toxins or antitoxins, nothing will here be said, as the entire subject is largely theoretical and has scarcely progressed beyond the controversial stage. Neither will the specificity of opsonins for each particular bacterium be discussed. For our present purpose let us merely remember that this opsonin is some substance present in the blood serum that assists in the disposal of otherwise harmful bacteria. Opsonin is found in the average normal individual in a certain and but slightly varying amount and when this amount is decreased the person shows an increased susceptibility to disease. We will also endeavor to show that the amount of opsonin can be experimental-

ly increased with resultant increased resistance or immunity for the patient. We will first consider the method of obtaining the degree of resistance offered by the patient. The ratio between this degree and that possessed by the average normal adult is called the opsonic index and is written in decimals, using the normal as 1. the standard. Three preparations are necessary; patient's blood serum, washed blood corpuscles and bacterial emulsion.

I. Patient's serum. Several drops of blood are obtained in a small glass tube with each end drawn out to a fine point and one end bent nearly at a right angle. The ends are sealed and the tube placed in the centrifuge, the bent end being used as a hanger. After a few minutes the serum will be seen at the top of the mass as a slightly straw colored liquid when it can be drawn off with a pipette.

II. Washed corpuscles. 15-30 drops of blood are taken from some normal person and received into a centrifuge tube containing 1 per cent sodium citrate in .85 per cent saline. Coagulation is thus prevented during centrifugation. After all the cellular elements have been precipitated the supernatant liquid is decanted and the sediment washed twice in .85 per cent saline in order to remove all trace of the citrate.

III. Bacterial emulsion. A culture of the bacteria causing the particular disease under investigation is obtained; preferably in all cases except tuberculosis, directly from the patient; an auto-genous culture. This is allowed to develop upon an agar slant for twenty-four hours and is then washed off with sterile saline. The coarse clumps of bacteria will soon be precipitated either by gravitation or by centrifugation. Equal parts of these three solutions are now thoroughly mixed in a capillary tube, sealed and incubated for fifteen minutes at a temperature of 37 degrees C. At the end of this time the mixture is blown out upon a glass slide and films are made and stained just as blood smears are treated. In routine work we prefer Jenner's stain. In obtaining the tuberculo-opsonic index the Zeihl-Neelson stain or some modification must be used. Exactly the same technique is now repeated, but instead of the patient's serum, serum from a normal adult or preferably a mixture from several healthy individuals is used.

Determination of Opsonic Index.

Under the immersion lens a number (50-100) of typical neutrophils must be carefully studied and the number of contained bacteria in each carefully noted. The average number that each contains is thus obtained. Similarly the average number in the second mixture, that from the healthy individual, is obtained. This second is now taken as the normal or standard and the first compared with it. If in the second, or normal, the average is eight bacteria per leucocyte and in the first, or patient's, four, the opsonic index is .5, or if the first mixture has six bacteria in each neutrophile, the opsonic index is .75.

We now, therefore, can measure the resistance of a given patient as compared with that of the average person and thus obtain many interesting and valuable results. If, however, this were all, the scope of usefulness would be very limited. But knowing that the degree of immunity is low we can at once set to work to increase it in a very accurate manner.

Let us suppose that after examining the blood of a person suffering from furunculosis the opsonic index is found to be 5. This indicates that the resistance is just one-half of what it ought to be. Our object now will be to increase the natural resisting powers and so assist in ousting the disease. A preparation is prepared, the close similarity of which to our well-known nosodes, I feel sure all my hearers will recognize. From the purulent discharge a culture is made, the identity of the bacteria determined and some of the organisms placed on agar slants. On this culture medium they are allowed to develop for 24 hours, after which they are washed off with saline, thoroughly emulsified, sterilized and counted. About .3 per cent carbolic acid or lysol is usually added in order to insure complete sterility. This is the standard product and may be preserved in carefully sealed containers almost indefinitely. A dose is prepared from this standard emulsion by diluting as may be necessary in order to obtain the requisite number of bacteria desired. This varies much with the variety of micro-organism and with the patient to be treated, ranging from 10,000,000 to 1,000,000,000. Whatever amount is selected is then admin-

istered hypodermically at the point most convenient for the patient and not necessarily near the diseased part. It will be remembered that in our assumed case the opsonic index was found to be .5. The day following the first inoculation it will be found to have fallen to about .4 constituting the so-called "negative phase." This will be only temporary, however, and will be immediately followed by a greater rise, the "positive phase," during the course of which it will probably reach .8 or .9, this usually occurring in about seven to ten days. As soon as this maximum begins to be lost, a second inoculation should be given. Here again will occur a slight negative phase and a much greater positive one, the index reaching 1.3, 1.7 or 2. Our further efforts must be directed to carefully watching the index and giving re-inoculations as they may be demanded. By this means a high degree of immunity can be maintained for a long time. Let us next see how the patient is doing clinically. Coincident with the rise in the opsonic index there will be noted in suitable cases, a decrease in the clinical symptoms, a steady improvement and finally a complete disappearance of the diseased condition.

The above will apply to practically all infectious diseases with one exception. If the lesion is one caused by tuberculosis, we rely upon the commercially prepared tuberculin TR for our inoculating substance, as the difficulties in its preparation from the individual are too great to be practicable. In like manner it will sometimes be found that autogenous cultures; i. e., those from the patient himself, act less satisfactorily than certain more potent stock ones. In other words, a similia here seems to act better than a simillimum. Another aspect of the question may well be considered here; that is, the question of dose. The object most carefully striven for is to give the smallest possible amount that will give the desired result, to get the least negative phase with the greatest positive one. Too small a dose will not increase the opsonic index while one that is too large will lengthen negative phase unduly and may prevent the appearance of any positive one. And it must be remembered that in this state of decreased resistance it is not only useless but may be positively harmful to repeat the dose, as it will still further lower the index.

The size of the doses most appropriate for the various organisms will not be here given in detail as circumstances markedly alter it. It may be said, however, that in tuberculosis not more than .000,001 gm of tuberculin should be used at first, while often .000,001 gm to .000,000,01 gm will be more satisfactory. Undoubtedly many lives have been sacrificed in the past by too large doses producing just the aggravation that it was desired to avoid. The doses above mentioned correspond roughly, it will be seen, to our 6x, 7x and 8x dilutions.

Leaving the technique let us consider what acceptance this determination of the opsonic index and bacterial inoculation theory receives in various parts of the world. Thus far the greatest amount of study has been made by English and American investigators. Like all new methods, certain over-sanguine enthusiasts hail it as a cure-all of unlimited application. This is certainly not true. Its sphere of usefulness, while apparently large, is distinctly limited. In some lines where we now have high hopes for its efficiency, it will perhaps entirely fail, while in others as yet unsuspected it may be most useful. Thus far practically no objections have been made to the beneficent action of inoculation of the toxins, an action that I have attempted to show to be homeopathic. This greater criticism has been directed to the determination of the opsonic index, it being stated that the opportunity for error in the somewhat complicated technique is so large as to prevent scientific accuracy. This within certain limits does not appear to be true, where the same trained worker performs all the determinations.

Another fault that I believe is causing such diverse results is due to the use of too concentrated blood. Without here entering into the theoretical reasons for this, I may say that in my laboratory the blood serum is always diluted with four parts of sterile saline. The results thus obtained are apparently much more accurate than in the earlier work where crude serum was used. This is comparable to the inaccuracy of the use of undiluted serum in the Widal typhoid reaction and the accuracy of the same where a proper dilution is employed.

In answer to the criticism that the standard used, an apparently normal individual, is too liable to variation, it must be said that this is true although but to a limited and not important extent. Hollister, of Chicago, reports nearly 300 estimates where the extreme variation was only from .9 to 1.1, the average being very slightly above 1.

As a diagnostic aid this method promises much in many obscure conditions. To illustrate, last week there came to me a patient suffering from a rather severe sub-acute diarrhoea with various associated symptoms. I isolated from the feces the staphylococcus and the colon bacillus. The staphylococcal opsonic index was .99 and the colon index .45. This seemed to demonstrate that in all probability the colon bacillus was the cause of the trouble, as resistance to this organism was very deficient while normal to the former. Treatment will be instituted accordingly. A very low or a very high tuberculo-opsonic index usually indicates an active tuberculous infection, while one nearly normal contra-indicates any but a perfectly quiescent condition.

Large doses of tuberculin must be carefully avoided lest, if the case be one of tuberculosis, it start into renewed life a latent lesion.

While as a diagnostic aid much of value may be obtained, yet it is upon its use in connection with the therapeutic inoculation of bacterial vaccines that we rest our greatest hopes.

Whatever our variations and improvement in obtaining the index may be in the future, it can be said already that such inoculations when controlled by the knowledge of the index, have produced results little short of wonderful. When by it we can get the body into such a condition that it will allow it to eradicate diseases that have been present for months or even for years unaffected by any other method of treatment as we can certainly often do, we must consider it a most important addition to our homeopathic armamentarium.

If time and my part of the subject permitted I could cite cases of infection by the staphylococcus, streptococcus, pneumococcus, bacillus tuberculosis, colon bacillus, etc., that have made great

advances toward recovery when thus treated. This, however, will be fully covered in the following paper and will, I trust, demonstrate to all the possibilities of the method. In closing I wish to mention that in my laboratory in Boston University we are at the present time working with and soon hope to prove that the proper administration of the correct homeopathic remedy, has acted, does act and will act in a similar manner in increasing the resisting power of the patient. And if this can be done, homeopathy will possess that for which we have so often been asked by our opponents, a method of positively demonstrating the action and efficiency of our remedies.

President Spreng's Letter

To the Members of the Homeopathic Profession of Iowa:

Of the five states having the largest State Homeopathic Societies, Iowa has the honor of being one, and yet its membership is *not half* as large as it should be. There are over a thousand homeopath physicians in the state. Every physician ought to become a member of the State Society. First of all for his own benefit, then for the benefit of the State Society, and lastly, for the benefit of homeopathy at large.

Observe the very classical and practical papers which appear in this Journal from month to month. Products of our State Society. Honor yourself and the Association by becoming a member of it. The meeting this year will be at Des Moines. The papers will be of a very high class, and the progressive physician will surely be there to hear them and take part in their discussion.

To you, doctor, who are not a member, we extend a most hearty invitation to become one, and become a factor in doubling the membership of the Association.

IOWA

HOMEOPATHIC JOURNAL

PUBLISHED MONTHLY.

G. A. HUNTOON, M. D. Editor
ERWIN SCHENK, M. D. Publisher

DEPARTMENT EDITORS.

T. F. H. SPRENG, M. D. Materia Medica and Clinical Medicine
F. J. BECKER, M. D. Obstetrics and Gynecology, University Notes
A. M. LINN, M. D. Hygiene and Sanitary Science, Pediatrics
C. W. EATON, M. D. Surgery

Books for review, exchanges and contributions. (It is to be understood that papers have not been printed elsewhere, that they should be typewritten, reprints will be furnished at cost if request accompanies paper.) Personals, news items, subscriptions or card ads, should be sent to the Iowa Homeopathic Journal, Box 152, U. P. Sta., Des Moines, Ia.

All communications in regard to advertising should be sent to the Publisher, Dr. Schenk, Utica Building, Des Moines, Iowa.

Each contributor is alone responsible for the ideas advanced.

Therapeutics for the Superstructure.

From the earliest knowledge of anatomy, pathology and chemistry, the medical profession has referred to these subjects as: "Fundamental studies," "Fundamental principles," "The foundations," "Corner stones" of the science and art of medicine. Teacher and students, alike, have always regarded the knowledge of them not merely as *important*, but as *indispensable* to the practicing physician and surgeon. In proportion as his knowledge of these four subjects was more or less complete so was his success, has always been the accepted belief, about a physician.

The fact that there is a foundation implies that there *is* or *is to be* a superstructure. This statement being admitted, the question at once presents itself: What is this superstructure? To put it

in other words: For what practical purpose is the medical student mastering these four fundamental subjects? Up to a few years ago, the answer would have been: "To restore the sick to health." Today, the answer is: First, to prevent sickness if possible; second, "to restore the sick to health." THERAPEUTICS therefore, should be the SUPERSTRUCTURE.

It is because the physician is the most important factor in the prevention as well as the cure of disease that the state superintends his education and issues him a license to practice, after having ascertained that he is prepared. In spite of the fact that rapid strides have been made in preventive medicine, during the last quarter of a century, it still remains true that the majority of the people "get sick" and must be restored to health. And although there are other means of restoring to health, nevertheless, drug therapeutics is the one most commonly employed.

That drugs have the power of producing either good or harm is the belief of nine-tenths of the people today. Anyone can verify this statement by going to the drug stores and ascertaining how many, even of those who have no faith in doctors, but do not pretend to believe in all kinds of therapeutics other than drug, still use drugs.

Because it is true that a large majority of the people use drugs and further because drugs are potent for evil as well as good, it follows that knowledge of *drug action* (*materia medica*) and knowledge of the *use* of drug action (*therapeutics*) should be made as thorough, universal and practical as possible.

As special knowledge of these two subjects is acquired only at medical colleges, which colleges are chartered by the state and controlled by the state through examining and licensing boards, these boards should compel every medical college to teach therapeutics as thoroughly as they require anatomy, physiology, chemistry and pathology to be taught.

I cannot understand the motive or get the viewpoint of the medical educator or member of an examining board who proposes to *relieve* the applicant for a license from passing an examination in *materia medica* and therapeutics. The harm which a physician,

ignorant of diagnosis, may inflict upon the public is great; but far greater is the harm which that physician may inflict *who is ignorant of the action and use of drugs.*

Of what avail your knowledge of the four fundamentals, if after you have correctly diagnosed your disease you are powerless, because of your ignorance of therapeutics, to help your patient; or, what may be even worse, if because of your ignorance of materia medica and therapeutics, you give the wrong drug or the wrong dose?

It being necessary, then, in order to have an artistic and useful edifice to build the *superstructure* (therapeutics) upon the solid foundation (anatomy, physiology, chemistry and diagnosis) it logically follows that it is just as necessary to build under the superstructure, *the foundation.* It is not conducive of good health to live within the four walls of an open basement, neither is it safe to live in a building which has no foundation.

Therefore our state examining and licensing boards should not only require every man, to whom it grants a license, whether he be an allopath, homeopath, eclectic, physio-medic or what-not, to *pass a rigid examination in therapeutics,* but the board should require of *each and every man* an equally rigid examination in *anatomy, physiology, chemistry and pathology.* Only by so doing can the state build a symmetrical structure. Only by so doing can the state protect its people. George Royal.

The great truth of the Homeopathic Law of Cure, is a fact which we accept as a fact, and let it go at that. We have demonstrated many times every day of our practice, at the office and at the bedside, that by administering a remedy according to the law, we will cure our curable patients in a most pleasant and acceptable manner. On account of this we are content to accept this great truth and are not troubled about trying to find out how this is accomplished.

People did not concern themselves much about the law of gravitation before Newton's time. They knew that a body fell down instead of up, but it was left for Newton to point out and prove to the world the law of gravitation.

Samuel Hahnemann set forth a truth which was more than a hundred years ahead of his time. He tried to give it to the whole medical profession, but many would not accept it and have not as yet accepted it. Accordingly in order to preserve this great truth a great school had to be built up around it so that in the fullness of time it should be given the place in the science of medicine that it deserves. When that time will come no one can tell, but that it will eventually come we have not the slightest doubt.

As Dr. J. P. Sutherland has so forcefully said (New England Medical Gazette, Sept., 1907): "Samuel Hahnemann never desired nor strove to found a sect in medicine. He strove to bring a great, reformatory truth to the knowledge and to the acceptance of the medical profession at large. Had the medicine of his day shown itself willing to investigate his teachings, and to assimilate all that in them was demonstrably true, homeopathy as a segregated sect would never have come into being. Traditional medicine showed itself a very Herod toward the new-born truth, and the sect of homeopathy perforce formed itself about that truth, to save it from utter obscurity, if not extinction. The separated sect of homeopathy as such, will have fulfilled its use, when the truths of homeopathy have achieved the world over, explicit and honorable recognition and acceptance at the hands of traditional medicine; and when Samuel Hahnemann, with all his human fallibilities seen and admitted, shall be assigned by traditional medicine his true place and as a scientific thinker and experimenter, and a benefactor to the cause of medicine."

At the present time the whole medical profession is at sea in regard to *how* drugs cure disease; that they do aid in a cure we know, but how this change is brought about we do not know. Now, right here is where a lot of hard, scientific work needs to be done.

Dr. Watters in his paper which is reprinted in this number throws out an idea which may in the end prove the solution of this problem, when he says:

"That in my laboratory in Boston University we are at the present time working in and soon hope to prove that the proper

administration of the correct homeopathic remedy has acted, does act, and will act in a similar manner (by increasing the opsonins) in increasing the resistory power of the patient."

Of course this remains to be proven, but such men as he are going to keep on investigating until some day by means of the microscope and other methods of precision he will be able to tell us just what changes are brought about and just what phenomena take place in the cure of disease by the application of drugs.

Now, when this problem is solved we will find that the remedy administered according to the homeopathic law will cause this phenomena or bring about this change. Then we will be able to give to the profession, not only the clinical proof that remedies cure diseases homeopathically, but we will be able to give scientific proof of *how* they do it, and then there will be but one school of medicine.

Surgical Notes

Professor Titzell, of the Iowa University, heads the list of November contributors to the Century, his topic being adhesions, both pre-operative and post-operative, in the abdominal cavity. Its frankness of statement and its clinical character are a credit to the author and a delight to the reader. He reports three cases occurring in his practice, in which the visceral adhesions were so numerous and strong as to cause intestinal obstruction. In two of these cases the adhesions were pre-operative, and had occurred before ever the abdomen had been invaded by the surgeon at all; being due in one case to a recurrent appendicitis, and in the other to a localized peritonitis following a kick by a horse. The third case followed the removal of a large ovarian cyst. In spite of skillful and painstaking operation, one of the three succumbed; and the other two are in precarious condition because of beginning recurrence of these adhesions.

It is to be noted:

First, that such cases are exceptional; otherwise abdominal surgery would have been a dismal failure instead of the almost incredible success it has come to be.

Second, that here, as elsewhere, the natural tendency is a spontaneous return to the normal, not a perverse progress toward the abnormal and pathological. So while the surgeon cannot hope to enter the abdominal cavity without leaving more or less opportunity for the formation of adhesions at some points in the operative tract, he knows nature will make them as few and unimportant as possible; and will then promptly proceed to do away with them altogether. The sense of discomfort and pulling following abdominal operations, gradually disappear because the adhesions are disappearing.

Third, that the tendency to the formation of exaggerated and destructive adhesions bespeaks an abnormal condition of the system, and one where our remedies should be called upon to assist our surgery.

Fourth, that the three most important abnormal systematic conditions are the syphilitic, the tubercular, and the scrofulous.

Fifth, that when such a high priest of Allopathy as Von Bergmann maintains that there is a "Scrofulous diathesis," (System of Practical Surgery, Vol. 2, page 93), it ill becomes the Homeopathist to be skittish about it.

Sixth, that it is one of the glories of Homeopathy that it has brought to the aid of surgery the immense resources of its scientific therapeutics.

That the incautious use of the X-Ray may and does produce carcinoma, is abundantly established and should have wide publicity in view of the fact that the use of X-ray apparatus is, so general. In 1904 Dr. Richard Muhsam published an authoritative study of this matter which included ten cases from unquestionable sources. Since then there have been at least two or three additions to the list, including that of Professor Fuchs, of Chicago, who died recently from this cause. In the Annals of Surgery Dr. C. A. Porter, of the Massachusetts Hospital in Boston, and Dr. C. J. White, of the chair of Dermatology in the Harvard Medical School (who furnishes the pathological report), present an exhaustive subject under the title, "Multiple Carcinomata Following

Chronic X-ray Dermatitis." The pathological sequences leading finally to the fully developed carcinoma is graphically stated in the following paragraph:

"From 1897 the literature of this subject has grown each year. The earlier articles dealt with the immediate effects of the X-rays, dermatitis and burns; then it soon became recognized that these lesions were most excruciatingly painful and extremely slow to heal; further experience showed that some lesions closed with great difficulty only to break down again and again, and finally formed chronic ulcers—then came the first report of cancer developing in a chronic ulcer, and finally the first death from metastatic carcinoma."

Dr. Porter's extended experience with an intractable case involving both hands, and of great severity, and which has not yet reached its final conclusion, is of no little interest and importance. His testimony to the value of skin grafting is emphatic. "During my long experience with the first case I have learned many things about skin grafting, and now have no hesitation in recommending it, as the best treatment for all chronic X-ray lesions." His summing up is as follows:

"The clinical appearances of the chronic X-ray dermatoses suggest a precocious and extreme senility of the skin; microscopic examination, also, shows the most extraordinary changes, always of a degenerative character, unequalled in their severity and chronicity by the effects of any other agent.

In view of these facts and the histories of the eleven cases reported, I think the following conclusions are justified:

1. For the atrophic condition of the skin and the telangiectases nothing can be done.
2. Hypertrophic changes, keratoses and warts may with safety be treated in the usual manner. If such treatment fails, excision with or without skin grafting, will probably relieve the pain and result in a cure.
3. Excision and grafting will prove to be the best treatment for recurrent fissures.
4. All ulcerations, which, under ordinary treatment remain open, after three months, should be thoroughly excised, and very

carefully examined. The subsequent treatment (depending upon the result of the microscopic examination), should be skin grafting, further excision and grafting, or amputation.

5. As the history of almost all of these cases of severe and chronic dermatitis dates back to early exposures, it is to be hoped, with the protection which our present knowledge demands, that the number of victims of too enthusiastic work in an untried field, will steadily diminish.

6. In the meantime, I have no hesitation in recommending the *early excision* of all *persistent X-ray ulcerations*, in order that subsequent malignant degeneration may be prevented."

C. W. E.

News Items

J. B. Hoskins, M. D., brother of S. B. Hoskins, M. D., of Sioux City, has moved from Sioux Falls, S. D., and located at Allen, Nebraska.

Nellie Flint, M. D., lately of Chicago, has located at Sioux City, Iowa, and offices with Adelaide Thomas, M. D.

F. L. Nichols, M. D., of Sutherland, Iowa, was at Sioux City at the meeting of the Shriners.

Clara Stoddard, M. D., of Boone, Iowa, has just returned home from a four weeks' trip at Spirit Lake, Iowa, and Morrison, Aurora, and Chicago, Ill. The doctor reports a very pleasant trip.

Dr. Harry L. Rowat, of Albia, Iowa, has been selected as Dr. H. S. Miner's assistant at the Inebriate Asylum at Knoxville. Mrs. Rowat will be the matron of the hospital. Dr. and Mrs. Rowat assumed their duties at this institution on November 4th.

Dr. A. C. Hillweg, of Corning, was in Des Moines recently as a witness in the Dickenson case.

Dr. E. R. Ames, of Knoxville, was in Des Moines the first part of November; he brought with him a case for surgical operation at the Methodist Hospital.

Dr. E. C. Brown, of Madrid, is the happy father of a bouncing boy.

Dr. W. C. Eaton was in Chicago recently on business for the Des Moines Life.

Dr. A. P. Macomber, of Atlantic, was a recent visitor in Chicago.

Dr. W. M. Workman, of Grand Junction, Iowa, met with a very severe accident October 18th. The doctor and his wife were ten miles from home when they had a bad runaway and had a very narrow escape from being killed. As it was a number of ribs were fractured and he has been confined to his bed for some time. He has been taken care of by Dr. Young, of Jefferson.

Dr. W. C. Duncan, of Adel, brought a patient to the Methodist Hospital the early part of the month for operation.

Dr. F. W. Stewart, of Colfax, was in Des Moines recently with a case for operation.

Dr. F. L. Vanderveer, of Cedar Falls, Dr. S. B. Hoskins, of Sioux City, and Dr. Murrey Wildman, of Ft. Dodge, were in Des Moines recently at the meeting of the health officers.

Dr. Ochsner, of Chicago, was in Cedar Rapids the middle of November in consultation with Drs. Richardson and Johnston.

Dr. C. H. Cogswell, Sr., of Cedar Rapids, has taken a trip to the Twin Cities.

Dr. George Royal, of Des Moines, was in Chicago October 25th, where he presided at a meeting of the representatives of the Councils on Medical Education.

Dr. A. M. Linn, member of the State Board of Health, was sent to Paullina to point out and enforce the rules of the State Board. Some little misunderstanding had arisen over small pox. The doctor left everything going smoothly.

We understand that Ames has had a little small pox to contend with.

Word reaches us that Dr. G. G. Bickley, of Waterloo, Iowa, has had a slight paralytic stroke. We hope that it will not prove serious, and that the doctor will soon be fully restored to health.

Dr. E. E. Richardson, of Webster City, was in Des Moines the latter part of November to attend the meeting of the Des Moines Consistory and take some work.

We take this occasion to thank the physicians, nurses, dentists, pharmacists and other friends who have so loyally and cheerfully come to our support and subscribed to our journal.

Dr. Joseph Hensley, chairman of the committee on arrangements for the American Institute meeting next year at Oklahoma City, has just been elected for the third time to the presidency of the State Society of Oklahoma.

Dr. L. A. Royal, of West Liberty, has been elected by the Regents of the State University to the position of Assistant to the Chair of Surgery in the College of Homeopathic Medicine.

Dr. W. E. Reily, of Fulton, Mo., vice-president of the American Institute, was the guest of Dr. George Royal on Sunday, November 24th.

There will be a meeting of the Committee of College Inspection and Classification of the American Confederation of Medical Licensing Boards at the Auditorium, Chicago, December 19, 1907, at 10 a. m., to which have been invited delegates from the Allopathic, Homeopathic, Eclectic and Physio-Medical National Societies.

C. H. Cogswell, Sr., of Cedar Rapids, was in Des Moines at a meeting of the Shriners, November 22d.

University Notes

Dr. E. N. Bywater, '03, and wife, of Iowa Falls, are the proud parents of a son, Willis Edward, born October 23d.

Drs. George Mosby, '07, Waukon, and G. S. Felt, '07, of Reinbeck, came to attend the Iowa-Wisconsin football game, November 2d, and incidentally called on "friends" at the hospital.

Among the alumni who have recently visited the hospital with patients were Drs. P. L. Marble, Liscomb; L. A. Royal, West Liberty, and C. M. Morford, Toledo.

Dr. F. J. Becker, '86, attended the meeting of the Miss. Val Hom. Med. Soc. at Watertown, Ill., November 14th.

Miss Ethel Dunham, N. T. S., '07, of Manchester, spent a few days in the city visiting the hospital and attending the Iowa-Wisconsin game.

Miss Sarah B. Clark, N. T. S., '05, has located at No. 614 S. Sixth street, East Cedar Rapids, where anyone needing the services of a competent nurse may address her.

The clinics at the hospital continue to have a very good supply of patients, very interesting cases having been sent in during the past week by Drs. W. I. Parker, Aurora; A. A. Griffis, Tipton; P. E. Triem, Manchester; C. J. Snitkay, Belle Plaine, and W. A. Kauffman, Toledo; but there is always room for more.

Miss Masie Blank, H. N. T. S., '00, spend a few days in the city visiting friends; Miss Blank is superintendent of the Atlantic, Iowa, hospital.

Mrs. B. A. Beatle, Broken Bow, Neb., spent a few days early in the month at the hospital visiting her daughter, Miss Alice C. Beatle, superintendent.

The Senior program given by the class of '08, at the meeting of the Hahnemannian Society, Friday evening, November 8th, was a great success, many of the musical selections receiving a very enthusiastic encore. The program closed with a "Mock Clinic, Gallstone operation"—Class '08. The other classes will have hard work to equal the example set them by the Seniors.

Societies

Mississippi Homeopathic Medical Society

The Mississippi Valley Homeopathic Medical Society met on Thursday evening, November 14th, at the Watertown, Ill., hospital as the guests of Dr. W. E. Taylor, Supt. After a very elaborate six course dinner had been served the essayist of the evening, Dr. H. R. Chislett, of Chicago, read a very able and instructive paper on the subject of Tubercular Cervical Adenitis which was followed by a general discussion of the subject led by Drs. Arp, Wessel and Becker.

The meeting was a very pleasant and profitable one to ail; those present being Drs. Arp, Wessel, and Miller, of Moline; Bradford, Paul, Morey, Brown, Ward, and Wilson, of Rock Island; Hunt, Hoefle, and Peck, of Davenport; Spencer, of Geneseo; Becker, of Iowa City; Taylor, the host, and his staff of the Watertown Hospital and Chislett, the essayist, of Chicago. The next regular meeting will be held in December, at Davenport.

Des Moines Homeopathic Medical Society

The regular monthly meeting of the Des Moines Homeopathic Medical Society was held Tuesday evening, November 12th, in the office of Dr. Guild, fifteen members and one visitors being present. After the general routine of business, the society listened to a paper by Dr. Wm. Woodburn on "Rhinitis." The doctor's paper was a good one and brought forth a generous discussion by all those present.

Sioux City Homeopathic Medical Society

The regular monthly meeting of the Sioux City Homeopathic Medical Society was held on November 12th at the office of Dr. J. M. Kilborne. The paper of the evening on "The Business Side of Medicine" by Dr. Kilborne, elicited extensive discussions. The annual banquet will be held at the home of Dr. Delmar L. Davis, on December 10th, and the Homeopathic physicians of the surrounding towns will be invited to attend and to join the Sioux City Society. The afternoon of December 10th will be devoted to papers especially by outside physicians. Dr. F. A. Seemann, Sec.

Convention of Health Officers of Iowa

On November 12th the convention of State Health Officers met in Des Moines at the Y. M. C. A. building for a two days' session. The members of the State Board of Health had been laboring for several months on a revision of the State Rules and regulations. The new regulations interested all health officers and boards of health in the state, and induced by much the largest gathering the annual sessions had ever attracted. Dr. LeSan, president of the State Health Officers Association, and Dr. Thomas, secretary of

the State Board of Health had labored diligently to secure a large attendance and had arranged a splendid program.

The president's address was finely written and breathed a hopeful spirit for the future of Iowa's intelligent and loyal citizens.

Assistant Attorney General Lyon acted as a capable substitute for Attorney General Byers, and in an eloquent address welcomed the assembled health officers and members of health boards convened from the four corners of the state in loyal devotion to the state's best interests.

Dr. Doubleday replied to the address in fitting and appropriate terms.

Governor Cummins was then presented to the convention. The governor is always at home upon the platform and was especially so in this instance. He has uniformly manifested a marked interest in health matters. In pleasant fashion he commended numerous features of health work in which he had been interested and indicated new lines which could be pursued with advantage to the commonwealth. In his opinion no more commendable labor could command the efforts of health officers than the prevention of disease and the limitation of the baneful effects of epidemics.

Numerous features of the proceeding were worthy of special mention did space but permit. Several members of the State Board of Health were present to hold a school of instruction in the new rules of the board. These expositions proved interesting and valuable.

A particularly well prepared paper was read by Secretary Thomas on the "Organization of Health Boards." Also by Col. Chas. Francis, Engineer of the State Board of Health, on "Sewerage and Sewage Disposal."

Prof. Henry Albert, State Bacteriologist, stated in plain fashion the "Relation of the State Bacteriological Laboratory to the Public Health."

Prof. Charles Kinney presented a scholarly paper on "Water Analysis and Purification."

Dr. L. Enos Day, of the Government Bureau of Animal Industry, held the attention of the convention closely for an hour while he discussed "Local Meat and Dairy Inspection."

Without exception the papers presented were of a high order and the close attention given by the large audience manifested the degree of interest in the several subjects discussed. The meeting both in attendance and interest was by much the most profitable the association has held.

Both Secretary Thomas and President C. T. LeSan have reason to feel highly gratified with their efforts to provide an instructive program and to secure a large attendance at the convention.

Tri-City Anti-Tubercular Crusade

The Tri-City physicians held a banquet November 21st at the Hotel Davenport. The banquet was followed by a discussion of the question of an "Anti-Tubercular Crusade" for the benefit of the three cities, Davenport, Rock Island and Moline. The discussion was led by the following speakers:

"What the State is Doing for Its Tubercular Wards"—Dr. W. E. Taylor, Watertown.

"The Situation in the Three Cities"—Dr. William L. Allen, Davenport.

"Lines of Work: A—Educational; B—Therapeutic; C—Prophylactic"—Dr. Emily Wright, Rock Island.

"What Shall We Do to Meet the Need?"—Dr. A. M. Bell, Moline.

Toastmaster—Dr. W. H. Fineshriber.

At the conclusion of the meeting on motion, the meeting organized itself into a permanent body, and the following officers were elected:

President—E. M. Sala, Rock Island.

Vice President—Dr. W. L. Allen, Davenport.

Secretary—Dr. S. P. Edwards, Moline.

Treasurer—Dr. W. F. Hunt, Davenport.

These officers will comprise the committee to arrange plans for a permanent organization and to report at a meeting to be called later.

The permanent organization may later include others besides physicians and extend its scope so as to take in everyone interested in eradicating the disease.

This is certainly a move in the right direction and should be followed by physicians of other localities.

Conference of Councils of Medical Education

A meeting of the representatives of the Council of Medical Education of the American Institute of Homeopathy, the National Eclectic Medical Association, and the American Medical Association was held in Chicago, October 25th, in the Auditorium Hotel. Dr. George Royal was chosen chairman and Dr. N. P. Colwell, secretary. Several hours were spent in discussing the problems of raising the standard and unifying the requirements of medical education and providing for the schedule for inspection of colleges. Quite a little preliminary work along this line was accomplished. Perfect harmony and good feeling prevailed.

Committee of the American Confederation of Examining and Licensing Boards.

This committee, appointed at the annual meeting in Chicago in April, 1907, to devise a method of rating medical colleges and to report next year at the annual meeting, held a meeting at Detroit, October 31st. Considerable time was devoted to the questions at hand. It was decided to hold a meeting in Chicago December 19th at 10 a. m., at which time they will endeavor to determine the specific equipment necessary to successfully conduct a recognized medical college and that the Council of Medical Education of the American Medical Association, Secretary of the Association of the American Medical Colleges, Council of Education of the American Institute of Homeopathy, Council of Education of the Physio-Medical National Association, Council on Education of the Eclectic National Association, or authorized representatives be invited and urgently requested to meet with this committee and make such suggestions as to them may seem wise and proper:

New Rules and Regulations of State Board of Health

A long stride forward was made in improving our health laws when the State Board of Health recently issued and revised rules and regulations in one volume. The rules and regulations have been completely re-written and revised. Much that was contradictory and obsolete was omitted and a large amount of new material was incorporated. The rules are up to date. They were issued somewhat hurriedly from the press in order to supply the demand of copies for the health officers' convention.

The members of the State Board of Health worked diligently re-writing and revising the rules, devoting much valuable time to the work. It is hoped their efforts to serve the cause of efficient and effective health legislation will meet with the hearty approval of their conferees.

Correspondence

Tecumseh, Oklahoma, Nov. 8, 1907.

G. A. Huntoon, M. D.,
Des Moines, Iowa.

Dear Doctor:—I am in receipt of a copy of your Journal and desire to congratulate you upon the clean cut, homeopathic sentiments expressed therein. The Homeopathic physicians of your state should rally to its support as I am sure they will. A medical journal well edited deserves to be encouraged in every way possible, as it is through them we look for council and help. You have in your state many able teachers and successful practitioners, men who have made themselves felt in medical literature and left an impress upon the members attending our national meetings. Iowa deserves to stand in the front ranks and her physicians should be congratulated in the stand they have always taken for pure and unadulterated homeopathy. I take pleasure in having my name placed upon your mailing list and trust you may ere this, have received the desired hundred additional names. I shall expect a large delegation from your state to our Institute meeting next June.

Homeopathy is flourishing in our soon to be state. At our state meeting last month there was a large attendance, ten or twelve new members. We are making arrangements for the Institute meeting next year and when you come you will be received with open arms. We hope to have a large attendance and a profitable and good time. It will mean much to Homeopathy in the great Southwest.

J. Hensley, M. D.

In the District Court of Pottawattamie County, Iowa

ED. CANNING, FOR HIMSELF AND IN BEHALF OF ALL OTHERS SIMILARLY SITUATED, WHO ARE TOO NUMEROUS TO BRING BEFORE THIS HONORABLE COURT,

vs.

THE BOARD OF HEALTH OF THE CITY OF COUNCIL BLUFFS, IOWA, AND THE MEMBERS THEREOF; AND THE INDEPENDENT SCHOOL DISTRICT OF COUNCIL BLUFFS, IOWA, AND THE MEMBERS OF ITS BOARD OF EDUCATION.

DECREE.

On this 19th day of October, 1905, this cause comes on for final hearing on the issues joined in the Petition and Supplemental Petition of the plaintiffs, Ed. Canning, et al., and the Answer of the defendants, the Board of Health of the City of Council Bluffs and the members thereof, and the Independent School District of Council Bluffs, Iowa, and the individual members of its Board of Directors, the Plaintiff appearing by Jacob Sims, A. T. Flickinger and Walter I. Smith; the defendant, the Board of Health of the City of Council Bluffs and the members thereof, appearing by S. B. Snyder, City Solicitor; and the Independent School District of Council Bluffs, and the members of its Board of Directors appearing by J. J. Stewart; and, the case being fully heard, tried, argued and finally submitted on the issues joined, the Court finds:

1. That Boards of Health have the power to adopt and promulgate rules requiring those in attendance upon Public Schools,

either as teachers, pupils, employes or otherwise, to be vaccinated, at times when an epidemic of small pox is threatened or prevailing, and to enforce such rules accordingly; and reasonable latitude should be given to such Boards in their efforts to prevent the spread of such disease.

2. That Boards of Health do not have the power to specify and enforce any recognized method of vaccination to the exclusion of others recognized and practiced by any standard school of medicine, authorized or established under the laws of this state.

3. That for many years it has been taught by the Homeopathic School of Medicine that treatment by the administration of variolinum, commonly known as the Internal Method of Vaccination, is equally or more effective as a preventive of small pox than vaccination by the scarification method and that vaccination by the administration of variolinum, or the Internal Method, has for many years been practiced by the Homeopathic School of Medicine.

4. That the rules of the State Board of Health, as set forth in the Cross-Petition of the Board of Health of the City of Council Bluffs and its members, in the case heretofore pending in this Court, entitled "The Independent School District of Council Bluffs, by its Board of Directors, vs. D. Macrae, Mayor, and Others," No. 14393 of this Court, were and are void, in that said State Board of Health had no authority under the Constitution and Laws of this State to make said regulations and in that the State Board of Health had no power or authority to require vaccination at any time by the method prescribed by any school of medicine to the exclusion of the method approved by any reputable, recognized and standard school of medicine.

5. That the rule of the Local Board of Health of Council Bluffs, Iowa, set forth in the Cross-Petition heretofore referred to was and is against public policy, unreasonable and void in that said Board of Health has no power or authority under the laws of Iowa to adopt the same and in that the same attempted to exclude children from the Public School who were unvaccinated by the scarification method, irrespective of whether an epidemic of small pox existed or was threatened in Council Bluffs, or vicinity,

IOWA HOMEOPATHIC JOURNAL

Vol. II

JANUARY, 1908

No. 1

Surgical Treatment of the Complications of Pneumonia*

FRANK C. TITZELL, M. D., IOWA CITY, IOWA.

The complications of pneumonia that require operative measures for their relief, cover quite a wide field and in this brief paper I can hope to include but a few of the most important ones in somewhat of a hurried way.

Hydotherax. The complication most often met with and one that I am loth to call a surgical affection, for the reason that these cases seldom come into the hands of the surgeon, is hydotherax. The majority of these are treated by the physician in charge. They are simply a collection of inflammatory exudates within the pleural cavity and produce symptoms mainly from pressure on the lung substance, which is compressed more or less according to the amount of fluid present. A simple thoracentesis is usually all the treatment that is necessary. This when done under strict antiseptic precautions with an aspirator of sufficient size, ends in perfect recovery.

Pyothorax. Inflammatory exudations in the pleural cavity may become infected and end in a circumscribed collection of pus or we may have an abscess of this kind from the beginning. The quantity of pus may vary from half an ounce to a pint or more with a proportionate compression of the adjacent lung and the usual symptoms that go with it. These cases following pneumonia as they sometimes do, should be relieved at once by operative measures in order to free the lung of its compression and thus allow of its expansion. The loss of the integrity of many lungs will be thus avoided by limiting the amount of infiltration and adhesions and many patients saved from a life of semi-invalidism.

There are two methods of operating on this class of cases. One is by simple intercostal incision over the pus cavity and the insertion of a drainage tube of sufficient size between the ribs. Some advise

*Read before the Central Iowa Homeopathic Medical Society, October 1907.

irrigating the cavity with boracic solution or any other suitable anti-septic solution, while others condemn irrigation of any sort. As for myself, I use irrigation freely but carefully and have yet to see harm come from it. This method gives good results in many cases while in others it is a dismal failure, because it does not give free and sufficient drainage and in such cases it must be repeated or another operation substituted.

The second and more reliable method is to resect a piece of a rib, subperiosteally, and open into the pleural cavity. This method is much more efficient and satisfactory in every way than the former. It allows the operator to insert his fingers into the opening and to break up fibrinous clots that are sometimes found and which divide these cavities into compartments. Drainage of the whole abscess is thus insured. Irrigation may or may not be used as the operator chooses. The drainage tube is left in position as long as the discharge keeps up to any extent; as it diminishes, it is pulled out gradually, the lung expanding in the meantime until the cavity becomes entirely obliterated. A persistently discharging sinus will rarely result if the case is operated early. It is in the neglected cases that we get sinus that discharge for weeks and months and a secondary operation is then needed, such as Estlanders, or Schedes, which will be referred to later, for the completion of the cure. In cases where the secondary operation is not needed, the lung slowly regains its function and expands to its normal limit, hindered somewhat by pleuritic adhesions that are almost sure to result and which remain for a long time at least, if not permanently.

Abscess of the Lung. As you know, acute abscess of the lung is a rare complication of pneumonia, yet it does occur from pneumococcic, streptococcic and other infections. It is usually found after lobar pneumonia. When uninfluenced by medical or other treatment it progresses until rupture takes place either into a bronchus or into the pleural cavity. The former has been called Nature's cure, but it is a cure that does not always relieve the patient, as many of them are left with a cavity that suppurates and discharges for months. In others, after the exacuation of the pus, the abscess walls collapse, cicatrization takes place and the lung is apparently

as good as before. Which case is going to end in this happy manner, we can not tell beforehand; if we could, it certainly would be good practice to wait for nature to make her cure in this particular line of cases.

When these abscesses rupture into the pleural cavity, empyaemia results and it runs a severe and protracted course. Adhesions if they have not already formed, take place and pus increases rapidly in quantity. The abscess walls and surrounding tissues become hard and infiltrated. The pleura becomes thick and unyielding with adhesions to the costal surface, thus favoring the continuation of suppuration and preventing collapse of the abscess wall even after drainage has been instituted.

When rupture takes place into a bronchus we should wait for definite indications for operation and in waiting a spontaneous cure will sometimes take place. If the discharge of pus per mouth does not diminish and especially if septic symptoms develop, we should lose no time in draining such a cavity. In the great majority of instances the abscess will be found in the lower lobe of the lung near the pleural border with adhesions to the costal surface at this point.

Aspiration is permissible in such a case to settle the diagnosis. If no pus is found with the aspirator, incise pleura at point of adhesions enough to admit the finger and the suppurating point can usually be located in this way. To drain these cases, the incision should be made curved downward at the lower level of the abscess and one or two ribs resected. A cautery knife should be used to open the lung tissue. Do not irrigate these cavities for fear of spreading the infection to other parts of the lung. A drainage tube should be placed in the most advantageous way, the patient instructed to remain quiet and allowed plenty of fresh air.

The average time these cases drain will be from 8 to 10 weeks and the results are only fair. About 23 per cent prove fatal.

When rupture takes place into the pleural cavity, early drainage is always indicated, provided of course that the general condition of the patient does not contraindicate it. When these cases are neglected after rupture the pleura becomes leathery, adhesions become

more firm, the lung becomes firmly fixed to the chest wall and we have all the conditions necessary for a chronic, discharging sinus after being drained to the limit.

The operative treatment in abscess of the lung should have two objects in view. First for the removal of the pus and to allow for the early expansion of the lung and second a secondary operation, for the obliteration of these suppurating cavities that have failed to collapse after drainage and for the closure of the sinus.

These secondary operations will be required in most of the neglected cases and to finish up those where simple incision has been a failure. The primary operation is a failure when improperly done and again the thickened leathery pleura with the adhesions prevents lung expansion. The air pressure top, is the same on both sides and for these reasons these cavities do not collapse when drained. In fact they are sustained by these very things and will go on suppurating and discharging indefinitely without closing. It is for the obliteration of these cavities that secondary operations are indicated. Some means must be employed to bring the chest wall and the lung surface in contact if we would cure these cases.

Estlanders Operation. Several methods have been used from time to time in these old cases where drainage has failed and the one most used perhaps is Estlanders. It consists in resecting the ribs over the entire cavity, thus allowing the chest wall to fall inward to the lung to fill the space once occupied by the pus. From two to four ribs as indicated by the size of the cavity are resected. In cavities which are surrounded by firm adhesions as most of them are, irrigation is perfectly safe. If the cavity is small, it should be packed with gauze and allowed to granulate from the bottom. If large a tube should be put in and the skin sutured.

Schedes Method. When the pleura is much thickened and adhesions are extensive Estlanders operation will not permit the chest wall to collapse and fill the cavity formerly occupied by fluid. Upon these facts the operation known as Schedes' is based. He recommends the removal of the outer pleural surface together with resection of the ribs and the intercostal tissues. A large U shaped flap from above downward is required. It is a severe operation, attended with great

shock and causes considerable deformity of the chest. It gives a mortality of from 15 to 20 per cent, so for these reasons is used only as a last resort and in desperate cases.

Fowler's Operation. Fowler recommends decortication of the lung by removing a portion of its thickened pleura which allows it to expand and in this way the cavity is obliterated. DeLorme of France was working along the same line at the same time and recommended this operation at about the date Fowler came out with it. Which one has the claim of priority, it matters but little to us at this time. The operation is a dangerous one, is accompanied with considerable haemorrhage and shock together with laceration of lung tissue in removing the pleura. It has not become popular as a method of relieving these cases. It gives a mortality of 15 per cent.

Ransohoff's Operation. In the April number of the *Annals of Surgery*, 1906, Ransohoff of Cincinnati gives us a measure that seems likely to displace all others. He noticed that when the pleura was incised over the compressed lung that the incision began to widen and pull apart from the pressure within. He took the hint and made several incisions parallel with each other about a quarter of an inch apart and crossed them in the same way, leaving little squares of pleura between. The adhesions between the lung and chest wall were then broken up and the lung allowed to expand to its fullest extent. This last measure is very necessary for the success of the operation. This with some sort of lung exercise such as blowing wind instruments or blowing water through a tube from one bottle to another to aid in expansion is destined to be the ideal way of treating these cases.

What I wish to impress on your mind however, is the importance of thorough drainage in the first instance. No half way measures should be tolerated, such as using an aspirator or making simple intercostal incisions for these large collections of pus. If our drainage is not sufficient and complete it simply means sooner or later a secondary operation for the accomplishment of a cure. A secondary operation is always needed to close these cavities that are held open and perpetuated by adhesions and indurated tissues.

A Case Report*

DR. R. P. MILLER, ALBIA, IOWA.

My only excuse in this report is to acknowledge my failure in the case, and my strong apology in that it may in some manner encourage more freely the discussion of our shortcomings.

I grow weary, sometimes very weary, in hearing of so many glorious successes and no failures; not that I do not rejoice with you in all the good that cometh out of Nazareth, but if you would recount more of your failures and difficulties I might not feel so lonesome in your company.

Case, Miss B., Age 21, Teacher. I was called to see her first in July, 1905, and she has been under my care more or less continuously ever since. On my first visit I found patient suffering from menstrual pain, excessive nausea and vomiting, coldness of hands and feet, extremely nervous, abdomen sensitive to touch and distended; giving a history of similar attacks at nearly every menstrual period; the menses being delayed from three days to two weeks, the color and character of the discharge usually normal, at times normal in time and amount and dark and clotted.

Has always been in delicate health since childhood, changed climate and moved to Colorado 13 years ago on account of health but received no benefit and returned in about a year.

Has a great deal of palpitation of heart, especially on exertion, after walking to office, pulse will be from 120 to 160, and heart pounding so hard as to be plainly visible across the room. A great deal of dizziness especially in morning on moving about, headache and pain in eyes, backache, easily exhausted, tired, wornout feeling, can hardly go, bowels normal, appetite variable, sleep at times dreamy and restless, swelling of the hands, face, and entire body, especially in the morning, puffiness under the eyes, urine profuse, amount in 24 hours varies from $1\frac{1}{2}$ to $2\frac{3}{4}$ quarts, very light in color almost water, Sp. Gr. always low, has been as low as 1001, very slightly acid, total urea very low, has been as low as 2.5 grams for 24 hours, phosphates about $\frac{1}{2}$ the normal amount, chlorides low, sulphates nearly normal, only a trace of albumen at times, abundant

*Read before the Hahn. Medical Association of Iowa

epithelium from kidneys and bladder, no casts. Examination by Dr. Mitchell, who also reports no casts.

Physical examination shows no heart lesion. The cervix uteri is much enlarged, eroded and pouring out an abundant, clear mucous discharge like the white of an egg, and there is present a most remarkable condition for a virgin, there is what appears to be a bilateral laceration with two horns on each end giving it the appearance of the capital letter H, the edges are not rough but smooth, the erosion is extensive but not deep covering about two-thirds of the cervix, the internal Os is very sensitive.

Now as to treatment. This case has run the gauntlet of nearly everything under the sun recommended for these conditions. Local tampon medication; electricity, galvanic,* faradic, static, high frequency, mechanical vibration, hot air and incandescent light, and the indicated homeopathic remedy according to the best of my ability to select. All this with little or no results.

I am not agreed with myself as to the original cause of all this trouble; perhaps it looks easy to you; it will not do to pass it up for hysteria for that does not mean anything but a confession of ignorance.

For some time I was very suspicious of the kidneys and thought we might be able to establish a diagnosis of Chronic Interstitial Nephritis.

I have had several physicians examine the urine but we could not establish this diagnosis.

There is one thing that I do know about this case, and that is that the condition continues about the same. The condition of the cervix is very perplexing to me and would be to anybody that likes to reason from cause to effect.

Can it be possible that this young woman who was only 21 years old when she came to me, who has always been in poor health since childhood and constantly under the watchful care of a good mother, who has been brought up in one of the very best homes, who is cultured and refined and whose bearing is always that of the most perfect womanly character, modest and refined, I say, can it be possible that this young woman has fooled both her mother and her physician,

for I do not believe that this condition of the cervix is due to a pregnancy, but is a congenital anomaly, and yet I dare say that not one doctor in fifty but would say on first examination that it was the result of an injury from parturition. The mother denies emphatically any possibility for such an occurrence and my suggestion of this possibility nearly cost me my life with the family and the case.

This case has been treated by a physician in a neighboring city for ulceration of the bowels or rectum, but I have never been able to find any sign of ulceration. At first my treatment was directed from the standpoint of the uterus and I was very confident that I would soon have her all right. I used locally electricity with intrauterine electrode, using galvanic, faradic or high frequency current from static machine, followed by medicated tampon, once or twice a week. Internally giving Puls. Gels. Cimic. Nat. mur., and Cal. Carb., without success, in fact, I believe the electric treatment made the case worse.

After using this treatment for several months and getting no results I changed my idea and trained all my artillery on the kidneys and heart until I increased the solids in the urine, diminished the amount, and lessened the rapidity of the heart by means of hot air, leucodescent light and Digit., but this improvement would only continue during active treatment and in other respects the case was no better, possibly worse, growing weaker and more nervous.

We continued this sort of tactics for several months giving treatments daily or every other day much of the time.

We then determined to again treat the uterus and did so with a vengeance, leaving off the electric part of the treatment. We forcibly dilated the Os with graduated sounds, without anesthesia, followed by an application of Iodine and Carbolic Acid to the endometrium with glycerine, calendula, and hydrastis tampon once or twice a week, later using bromine which has helped the local condition the most of anything used. We used the bromine by saturating a piece of gauze and placing within the uterus followed by a wool tampon saturated with the same. The sensitiveness of the uterus is very much relieved as evidenced by the fact that I give these treatments in my office and the patient walks home and leaves the tampon and

gauze undisturbed until the morning of the second day when she removes them; whence two years ago she could hardly tolerate the smallest tampon over night. Now with all this treatment I can not boast very much. Her menstruation is more regular and without much pain but she still has profuse mucous leucorrhoea, rapid pulse, dizziness, headache, backache, polyurea, low urates, low phosphates, cold hands and feet, nervousness and general weakness and debility.

What is the cause and what will cure the case?

Should a Homeopath use Palliative or Local Treatment.

T. F. H. SPRENG, SIOUX CITY, IOWA.

Since a homeopath 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. I shall answer the question by merely asking: Why should he *not* use palliatives or local treatment?

• Because I use poultices in treating carbuncles, am I the less a homeopath? Because I apply alcohol locally in the treatment of crypselas, am I the less a homeopath? Because I make local applications to an ulcerated cervix, am I the less a homeopath? Because I inject a few drops of adrenalin, subcutaneously, in the lip, in order to arrest obstinate epistaxis, am I the less a homeopath? Because I inject morphia to paliate excruciating spasmodic pains, in treating biliary or renal colic, am I the less a homeopath? Because I irrigate the uterus with a medicated solution, in a case of puerperal fever, am I the less a homeopath? Because I prescribe mentholatum applied locally to an itching anus, am I the less a homeopath? Because I administer chloroform to ease the pangs of labor, even if the subject is a Christian Scientist, am I the less a homeopath?

I have no apology to offer for using palliatives or local treatment. On the contrary, the physician who *does not* use them lays himself liable to censure. It is a duty we owe to our patients to

use such adjuvants as will palliate and hasten a cure. The physician who does less, has, deservedly a limited practice.

It is needless for me to tell you of my unbounded faith in the law of cure. You are all cognizant of that fact. We *know* that the law of homeopathy is inimitable and in its application universal. Because it is a scientific truth it is as universal as the law of gravity. It only needs to be applied in order to demonstrate it.

What we, as physicians and surgeons, need, more than all else, is a more thorough knowledge of our materia medica—if you please, of the *characteristics* of our remedies. To be able to elicit two or three characteristic symptoms of any one remedy in any case of sickness places you in a position where you can promise your patient something positive and he who is most familiar with his materia medica, will be best able to find the *similimum*. If our surgeons could be made to realize the fact that added to their skill in operating, the ability to prescribe the indicated remedy, they would have an advantage over their old school brethren that would be apparent to the community at large. All of which would redound to the glory of homeopathy.

The Therapeutic Lamp in Eye, Ear, Nose and Throat Work

E. G. Linn, M. D., Des Moines, Iowa.

(Written for the Des Moines Homeopathic Medical Society.)

I am this evening discussing a subject, some phases of which I presented at Iowa City last May. At the State meeting my paper was limited to the use of the therapeutic lamp in the treatment of suppurative middle ear diseases. I present herewith a paper a little less limited in scope, but which is nevertheless restricted to my especial field of labor. What I may say has absolutely no bearing on the application of the therapeutic lamp in pathological conditions below the collar button. At the same time I hope you may not get the impression that the therapeutic lamp is with me a hobby, nor indeed that I have a hobby, for I can not

put my finger on any one or two things which I use or do, in the way of treatments, to the exclusion of other measures nor more frequently than others.

I knew a kind hearted doctor who was so fond of orificial surgery that on going into his office you would involuntarily stand with your back to the wall to avoid being the unwilling victim of the American operation. And I suspect there may be those who wear a photo of their pickled appendix on the lapel of their coats, so that in case of sudden illness, it may prevent some surgeon from making straight for McBurney's Point. I would not have you feel that should you come to my office you will have all or any part of your anatomy above the clavicle subjected to the influence local inflammatory conditions.

ject tonight because it was assigned to me.

Heat as a means of relief has been used by every one of us since our earliest days as medical men, and for centuries physicians and the laity alike have employed it for the relief of pain and to influence local inflammatory conditions.

Light as a medical measure attracted almost no attention until, at the hands of Finsen, it was made to do service in the cure of lupus. Many years ago in caring for smallpox, a southern physician noticed that where the cases were kept in a room screened with red shades little or no pitting followed, and I have seen it stated that knowledge of this observation led Finsen to his experiments.

It is, however, the violet or ultra violet frequencies found at the opposite ends of the spectrum, and not the red rays, to which we look for the most pronounced germicidal effect. The light rays, by their greater penetration, are believed to carry the chemical frequencies to the deeper structures; the red rays produce the greater heat. The entire range from the ultra violet to the infra red are beneficially employed by means of the therapeutic lamp, and it is to the action of combined light and heat that we are now directing our attention as an aid in the relief of many serious ailments.

I report the following cases:

K. C. shoveled dirt and coal in a mine. He had been suffering more than a year with inflammation of the eyes, the left being especially distressing. Photophobia and lachrymation were intense and persistent. The usual preparations obtained at the drug stores had proven inadequate to check the advance of the annoying symptoms. On the upper segment of each cornea were small ulcers just in advance of the rather dense pannus, which occupied a third of the right cornea, and two-fifths of the left. The superior conjunctives were thickly studded with coarse granules and smaller granulations were quite numerous in the fornix, and on the inferior palpebral surface. A few of the coarse granulations were broken down between the nails of the thumb and finger. Applications of Nosophen on gauze were massaged into the tissues, and therapeutic lamp treatments were made to the everted lids. These applications could not be made as regularly as desired because of the uncertain attendance of the patient. Two holes an inch wide by an inch and a half long were cut from an asbestos screen, the holes being $\frac{3}{4}$ of an inch apart. The upper lids are everted and held so by the thumb and third finger of one hand, and at the same time the lower lids are drawn well down and their inner surface exposed to the thumb and finger of the other hand. The screen is held by the assistant or the patient so that the full volume of light and heat may fall through the openings upon the well everted lids, as it is thrown quickly on and off, exposing the lids for two or three seconds each time. These exposures are made every three or five seconds and the seance lasts ten or fifteen minutes, making the application as intense as the patient can well endure. I do not know whether this treatment has been employed by other physicians or not, and while the lids have been subjected to medicated massaging as above stated, I am free to say that I have never seen trachoma yield to any treatment any where nearly so readily as this case has yielded to the plan of treatment adopted.

A lady had been skillfully treated by good men at times for years for an intense neuralgia, which began posterior to the left mastoid, extended forward involving the left temple and reached its climax about the orbit. These attacks were most certain to

be precipitated by a journey, and her physician always expected her to come from the train direct to his office. Few measures had been found to give even temporary relief, and nothing had afforded relief of any permanence. Light treatments gave her much relief from the first and a dozen seem to have made it permanent.

Mr. C. D., a baker, aged twenty, had been working at his trade in a neighboring town. On February 19th, he was taken with chill and had a rather severe attack of grippe. In the hospital to which he was taken because of his general distress and pain in the right ear, he developed considerable fever and in a couple of days a profuse discharge from the right ear occurred; this discharge continued, and with the severity of his general symptoms he became very much exhausted. Regaining some strength he was, at the end of the third week, brought to his home in Des Moines.

In consultation with his physician his temperature was found to be 102, pulse 110. The very free discharge from the right ear had considerable odor. Over the mastoid there was general soreness, and severe pain was experienced on slight pressure. A feeling of bogginess was present over the mastoid, some dizziness experienced and a prognosis given that a mastoid operation would most likely have to be done. The ear was cleansed and dressed with a coiled pledget of cotton saturated with phenolglycerine and carried well down to the perforation. The next day the dressing was repeated.

The second day, daily treatments at the office began with the therapeutic lamp, ten minute seances, and the dressings as before. The pain was very much relieved, the soreness subsided quite rapidly, the discharge decreased from day to day, and on the seventeenth day of the treatment he was dismissed, the discharge having stopped four days before.

L. K., aged three years, suffered quite a severe attack of scarlet fever. When the family physician called, twenty-four hours after the first evidences of illness, he found aside from the usual symptoms a discharging right ear. Five weeks after the beginning of the attack, an examination showed that with the discharge from

the ear were granulations protruding from the perforation in the drumhead. After thorough cleansing the therapeutic lamp was used for fifteen minutes and the ear dressed as in the cases above recited. This treatment was repeated two days later and again in two days, when the discharge was found to have ceased and the granulations to have disappeared.

How much benefit in these cases should be attributed to the cleansing and the dressing, and how much to the therapeutic lamp, I do not pretend to say.

These are typical cases, and to report further would be mere repetition. Every one who treats suppurative otitis media has seen cases assume serious symptoms for a day or for several days, and then without change of treatment take a turn for the better and go on uninterruptedly to a rapid and favorable termination. In fact this is not an unusual experience; still I am quite convinced that I have seen good results come from the use of the lamp in a great majority of this class of cases.

In chronic catarrhal otitis media of the non-suppurative type, with or without tinnitus, the lamp has been to me of no benefit whatever.

Applications to the membrana tympani or tympanic cavity are made through a well inserted Toynbee's speculum, the light being allowed to pass through a small opening in an asbestos screen.

In dachryocystitis it has given relief and been of some benefit. In a case of lupus diagnosed by a very capable physician, and treated for him under his directions, the ulcerating surface was slightly reduced and the unpleasant creepy feeling somewhat relieved. Then the case seemed to yield no further, the patient became discouraged and quit the treatments. He later reported to his physician that he was then taking X-ray treatments and that he believed himself worse for having had the light. These treatments were given with a lamp producing an especially strong violet field. I believe some benefit was derived from them.

In a case of rheumatism of the laryngeal muscles, I failed absolutely to afford relief, though the treatments were persisted in for weeks.

In my own observations in the clinics I have seen negative results in some cases and possibly ill results in one. This was a case which had serious hæmorrhoidal trouble, reported to be tubercular, and in whom tubercular bacilli were found in the sputum. A mastoid operation had been performed and had persistently refused to heal. The lamp of five hundred candle power seemed to cause a more profuse discharge with accompanying exhaustion and its use was discontinued. It may be unfair to attribute the aggravation of this patient's symptoms to the use of the lamp, just as it would be unfair to credit to its use alone the disappearance of annoying symptoms in many cases that come in for treatment.

But the suggestion of Sir W. E. Wright that a sudden release into the circulation of a considerable quantity of pent up tubercular material disturbs the bodily functions, depresses the opsonic index and lowers the general vitality may afford an explanation.

That the application of heat either alone or in combination with light should increase the blood supply to the part and stimulate the local lymphatics to absorb excessively from the local tissues, is of course to be expected; and it is only a fair deduction from the application of the lamp comes, with local vascular activity, this lowered opsonic index, decreased vitality and aggravation of his general symptoms. The lamp thus precipitating an action exactly parallel to the overdoses of Koch's tuberculin which, as is now known, hastened the death in his earlier treatments of many of Koch's patients. Had this patient's general physical condition been fair and his reactive powers been up to standard, he should, according to Wright's demonstrations with his injections of the tuberculin T. R., within a few days or a few weeks have passed from this ebb of the tide of reaction or minus opsonic index to the high tide or plus index and thus have profited by instead of suffering from the treatments.

This case suggests to me that in a state of considerable exhaustion due to tuberculosis of other organs, with suppurative otitis media of tubercular infection, if the lamp is to be used it may be found advisable to regulate very carefully the duration and frequency of each treatment. I make this suggestion too, well know-

ing the claims that the light, especially the chemical frequencies as developed by the higher power lamps, is strongly destructive to pathogenic bacilli.

In correspondence with some exceptionally capable observers, I am able to give as the consensus of their opinions, these deductions :

Those who have attained the most satisfactory results have used the higher power lamps.

Acute cases derive more immediate, and probably more certain results than do chronic cases ; and treatment is more satisfactory in the acute conditions, because of the very prompt relief from distressing symptoms frequently induced.

Some cases of the acute diseases have shown no relief, or at most only temporary relief ; but only one observer reports sorrowful disappointment, and this in only a single case. More chronic cases experience no benefit.

For the relief of pain in neuralgia and neuritis and in acute mastoiditis there is practical unanimity of opinion that the lamp is of the very decided benefit in a large per cent of the cases, but even in this regard some are skeptical.

Treatments are given in acute cases for from five to ten or twelve minutes every day, and for ten to fifteen minutes in chronic cases every second, third, fourth, or even seventh day.

One very careful observer, with a large private practice and extensive clinical connections, reports, "Successful treatment when the lamp alone was used and nothing else." None report depending alone upon the lamp or any other one line of treatment in any considerable number of their cases.

To the question, "Do you believe you have averted mastoid complications in any of your cases," the observer above quoted replies, "I am sure of it in several cases."

Another equally capable and careful man with equal opportunity for observation reports: "I cannot speak positively that any case had been unquestionably benefited by this treatment. It is so difficult to tell whether the vital processes of the body have worked the cure or whether the light itself has been beneficial." He

further adds: "Perhaps the best testimony I can give the light is, that at present I should feel lost without it, and when the lamp is temporarily out of commission I feel that in many cases I am neglecting an important part of the treatment."

I can give at the present time from my own work and from experience as recorded by others no better estimate of the value of this treatment in this condition than to say: For pain and soreness it usually affords quite prompt relief; for supperation it is usually beneficial in the acute conditions and quite frequently so in the chronic type; finally, believing as I do now, were I not permitted to use my lamp, along with other means which should always be employed, I should feel that I were not doing the best that could be done for my patients.

MISCELLANEOUS ITEMS.

How to Blow the Nose, Frank B. Sietz, M. D., Buffalo, N. Y.

Every act has an object in view, and the object in blowing the nose is to clear it from superfluous mucus, which in most cases is cast off or gushed out because of offending particles; just the same as nature will send a gush of tears when even the most particle of substance enters the eye.

It seems to me the proper procedure is to cover the hand with your handkerchief, either single or double ply according to the expected quantity or its fluidity. Say we are using the right hand (to begin right is a good beginning), place the thumb tightly against the side of the right nostril, the four fingers forming a pocket just below and in front of the left nostril. Now take a very deep inspiration then blow the contents of both lungs in a strong, steady, uninterrupted stream through the left nostril, meanwhile keeping the right tightly closed. Now close the left with the four fingers, release the right by raising the thumb, take a deep breath as before as full as the lungs will hold—and here is where we will soon get complete expansion of the smaller lung cells—then blow long, strong, steady, as before until almost all the air is exhausted from the lungs. A long blow will compel you to refill the lungs with renewed, revitalized, and reoxygenated air. It is my humble opinion that a nose blowing "hour" should be in the curriculum of every school, just as there are now a few minutes for exercise.

This subject has so frequently been brought to my attention that

I considered it worth while presenting; and will add that while simple and inexpensive it will, if fully carried out by patients, result in a much better nose, a much better throat, a much better lung, and of course a very much better, healthier, happier patient.—*The Homeopathic Eye, Ear and Throat Journal.*

Boric acid has long been used in a saturated solution as an eye wash. Hamburger thinks the reason this solution proves itself so valuable is that it is isotonic with the tears, and thus forms an ideal medium with which to clean the delicate epithelium of the cornea and conjunctiva. The density of the tears is about one and a half times that of the blood plasma, corresponding to a sodium chloride solution of about 14-1000. This just about equals the density of a saturated solution of boric acid at normal temperature.—*The Homeopathic Eye, Ear, Nose and Throat Journal.*

To Emulsify Castor Oil.

In hospital practice castor oil is one of the agents most frequently used to clear out the intestinal tract. Palatable and permanent emulsions are difficult to obtain. L. Boudier (*Journal de Pharmacie et de Chimie*, Sept. 1, 1907) has experimented with various emulsifying agents to determine which offers the greatest advantages in regard to content of oil, completeness of emulsification, and permanency. Acacia, tragacanth, tincture of quillaya, cocoa butter, lime water, egg yolk, casein, and soap were tried. The results indicated that tragacanth, lime water, casein and soap permitted an emulsion to be quickly prepared, and in the case of tragacanth and soap the emulsion was permanent. With tragacanth an emulsion containing 1 part of the oil in 3 of the mixture could be made, while with soap a strength of 80 per cent of oil could be obtained. The formula for the emulsion with soap is as follows:

	Parts.
Powdered soap	2.5
Castor oil	80.0
Distilled water	20.0

Dissolve the soap in the oil by adding the latter in small portions. Pour in the water all at once and shake gently for some minutes. A fine white, creamy emulsion is obtained that can be kept for several months. As the soap is a laxative the dose need not be larger than that of pure castor oil.—*Journal A. M. A.*

IOWA

HOMEOPATHIC JOURNAL

PUBLISHED MONTHLY.

G. A. HUNTOON, M. D. Editor
ERWIN SCHENK, M. D. Publisher

DEPARTMENT EDITORS.

T. F. H. SPRENG, M. D. *Materia Medica and Clinical Medicine*
F. J. BECKER, M. D. *Obstetrics and Gynecology, University Notes*
A. M. LINN, M. D. *Hygiene and Sanitary Science, Pediatrics*
C. W. EATON, M. D. *Surgery*

Books for review, exchanges and contributions. (It is to be understood that papers have not been printed elsewhere, that they should be typewritten, reprints will be furnished at cost if request accompanies paper.) Personals, news items, subscriptions or card ads, should be sent to the Iowa Homeopathic Journal, Box 152, U. P. Sta., Des Moines, Ia.

All communications in regard to advertising should be sent to the Publisher, Dr. Schenk, Utica Building, Des Moines, Iowa.

Each contributor is alone responsible for the ideas advanced.

Forward-March!

The high position accorded Iowa Homeopathy is cause for gratification and cheer. No Iowa man can attend the meetings of the American Institute without being struck by the esteem in which Iowa Homeopathy is held.

It is known for its intelligence, its forcefulness, its spirit of unity and its pervasive good feeling.

Having been given such generous recognition, we may well be ambitious to show ourselves worthy of it, in increasing measure with each passing year. Nineteen hundred and seven has shown a splendid stride forward in the establishment of our Iowa Homeopathic Journal. As it has been coming month after month, its hearty good comradeship taking the place of the silence and isolation which be-

fore were upon us, one could hardly refrain, as it was drawn from its wrapper, from starting up the good old hymn, "Blest be the tie that binds".

What next? For accomplishment always incites to further accomplishment, and there are yet many things for us to do. It will be a long time before Homeopathy will have occasion to join Alexander in weeping because there are no more worlds to conquer. But what particular thing should be done next; what is the most important thing to do, and what is logically the next in order?

The answer is easy, Fill up our Homeopathic College at Iowa City. Fill it up until Royal and Becker and Titzell and Bywater and Peck and Hazard, and their good assistants, are fairly submerged with their increasing clinics and until the authorities have no option but to build additions to the hospital to accommodate the patients who are flocking to its doors.

University "influence" is not penning these lines. The writer has not the slightest connection with our college, either active or honorary. Neither Dean Royal, nor any one connected with the University, knows that this editorial is to appear. It comes from the ranks, and voices, it is believed, the general sentiment of the profession throughout the state. "Fill up our college with students" is the emphatic demand from every corner of the state. We may be sure our faculty will give them fine training and equipment when we get the students there, but it is for the profession of the state as a whole to devise the means by which the recruiting is to be carried on. As the distinguished Dr. Clark of London well says, in the September issue of the Homeopathic World, upon just this point, "It is for the Homeopathic public to provide them, and for the British Homeopathic Association to provide for them".

Here in Iowa every one is satisfied that our college of the University will provide *for* them, but to the profession throughout the state belongs the work of *providing* them.

How can we do this? How can we fill to overflowing our lecture rooms and clinical amphitheatres at Iowa City? Doubtless there is more than one method by which such a recruiting service could be made successful and effective. It fell to the lot of the present writer,

at the International Congress of last year, to suggest that it might be done by the employment of a secretary who should give his entire time to the work of acquainting the young people of our higher schools with the opportunities afforded by the practice of Homeopathy. This suggestion met favorable response; and was further developed by President-elect Copeland at the meeting of the American Institute last June. But there is no disposition to make this method a pet or a hobby. Let it be any method that the Iowa profession may deem best. All will be ready to make their individual preferences as to method, subject to the combined wisdom and decision of the profession. The crying need is that the profession shall actually get to work and formulate its chosen method, so that all of us as individuals can unite to contribute of our time, money, and labor as we may be able; then there could be no doubt that results would at once be apparent.

Grave and able students of philosophy, leading up to their assertion by careful and logical sequence of reason and argument, come at last to the declaration that "Life is Action". And if Iowa Homeopathy is to have abundant life, if it is to grow and expand and flourish as it should, it will be only by abundant action. Is action meager? Then life is meager. Are Homeopathic activities meager? Then Homeopathy will be meager in its development. Are Homeopathic activities vigorous and forceful? Then Homeopathy will be commanding in its development.

It is the duty of the profession of Iowa to provide the means through which its individual members can exercise vigor of action. The loyalty, the faithfulness, the devotion of the Homeopathic physicians of Iowa is beyond praise. But they cannot drag the great car of Progress forward, they cannot bend to their task, without a harness.

Provide that harness.

C. W. EATON.

NEWS ITEMS.

"The Facts about Variolinum" is the title of a paper presented at the last meeting of the American Institute by Dr. C. W. Eaton of Des Moines. It includes the combined experience of thirteen of our Iowa physicians with variolinum vaccination. Reprints are now at hand, and any who desire them for use in their communities can obtain them from the Doctor free of charge.

The Small Pox scare at Ames, as well as a clash between the school authorities and the internal method of vaccination, quieted down very happily. The Medical Director, backed up by the President issued a proclamation that every student and member of the faculty should be vaccinated within 48 hours or suffer the penalty of expulsion from the school. This was all well and good; a large number were vaccinated by the Internal method of vaccination and presented certificates for the same, these the authorities at first decided not to recognize as the Medical Director (an Old School man) said there was nothing to that method of vaccination. Several of the professors handed in their resignations to take effect if this order was enforced. Dr. Aplin was notified that his certificates for Internal vaccination would not be recognized and that persons vaccinated by that method would be expelled. Dr. Aplin replied to this that if such was their intention he would immediately get out an injunction and cited them to the decisions of the courts. However upon more mature deliberation, the Medical Director decided not to set up his opinion and authority against the decision of the courts and the Internal vaccination certificates were recognized and received, thus scoring another victory for Variolinum.

Dr. J. F. Battin has recently located at Marshalltown, Iowa.

Dr. George Alden of Indianola, Iowa, was in Des Moines, Tuesday evening, Dec. 9, where he read a paper on "Endometritis" before the Des Moines Homeopathic Medical Society.

Dr. George Royal was in Chicago Dec. 19 to attend the meeting of the Committee of the American Confederation of Examining and Licencing Boards.

Dr. Lucy B. Harbach of Des Moines took a trip to Mt. Vernon, Iowa to be present at the marriage of her sister.

Dr. Nellie Flinn of Sioux City is taking a trip through Texas and Colorado this winter with a view to locating in one of these states.

Dr. C. W. Eaton of Des Moines has been invited to deliver an address on "Variolinum" before the Homeopathic Medical Society of Chicago the first week in January.

E. C. Hough, M. D., of Villisca, Iowa, is in Colorado and Idaho on a business trip looking after some land interests he has out there. The Doctor has been gone about four weeks and is expected home soon.

Dr. R. A. Jacobsen and wife of Exira spent a very happy Thanksgiving day at Dunlap, Iowa, with Dr. and Mrs. P. G. Ingersol. The Doctors were in the same class at Iowa City and their wives were close friends in the Hospital.

C. A. Beatle, M. D., of Creston, Iowa, is the happy father of a fine baby girl which arrived the last of November.

Dr. W. H. McCartney of Des Moines and Miss Johnson of Clearfield, were married at the home of the bride Christmas day.

We take pleasure in announcing that Dr. S. B. Hoskins has won out in the contest for health officer of Sioux City.

The annual banquet of the Sioux City Homeopathic Medical Society served at the beautiful new home of Dr. and Mrs. Delmer L. Davis, on Dec. 10, was a feast for both body and mind.

Dr. Spreng, the president of our State Society, was called to Le-Mars last week to consult with Dr. W. T. Shepard.

Dr. J. Bailey the veteran homeopath of Sioux City, who has practiced there for the last thirty years still wears the collar and harness, and loves to inhale the smoke of battle. It is a pleasure to listen to him when he is in a reminiscent mood. We hope that Father Time will deal gently with him for some years yet to come.

Dr. Roberts who has been in New York for the past year or more

as Interne at the Metropolitan Hospital was a recent visitor in Des Moines.

Dr. H. S. Miner, superintendent of the Inebriate Hospital at Knoxville was in Des Moines recently on his way to Fort Dodge.

Dr. Leon Loizeaux who is connected with Flower Hospital has decided to remain in New York City.

Dr. Brown of Madrid has given up his down town office and built an office at his residence, with which he is very much pleased.

The committee of the American Confederation of Examining and Licencing Boards met in Chicago, Dec., 19, 1907, at 10 A. M. The Councils of Education of the different schools of medicine were present as guests of this committee. The report of the transactions of this committee will be reported later.

One of the little daughters of D. F. Denham, M. D., of Downsville, Wis., has diphtheria and is very low. There has not been a case in or near there for five years and they are at a loss to find where or when she was exposed.

B. F. Bailey, M. D., of Lincoln, Neb., was in Chicago and Ottawa, Ill., on business as one of the directors on the new Homeopathic Sanitarium. He returned home Dec. 7th.

Martha Clark, M. D., of Omaha, Neb., has gone to Florida for the winter. She had a severe attack of Typhoid fever and went south to regain her health.

The wife of F. A. Teal, M. D., of Omaha has been very sick with Pleuro-Pneumonia, but was getting better at last reports.

Drs. Davis and Farnsworth of Grand Island, Neb., have dissolved partnership and now occupy separate offices.

Dr. McKabe has left Fairfield, Neb., where he has been in practice about six months and moved to Arapahoe, Neb., to take charge of a hospital at that place.

J. E. Spatz, M. D., of Fairfield, has purchased a new auto and is very much pleased with it especially as a time saver.

J. E. Brainerd, M. D., of Superior, Neb., who has been in poor

health for the last year is now in Texas and from reports received is much better and expects to return home soon and take up his practice which has been neglected for over a year.

News has been received that Dr. Minetta Flinn of Monroe, Wis., is soon to be married and give up practice and move to Indiana.

Dr. Freeda M. Lankton one of the leading Homeopathic physicians of Omaha and of Nebraska died at her home Dec. 5, 1907. Her funeral was held Dec. 8, 1907.

University Notes.

Dr. E. N. Bywater, '03, of Iowa Falls, was a recent visitor at the University, having brought a patient to the hospital.

Miss Effie J. White, N. T. S., '03, has returned to her home at Tipton after a two weeks sojourn at the hospital.

A number of the nurses from the hospital have gone on their Christmas vacations. Miss Albright to Danville, Ia., Miss Parsons to Bates City, Mo., and Miss Workman to Lake City, Ia.

Dr. F. Bott, '06, of Victor Ia., was a recent visitor at his Alma Mater, he reports business very good, having brought two patients to the hospital for operations.

Dr. A. C. Cowperthwaite, of Chicago, the first professor of Materia Medica and Dean of the College, recently stopped off between trains to call on old friends at the Athens. We are pleased to note that the doctor's health is very much improved, and he is again able to attend to a part of his practice.

H. F. Masson, Senior Interne at the hospital, is convalescing from an operation for strangulated hernia.

Miss Stockwell, of the hospital and Miss Moyer, N. T. S., '07, are at Keota, Ia., taking care of typhoid patients for Dr. Lusk.

Dr. F. J. Becker attended the meeting of the Miss Val. Homeop. Med. Society at Rock Island, Ill., Dec. 17, at which he read a paper on Cancer of the Uterus.

Dr. Murry Wildman, '06, of Fort Dodge, was a recent visitor at

the hospital with two patients for the clinics.

Miss Effie Simmons, '07, having completed her course at the nurses' training school has gone to her home at Wellman, Ia., for a short rest after which she will "look around" for a location.

Dr. A. H. Arp, '82, of Moline, Ill., recently had the misfortune to be thrown from a buggy from which he sustained a fracture of the thigh in the lower third.

Societies.

The most enthusiastic meeting that the Sioux City Homeopathic Medical Society has had for years was held at the office of our State President, Dr. T. F. Spreng, on the afternoon of Dec. 10th. A goodly number of Homeopathic physicians from Nebraska, South Dakota and Iowa were present, a number of them with papers, and all took part in the discussions. Quite a number joined our local society.

The officers elected for the ensuing year were: T. W. Bartlett, Honorary President; J. M. Kilborne, Acting President; F. A. Seeman, Vice President, and W. H. Hanchett, Secretary and Treasurer.

The annual banquet was held in the evening at the home of Dr. Delmer L. Davis, which was also in the nature of a house warming as the Doctor and his good wife have just moved into their new home. Dr. J. L. Hanchett was toastmaster and every member and guest responded most heartily to their toasts. It must not be forgotten that the ladies were present at the banquet.

F. A. SEEMAN, *Sec.*

Des Moines Homeopathic Medical Society.

The Des Moines Homeopathic Medical Society met at the home of Dr. Loizeaux, Tuesday evening, Dec. 9th. Dr. and Mrs. Loizeaux invited the wives and husbands of the members to be present. Refreshments were served. There was a large attendance and the evening was thoroughly enjoyed by all. This being the regular night

for election, the following officers were elected: President, Dr. G. A. Huntoon; Vice President, Dr. Lucy B. Harbach; Secretary and Treasurer, Dr. Fred Alden.

It was decided that all the meetings for the coming year be held in some one central place. Dr. Eaton tendered the use of the policy room of the Des Moines Life Insurance Company which was accepted, so that any out of town doctors who may happen to be in Des Moines the second Tuesday night of each month may know where to find us. Our latch string is always out and a hearty invitation is extended to you at all times to be present with us.

The paper of the evening was given by Dr. George Alden of Indianola. The subject "Endometritis". The paper was discussed by every member present.

Mississippi Valley Homeopathic Medical Society.

The quarterly meeting of the Mississippi Valley Homeopathic Medical Society was held at the Harper House, Rock Island, Tuesday evening, Dec. 17.

After a very enjoyable supper, the society elected officers as follows: Dr. Taylor, Watertown, President; Dr. Bradford, Rock Island, Vice President; Dr. Brown, Rock Island, Secretary and Treasurer.

Dr. Becker of Iowa City, was then introduced and presented a paper on Cancer of the Uterus, in which he emphasized the need of early diagnosis of uterine cancer by means of the microscope and laid special stress upon the point that the laity be educated to a proper conception of the danger of allowing leucorrhoeal discharge and hemorrhage from the genitals to go neglected and untreated.

The discussion which followed brought out the need of careful examination for lacerations of the cervix following childbirth and the importance of early repair of the same.

Dr. Smith, of Freeport, Ill., President of the Illinois State Homeopathic Society, followed with an appeal to the members for better support of the local and state organizations, as a result of which, most of those present, who were not already members of the state society, filled out application blanks for membership in the same.

F. W. BROWN, Secy.

Copper Sulphate in Typhoid Fever.

Dr. O. W. Roberts, of Springfield, Mass., in an interesting article published in the *New England Medical Gazette* of November, under the heading of "A New Method of Treatment for Typhoid Fever" sets forth some ideas that look good to say the least. He first exhibits abundant proof that Copper Sulphate in solutions varying from 1 to 2,000,000 up to 1 to 50,000 will kill the typhoid bacillus every time when brought into contact with it.

Then he follows this with equally good authority that Copper Sulphate can be taken into the digestive tract in sufficient quantities to produce therein a condition which would be destructive to the life of the typhoid bacillus outside the human body, and this with absolute safety to both its life and health. Finally he gives us a number of cases which reacted to the Widal test, had rose spots, etc., in which cases the fever subsided in from six to ten days and the patient went on to recovery.

The doctor says, "From these investigations, I am reasonably certain that sulphate of copper will abort and will also cure typhoid fever by causing the destruction of the typhoid bacilli throughout the body. I say cure, because given a typical case of the disease, usually within four to six days after beginning its administration, what was a clear case of typhoid becomes a simple benign fever, and the patient recovers within a short time without complications.

I have made use of the 3x trituration tablets (i. e., 1 to 10000), giving two one-grain tablets every two hours. The 2x trituration (i. e., 1 to 10000) might be used for a short time without danger. It seems probable that if the drug is given in the 2x trituration (i. e., 1 to 10000) for two or three days, then followed with the 3x trituration (i. e., 1 to 1000), the germicidal effect might be more rapid. This should be continued at lengthening intervals until patient has fully recovered normal temperature, and is taking solid food. Milk and eggs are regarded as antidotes to copper, so doubtless it would be better to withhold them largely as articles of diet while giving the drugs."

Roll Call.

Dr. Freeda M. Lankton was a prominent, skillful physician having practiced medicine in Omaha since her graduation at the S. U. I in 1888. The Doctor was a loyal Homeopathist and labored to advance the interests of our school, which were so dear to her heart. She was a leader among women and her work was ever for the betterment of humanity. She was an indefatigable worker and a leader whose enthusiasm was an inspiration to her associates. An active member and officer in the W. C. T. U., E. S. A., P. E. O. and several other societies including medical associations. At one time she was president of the Nebraska State Medical Society. We remember her both as a physician and as a "womanly woman", who made of her home life a happy success. As a hostess she was charming. A ready writer, she contributed many valuable articles to various medical journals and secular magazines. She also took an interest in the charities of the city. Her pastor said of her, "She did a vast amount of good of which the world will never know". In his sermon Dr. Burdick paid a beautiful tribute to her spiritual, mental and social qualities and also her professional labors.

"Beautiful toiler, thy work all done,
Beautiful soul into glory gone,
Beautiful life with its crown now won,
God giveth thee rest."

H. E. MESSENGER.

Book Reviews.

HOW TO TAKE THE CASE AND TO FIND THE SIMILIMUM. By E. B. NASH, M. D. Author of "Leaders in Homoeopathic Therapeutics," "Leaders in Typhoid Fever," "Regional Leaders" and "Leaders in the Use of Sulphur. 55 pages. Cloth, 50 cents *net*. Postage, 3 cents. Philadelphia. Boericke & Tafel. 1907.

Anything from the pen of Dr. Nash needs no commendation to be received by the profession. Very few of us spend time enough in taking our cases and fewer still have any system. This work sets forth a method of taking a case and arriving at the proper remedy which is of great value.

WHAT TO DO FOR THE STOMACH. A careful arrangement of the most important Symptoms in Diseased Conditions of the Stomach and the Remedy Indicated in the Cure of these Symptoms. By G. E. DIENST, PH. D., M. D., author of

THE PHYSICIAN OF MANY YEARS' EXPERIENCE

KNOWS THAT, TO OBTAIN IMMEDIATE RESULTS

THERE IS NO REMEDY LIKE

SYR. HYPOPHOS. CO., FELLOWS.

MANY **Medical Journals** SPECIFICALLY MENTION THIS
PREPARATION AS BEING OF STERLING WORTH.

TRY IT, AND PROVE THESE FACTS.

SPECIAL NOTE.—Fellows' Syrup is never sold in bulk.

It can be obtained of chemists and pharmacists everywhere.

"THE RETREAT", DES MOINES, IOWA
28th STREET & WOODLAND AVE.



**A Large, Quiet, Homelike Place for the Care and Cure of Nervous Invalid
Literature and Further Information may be had on Application.**

DR. GERSHOM H. HILL, Supt.

DR. J. C. DOOLITTLE, Resident Physician

"What to Do for the Head." 202 pages. Cloth, \$1.00 *net*; postage, 5 cents. Philadelphia. Boericke & Tafel. 1907.

This work presents the principal remedies for all conditions affecting the stomach, together with their leading characteristics, in such a way that they may be readily found by the busy practitioner. The author has not presented a lot of new remedies for our consideration, but has gathered together our old true and tried remedies in a new way, clear, concise and to the point, that will be of no little value to us in our working library. The one chapter on pain is worth more than the price of the book.

THE ELEMENTS OF HOMEOPATHIC THEORY, MATERIA MEDICA, PRACTICE AND PHARMACY. Compiled and arranged from Homoeopathic Text-books by DR. F. A. BOERICKE and E. P. ANSHUTZ. Second revised edition. 219 pages. Cloth, \$1.00 *net*; postage 5 cents. Philadelphia. Boericke & Tafel. 1907.

There has been a demand among inquiring physicians, of other schools especially, for a book that will give in a concise way the Elements of Homeopathy, its medicines, dosage, etc. This book has been written to meet this demand. Part 1 deals with the History and Theory of Homeopathy, Part 2 is devoted to Therapeutics and Materia Medica. Under Therapeutics the diseases are mentioned and the principal remedies and their special indications are noted. Under Materia Medica is given a small digest of 175 remedies and their dosage. The reader, whoever he may be, inquirer or one well versed in Homeopathy will find in this little book a full dollar's worth. It is of a size that can be easily carried in the pocket for ready reference.

THE DIFFERENT PHASES OF TUBERCULOSIS.—A Series of Six Lectures Delivered in the University of Michigan by DRs. HINSDALE, DEWEY, COPELAND, KINYON, SMITH AND BURRETT. 91 pages. Published by the Homeopathic Observer. Price \$1.00; post paid.

This little book contains a series of essays by the above eminent and widely known authors.

"Tuberculosis, the Disease and the Victim."—*Hinsdale*.

"Therapeutics of Tuberculosis."—*Dewey*.

"Institutional Treatment of Consumption in the United States."—*Copeland*.

"Tuberculosis as Concerns the Obstetricians and Gynaecologist."—*Kinyon*.

"Tuberculosis from the Standpoint of the General Surgeon."—*Smith*.

"How to Detect the Bacillus of Tuberculosis."—*Burrett*.

While each lecture is independent in itself, the collection in its clear, terse and many sided treatment of the subject forms an interesting and valuable contribution to our literature.

WE are manufacturers of Pure
Homeopathic Medicines, Tinctures,
Triturations, Tablets, Cerates, Etc.

We are dealers in Physicians' Supplies of every description. If you want the best goods that can be produced send your orders to us.

Our 200 page Catalogue and Reference Book sent free on application to any physician.

P. H. Mallen Co.

38 Randolph Street

CHICAGO

SAL HEPATICA

The original effervescent Saline Laxative and Uric Acid Solvent. A combination of the Tonic, Alterative and Laxative Salts similar to the celebrated Bitter Waters of Europe, fortified by addition of Lithia and Sodium Phosphate. It stimulates liver, tones intestinal glands, purifies alimentary tract, improves digestion, assimilation and metabolism. Especially valuable in rheumatism, gout, bilious attacks, constipation. Most efficient in eliminating toxic products from intestinal tract or blood, and correcting vicious or impaired functions.

Write for free samples.

BRISTOL-MYERS CO.
Brooklyn - New York.



For reaching the Homeopathic Doctors in the middle west there is no better advertising medium than the Iowa Homeopathic Journal.

Address,

Dr. Erwin Schenk

406 Utica Bldg.

Des Moines, Iowa

IOWA HOMEOPATHIC JOURNAL

Vol. II

FEBRUARY, 1908

No. 2

Bill of Fare for Bottle Fed Babies*

T. L. HAZARD, IOWA CITY, IOWA.

Nature has provided a food supply for the young, and it would be well if under all conditions this could be depended upon instead of having to resort to artificial methods.

John Fiske it was, I believe, who said that the human race differs from other animals in increased wisdom from generation to generation on account of the absolute helplessness of the human infant. The necessity of care for years to preserve its life, demands an intimacy between the child and its parents which is found among no other species. By this intimacy ideas and suggestions, the results of experience or of inheritance from former generations are imparted to the child, and thus he lives endowed with knowledge obtained from his own experience and also from the wisdom of all preceding ages. Anything that interferes with this natural condition is detrimental to the progress of the race.

It is said that the hand that rocks the cradle rules the world. Undoubtedly it is true that there is a more intimate relationship between the child and the mother than there is between the child and the other parent. This relationship is to the advantage of both mother and child. To be pitied is the mother who is unable or unwilling to nurse her baby. However, in the complex conditions of social, American life a large proportion of mothers cannot nurse their children. This may be on account of the drain on the vitality by late hours and the endeavor to equal if not surpass others in the social swim, to fashionable but unhygienic clothing, or to the degradation incident to poverty. Though I am in hearty sympathy with the idea that every mother should nurse her child when possible, we should be careful that this idea is not carried to excess and the

*Read before the Hahn. Medical Association of Iowa

baby handicapped for years by an impaired condition of the digestive system caused by insufficient or unnutritious food early in life.

If maternal feeding is not sufficient, it is well to supplement it or replace it according to the necessities of the case by other food before irreparable harm has been done. It is impossible to lay down ironclad rules by which to provide artificial food which will agree with all babies, but ordinarily cow's milk is the food which can be most conveniently obtained, easily modified, and will most satisfactorily take the place of maternal feeding.

In modifying cow's milk for the human infant, certain important principles must be kept in mind. Both human and cow's milk contain sugar, fats, proteids, salts and water. All these ingredients are comparatively easy to digest except the proteids. Ordinarily in indigestion during maternal lactation, the proteids are the part of the milk most frequently undigested. On the addition of rennet, coagulation takes place in cow's milk in large, firm curds. In human milk the coagulation is in fine, flocculent curds. Not only are the proteids of cow's milk more difficult to digest, but the per cent is more than twice as great as that in human milk. The greatest difficulty in feeding cow's milk is so to modify the proteids that they may be properly digested and still have the other ingredients of the milk in sufficient amount to nourish the child.

It will not do to modify cow's milk by simple dilution till the proteids equal in amount those of human milk, because the other ingredients would be deficient to such an extent that disaster might overtake the infant in one or more of several ways. It is a well known fact that deficiency of fats causes constipation and rickets, deficiency of sugar causes emaciation and lack of animal heat, while deficiency of proteids causes anaemia, flabby muscles and general prostration. On the other hand, excess of fats causes gastric indigestion with sour vomiting, excess of sugar causes flatulent indigestion and excess of proteids produces both gastric and intestinal indigestion, indicated by vomiting of curds or by curds in the stools.

In feeding a baby modified milk, the ability of the digestive organs and not the age of the child should regulate the strength of the food. In beginning this plan of feeding after the second week, it is

well to prepare the milk about one-third the strength a baby of the same age would usually need, and according to the baby's ability to digest, rapidly increase the strength till it equals that which experience has proved to be necessary for the average baby of like age.

The ease with which the different constituents of milk are digested is as follows: water, salts, sugar, fats, proteids. A baby under three days of age may be soothed, satisfied and nourished by a five per cent solution of sugar. The per cent of sugar does not need such careful selection as is required in deciding upon the strength of either fats or proteids. It is seldom advisable to use less than five or more than seven per cent. If a child is apparently healthy but does not gain in weight, more sugar is required. Constipation can frequently be relieved by using brown sugar instead of sugar of milk. The same result may be attained by using some Eskay's or Mellin's food with the modified milk.

Though improperly modified milk frequently causes infantine indigestion, it is remarkable how the digestive system of the infant within certain limitations will adapt itself to varying strengths of food, but it has not always sufficient strength to overcome poisons due to bacteriological changes which all too often are found in the baby's food. These changes may be kept at the minimum by insisting upon the utmost cleanliness both of the milk and all utensils.

Besides modified milk, in many cases much good can be derived from liquid peptenoids, bovine and fruit juices. During the latter months cereals may be used in the following manner: Cook thoroughly one tablespoonful in one pint of water, strain and use in place of plain water in modifying the milk. Cereals so used have the property of mechanically influencing the proteids in such a manner that on coagulation they form fine, flocculent curds. Whenever possible it is better to modify the proteids in this manner rather than to use alkalis. In depending upon alkalis there is always danger of using too much. During digestion coagulation of the casein will not take place until the alkalinity of the milk is neutralized by the acidity of the stomach. For this reason not only should excessive amounts of alkalis be avoided, but each case should be individualized

and the modified milk should be used without lime-water or similar substances unless specifically indicated; but if alkalinity is desired, to each ounce of the milk and cream add one-half grain of bicarbonate of soda, or lime-water may be used in the proportion of one part lime-water to twenty parts milk and cream.

Much interest has lately been taken in the use of modified butter-milk for infants. One author who reports remarkable results with this diet, advocates the following modification: The butter is removed from sweet cream which has been soured by lactic acid producing bacteria; to one quart of the resulting butter-milk he adds one-half ounce of wheat flour (which may be browned) and one to one and a half ounces of cane sugar; with constant stirring this is allowed to boil two or three minutes, after which it is placed on ice. When needed for use it is warmed to the proper temperature. Ordinarily this is used in full strength, but when given to very young or sick children, it may be diluted with water. He especially recommends the modified butter-milk in acute gastric or intestinal indigestion. After the child's condition has become normal, he suggests the addition of milk or cream to this food.

Before closing I desire to register my disapproval of the ordinary nursing bottles. No matter how well the food is prepared, if it is not properly given all other efforts may be useless. The Hygia nursing bottle fulfills every requirement of a first class apparatus.

In the table accompanying this paper I have pointed out the method of modifying milk for infants during the first year of life, indicating the ages when the strength of the food should be increased, and giving the per cent of fats, proteids and sugar in each formula. These formulæ are sufficient for the ordinary healthy baby, but in cases of impaired digestion they can be altered by increasing or decreasing one or more of the ingredients—usually the cream or milk—according to the requirements of the special case. In increasing the nourishment it is well to alternate between the strength of the food and the quantity given at one feeding.

Time	Ounces used				Results in per cent		
	Cream	Milk	Water	Milk Sugar	Fats	Pro- teids	Sugar
Premature	1.00	.75	18.25	1.00	.95	.29	5.37
1st day	0.00	.00	20.00	1.00	.00	.00	5.00
2nd day	1.00	1.00	18.00	1.00	1.00	.34	5.43
3-7th days	1.50	1.50	17.00	1.00	1.50	.50	5.64
2nd week	2.00	1.75	16.25	1.00	1.95	.63	5.80
3rd week	2.00	2.50	15.50	1.00	2.10	.76	5.97
4th week	2.25	3.00	14.75	1.00	2.40	.88	6.13
2nd month	2.50	4.00	13.50	1.00	2.80	1.10	6.41
3rd month	2.50	5.00	12.50	1.00	3.00	1.27	6.63
4th month	2.50	6.00	11.50	1.00	3.20	1.45	6.86
5th month	2.75	7.00	10.25	1.00	3.60	1.66	7.13
6th month	2.75	8.00	9.25	1.00	3.80	1.84	7.36
7th month	2.75	9.00	8.25	.75	4.00	2.01	6.33
8th month	2.75	9.00	8.25	.75	4.00	2.01	6.33
9th month	2.50	10.00	7.50	.75	4.00	2.15	6.51
10th month	2.25	11.00	6.75	.50	4.00	2.28	5.43
11th month	1.75	13.00	5.25	.25	4.00	2.55	4.53
12th month	1.00	16.00	3.00	.25	4.00	2.05	5.05
Thereafter	0.00	20.00	0.00	.00	4.00	3.50	5.00

Unskimmed milk should be used in this table.

The cream should be 16 per cent centrifugal cream, or may be obtained as follows: Dip upper fifth from milk which has stood three or four hours, mix thoroughly and use the required number of ounces. Instead of dipping off the upper one-fifth, the lower four-fifths may be siphoned away.

If other than milk sugar is used, only one-half the quantity is required.

Two and one-half level tablespoonfuls of sugar equals one ounce.

Rhinitis*

WM. WOODBURN, DES MOINES.

This is a small word but a big subject, much out of proportion to the size of the locality to which it can be applied. Strictly, the word means an inflammation of the nasal mucous membrane and for convenience and clearness, should first be divided into two general divisions of acute and chronic. Under the former we have the sub-

*Read before the Des Moines Homeopathic Medical Society, November 1907.

divisions, Acute catarrhal, acute purulent, and croupous. Under the latter subdivision we have, Chronic catarrhal, Hypertrophic and Atrophic.

Let us first consider the acute catarrhal. This is that form most common and familiar to all and is the ordinary "Cold in the head" so familiar in fact, that no description is needed. When limited to the nasal passages and does not involve the accessory sinuses, such as the frontal, the antrum of Highmore, the Lachrymal apparatus or the middle ear through the eustachian tube, there is not much more results than inconvenience to the patient for a few days, usually eight or ten, when the course is uninfluenced by treatment.

The importance of proper treatment is not merely to spare the patient much of the annoyance incident to the course of the trouble, but to prevent the very frequent involvement of some or all of the accessory sinuses above mentioned. The one most frequently involved is the middle ear through an extension of the inflammation in the eustachian tubes, more or less completely closing the drainings from the middle ear, and here we have the foundation of fully 75 per cent of all mastoid cases. Outside of specific or traumatic cases, which are very rare, primary mastoid inflammation is practically unknown. With these exceptions, mastoid disease must always be considered a secondary condition or sequela following an inflammation in the nose or pharynx.

Next in frequency of involvement is the frontal sinuses. While the results of involvement of these are not usually attended with such serious consequences, they are quite as annoying while they last, producing exceedingly severe headache and occasionally requiring surgical interference or producing fistulous openings which is an exceedingly difficult condition to overcome.

Last and least frequent to become involved is the antrum of Highmore. When involved this cavity is exceedingly difficult to treat and the condition is seldom if ever recognized until after the acute symptoms have subsided and is suggested by the continued catarrhal condition which the nasal passages show. Fortunately it is seldom that in any case more than one of the accessory openings become involved.

It is this acute form of Rhinitis where proper medicinal treatment

is most important and potent. The objects to be attained are to reduce the turgescence and secretion of the mucous membrane first involved and thus to limit the discomfort of the patient and to reduce to a minimum the danger involved by extensions as above described. I am firmly convinced that many cases can be aborted and all cases can be cut short and reduced in severity and sequella by such treatment. *Conite* and *Belladonna* stand out emphatically as the most useful remedies for the first few hours, when six or eight hours have passed I believe no remedy in potency will produce the marked beneficial effects that some remedies will produce in physiological doses. A favorite remedy with me is to prescribe 1-6 to 1-3 grain pilocarpine, according to age. When the patient is ready to retire, give in a cup of hot water, with the feet immersed in a hot water bath. In from two to five minutes there is profuse diaphoresis. The patient should be rolled up in a blanket and left until the sweating has ceased then rubbed dry with a coarse towel and put to bed. The turgescence and secretion of the nose are immediately overcome and the "cold" practically at an end. Of course care should be taken the following day to suffer no exposure..

I have dwelt somewhat at length with this first variety for it is by far the more important and if properly understood and treated, there will be but little necessity of considering the other classifications, for the acute catarrhal furnishes the foundation and precedes all forms of the chronic classification.

The acute purulent usually is produced by the introduction of some poisonous substance or vapors and the treatment is covered by the one word "cleanliness." It is well to remember that with the purulent secretion there is always more or less mucous and this can best be cleansed by some alkaline solution such as *Dobels*. *Listerine* is good as are any number of similar preparations properly reduced.

The Croupous variety is analogous to, or coincident with membranous croup or diphtheria and the indications for treatment will be clearly shown in each case.

We now come to the consideration of the various forms of the chronic division. The chronic catarrhal form is in a very large majority of cases due to mechanical obstruction, such as deviated sep-

tum, septal spurs, enlarged turbinated bodies, adenoids, etc. This result is produced in two ways. First any mechanical obstruction or restriction to proper nasal respiration is, of itself, a source of irritation and causes an increased amount of mucous to be excreted while the mechanical obstruction prevents the evaporation of that which normally is excreted, so that the amount of discharge is apparently very great. The treatment in these cases is not medicinal but surgical or mechanical, directed toward correcting the abnormal physical conditions found, as far as this is possible. My observation and experience based on fourteen years of special work along these lines compels the conclusion that medical treatment in this class of cases is only temporizing and a waste of time for both patient and physician and simply invites the next chronic form of Rhinitis namely Hypertrophic. This variety is characterized by permanent thickening of the mucous and sub-mucous tissues usually more pronounced over the lower and middle turbinated bodies and is a logical result of a long continued catarrhal inflammation which has produced proliferation of cells in the sub-mucous structures. It is in these cases where the proliferation frequently degenerates into myxoma or polypoid tissue. Treatment must be addressed to the reduction of this redundant tissue and can only be done by some method of destruction and if not undertaken by the physician, nature herself will in time undertake the job and produce the last and most intractable of all varieties, the Atrophic. We have all seen or smelled these cases. Some of us have tried to treat them but always with indifferent success. It is impossible to restore what has been destroyed. However, it is sometimes possible to prevent further destruction but it is always impossible to restore normal conditions in such cases. Cleansing solutions and stimulating ointments are all that can be done locally in advanced cases.

It is to be regretted that so many cases are left to drift from the Chronic catarrhal into the Hypertrophic and from the Hypertrophic into the Atrophic. Something can be done for the latter, more can be done for the Hyperthropic and most can be done for the chronic catarrhal.

I have endeavored to show the logical relation of the various

varieties, how, beginning with the acute cold, step by step, we reach in the end the last and most dreaded variety when practically nothing but palliation can be accomplished.

Variola*

C. M. MORFORD, M. D.

The period of incubation has been more accurately determined in smallpox than in any other infectious disease, owing to the suddenness of the onset. The exposure must be but once, and for a short time. All are agreed in placing the time between ten and twelve days; in the great majority of cases. The initial stage is found in practically all cases and forms one of the most characteristic features of the disease.

The onset is usually sudden and marked by definite symptoms such as great depression, headache, backache, chill and vomiting. And here let me say that vomiting is found in all typical cases of smallpox. Occasionally it is gradual and accompanied by malaise, fugitive pains and gastric disturbances. The severity of the initial symptoms varies, but there is little relation between the initial severity and the character of the disease, since very light cases may begin with stormy initial symptoms. Mild initial symptoms as a rule preclude a very severe case. The depression may be marked; there is a feeling of weakness and giddiness with disordered consciousness. The depression is much greater than in typhoid fever, and in children the disease frequently causes convulsions.

Other disturbances of the nervous system are seen. Insomnia, due in part to the pain, is common in even the milder forms of the disease. Somnolence, sometimes to the extent of coma, is seen in children. Delirium is common, and is usually of the type seen in drunkenness. Sometimes the most violent delirium will suddenly become rational. Headache as an early symptom is common. It is usually severe and agonizing to such a degree that patients make violent outcries and grasp at the head. The pain usually extends over the entire head but may be confined to the forehead and temples.

*Read before the Central Iowa Homeopathic Medical Society, January, 1908

It is often described as feeling as though a band were encircling the head, or a lancinating, throbbing pain. This may continue unchanged through the entire initial stage and gradually subside as the eruption appears. Backache, usually localized in the lumbar region, is a well known symptom. This has especial importance in the early diagnosis, because it appears in no other acute febrile disease so frequently nor with such intensity. Some have compared it with kidney-stone. It may be accompanied with pain in the thighs, hips, bones and joints, or extend over sides and simulate the pain of pleurisy. Pain and stiffness of the entire muscles of the neck and back may be, and is, frequently, complained of. This pain may commence with the onset of the disease or appear in the last days of the initial stage and usually disappears as the eruption appears and develops.

Gastric disturbances are common at this time, and in fact I have found this in all of my cases during this stage at the onset in the form of nausea and vomiting and later as anorexia and vomiting. The tongue is usually covered with a whitish-yellow coat showing the imprints of the teeth. The breath is very offensive. Sore throat is usually complained of, dull pain and difficulty of swallowing. The tonsils are usually swollen. Menstruation in females appears almost regularly in the initial stage, even when the regular period has not arrived and is quite abundant. A chill, more or less definite in character, usually marks the onset. The temperature rises rapidly to about 104° or 105° and remains at its height with slight morning remissions for about three days. In light cases the temperature falls to normal at about the third day. In the more severe cases, the temperature falls more gradually and may continue five or six days.

With the fall of the temperature the eruption appears, the full development of which is reached after normal temperature is established. In a case of moderate severity, the temperature usually reaches the normal point two days after the beginning of the eruption. The pulse and respiration are increased according to the height of the fever. The urine at this time usually contains albumen and presents the appearance common to acute febrile diseases. It is usually decreased in quantity with little or no difficulty in voiding it.

Vaccination*

EDWARD N. BYWATER, M. D., IOWA FALLS, IOWA.

The fact that things forcibly impressed upon one gives one a clearer understanding of a subject, and therefore a more forcible manner of presenting it, is perhaps the reason this subject was suggested for me; because I believe your committee was aware of the fact that I had had the subject forcibly impressed upon me by the great big fist of an overgrown allopath, and therefore was in a position to give it to you, value received.

The question of vaccination is one which I have given considerable study since the winter of 1901, when I was compelled by order of the authorities of the University to roll up my sleeve and submit my arm to be infected with some vile pus from a small glass tube. And I, nor my physician, shall ever forget the tortures I suffered, and the symptoms of infection and fear of scarlet fever and what not, which I experienced.

At that time the Homeopaths of Iowa were not masters of the vaccination question as we are to-day. It was scarification or be fired. Today or tomorrow rather, it will be scarification and be fired. For through the wise rulings of three unprejudiced courts we won our position, and today internal vaccination is recognized in Iowa as a lawful method of vaccination. Surely a hard and bitter homeopathic pill for our allopathic brothers to swallow, but down it went and thank goodness it staid down.

Internal vaccination is homeopathic. It conforms to the laws of homeopathy I believe in every sense of the word. Even variolinum, the product of smallpox, when administered in the 6x to 30x potencies, does not produce smallpox, but a similiar condition, which fortifies the system against the dread disease of smallpox. So also does vaccininum, malandrinum, etc., produce the same effect. How much more logical and scientific is this method of producing immunity against smallpox, than that of introducing vile, infectious pus into the system of a pure, healthy little child, to perhaps years afterwards, if not at once, produce the dread tuberculosis, the lingering cancer,

*Read before the Central Iowa Homeopathic Medical Society, January, 1908

the painful carbuncle, the dirty eczema or the horrible syphilis, to reward the greed of a few ignorant men who are putting their products upon the market and pushing their sales by expensive advertising to only cause the sacrifice of the lives of those little fellows who may be near and dear to us, brother doctors.

In internal vaccination, I believe, we have a safe method of producing immunity against smallpox. Wherever tried it has proven its efficacy. As yet it has never caused a death, it has never left a trace of tuberculosis in its wake, nor has it been the means of stirring up syphilis or any dread disease. And I believe that one of the principal causes of the rapid increase of the white plague has been nothing less than the infection through vaccination by scarification. And I believe it will keep on increasing just so long as the old method of vaccination is kept in vogue.

The symptoms produced by the internal method are the same as those by scarification, except the sore arm and the dangers of infection, etc. The symptoms produced by Variolinum (30) in cases I have watched were as follows: First would appear a chill, followed in a short time by fever, sometimes both, very marked. Then would come on headaches, backache and a general aching of the body. These symptoms were noted most prevalently in all cases. Then there was malaise, loss of appetite, restlessness, diarrhea and extreme weakness. In three cases I noted a marked eruption. One case had an eruption very similar to chickenpox, and an allopath whom I took in to see the case went so far as to say that if it worked that well it certainly would produce immunity to smallpox. This same case was quarantined 35 days with a case of genuine smallpox, who by the way had a perfect scar by scarification, done 2 years previous, and did not contract the disease. Neither did the mother who was vaccinated by the internal method and who had never been vaccinated before.

The two other cases were in the same family and would have been quarantined undoubtedly had they fallen into the hands of our friends of the old school. Their eruptions were confined to the palms of the hands and looked very much like pocks. One of them, however, had two small eruptions on the face, but were not marked.

During our vaccination fight at Iowa Falls out of 165 children vaccinated, about 115 were vaccinated by the internal method. Of 100 vaccinated by myself, I kept records and about 92 of them showed signs of the medicine working. That is, sufficient symptoms were produced to warrant immunity against smallpox. Of the 8 remaining cases, part of them had been vaccinated before and some perhaps didn't take their medicine.

Wherever internal vaccination has been used by physicians, and had a chance to thoroughly test it with smallpox, they are very enthusiastic in its use. It will soon be that this will be the only method of vaccination, because the reasoning laity are going to demand it, and the reasoning physicians accept it, and the fellow with vaccine points will be as obsolete as the man with the leech and lance.

And I hope, brother homeopaths, that you may each as opportunity affords itself, acquaint yourself with this method and take a stand with the progressives to down the standpat method vaccination. When this done, there will be fewer deaths, less disease and better health among our people.

And may God speed the day when every physician, no matter from what pathy, accepts the truth of internal vaccination, and forgets the barbarous method by scarification.

We have a Symposium on Small Pox in which there are six papers covering the different phases of the disease and its prevention and treatment. In addition to this we will have Dr. Eaton's paper which was read before the Chicago Homeopathic Medical Society on "Vaccination by the Internal Method." These articles, two of which appear in this number of the Journal, will appear in the succeeding issues of the Journal.

Did you ever try *Conium Maculatum* for Hystero-Epileptiform convulsions? Works like a charm.

IOWA

HOMEOPATHIC JOURNAL

PUBLISHED MONTHLY.

G. A. HUNTOON, M. D. Editor
ERWIN SCHENK, M. D. Publisher

DEPARTMENT EDITORS.

T. F. H. SPRENG, M. D. *Materia Medica and Clinical Medicine*
F. J. BECKER, M. D. *Obstetrics and Gynecology, University Notes*
A. M. LINN, M. D. *Hygiene and Sanitary Science, Pediatrics*
C. W. EATON, M. D. *Surgery*

Books for review, exchanges and contributions. (It is to be understood that papers have not been printed elsewhere, that they should be typewritten, reprints will be furnished at cost if request accompanies paper.) Personals, news items, subscriptions or card ads, should be sent to the Iowa Homeopathic Journal, Box 152, U. P. Sta., Des Moines, Ia.

All communications in regard to advertising should be sent to the Publisher, Dr. Schenk, Utica Building, Des Moines, Iowa.

Each contributor is alone responsible for the ideas advanced.

We print in this issue a report of the Executive Committee of the American Institute of Homeopathy; changing the meeting place of the National Society from Oklahoma City to Kansas City, in which they set forth good and sufficient reasons for their action.

It is, however, with a genuine feeling of regret that we find it impossible to hold the meeting at Oklahoma City. The zeal with which the chairman, Dr. Hensley, has set about to provide for the meeting should be and is, greatly appreciated by all. The great test of a man's character is disappointment, and knowing what a great disappointment this move will be to Dr. Hensley and how near this has been to his heart, we hope that it will develop that he is great enough to sacrifice personal ambitions for the good of the cause of Homeopathy.

Let us all turn in and help boost for a great meeting at Kansas City in June.

"An Aristocracy in Medicine"

In a recent issue of the Hahnemannian Monthly there appears an elaborate article from the pen of a veteran member of the New York Board of Medical Examiners. The sentiments contained in this article are unusual and if seriously entertained by a considerable portion of the medical profession certainly should command a very earnest consideration.

Because of the position and long time experience of the writer, his opinions merit considerate attention. He evidently takes just pride in the fact of his long service and for the further reason that he credits himself with being a potent factor in securing important medical legislation in his own state. All this is very creditable. "Honor to whom honor is due." No generous soul would withhold the just mead of praise so dear to the average professional heart. We willingly accord due credit for commendable effort in the interest of efficient medical progress.

In the article just referred to, however, the writer advocates measures that are far too radical and totally out of keeping with the spirit of this Western World. In common with a radical element in the medical profession he is intent on very rapidly advancing not only the preliminary requirements to a medical education, but also the length of time required in attaining it; he is disposed to put up the bars with a purpose evidently of limiting the output of medical men. Like some other organizations he would make it a close corporation. He would bar out from this noble profession many whose means but barely permit them to hope by persistent effort their ultimate admission into the medical ranks.

America is concededly the land of the free. It is the land of opportunities for both the rich and the poor. No coveted prize is barred from the aspiring, ambitious and energetic sons of our free soil. The advocate of this new measure would establish here in America what he is pleased to term "an aristocracy of medicine." He adds the softening qualification "An aristocracy of learning." It is a matter of pride that in recent years, progress, genuine progress in medical education and investigation has been made and not a little

of this commendable progress is credited to the profession in our own country.

As is well known, in Europe access to places of preferment in the ranks of the medical profession is very largely a matter of favoritism. The average medical man plods wearily along through an uneventful career and obtains no preferment in this profession except it may be accorded him by the favoring hand of the government. The ambitious and aspiring physician sees only the hope of preferment as it comes from this source. Ability and ambition scarcely count in the attainment of positions of emolument. These positions are handed out to the favorite courtiers of the powers that be.

Had our friend who thoughtlessly advocated a condition in America similar to that in some feudal despotisms of Europe, grown to maturity under such circumstances, he would have given more serious consideration to his proposition before advocating it as a commendable measure before the American physicians. Most of us are intensely American. We would be little less than recalcitrants if we were not. No bars should be placed before the entrance to places of preferment in this country. Opportunity everywhere should beckon with open hand to the bright eyed, clean handed, clear headed, ambitious lad whether he possessed ample means or is compelled to fight his way single handed in the contest. No calling should shut its doors to honorable ambition of the poor, nor exclude from its places of preferment the aspiring youth of modest means.

It has been the glory of the medical profession in America that many of its shining lights have literally made their own way to its prominent positions. This profession is not a reservation for the pampered son of wealth who never earned by his own toil nor learned correctly to value a dollar. The multiplied obstructions to attainment in medicine would have no other result than to make it a profession of the rich. We are glad to believe that poverty is not a crime and that the sober sense of the medical profession will not permit the exclusion of aspiring and ambitious young men of moderate means.

The man who makes his way from the ranks will bring with him into the work more of human sympathy. He will have a more kindly heart throb to the accent of sorrow. The man who comes

from the ranks making his own way to success will have a larger sympathy for the sorrow of his kind. It is not alone "the aristocracy of learning", but the aristocracy of human sympathy that make men great. It is assuredly not an "aristocracy of learning" that will keep the medical profession in close touch with our American people.

Who has not noted with sincere regret in recent years a widening gap between the people and the medical profession? Keen observers can clearly see that this very thing has afforded ample room in which every species of charlatism has flourished. Is it from the "aristocracy of learning" or from the ambitious and aspiring plain people that such characters as Dr. Willum McLure of the Bonnie Briar Bush, spring? The profession should be filled with men not only of large brain, but of large soul.

Lincoln says that we should "keep close to the common people" and from others we are continually admonished to listen to the voice of the "plain people." It is from them and not from the "Aristocracy of the rich" that large hearted men chiefly spring. Accepting the statements patent to every one that there is a wide spread feeling among the people that medicine is already too pedantic; that the bond of sympathy of the "plain people" and the medical men is none too strong, in fact is being loosed; increase that sentiment by barring the entrance to medicine except to the wealthy and it would take no prophet to foretell the situation in a comparatively short period. The gap between the profession and the people would widen still more and the smooth charlatan would continue to apply his art and reap a rich harvest upon the waning confidence of the people in our art. The patent medicine humbug would continue to enrich himself, while the obtruse aristocrat continues to climb further away from the masses of the common people. With the purpose of taking the rich rewards further from the grasp of those of moderate means, our friend would create a Central University by Act of Congress from which would be dispensed to the wealthy, titles admitting only the favored who possessed them to places of preferment. Only to such would be open lectureships, professorships and positions in the Army and Navy Medical service.

To the aristocrats who could obtain these titles by means of their wealth, would come the emoluments which should fall to deserving ability in the medical ranks. The ambitious poor could only look with longing eyes at the vanishing opportunities which are beyond their reach. They could only view with feelings of resentment the rich rewards that are thus placed in the hands of aristocrats in medicine while the gates are closed still more securely against the ambitious and aspiring poor by the requirement "that a considerable fee should be charged for taking the examinations."

Aristocracy is not a word native to American soil. Aristocracy is not a word which should become indigenous to the soil of our country. The thought of it is a little less than hateful to the Puritan who sought in America a few centuries ago the opportunities which were denied him in the Old Country.

Better, far better, that the highway of opportunity should remain unobstructed to the large hearted and ambitious youth of America, even if it must be done at the expense of a measurable degree of attainment. Better that the bond of sympathy should be strong between the profession and the people, better that the confidence so long possessed by large hearted professional men should continue to abide. The progress of recent years is commendable. Be it observed that there is no aristocracy in progress. It can not be truthfully said that advancement comes at the behest of any sect or class. There should be no monopoly of learning, certainly there should be no monopoly of the medical profession in this country by the rich.

When the advocate of these peculiar ideas obtained his medical training nothing was required beyond what could be "picked up" about the preceptor's office.

Today the High School Diploma is the credential for admission to the medical college, requiring a four year course. Within a decade unless a halt is called the aspirant following in the footsteps of Esculapias will enter the grammar school, pass on through the High School, enter and graduate from college when his diploma will be accepted as sufficient evidence of attainment to permit him to matriculate in medicine. Four strenuous years devoted to its study followed

by a post graduate hospital training will then be deemed sufficient to fit the medical man for his life work.

Where will it all end? The prospective M. D. will be middle aged before beginning his chosen calling. The youth of limited means will be hopelessly barred from the portals of the medical college. Though born with both the genius and the poverty of a Lincoln, the avenues to the profession his learning would embellish are closed to him. Such requirements placed in the pathway of many a brilliant medical genius of today would have made of him "a mute inglorious Milton."

Verily the inconsiderate radicals are urging a precipitate rush toward an undesirable "aristocracy in medicine." A healthy conservatism however is becoming apparent and it is most fervently to be hoped this question shall receive at the hands of its thoughtful members that considerate judgment which its importance demands.

A. M. LINN.

NEWS ITEMS.

Dr. H. F. Landis was in Des Moines the first part of January on business.

Miss Alice Beatle spent New Years with her brother at Creston. She was also in Des Moines, Jan. 18, visiting Miss King.

Dr. Rorebaugh, of Des Moines, is the happy father of a boy.

Miss Mabel King, Class '07, Nurses' Training School, Homeopathic Hospital, Iowa City, is now located at Des Moines.

J. B. Sherbon and Florence Brown Sherbon, proprietors of the Victoria Sanitarium at Colfax, are the happy parents of twin girls.

Dr. Alden, of Indianola, was in the city Jan. 15, to assist his brother with an appendectomy.

Dr. C. F. Bennett, of Waterloo, was in Des Moines recently on business.

Dr. Clarence V. Page, of Sheldon, Iowa, was married to Miss Hazel Elliott of the same place Dec. 25, 1907.

Dr. Murray Wildman of Ft. Dodge was in Des Moines, Jan. 13, on his way home from Iowa City where he had been with a surgical case.

Dr. E. R. Ames of Knoxville was in the city a few days ago. The Doctor contemplates buying an automobile.

Dr. I. N. Paul of Perry was in the city recently to attend a directors meeting of the Cumberland Gold Mining Company.

Dr. C. B. Adams of Sac City has gone to California for the winter.

Dr. J. G. Bickley of Waterloo has gone to Florida to spend the winter.

The Journal and its readers sympathize with Dr. H. C. Irwin of Earlham who lost his wife about the middle of January from pneumonia.

E. Carmichael M. D., has left Sac City and located at Davenport.

A. W. Pearson M. D., formerly of Spirit Lake and Estherville has again located at Spirit Lake, Iowa.

H. F. Landis M. D., formerly located at Newton has located at Primghar, Iowa.

O. I. Hall M. D., Zumbrotta, Minn., who has been on the sick list for about two months is better and hopes to be out in a short time.

W. C. Roberts M. D., Owatonna, Minn., has just moved into his new house. It is built of cement blocks. The doctor has his office at the house and is very happily situated.

The time is at hand for receiving offers of meeting places for the American Institute of Homeopathy in 1909. Address such letters to Dr. Kraft, Secretary, 2055 E. 90th St., Cleveland, Ohio.

Societies.

If your Society report is not in this list it is because the Secretary of your Society has not given us a report. Reports should be in our hands not later than the 18th of each month.

CENTRAL IOWA HOMEOPATHIC MEDICAL SOCIETY.

The regular quarterly meeting of the Central Iowa Homeopathic Medical Society was held at the Delevan Hotel, Cedar Rapids, Wednesday, Jan. 15th. The meeting was called together at 5 P. M. by the President, Dr. T. L. Hazard. The Society adjourned late and were served to a dinner by the Cedar Rapids members. Nineteen were present.

The subject for the meeting was "Small Pox" and the following papers were read.

"Variola"—C. M. Morford, M. D., Toledo.

"Diagnosis of Variola"—C. J. Snitkey, M. D., Belle Plaine.

"Complications of Variola"—A. E. Crew, M. D., Marion.

"Vaccination"—E. N. Bywater, M. D., Cedar Falls.

"Prognosis in Variola"—E. P. Childs, M. D., Cedar Rapids.

"Remedies for Variola"—George Royal, M. D., Des Moines.

The meeting was one of the best in the history of the Society. A generous discussion was accorded to all the papers, and upon motion of Dr. C. H. Cogswell, Sr., it was decided to send the papers to the *Iowa Homeopathic Journal* for publication.

THE DES MOINES HOMEOPATHIC MEDICAL SOCIETY.

The regular monthly meeting of the Des Moines Homeopathic Medical Society was held in the office of the Des Moines Life Insurance Co., Jan. 14: The paper of the evening was read by Dr. Fred Alden, the subject being "Neuralgia with special reference to the Surgical treatment of the Trifacial form." This very interesting and highly instructive paper was enthusiastically received by the Society. In addition to the paper which he read, Dr. Alden made a demonstration with a calf's head on which he had previously done

the following operations bilaterally; Neurectomy of the Inferior Dental Nerve, Infra Orbital Nerve, Supra Orbital Nerve, and removal of the Gasserian Ganglion.

The painstaking care with which the doctor had prepared these specimens was thoroughly appreciated. A general discussion followed the reading of the paper.

It was decided at this meeting that the Committee on a Homeopathic Hospital in Des Moines should present articles for incorporation at the next meeting for the Society to act on.

ROLL CALL.

In the death of Dr. J. S. Cron of Gladbrook, the state of Iowa loses one of its most faithful, aggressive and successful homeopaths. From the time he graduated from the Hahnemann Medical College of Chicago, in 1884, till his death Dr. Cron constantly labored for the interests of Homeopathy. He always took pride in proclaiming the fact that he owed his success to his belief in and practice of the principles of Similia Similibus Curanter. If there was any measure before the legislature which could in any way affect the interests of Homeopathy, Dr. Cron always wrote or visited his representatives and expressed his views and desires concerning that measure. If a new professor was needed at the College of Homeopathic Medicine of the State University of Iowa, or if any attempt was made to deprive the college of any of its present professors the President or some members of the board of Regents soon received Dr. Cron's opinion. And what showed his loyalty more clearly was that he supported the college and hospital at Iowa City. His sister graduated from the college in 1896. One son, Cyril McLane, is a member of the present senior class, while a second, Charles Fletcher, is in the sophomore class. Dr. Cron nearly always had some patient in the Hospital. He was a regular attendant at the meetings of his state society, taking an active part in its proceedings. He was chairman of the bureau of obstetrics at the time of his death. Dr. Cron was the victim of the dreaded white plague. While recognizing the fact, he was unwilling to give up work, till a few weeks before the end.

when he went to New Mexico. But, as is often the case, it was too late. His loss will be great not only to the profession but to his community in whose affairs he took an active and intelligent interest.

The Journal extends to Dr. Cron's family the sympathy of the homeopathic profession of Iowa.

EDUCATIONAL CONFERENCE.

The committee on "Medical College Inspection and Classification" held an adjourned meeting as per announcement previously made, at the Auditorium, Chicago, December 19, 1907.

Chairman B. D. Harison called the meeting to order at 11 A. M., with Drs. H. E. Beebe, W. A. Spurgeon and J. V. Stevens, members of the committee, present, Dr. A. N. Hamel, the remaining member of the committee, being absent.

Drs. Geo. Royal, of Iowa, and W. A. Dewey, Mich., represented the Council on Medical Education of the American Institute of Homeopathy; E. B. Shewman, of Indiana, and W. N. Mundy, of Ohio, the Council of the National Eclectic Medical Association; J. J. Baker and E. H. Haggard, of Indiana; A. Nyland, of Michigan; R. O. Braswell, of Texas; N. L. Johnson, W. A. Hadley, J. C. McCandless and F. J. Russ, of Chicago, the Council of the American Association of Psycho-Medical P. and S.; A. D. Devan and N. P. Colwell, the Council of the American Medical Association, and Drs. Ward of Nebraska, and F. C. Zapffe, of Chicago, the Association of American Medical Colleges, and Dr. J. C. Scudder, of Ohio, the Association of Eclectic Medical Colleges, and President W. L. Bryan, of the State University of Indiana, representing the committee on "Medical Education of the National Association of State Universities," and Dr. L. A. Thomas, secretary of the Iowa State Board were present, besides Drs. C. J. Lewis, J. D. Robertson, N. C. Allen, Rogers and J. T. McBride, of Chicago.

By request of the chairman Dr. W. A. Spurgeon made a statement of the purpose of the meeting.

The secretary of the committee read copies of letters sent to State boards in whose States were colleges reported deficient or below a reasonable standard. Also of letters sent to such colleges direct, and stated that replies to nearly all of the letters had been received and placed on file.

Dr. Geo. Royal, chairman of Medical Council of the American Institute of Homœopathy thanked the committee for the invitation that they received, and stated that the various councils on medical education had consulted together and prepared a schedule of mini-

mum requirements which he read, and said that they would offer it to the committee for their consideration and as a basis for discussion. He said that he fully endorsed advances in medical education, and believed in reciprocity, and that he was glad to present his report as an unanimous one.

Dr. N. P. Colwell stated that the Medical Council of the American Medical Association had not definitely acted on them as yet, but expected to do so soon.

Dr. W. J. Means explained the work that the Association of Medical Colleges in the American Medical Association are doing in rating Colleges, and suggested the use of blanks for reports of inspection which would afford definite information respecting a college when it has been carefully filled out and filed copies of such blanks for future reference if desired.

Dr. Spurgeon, on behalf of the committee, asked that such suggestions as the Council of the American Medical Association desires to place before the Committee be filed as soon as possible, Dr. N. P. Colwell assured the committee that this would be done within two weeks.

Drs. Dinin and Bevan continued the discussion of this phase of the subject, and Dr. Bevan very strongly urged that all State boards become members of the same confederation or association. This, he said was now more necessary than ever before because each State board must forever remain supreme in its own State, and it became necessary for all to meet to settle in a conference the questions that were continually arising. He said that he felt very optimistic in regard to the matter, and that he fully expected to see all the various councils on medical education agree upon a plan of action and as to the details of it, too.

Dr. J. C. Scudder spoke for the Association of Eclectic Medical Colleges, and Dr. E. H. Haggard for the Physico-Medical Council, and Dr. Geo. Royal for the Homœopathic Council. The chairman announced that a recess would be taken till 2 P. M.

At 2:30 P. M. the report of a schedule of counts in ten divisions which was offered at the morning session by the Medical Councils was taken up, and the chairman announced that each division would be considered in its order separately. Division No. 1 proposed value of 5 points, brought out a very general discussion of the two last clauses, participated in by Drs. Royal, Beebe, Thomas, Haggard, Baker, Bevan, Colwell and Braswell. The last spoke very vigorously and capably defending the plan of leaving materia medica and therapeutics off the list of subjects that State boards examine in against strong opposition from several others.

Several plans were proposed to help to avoid repeating either the failures or successes of applicants before State boards. Dr. Thomas, of Iowa, offered an addition to division 1 providing that the application blank ought to provide for requiring that each applicant shall

certify to the number of previous examinations that he may have taken and give the result in each case. The authors of the schedule accepted the suggestion, and it was incorporated in the original.

Division No. 2 was also very fully discussed, and much difference of opinion was expressed as to the proper value in counts to give each point. Dr. Ward spoke concerning No. 5. Nos. 6, 7, 8, 9 and 10 were passed with but very little comment.

President Bryan expressed his pleasure at being present to hear the discussions and to become better acquainted with the whole matter, and that he had been permitted to represent the "National Association of State Universities" at such an important meeting. Subsequently he made a very earnest plea that the older colleges of letters and arts be encouraged also, and said that he hoped that nothing would prevent a goodly number of those who may hereafter study medicine from obtaining a good classical education if possible prior to pursuing such study. Mr. Bryan was very enthusiastically received. The question of taking time to make a thorough and systematic examination of each college inspected and of inviting representatives of as many of the Medical Councils and College Associations as choose to go to accompany the State board in its inspection of the colleges in its own State was strongly favored, and preliminary educational standards fully discussed.

Dr. Harison thanked all of those in attendance for their presence and for the assistance that they had rendered in the committee, and said that he was pleased to note that so much interest had been developed regarding the important question before the committee. He directed the secretary of the committee to send copies of the resolutions to each one present, and declared the hearing adjourned.

At an executive session of the committee held afterwards the resignation of Dr. A. H. Hamel, of Missouri, of his position on the committee was announced by President Spurgeon, who appointed Dr. L. A. Thomas, of Iowa, to fill the vacancy. He also expressed an opinion that he should issue a call for the annual meeting to be held sometime in February or March, and probably at Louisville, Ky.

Dr. Harison was appointed as a committee on Preliminary Educational Standards.

J. V. STEVENS, M. D., *Secretary.*

REVISED INSPECTION SCHEDULE.

1. General success before the State Medical Examining Boards of only those who have graduated since examinations in the individual States have been obligatory upon all candidates for licensure. Those States that require examination in materia medica and therapeutics should entitle the candidate, and hence his college, to a better rating than those States where examination in those branches is not required.

Individual students failing more than once in the same State, or in two different States, should not discredit their college with more than one failure. State boards are urged to require each applicant for license to certify to every examination before State boards that he may have taken stating name of the board and the result in each instance. Five counts.

2. The question of requirement and enforcement of a satisfactory preliminary education. This is to be a four years' high school education, or its equivalent. In case the student should not enter on a diploma from a high school that this examination be conducted by the Council of Medical Education of his State, or some similar body, and that the examination papers be kept on file in the office of the secretary of the medical faculty for inspection by the State Examining Board. Fifteen counts.

3. The character and extent of the college curriculum. That provided by the National Association of the School of Medicine which the college represents, to be taken as a standard, modified by the law of the State wherein the college is located. At least forty months should have elapsed between the dates of matriculation and graduation. Fifteen counts.

4. The medical school buildings. The buildings should be sanitary and commodious, allowing ample space, according to the size of classes, for laboratories, amphitheatres, examing and recitation rooms. Five counts.

5. Laboratory facilities and instruction. Ample laboratory facilities and apparatus, according to size of classes, should be provided for the work in the following subjects: Anatomy (including histology and embryology), Physiology, Pharmacology (including drug pathogenesis), Bacteriology and Pathology. Those to be in charge of trained men. Fifteen counts.

6. Dispensary facilities and instruction. The dispensary material available should be in proportion of 100 patients per year to each senior student. Should a patient be presented to the entire senior class or part thereof, it should count one for each student present. The main dispensary should be under the control of the college. Five counts.

7. Hospital facilities and instruction. Hospital standard to be access to and constant use of one bed for each member of the senior class during the year. Fifteen counts.

8. Extent which the school devotes to experimental research in the varied fields of medicine and allied sciences, especially in therapeutic research and the development of drug therapeutics and the methods of teaching experimental drug pathogenesis. Fifteen counts.

9. To what extent does the commercial or scientific spirit dominate with reference to the various chairs, and in the institution as a whole, also extent to which members of the faculty devote their time to teaching. The published requirements of the college should be

scrupulously observed, and a complete list of the matriculates published each year. Five counts.

10. Supplementary facilities, such as library, judged according to conditions and use of same by charts, electrical apparatus, models, museum, etc.: the teaching corps and students. The library should have at least 500 volumes, including modern text books and chief periodicals of the school of medicine to which the college belongs. The museum should be kept up to date and specimens properly labeled and indexed. Five counts.

MEETING PLACE OF INSTITUTE CHANGED TO KANSAS CITY.

Ann Arbor, Mich., Jan. 10, 1908.

To the Members of the American Institute of Homeopathy:

Your Executive Committee met January sixth at the office of the Secretary, five members being present and Dr. Reily being represented by a written report and proxy. The President and First Vice-President reported having visited Oklahoma City, spending Dec. 30th and 31st in investigating its merits as a meeting place. They were cordially received and cared for by the chairman of the local committee and the other three members of the local profession.

As a result of their investigation, much as it dislikes to disappoint the enthusiastic and hospitable people of that thriving little city, your Executive Committee, by unanimous vote, has deemed it necessary to exercise the authority given to change the place of meeting.

In determining this problem, your Executive Committee must, of necessity, count upon a meeting of normal size. Our Oklahoma friends are sure the attractions of their community would draw even more than the usual attendance. For six years past the average of members and visitors has been 875. If half this number were to attend a meeting at Oklahoma City, it would be impossible to give all comfortable hotel accommodations, especially difficult for a convention covering almost a week of time. There are but two, so-called, first-class hostels in the city. The Lee, the leading one, is building a seven story annex, which, as yet, is far from completion. It has been expected that this hotel would furnish headquarters and committee rooms. At Jamestown special rates and accommodations based on contract agreement, were promised at the Lee. To our surprise, the proprietor of this hotel, in contradistinction to all other citizens of the city, showed the members of the Executive Committee scant courtesy and refused to accede, in the slightest degree, to the wishes or necessities of the Institute. Not until after the departure from the city of the committee did the local chairman and the Board

of Commerce wring unwilling concessions from this proprietor. Even then the rate proposed was far in excess of the contract agreement related at Jamestown and stipulation was made that no committee rooms should be used in the evening.

Not only were the proposed arrangements unsatisfactory, but also the accommodations possible far from adequate. Contingent upon the completion of the annex and contemplating, too, that at least two people should occupy each room, quarters for not to exceed two hundred guests was the most favorable promise of the Lee. Under similar conditions a hundred and fifty guests might be crowded into the second hotel. Bath rooms, much needed during dusty Oklahoma June, are scarce in both hotels. Were the attendance of members, visitors and exhibitors to exceed three hundred and fifty, the second-rate hotels and the boarding houses would have to provide for the balance.

The "White Temple" proved unavailable, except possibly for the opening session. It was found that the meetings would have to be held in different places, more or less remote from each other. It would be impossible to have all the sessions of the Institute, its bureaus and committees, the allied societies and the exhibits under one roof. The comfort of the places proposed, too, would largely depend upon the temperature and barometric conditions, said to be decidedly objectionable in summer.

The usual reduced rates on the railroads are no longer available because of the new Interstate Law. The distance of Oklahoma City, nearly four hundred miles from Kansas City, would make this absence of a special railroad rate a material burden to most of our members. The three general passenger agents met at Oklahoma could promise nothing, unless the journey were begun on Wednesday for our eastern members and on Thursday for the middle West, with no concessions at all for the far West. No through trains to Oklahoma are run from Denver, Chicago, or the East. Unless Pullman car parties of eighteen or more persons were arranged, eastern visitors going by way of St. Louis would have to change cars there, and if they travelled by way of Chicago, would require a change at that point, and a second change at St. Louis or Kansas City. In order to free those who presented the claim of Oklahoma we wish to say that the less liberal policy of the railroads as to rates and through trains is a recent move and, of course, was not anticipated last June. However, it is no less a disappointment and, in view of the present financial stringency, a serious objection, in the opinion of your Executive Committee.

For these reasons and others which were discussed for hours by your Committee, it was thought best to have our meeting elsewhere. Invitations came from Hot Springs, Pittsburg, the State of Pennsylvania, Los Angeles and Detroit. We were not unmindful of the

potency of the claims of each of these possible locations, and to the loyalty of the members of our school in these places the Institute owes its thanks. We could not overlook the fact, however, that the American Institute had recognized the justice of the demands of the West and South-west. That territory received our first and last thought. Kansas City, Missouri, is a western city and in every sense is the gateway to the South-west. The proffered invitation of our men in Kansas City was, therefore, accepted and it was decided to hold the meeting there during the week beginning June 22nd.

It were perhaps a work of supererogation to speak of the beauties and attractions of this wonderful city. Commercially, physically, aesthetically, it is second to none in these United States. The combined population of Kansas City, Missouri, and Kansas City, Kansas, separated simply by an imaginary line, is nearly four hundred thousand. The municipalities form one great, restless, aggressive, progressive, beautiful city. High bluffs, deep gorges, attractive ravines, multitudes of rivulets, great rivers, high land and bottoms—all give themselves to natural picturesqueness and artistic possibility. Millions upon millions have been spent in developing one of the finest park and boulevard systems in the world. This is, without doubt, one of the show cities of America. The transcontinental tourist who has simply passed through Kansas City, and almost every American railway system touches it, knows nothing of the multitudinous attractions of this place. The railways are in the valley out of sight and the city on the hill-tops. One must take the incline and view it from a high place to know that at its feet lies the pride of the West, beautiful Kansas City. Here are vast hotels, gorgeous theaters, great churches, palatial homes, wide gardens, inviting shade, and cool retreats. The hundred members of the local profession and the nearly two thousand of the state of Kansas and Missouri will give us hearty welcome.

The trip to Kansas City is easily and quickly made. It is a night's journey, twelve hours, from Chicago, six hours from St. Louis, over night from Denver, and can be reached from New York City with but one night on the sleeper.

To Dr. Hensley, the local profession, the Board of Commerce, and the cordial people of Oklahoma City we express our hearty thanks for the courtesies shown and the hospitality offered. We regret that necessity rules our action, but, knowing their hearts and minds, we believe they will gracefully submit to our decision and, in company with the membership of the American Institute, do all in their power to make the 1908 meeting at Kansas City a great and lasting power for good to our beloved Homeopathy.

Respectfully,

ROYAL S. COPBLAND,	FRANK KRAFT,
W. E. REILY,	J. H. BALL
J. RICHEY HORNER,	T. FRANKLIN SMITH.
	<i>Executive Committee.</i>

Two Cases of Periostitis

Sept. 14th, 1901, John T. German, farmer, age 20, while cutting and shocking corn, in some way cut the back of the first phalanx of the 3rd finger of the left hand with his corn knife.

It healed readily but in two or three weeks the finger began to swell and grow painful. The swelling was hard as though the bone itself might be enlarged. The pain was confined to that finger. After one prescription of *Symphytum* 6x the pain and swelling disappeared.

April 28th, 1907, William S. German, farmer, age 45, while building fence injured the first phalanx of the middle finger of the right hand with a rusty barb on the wire he was handling. There was some infection but the wound healed in a few days to be followed as in the other case by swelling and enlargement of the whole finger, the swelling as in the former case affecting apparently the bone itself.

Several remedies were tried, among them being *Symph.* *Hepar Sulph.* and *Silica*. May 18th the finger was much enlarged and very painful, the pain being of a shooting, tearing nature and extending up the arm to the shoulder.

A prescription of *Ruta* 2x was followed by complete relief of pain and disappearance of swelling.

Allen gives among his clinical symptoms, "Periostitis after bruises" and the shooting, tearing pains are characteristic of *Ruta*.

ALICE I. ROSS, M. D., Whittier Ia.

A Rifle Shot Prescription

Mr. S., age 66, ex-soldier. While in the service as sent on special detail one day and passing a field of green corn, picked twelve ears which he took to camp and ate the entire twelve ears inside of twenty-four hours. For nine days after eating this corn had no action of bowels and still continued to eat. At end of this time he reported sick and was given one ounce of castor oil. The same evening he persuaded one of his comrades to get eight ounces of castor oil and took it all at one dose. At about nine o'clock, same evening, the surgeon asked if he had had a bowel movement and when answered negatively gave a large dose of rhubarb, not knowing that patient had taken second dose of oil. No evacuation until the next morning at about six o'clock when patient became so weak that he was unable to get from closet to his quarters.

Since that time, 1863, to the present, has had great trouble to secure an evacuation of bowels and the stool as described by the patient, was almost invariably composed of "little black round balls like sheep dung", with no desire or urging to stool.

On Nov. 26th, 1907, I gave *Opium* 30th ten drops to be taken in water once daily. On Nov. 28th patient reported that bowels

had moved, preceded by uneasy feeling in stomach and bowels, the first action of the bowels without cathartics for over forty years. Nov. 29th reported feeling as though bowels would move. Nov. 30th had normal movement of bowels at 6:30 A. M. Dec. 6th patient reported that he had been having practically normal stool every morning since the first report after beginning use of medicine. On the 4th inst. had contracted a cold and had sat around indoors nearly all day and though he took a dose of the medicine as usual at retiring time, had not expected to have a stool the next morning because he thought the cold he had caught would prevent action. Contrary to his expectations, however, he had a good stool on the morning of the 5th and again this morning, the 6th. Also reports that a troublesome bloating of the abdomen which has annoyed him for years is decidedly relieved. Dec. 10th. Patient reports regular daily evacuations, and almost complete disappearance of bloating of abdomen.

While only a short time has elapsed since the patient was put on this remedy and therefore too early to make a positive prognosis, I feel that enough has been accomplished to warrant a very hopeful one.

To my positive knowledge the dilution used was made from a graft obtained fourteen years ago and repeatedly drawn from in that time so that though originally the 30th decimal it is now even higher, how much I am not able to say.

It is not always that we are provided with such clear cut indications for the exhibitions of our remedies, but when they are truly indicated and carefully applied we may confidently expect just such gratifying results as are set forth in this report.

E. E. LUSK, M. D., Keota, Iowa.

Correspondence

To the Editor of the Iowa Homeopathic Journal.

I noticed an editorial in your last issue, by our good friend Dr. C. W. Eaton of Des Moines, which was very much to the point, and as a member of the Faculty here at Iowa City, I wish to say amen to everything therein contained.

It seems to me that just now while the "booster movement" for

a greater University is at its height and is doing so much to bring the University to the attention of the people over the state is a good time for the Homeopathic profession to awaken from their indifference and lethargy and boost a little for the Homeopathic School of Medicine.

As Dr. Eaton has well said, the *faculty* can not get the students. We must depend upon the profession over this and other states for them, and when they come in I am sure every member of the faculty will do his best to send them out prepared to practice the healing art wherever they may locate in a scientific and practical manner.

Since coming to Iowa City, I have often thought how little is done to induce students to come here to study. No advertisement of the College appears in any of our journals as do those of the Eastern colleges. We simply have an announcement gotten out each year which is sent to prospective students who write for it. In this way no one ever hears of our college except those who get the announcement. It seems to me that we should adopt some means of giving wide publicity to the profession at least, that we have such a thing as a Homeopathic School of Medicine here in connection with the University.

Again, if each Homeopathic physician over the state would endeavor to send us one student at least once in two years, our college would be so full, that with our present accommodations, we would not be able to care for them, and the Board of Regents would be forced to give us more hospital room, better equipment, more lecture rooms and a larger faculty. As a practical way to bring about such a situation, I wish to suggest, that the physicians of the state get in touch with the graduating classes, each in his own town, of the local high-schools. Among such classes are always those who have their minds made up to study medicine as well as those who have no definite idea as to what their future work will be. The first, can perhaps be influenced to study homeopathy in preference to the other school, if its advantages are properly pointed out to them. The second, may be ones, who when told of the many opportunities in homeopathy will be just the individuals to take it up. At any rate from the high schools and academies we get our students and I am convinced that

In our last issue we made reference to the Monarch Physician's Ledger and Case Record that we have purchased. Because of the interest shown in this system by some of the doctors we reprint some of what we have said before. The proposition made by the company was this: "We guarantee our system to be satisfactory. It is 100% better than anything you ever heard of. You are to use it thirty days and if our guarantee is not proven there is no sale." Personally, we are convinced. Name and address will be gladly furnished by the Publisher of the Iowa Homeopathic Journal on request.

Green Gables
THE
DR. BENJ F BAILEY.
SANATORIUM
Lincoln, Neb.

Health and Rest

A thoroughly modern, homelike place for the cure of non-contagious diseases
Separate building for mental cases

Write for illustrated catalog.

VICTORIA SANATORIUM

And Colfax Mineral Springs

Unexcelled Natural advantages. All modern methods of Sanatorium Treatment employed--Hydrotherapy, Massage, Rest Cure, Diet, Etc.

Rooms Light, Airy and Comfortable

CORRESPONDENCE WITH PHYSICIANS SOLICITED

JOHN BAYARD SHERBON, M. D.
FLORENCE BROWN SHERBON, M. A., M. D.
PROPRIETORS

ALICE E. BURTON, M. D., ASST.

with a little personal work on the part of the practitioners over the state, who are more or less in touch with these young people, we can more than double our attendance next year.

Our profession is not overcrowded as is the case in the dominant school but on the contrary our college cannot supply the demand for homeopathic physicians, that comes from the north, south, east and west.

Our national society has not found it necessary to issue a restraining order to our colleges, for the purpose of cutting down the number of graduates and thus limiting the supply each year, nor it is advocating the raising of the entrance requirements to such an extent as to practically prohibit hundreds of worthy, ambitious men and women, who might wish to take up medicine. We are not driven to such an extremity and from present indications it will be a long, long time before such a contingency will arise.

In the meantime, let us boost a little for homeopathy, for our college here in the state, for students and for our hospital. Practitioners, we need your help, we want your students, your clinical material and your hearty support, and we trust you will each make an honest effort to send us a student next year.

Iowa City, Jany. 16th, 1908.

FRANK C. TITZELL.

Boston, Mass., Dec. 20th. 1906.

The Anti-Uric Co.,

Peoria, Ill.

Gentlemen:—

Am delighted with the action of Uric-Antagon and acknowledge the receipt of sample. It is certainly great. I have been waiting a few days to see if there was any return, with the exception of a few twinges on a damp day, which soon disappeared, I feel satisfied of a permanent cure. I have laid by my cane and can go up and don stairs with comfort. Will continue it's use awhile longer, and cheerfully recommend it to patients and the profession.

Yours very truly,

(Signed) E. J. GOODING, M. D.

THE PHYSICIAN OF MANY YEARS' EXPERIENCE

KNOWS THAT, TO OBTAIN IMMEDIATE RESULTS

THERE IS NO REMEDY LIKE

SYR. HYPOPHOS. CO., FELLOWS.

MANY **Medical Journals** SPECIFICALLY MENTION THIS
PREPARATION AS BEING OF STERLING WORTH.

TRY IT, AND PROVE THESE FACTS.

SPECIAL NOTE.—Fellows' Syrup is never sold in bulk.

It can be obtained of chemists and pharmacists everywhere.

"THE RETREAT", DES MOINES, IOWA
28th STREET & WOODLAND AVE.



A Large, Quiet, Homelike Place for the Care and Cure of Nervous Invalids
Literature and Further Information may be had on Application.

DR. GERSHOM H. HILL, Supt.

DR. J. C. DOOLITTLE, Resident Physician

Use a saturated solution of Epsom Salts for protruding and badly inflamed hemorrhoids, applying with absorbent cotton or gauze, repeating as necessary to reduce inflammation and to quiet pain.

Dropsical effusions are also benefited by their use, especially of the legs.

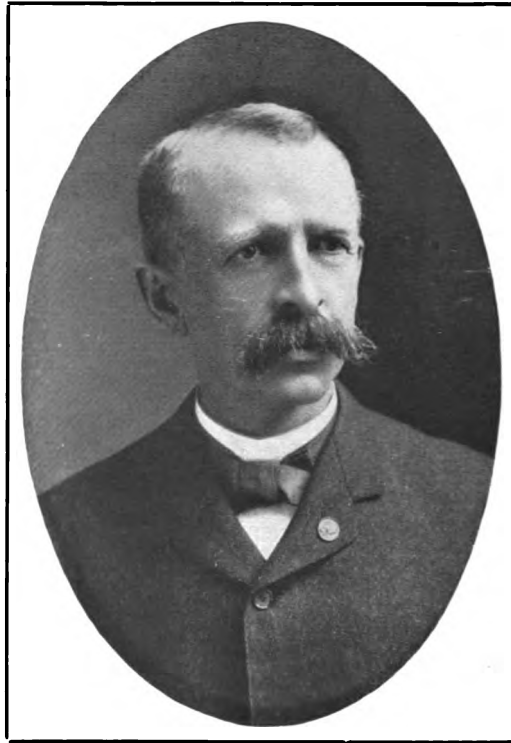
Bruises of the face are also quickly relieved by an application of this remedy.

USE ALKALOIDS.—James Burke in the Lancet-Clinic suggests that we meet the constant changes in the pharmacopial strength of remedies by dropping them altogether and prescribing the alkaloids and other active principles which never change.—*Vermont Medical Monthly*.

Fine thing in alkaloidal form (Cicutine hydrobromate) for allaying sexual excitement. Administer three or four times daily and you will be surprised at the results.

FOR SALE:—A physician's victoria stanhope, used but very short time, has never been in the mud. Looks and is as good as new. Cost \$175. Sell cheap if taken at once. Rides like a baby carriage. Full description on request. Address Publisher Iowa Homeopathic Journal.

Dr. A. B. Clapp of Muscatine, Iowa, has an excellent proposition for anyone desiring a general Homeopathic practice in a city of 17,000. Write him for particulars.



TO DOCTOR CHARLES WOODHULL EATON*

For you, our genial friend, we bow in reverence sad;
 In shrouds of white now lies your pale cold form;
 This we had learned to love: and cherished dear
 The soul that shone with peace in every smile.
 Rest you sublime.

You, who have faced the storms and spent your life,
 In striving gainst the ravages that come
 To man, "image of God," are summoned now,
 And, in your humble way, have come to Him—
 Your work well done.

Death and its gloom, these were not strange to you
 Who have touched the pluseless arm, the cold dead brow,
 Have felt the pangs of grief of sorrowing ones,
 And soothed their aching hearts with words of balm.
 For you we mourn.

—*Erwin Schenk, M. D.*

*Written for the Journal but read at the funeral by request of Des Moines doctors.

Roll Call

CHARLES WOODHULL EATON

March 28th 1855, there was born in the little villiage of Lancaster, Wis., a child destined to play an important part in building up the homeopathic system of medicine in Iowa.

Charles Woodhull Eaton was the youngest son of the Rev. Dr. Samuel and Catherine Demarest Eaton. His father was a pioneer Congregational minister of Wisconsin, having a parish adjoining that of the Rev. Dr. H. L. Pickard, then a pioneer educator, but later president of the State University of Iowa. Mrs. Pickard, whose maiden name was Woodhull, exerted a marked influence over Dr. Eaton.

Although the doctor did not graduate from a literary college he was, by birth, a literary man, persuing his studies, after graduating from the high school, under the tutorship of his father and others he entered the New York Homeopathic Medical College with a preparation equal to that required for a bachelor's degree. He graduated from the New York College in 1878 and from Hahnemann, of Chicago in 1879. After graduating he opened an office at Newton, Iowa, where he remained about a year and then came to Des Moines, where he lived and labored until his death.

Doctor Eaton had two circles of friends. The first included all whom he met in the daily walks of life in a business, social or religious way; also a large number of patients. The second, a much smaller circle than the first, included a few friends whom he permitted to share with him the realities of his noble life, and a few others to whom he was not only the "Beloved Physician" but also the adviser and helper in other phases of life. Dr. Eaton possessed many strong traits of character, the strongest being *loyalty* to his friends and any cause which he espoused.

For these, he gave his money, his time, himself.

When asked if he would temporarily take the position of surgeon at the State University, he replied: "Yes; if I can be of any help and if it seems best to get someone else to fill the place permanently it will be all the same to me and I will work just as hard as ever for the cause".

On his return from Institute meeting in 1906, in order to make the paper which he read at that meeting, as practical and effective as possible, he sent out a circular letter asking a few leading men in the state to join him in paying the salary of

an agent whose duty would be to get young men and women to study Homeopathy, and agreed to give \$200.00 himself.

Another trait was *foresight*. When the "vaccination question" came up in the state, he saw that it would be advantageous for the homeopaths to agree upon some definition and so introduced, at the regular meeting of the state society, a resolution defining vaccination. This resolution, adopted by the state society, was called for and produced not only in the courts where the question was decided but also with the committees of the legislature before which the question had a hearing. A prominent attorney stated that it was the point which won the case.

Dr. Eaton also had a *scientific* mind. This is clearly shown in the paper read by him, at the meeting of the A. I. H., last June, entitled; "The Facts about Variolinum".

Above all things Dr. Eaton was on *optimist*. For him the sun was not only always shining but no cloud ever obscured it even for a moment. Not only was he an optimist but he was also a *humorist*. All of us who ever sat with him about the festive board recall the mirth his sparkling wit and dry humor provoked and we also remember the skill with which he used a story to unhorse the man who was unfortunate enough to try his lance against him.

In religious matters Dr. Eaton was *broad* and *liberal*. Born into the Congregational faith and holding membership in that church all his life, he, however, recognized truth and loved it wherever he found it. While broad and liberal, he was at the same time *staunch* and *genuine*. Believing that it was not right or best for his national medical society to hold its annual sessions on Sunday he introduced a resolution changing the opening day from Thursday to Monday and closing on Saturday. The national body now opens its annual meetings on Monday and closes on Saturday. The doctor would not travel on Sunday to attend the meetings.

Dr. Eaton was never married. Three brothers, Rev. Dr. James D. Eaton, Congregational minister in Mexico, Edward D. Eaton, D. D., President of Beloit College, and Samuel Lewis Eaton M. D. of Newton Highlands Mass. are left to cherish the memory of this sympathetic, warm hearted, progressive, scientific, self sacrificed physician.

IOWA HOMEOPATHIC JOURNAL

Vol. II

MARCH, 1908

No. 3

Original Articles.

COMPOUND FRACTURES WITH TREATMENT OF CASES.*

L. B. CARSON, M. D., MAQUOKETA, IOWA.

In order to get a clear understanding of the subject at hand it will be necessary to recall two ordinary text-book definitions. A fracture is a loss of continuity of bone, however produced. A compound fracture is one in which there is a wound through the soft tissues, including the skin, and extending from the bone to the surface.

The wound in the soft tissues may be caused either by the bone perforating from within outward, or by almost any external force. A compound fracture may involve any bone of the skeleton and is always an injury of considerable moment and may be very serious.

A detailed description of the morbid Anatomy and Pathology I will not mention. It will be my aim to briefly state manifestations, etc., and in order that our discussion may follow a logical sequence, let us consider for a moment the question of "first aid" and what shall be done in this class of injuries. To be more explicit, what shall we do and what shall we *not* do if we are called to such a patient in the street, in the factory or in the country?

First the clothing should be cut away, a piece of sterile gauze, or if this is not at hand, a freshly laundered towel, pillow case or sheet is wrapped about the injured member and a bandage snugly applied. If the hemorrhage is severe enough to continue in spite of this, an

*Read before the Hahn. Medical Association of Iowa

Esmarch constrictor may be required. The extremity is now placed on a board or pillow, and the patient is then taken to the home, hospital or physician's office for the first dressing.

It might be wise right here to emphasize the things which should not be done.

If it can possibly be avoided, the patient should not be transported any great distance with the soiled clothing rubbing against the wound, or with the injured part dangling at the side. Above all the injured part should not be handled roughly and the wound should not be manipulated or probed.

The first question to decide is, can the extremity be saved, or will it require amputation? I will answer this question by saying, that so long as the force which has caused the fracture has not cut off all the principal arteries supplying the part, a primary amputation is never justifiable, and with proper treatment can nearly always be saved.

To warrant one from not primarily amputating an extremity when there is any arterial circulation to speak of, I will briefly cite a case as one of the many instances where an apparently hopeless injured extremity was saved to the patient.

In Nov., 1906, was called 15 miles in the country in consultation with Dr. McMeel, of Lost Nation, Iowa, where I found a Mr. R., age 45, in a very serious condition whose left arm had been caught by the belt of a traction engine.

After being put to sleep, upon examination the following condition was found: The fore-arm was stripped of fully one-half of its skin-covering, the radius had a compound fracture at the junction of the upper and middle thirds, and another at the junction of the middle and lower thirds. The ulna had a compound fracture at the junction of the upper and middle thirds, and the muscles were so separated that they looked almost like an anatomical dissection, and the radial vein and artery were cut a cross.

This patient was taken to the hospital at Maquoketa, and in spite of the injury, three times put to sleep, bones wired, etc., the arm has been ultimately saved and nearly all the functions have regained their natural conditions.

One can not be too conservative in this matter. Nature has wonderful reparative power, especially in the young; and many times almost completely severed extremities will heal on, so to speak.

One of the most important points in a case of compound fracture, is to render the area as nearly sterile as possible. If the fracture involves one of the large bones, a general anæsthetic should always be insisted upon, because with the patient asleep the disinfection can be much more thorough.

In the work that has come under my observation in this line I have always adopted the following procedure, which has been carried on in all cases in the Bellevue Hospital at N. Y., where a great many cases of this nature are brought.

Cover the wound with a piece of sterile gauze in order to prevent washing the dirt from the surrounding skin into the wound, then scrub the whole extremity with green soap water and brush, and rinse it off with plenty of sterile water. Then cleanse the wound with turpentine, and swab out with iodine, and finally wash out with alcohol.

Turpentine is one of our best antiseptics, and I know of no other so good as the tincture of iodine, whose antiseptic qualities cover so large a variety of pathogenic bacteria.

Tincture of Iodine also serves the useful purpose of searing over the wound surface. Many of these wounds can not be rendered perfectly sterile by any means at our command, and unless this agent is employed the smallest infected area may serve as a focus for infecting the whole wound in a very short time. If tincture of Iodine is properly used it will close the cut ends of all veins and all lymphatics, including the tendon sheaths and bursae, and so completely sear over all raw surfaces as to greatly limit the spread of the infection.

In reference to the reuniting of torn tendons and nerves I will say that if the soft tissues have been badly lacerated, if dirt and grime have entered the wound, the less plastic work one attempts at the primary dressing the greater percentage of good results one will have.

One's entire efforts should be to try and save the life and limb of the patient and to get good boney apposition, and to leave the suturing

and plastic operation when the wound has been entirely healed for some time.

I am convinced that an attempt to do too much at the time of the first dressing often necessitates a subsequent amputation.

Such plastic work also increases the danger from sepsis and often interferes with circulation of the extremity distal to the point of the wound and fracture.

I might possibly make this point clearer by briefly citing a case that came under my care 3 years ago at the Maquoketa City Hospital. The patient was a young man working in a planing mill. He got his left hand under the knife of a flanker, so that the left fore-arm was entirely cut off about one inch proximal to the distal end of the radius and ulna, so that the hand was dangling at the side with the soft tissues joining it to the fore-arm not exceeding the thickest of a finger. The patient begged so piteously before taking an anaesthetic to have me try and save the hand that I promised to make the attempt. I disinfected it thoroughly, then sewed it into places with a few silk-worm-gut stitches, dressed it and awaited results. To my surprise only the index finger and thumb became gangrenous, requiring their removal a few weeks later. After the wound had entirely healed, six weeks later we united the tendons and nerves, and the patient has regained sufficient use of what remains of his hand, to be able to write and do various other things with it.

I am sure, in the above case that I ligated the ulner and radial arteries, and the only way that I can explain the results is that there must have been a high division of the ulnar artery, which brought down what circulation there was left in the extremity. I am sure had I made an attempt to find the nerves and retracted endons the little circulation with which the hand was supplied would have been so damaged as to require a subsequent amputation.

At the primary dressing, the question might be asked whether to suture or wire; and for one to state positively, is a question which is answered differently by a great many different authorities.

I would say NO. By applying the proper retention apparatus, good boney apposition can be secured in most all cases and even when good apposition can not be secured without it, it is better to allow

the wound to heal first and subsequently do a suture or wiring operation. Suturing or wiring at the first dressing almost invariably causes more or less bone necrosis. One of the most important questions to be decided in this class of cases is DRAINAGE; and with it, how much of the wound it is best to close. There is of course no rule laid down but I am of the opinion that the tendency is to close much of the wound at the primary dressing. I am sure that it is much safer to close as little as possible until all danger of sepsis has passed.

Septic infection is very rare in a thoroughly drained wound, and if drainage is insufficient, the pathogenic bacteria and their toxins are constantly being forced into the lymph and blood circulation, the leucocyte barriers are again and again broken down, until the resisting power of the patient is finally overcome.

The form and kind of drainage employed will depend upon the nature of the wound. Nothing seems so important in this class of cases, to me as THOROUGH DRAINAGE; and I am afraid it is a consideration which is too often lost sight of.

The term "THOROUGH DRAINAGE" may mean so many different things to different surgeons, that I would like to explain what I mean by it in these cases.

The cases of compound fractures that have come under my care, left the operating table with larger skin wounds than they had when they went upon the operating table. The fewer stitches I have applied and the more pockets I have obliterated by cutting through the overlying skin the better results I have noted. To enumerate and describe the different kinds of material and splints that have been used for compound fractures would require pages. Any splint which fulfills the requirements, no matter what it is made of or how it is applied is the one to use in the individual case.

To get the ends in apposition and to hold them there is usually the less difficult part of the problem, but to apply the splint that the wound can be inspected and dressed without disturbing the retention apparatus, to have it so arranged that the wound sections can find exit without soiling the permanent dressings is often a very difficult

matter, and yet the more perfectly we solve this problem the more satisfactory our results will be.

If we can so plan our method of treatment that the splint which we apply at the primary dressing will not have to be disturbed until bony union has taken place, we will have done much for our patient. Where the plaster-of-paris dressing can be employed, I have found the method recommended by Dr. Hugh Crouse, of El Paso, Texas, very useful. It consists of the following procedure: When the wound has been properly disinfected and the fractured ends are in good apposition, a small sterile dressing covering the wound and the surrounding skin for an inch or two in every direction is applied. Then the remaining portion of the limb that it is intended to encase in the plaster-of-paris splint is wrapped in cotton and covered by a bandage and the plaster dressing applied in the usual manner. The fenestrum is then made, and the small dressing covering the wound is removed. A piece of sterile gauze of several thicknesses is now cut so as to overlap the wound edges a little, the exposed skin is carefully dried, and then the preparation which I will describe, is carefully packed between the limb and the cast. The mixture is secured by dissolving small pieces of Sampson's or any other good dental crown rubber in commercial chloroform, using sufficient of the rubber to make a semifluid, or paste. Into this small piece of lambs wool are cut, and it is now applied as already directed.

In this way an impervious dam is constructed which protects the cast against soiling.

I have but recently had occasion to apply a plaster-of-paris cast with a fenestrum for a compound fracture of the lower end of the tibia and fibula with involvement of the ankle joint, and although there was considerable discharge at first, the cast was found perfectly sweet and clean on its removal eight weeks after its application.

I am sure that the use of this preparation is the most important thing that I have learned in the treatment of compound fractures in the last ten years.

The frequent changing of the splint in compound fractures has many and serious objections. In the first place it is apt to disar-

range the proper apposition, and as a result one of the two things is likely to happen: either there will be so much displacement as to result in nonunion, or if the displacement is not so great an excessive amount of callus will develop, which is apt to cause inclusion of nerve trunks and interfere with circulation, and secondly it causes the patient a great deal of suffering.

I am very glad indeed to have the opportunity to address this meeting on this subject. There is no branch in surgery more interesting to me, and I know of none that requires more ingenuity, quick decision and good judgment in securing the good results.

HALLUX VALGUS*

ERWIN SCHENK, M. D., DES MOINES, IA.

Bunion of the great toe with accompanying deformity and discomfort has not received the attention of the profession which the simplicity of the cure and the gratitude of the patient would warrant.

It is a matter of common observation and quite naturally so, I think, that Hallux valgus is usually accompanied by a varied degree of flat foot. Flat foot may be due to a failure of the arch of the foot to develop from a condition normal to early childhood, or having developed is broken down again. In either case the foot will spread too much, has a tendency to develop an abundance of muscular tissue in and around the arch to compensate for the the loss of elasticity in that region and the mechanical effect is to elongate the heel, while a combination of all these conditions tends to break down the arch of the regulation shoe and pack the foot forward into the toe with every step.

Lowering the heel of the shoe might retard the forward movement but owing to the elongation of the heel of the foot we would cause aching pain in the region of the arch and the calf of the leg. Raising the heel and giving the arch substantial mechanical support improves the relation of the parts and increases the comfort of the patient.

*Read before the Des Moines Homeopathic Medical Society

Having disposed of this important feature in the case we will now consider the treatment of the bunion proper.

There are several mechanical contrivances on the market for holding the toe into the proper position but they do not correct the deformity caused by the enlargement of the joint at the metatarsus with the first phalanx. The only effective way of treating that is operative; of these, there are several methods. Dr. Bishop of New York used a method of cutting between the great and second toes, and entirely disjuncting the great toe at the metatarso-phalangeal union, then with a wire saw removing the enlarged portion of the end of the metatarsal bone, and by carrying the tendons into new grooves they are so placed as to cause them to hold the toe in line. There is no reasonable advantage in this process and it is altogether too destructive. There is greater tendency to corns on the bottoms of the foot resulting from scar than on the inside of the foot after the bunion is removed.

The Mayos, I am told, remove the entire enlarged end of the bone and then slip the bursa between these raw surfaces to form part of the joint. I am not personally familiar with this method but it would seem to me that the double joint produced might diminish the strength of the toe.

The following is the procedure I have followed with good results. After preparing the foot, even more carefully than for operations ordinarily, make an incision starting directly in front of the enlargement and with a downward curve, to avoid the spot where the shoe rests the heaviest, bring it back to the level of the starting point about an inch and one half long. Then dissect this flap up from the bone and joint and with a wire saw or chisel freely remove all the enlarged ends of the bone on the inside of the foot. I sometimes dissect up the upper tendon and transplant it in to keep the toe in line, but the cut on the bone can be made in such a way that this is not necessary.

The wound should be neatly closed with silk suture and a large pad of cotton placed between the great and second toes. Though it is not essential it is advisable to put the foot in a plaster-paris cast. The cast gives the foot good protection from moving and

weight of bed clothes and no rash act on the part of the patient can do any damage.

At the end of ten days the cast is taken off and the stitches removed. After a few days bandaging passive movement is started, and in a few days more the patient is encourage to walk some. Everything now depends on the selection of a suitable shoe. I always select the first pair. It must be a lace shoe with a decided inward swing at the toe and large enough to continue the use of the pad between the toes for some time. Later a smaller shoe than form-ally can be worn but it must be of the same shape.

This is a simple operation that will do much toward lightening the burden of the hard life of one suffering with aching feet.

COMPLICATIONS OF SMALL POX.*

A. E. CREW, M. D., MARION, IOWA.

The complications of Small Pox are fewer in number and more restricted in range than those of many other maladies. This fact is doubtless explained by the remarkable uniformity of the disease, its rapid progress, and its absolute disappearance on the completion of its course. There is no chronic form lingering on for weeks and months after the violence of the fever has abated. This is a remarkable fact when we remember that we have a severe systemic disease associated with multiple foci of suppuration. The complications vary in severity and number with different epidemics and bear a more or less direct proportion to the virulency or form of disease. Thus in the confluent and hemorrhagic forms complications are more frequent. In adults, the delirium of the earlier stage may persist, frequent and of more serious import.

Among the most interesting and serious complications are those pertaining to the nervous system. In children convulsions are come violent, and finally subside into fatal coma. Post febrile insanity is occasionally met with during convalescence and very rarely

*Read before the Central Iowa Homeopathic Medical Society

epilepsy. Many old writers speak of a paraplegia in connection with the intense backache of the earlier stage, but it is probably associated with the agonizing lumbar and crural pains and not a true paraplegia. However there is a form occurring in convalescence due to either a peripheral neuritis or a disseminated myelitis. The neuritis, as in Diphtheria, may involve the pharynx alone, or be multiple. In a few cases hemiplegia and aphasia have occurred as the results of Encephalitis. Inebriates are liable to Delirium Tremens.

The eye affections which formerly were so common and often of such grave results are not so often met with now owing to the care which is taken to keep the conjunctiva clean. A catarrhal and purulent inflammation, in severe cases the secretions and swelling close the lids and unless great care is taken a diffuse Keratitis is excited which may go on to ulceration and perforation. Iritis is not very common.

Sometimes the inflammation extends from the pharynx into and through the Eustachian tubes and suppurative otitis media results. According to Pepper this process may follow destruction of tympanum by way of external meatus.

The nasal mucosa frequently shows the specific lesions and severe destructive results may follow the pustular involvement of the Schneiderian membrane, including necrosis of the nasal bones and profuse epistaxis.

The throat complications usually appear from the 5th to the 7th day of an attack. There may be difficulty in swallowing. In severe cases there is an extensive pseudo-diphtheritic angina.

Digestive organs. The parotid gland is affected in rare instances. Vomiting which is so marked a symptom of the earlier stage is rarely persistent. Diarrhea is not uncommon and is very constantly present in children. Death is often preceded by typhoid symptoms.

Febrile albuminaria is common, true nephritis is rare. Hemorrhage, in four cases which Osler examined post mortem, the kidneys were blocked with dark clots which extended into Calyces and down Ureters. Hydrocele, orchitis and gangrene of scrotum have occurred.

Menstruation is apt to occur during the stage of incubation. In pregnancy variola is the most frequent and dangerous of all the eruptive fevers. The dangers arising from such attack are increased as the woman advances in pregnancy, hence it may be regarded a fortunate clinical fact that the disease shows a preference for the earlier months. The ordinary perils of variola are here increased by a strong tendency to abortion and profuse hemorrhage. The disease itself after abortion may assume a hemorrhagic type. The more severe forms of the disease prove almost invariably fatal to both mother and child. In a series of 29 cases, five died and nine aborted. In another series of forty-seven cases eighteen died and twenty-two aborted. When the disease assumes a mild type its course is generally favorable, although abortion often ensues.

The pustules appear in the larynx, trachea and bronchi, where ulcers rather than true pustules may form. Laryngitis may be serious in three ways; it may produce fatal edema of the glottis, it is liable to extend to the cartilages producing necrosis and by diminishing the sensibility allow irritating particles to reach the lower air passages, where they excite bronchitis and broncho-pneumonia. Bronch-pneumonia is one of the most common complications and is almost invariably present in fatal cases. Lobar pneumonia is rare. Pleurisy is common in some epidemics.

The cardiac complications are rare. In the height of the fever, a systolic murmur at the apex is not uncommon, but endocarditis either simple or malignant is rarely met with. Pericarditis too is very uncommon, myocarditis occurs more frequently, and may be associated with endarteritis of the coronary arteries. In limbs there may be arthritis, peri-arthritis abscesses or acute necrosis of bone.

Among the most constant and troublesome complications are those involving the skin. During the stage of invasion some cases have an erythematous eruption, either diffuse or measy. Other cases may have a hemorrhagic exanthem, which consists of extremely small punctate hemorrhages into the epidermis. These may be closely crowded together. This petechial eruption has its favorite seat on the lower abdomen genitals and inner surface of the thighs. It usu-

ally appears on the second day and lasts from 12 to 24 hours. Some cases develop gangrene of skin with sloughing of superficial tissues, erysipelas, painful acne and bed sores. During convalescence boils frequently make their appearance.

I made a canvass of my fellow-practitioners at Marion and could learn of but four complicated cases of small pox having occurred in the practice of six physicians. Dr. Hindman reported one case of arthritic and periartritic abscesses. This man lingered on for a couple of months and died. The abscesses were extensive and numerous, a probe might have been passed from one joint to another along fistulous tracts. Dr. Muirhead had had a case of iritis and Dr. Skinner one of transient aphonia occurring at the height of pustulation. Personally I have attended a few more than a dozen cases with no complications. However I was recently called to see a lady who, two years previous aborted during stage of dessication at about the third month of pregnancy. She told me she felt well the morning before the accident occurred and scrubbed her floors that day, besides other household duties. It occurred to me that her heavy work might have had something to do with the accident.

In conclusion I want to say that whether it be the result of a racial immunity acquired through a long line of pock marked ancestry, or that vaccination has developed the individuals resisting powers, or the results of improved care and sanitation, the fact remains that small pox has fewer complications of late years than it had in the past.

SHOULD A HOMEOPATHIST USE PALLIATIVES AND LOCAL APPLICATIONS.*

FRANK C. TITZELL, M. D., IOWA CITY, IOWA.

This subject is as old as our school of medicine. It began with the dawn of Homeopathy and I presume before that time no one ever questioned the advisability of using either of these things.

To the two very pertinent questions contained in this subject, I am

*Read before the Sioux City Homeopathic Medical Society

going to answer *no*, in the first instance, and then *yes* under certain conditions. I shall not attempt to stand upon two pedestals at the same time but will try to show how a man may be justified in taking one that he does not want, simply because he can not get another, the one he most desires.

Webster defines a palliative as a medicine that will relieve pain, so when we speak of this class of drugs it is taken for granted that they have no curative action and are given solely for this purpose. Morphine is an example and is the one most commonly used.

In order to intelligently get at this subject it will be advantageous to divide our cases into medical and surgical and we will discuss their use in medical cases first. Under this head let us take gall-stone colic as an example. The proposition then immediately narrows down to the question, should we use morphine in gall-stone colic.

If there is anyone here who has been unfortunate enough to have had it, I am sure he will answer in the affirmative, but, if you *can* relieve it and do it quickly with your Homeopathic remedy, I say do *not use a palliative* if you can possibly avoid it.

How many of us are there, who can and do relieve these cases in this way; I have done so in a few instances and have signally failed in many others; I have failed not because of any fault with Homeopathy, but simply because I have not been able to select the similar remedy. I am willing to acknowledge it and it seems to me that this inability to select the proper remedy is the chief reason why so many are compelled to resort to palliatives.

I believe there is a curative remedy somewhere for every diseased condition to which human flesh is heir. I am firmly of the opinion that an all-wise creator, has given us somewhere in the universe, an antidote to every poison, a cure for cancer, tuberculosis, leprosy and all other diseases. We have not found them all, as yet, it is true, but let us hope the time will come when we can welcome such a medical millenium.

We are called to see a patient suffering with gall-stone colic. He is writhing in pain great beads of perspiration stand out on his forehead and he is apparently suffering the tortures of the damned. You have all seen such cases. It is in this kind of an emergency that we

have been frequently called and found wanting,—at least I have, and I am willing to own up to it. ff

After failing to relieve with what I supposed was the indicated remedy, instead of giving a placebo and taking time to go to my repertory to look up the case, as some of our friends advise us to do, I have on many an occasion, given a hypodermic of morphine and relieved the patient of his intense suffering in a very few minutes. It seems to me that this was my duty to this patient at this particular time and furthermore the chances are that if I did not relieve him promptly he would send for someone who could and he would be foolish if he did not.

If we could make center shots every time we would undoubtedly cure these cases without resorting to Palliatives but what a small number of prescribers there are who can do this. I am thoroughly convinced that this is where the fault lies. We may be likened unto a soldier in battle, who is a poor marksman. He utterly fails to make satisfactory inroads upon the enemy's lines with his rifle, but give him a shot-gun and he does telling work. He is not a traitor for he remains at the front fighting all the time. He simply has not learned to use a rifle well. Many of our Homeopaths are like this soldier and we are inclined to brand them as traitors to Homeopathy, because they occasionally use palliatives or combination tablets. The use of either is certainly unscientific and I wish in no way to defend such practice for I believe the most of us do the very best we know how at all times and do not deserve such unjust censure. I have a great deal of sympathy for a man who is driven to the use of palliatives after he has made an honest effort to select the remedy by the law of similars and has failed, but none at all for the lazy fellow who uses them simply because they are an easier and a shorter cut to a fee.

I thoroughly believe in Homeopathy and its law of cure, the single remedy and whatever potency experience teaches will do the best work. In gall-stone colic, I would prescribe first and foremost, what seemed to me to be the indicated remedy after a careful taking of the case. If no results were obtained, I would acknowledge my weakness to myself at least, and use a palliative. That is the position I take upon this question.

In surgical cases and especially following operative work, morphine is seldom needed. In my work at the University hospital the past year, it has not been used more than three or four times. We use it only where the patient is peculiarly susceptible to pain or where the operation has been extensive. Immediately following operation the patient is given a few doses of aconite to combat shock and to modify inflammatory reaction. This is followed by arnica or hypericum for the general pain and soreness. Arsenicum or ipecac according to the indications, control the nausea and vomiting. Surgical cases do much better without palliatives and in fact when prescribed for Homeopathically, do not demand them. We have something infinitely better if we would but learn to use them.

In art it is necessary to become acquainted with the masterpieces; in music we must get accustomed to hearing good music; in literature the reading of good books widens our horizon and so in medicine we need to get back to first principles by becoming better acquainted with the Homeopathy as taught by Samuel Hahnemann.

When we come to speak of local applications the field for their use, again naturally divides itself into medical and surgical cases. Under the former we class such diseases as eczema, psoriasis, scabies and chronic ulcers upon all of which local applications are used by many physicians.

For the purpose of discussion let us take the ordinary, indurated, chronic ulcer, that is usually found on the leg. They are generally classed as surgical affections but I am sure the great majority of them belong to the domain of medicine. In the treatment of these we have been taught to religiously avoid the use of all washes and ointments that are suppressive in their nature. It was Hahnemann who first told us that the most of these things are suppressive in their action, and he also told us that "disease is caused by disturbed vital force."

By going back to our pathology we find that the reason an ulcer does not heal is because of a poor capillary circulation in the granulating surface. Back of this poor capillary circulation is a disturbed vital force, call it sora, syphilis, tuberculosis, scrofulosis, varicosis or what you will. It is certainly there behind it all, it is more than skin deep and strange to say nothing seems to get to it except the in-



icated Homeopathic remedy.

As a result of a lack of nutrition, the granulating surface of the ulcer disintegrates and passes away in the form of discharges and pus. It is the perfectly natural result of malnutrition in the embryonal cells. Nature makes repeated efforts to heal an ulcer of this kind and they all end in the same way until finally she apparently becomes tired of the undertaking, throws up an indurated border around the field to keep it from spreading and it remains in this condition indefinitely unless subjected to proper medical treatment.

The discharges therefore are not the cause but the effect of the disease and I can see no good reason why we may not use a wash of any kind to remove them if they become offensive. The vital force will certainly not be affected by anything that will promote cleanliness. We have for instance an ulcer that is reeking in foul discharge and smells to heaven; shall we not use a disinfectant, a deodeiant or a wash of any kind? I believe it is good practice and indeed good sense. We certainly are not suppressing anything except it be the foul odor and that is surely not against the law in Iowa.

It seems to me the harm done by the constant absorption of pus into the system far outweighs any that might possibly be produced by the simple cleansing of an ulcer of this kind. I can not conceive of harm coming from keeping such a surface clean. In this day and age we believe in cleanliness and asepticism and here is a good place to display it. If I can not keep such a surface clean with plain boiled water, I do not hesitate to use one of the many antiseptic solutions with which you are all familiar.

In regard to the use of ointments on such a case, will say that I do not expect an ulcer to heal from without as a coat is patched. We all know that healing takes place from within, out. There are certain conditions however where something of the kind seems imperative. In irritable ulcer for instance, where the patient is worn to a frazzle from loss of sleep on account of pain, I do not hesitate to give such a patient a sedative ointment of some kind, not with the idea of healing the ulcer, but merely for the temporary comfort it will bring the patient and never when I can get along without it.

I do not use them at all for the purpose of healing the wound, so I say let us be reasonable and have some plausible excuse for not giving our patients all the comfort we can.

In clean surgical cases I do not use antiseptic solutions of any kind in the wound. I do not use dusting powders of any kind upon my lines of sutures after they are tied. In infected wounds and on suppurating surfaces, I invariably recommend the internes to keep them clean with the use of antiseptic solutions.

In conclusion, if using a palliative now and then when absolutely necessary after making an honest effort with the Homeopathic remedy has failed and using antiseptic solutions for the purpose of cleanliness, brands one a traitor to Homeopathy, I am willing to be branded. I have been a maverick long enough.

Kalmia Latifolia.—Supraorbital neuralgia, especially of the right side, pain comes with the sun, gradually increases until noon, then gradually decreases; indicated most frequently in rheumatic patients with the slow, creeping pulse.

Retropharyngeal abscess in infants is often overlooked, and can only be diagnosed in the early stages by palpation. No examination of an infant's pharynx should be considered complete until the area has been palpated with the finger. Unwillingness to take food, difficulty in swallowing, difficult breathing except in the upright position, laryngeal cries, stridulous respiration, high temperature, are the characteristic symptoms. These are however misinterpreted, since the condition is not considered even in the differential diagnosis. When the diagnosis is made incision should be performed with the infant in the upright position, with a guarded knife. Several deaths are on record from the use of anaesthetics in retropharyngeal abscess; Richard thinks anesthesia should never be used, for the same reason that the mouth gag should not be, namely, on account of the danger of some disturbance of the vagus from the effects of the anesthetic or the pressure of the mouth gag. The incision should be made in the mouth and not externally and enlarged with the finger.—*Homeopathic Eye, Ear and Throat Journal*.

IOWA HOMEOPATHIC JOURNAL

PUBLISHED MONTHLY.

G. A. HUNTOON, M. D. Editor
ERWIN SCHENK, M. D. Publisher

DEPARTMENT EDITORS.

T. F. H. SPRENG, M. D. *Materia Medica and Clinical Medicine*
F. J. BECKER, M. D. *Obstetrics and Gynecology, University Notes*
A. M. LINN, M. D. *Hygiene and Sanitary Science, Pediatrics*
C. W. EATON, M. D. *Surgery*

Books for review, exchanges and contributions. (It is to be understood that papers have not been printed elsewhere, that they should be typewritten, reprints will be furnished at cost if request accompanies paper.) Personals, news items, subscriptions or card ads, should be sent to the Iowa Homeopathic Journal, Box 152, U. P. Sta., Des Moines, Ia.

All communications in regard to advertising should be sent to the Publisher, Dr. Schenk, Utica Building, Des Moines, Iowa.

Each contributor is alone responsible for the ideas advanced.

Editorial.

Therapeutics for a Superstructure.

In the Ferbruary number of the NORTH AMERICAN the editor takes occasion to comment unfavorably at some length upon the editorial by Dr. Royal, "Therapeutics for the Superstructure", which appeared in the December number of our Journal. Of course we could not expect a Journal whose sympathies are with legislation that creates an examining board which gives materia medica and therapeutics no place in the examinations of applicants to practice medicine, to endorse the views set forth in this editorial, nevertheless, we believe that the best answer that could be made to this criticism is the editorial itself and we are indeed sorry that the NORTH AMERICAN did not publish the editorial along with the comment.

To The Members of The Homeopathic Profession of Iowa.

In these days of organization, it is to our supreme interest to keep pace with the times. Our old school friends (?) are organizing county societies throughout, not only the state of Iowa, but throughout the United States, and *one* object in thus organizing *is to down Homeopathy*. It therefore behooves us, who are in the minority to get together and thus make our state associations as strong as possible. You, Doctor who have not yet affiliated yourself. Don't you see, that you have neglected an all important duty?

In order that the cause of homeopathy flourish in the state of Iowa, it becomes the duty of every homeopathic physician in the state to become a member of our State Society.

Our next meeting will be held at Des Moines right in the center of the state. Let every disciple of the faith make the pilgrimage to this mecca and become a factor of the Hahnemann Medical Association of Iowa. The association is greatly in need of every homeopath in the state. The association wants your influence. It is to *your* benefit, doctor, to identify yourself with it. The benefit to be derived by meeting your fellows and discussing medical matters is apparent. Verily you need the association as much as it needs you.

We are proud of our association. It is a powerful aid to those who constitute its membership. It is a dignified body and in interest, it ranks with the best, like organizations.

Now that the transactions of our last year's meeting are published in the IOWA HOMEOPATHIC JOURNAL, which is being so ably edited by our very efficient secretary and sent to every homeopathic physician in the state the association *expects* every physician to whom the Journal has been sent to become a member of the Hahnemann Medical Association of Iowa at our next meeting.

Let us get together and consider how best to conserve the interests of homeopathy in our state.

T. F. H. SPRENG, *President*.

A Plain Talk.

It is a good plan once in a while to call things by their right names, even if it does sound a little harsh. The manner in which our presi-

dent of the American Institute of Homeopathy, Dr. Royal Copeland, handled the president of the Pennsylvania State Board of Health, Dr. Beates, is a source of great satisfaction to us. Here are his closing words.

“You are an ignorant man, Dr. Bates, if you speak of Homeopathy as a method of treatment which is based upon mere theory and dogma, known to be at variance with the fact”. The testimony of such men as von Behring, the winner of a Nobel prize; Cabot, the dean of Harvard Medical School; Sir A. E. Wright, the most talked of man in medicine today; Robin, of Paris, and many other broad-minded men of your own school, gives the lie to your cavilling remarks. You know little of Homeopathy which your ignorant mind pictures as a system of medicine and surgery, instead of the *therapeutic speciality*, which it is. You think, or profess to believe that because one of our practitioners extracts a cataract by surgical methods, or disables the Koch-Weeks bacillus by the installation of zinc chloride solution, or uses the obstetric forceps, or makes a skillful tracheotomy, or antidotes the diphtheria toxin, or neutralizes the ingested carbolic acid, or does some other sensible thing by a method known to *you*—you set down as “unfaithful to avowed professional principles”. You poor, innocent, ignorant ass! Read the Organ of Samuel Hahnemann or forever after hold your peace! The thinking, reading, progressive, truly cultured men and women of your own school repudiate such teaching as yours.—*Medical Century*.

A professor in a local college devoted one hour during the year to what he termed sectarian medicine, including Homeopathy, Christian Science, Osteopathy, etc. After spending about five minutes indescrib- ing Homeopathy, he dismissed the subject by saying that “none of the Homeopaths practiced Homeopathy today”. This all goes to show the large majority of the rank and file of the dominant school know nothing about Homeopathy, and it is a good thing when a man like Dr. Beates, will set himself up for a target, so that we can get a shot at him. The entire article of Dr. Copeland’s should receive wide distribution.

The Classification of State Boards.

The following editorial appeared in the last number of the *University Homeopathic Observer*:

"The state boards who, either by power of law or by the assumption of power, classify colleges into grade, second or no grade at all, do not consider how they themselves, would appear when passed upon and parceled off like the traditional sheep and goats. Let us see. There are states that have cancelled from their lists the subject that more than anything else stands for cure, viz., therapeutics. They seem to regard medicine, of course, under the law, as being almost everything else than an art of healing non-surgical diseases. There are, on the other hand, a number of boards, now the large majority that still are not restrained by state law from examining men who wish to become legally qualified physicians in therapeutics, their ten commandments so to speak, or, at least, their golden medical rules, if they have any.

The following classification has been suggested for examining boards: First, those that examine in Therapeutics, together with the other subjects, constituting boards of high grade. Second those not examining in medica and therapeutics or boards of low grade. The classification of state boards is then: 1. High grade; 2. Low grade. At another time the division of the several states according to this natural line may be given. At the head of the list of low grade boards we will be obliged to put the state that once was conceded by all others to lead off in advanced, rational medical standards, but which, for the sake of what the politicians call a "ripper bill", has banished by law all reference to medical treatment, from the lists of examination questions."

We are hearing considerable these days from state boards about classification requirements and standards of medical colleges, but this is about the first we have noticed on classification of state boards.

The Observer's classification is alright and certainly the state boards that eliminate therapeutics from the subjects examined on, should be put in the lowest grade. No wonder that the laity are willing to risk their lives on patent medicines when a state board says that a man doesn't have to know anything about drugs to practice medicine. It

is a good thing to bring the medical colleges up to a certain standard. It would be a good thing also to turn the thing around and see where the state boards stand. When it comes to authority, the medical colleges have as much right to classify the state boards as the state boards to classify the colleges.

The Journal Free to Members of the State Society.

THE IOWA HOMEOPATHIC JOURNAL has passed its first half year of existence and is beginning to get out of short clothes and take a little stronger nourishment and begin to say things that are perhaps intelligible only to a few of us, but gives promise that in the due course of time it will be able to say Mamma and Papa just like the rest of our big sisters do.

This is strictly an Iowa product and all the Iowa Homeopathic physicians should do all in their power to help foster and nourish this infant until it reaches maturity. However we do not intend to limit the Journal to Iowa alone, we expect to make it a journal that will appeal to the profession throughout the country. We already have a goodly number of subscribers outside the state of Iowa and we are making a vigorous effort to increase the list, which is meeting with good results. Heretofore all that the members of the Hahnemann Medical Society of Iowa have received for your dues, has been the help that you got out of being present at the meeting, and occasionally a volume of the transactions just before the next meeting. Frequently these transactions were never looked into because the majority of the papers had appeared in other Journals and all of it was a year old.

Now the State Society has made arrangements that all the members in good standing, that is, all those who have paid their dues, will receive the Journal for one year free. This not only gives you the papers of the State Society but also the other society reports over the state, news items, book reviews, and about an equal number of original articles, etc. It is an incentive for those that write papers for the state meeting to write better papers and take more pains with them when

they know that they will be published and sent to all parts of the country; you cannot afford to practice medicine in Iowa and not have the Journal; you cannot afford not to be a member of the State Society. Plan to join the State Society and receive the Iowa Homeopathic Journal absolutely free.

News Items.

Meeting of the Hahnemann Medical Association of Iowa at Des Moines, May 12 and 13; begin making plans now to attend.

F. R. Lintleman, M. D., Harlan, Iowa, has just bought a new automobile. The Doctor is like most of the M. D's. doing a country practice and says the high wheel is the only thing for them.

The readers of the Journal will be glad to learn that A. P. Ma~~g~~omber M. D. of Atlantic is getting better and is now able to attend to his office practice.

D. E. C. Hough of Villisca has returned from his ranch in Montana. The Doctor has been going out there once or twice a year for some time and thinks the West is O. K.

A letter from Dr. C. H. Jr. and Dr. John W. Cogswell states that they are now at Prague attending the clinics there. This makes the third place that they have studied and they contemplate one more before they return to this country.

Dr. H. F. Landis has located at Newton, Iowa.

Dr. I. O. Pond's mother is very sick.

Dr. A. M. Linn of the State Board of Health was called to Grand Junction, Iowa to settle a dispute in regard to Small Pox.

A. J. Myers M. D. of Creston, Iowa had the misfortune to slip and hurt his knee and has been compelled to use crutches for a while.

William Bailey, aged 91, died Feb. 6th, '08. Mr. Bailey had made his home with his son, Dr. B. F. Bailey of Lincoln, Nebraska for some time. Dr. Bailey took his father's remains to the old home in New Hampshire to be buried beside that of his mother. Dr. Bailey has the sympathy of the Journal and its readers in this time of bereavement.

Dr. Erwin Schenk has purchased a new automobile.

One of the most appreciated departments of this Journal is the News Items. Let us hear from you in regard to news of the Homeopathic profession of your locality. Drop us a card or write us a letter or both before the 15th of each month.

The readers of the Journal will be sorry to learn that Dr. C. W. Eaton has been having a run of Typhoid fever and yet at the present time is in the height of the disease.

R. A. Jacobsen, M. D. of Exira, Iowa was at Iowa City where he took several patients for operation.

Dr. B. F. Winsett, of Neada, Iowa, was a recent visitor in Des Moines.

Notice has been published that Drs. Geo. E. Smith and J. W. Laird, of Mt. Pleasant, will dissolve partnership March 1st.

Dr. Martha Clark, of Omaha, who has been in Florida for some time for her health, is recovering rapidly.

Miss Madge Scott, one of our Homeopathic Nurses of Des Moines, has gone to Sterling, Colorado, to hold down a claim.

Miss Effie Simmons, of the Homeopathic Nurses Training School at Iowa City, is located in Des Moines for the present.

Dr. Woods Hutchinson, who was formerly lecturer on anatomy at the State University, is now lecturer at the New York Polyclinic.

Remember that the American Institute of Homeopathy meets at Kansas City, June 22, '08.

J. N. McCartney, M. D., of Nora, Neb., has decided to return to Leeds, Iowa, where he was located some years ago. He was at Clifton, Kans., for awhile before going to Nora.

S. Staads, M. D., of Sioux City, Iowa, was at Oxford, Neb., on a business trip.

J. E. Brainerd, M. D., of Superior, Neb. is once back in the harness and working hard. Says he never felt better in his life. His year's rest was just the thing for him.

E. B. Finney, M. D., of Lincoln, Neb., is another added to the list with a new Auto.

Dr. Nellie Flint was in Des Moines recently. She has just returned from Texas and Colorado.

Dr. Murry Wildman, of Ft. Dodge, is at Colfax trying the water for his health.

An examination for appointment on the Residue Staff, of the Metropolitan Hospital, New York City, will be held at Sioux City, April 3, 1908. Eighteen vacancies are to be filled for 12 or 18 months service. Applications for examinations accompanied by three letters of reference should be sent to Edward P. Swift, No. 170 W. 88th St., New York. This is the largest Homeopathic hospital in the world and contains 1300 beds.

FOR SALE.—A good second hand Reo runabout with rumble seat. Run only one season and only enough to find the weak points to have them adjusted. 1907 Model. Write the Publisher.

University Notes.

Through some mistake on the part of the mail officials our last communication failed to reach the editor in time for publication.

During the last month an unusually large number of alumni have visited at the college and brought patients to the hospital.

Dr. E. P. Farnum, '98, of Sibley, Iowa, was one of the recent visitors at the hospital with a patient. As this was the Doctor's first visit in four years he found many things changed for the better.

We are very much pleased to report a visit from Dr. N. S. Hubbell, of Cedar Rapids, who, after forty-two years of experience in the practice of homeopathy, still has unbounded faith in the curative action of drugs when administered in accordance with the law of similars.

The College of Homeopathic Medicine has very few friends and supporters who do more toward making it a success than does Dr. W. E. Anderson, of Washington, Iowa, who always has a student in its classes and a patient in the hospital. We again acknowledge a visit from him with a patient for the surgical clinic.

Dr. G. S. Felt, of Reinbeck, recently brought a patient to the hospital and visited friends at the Athens.

Miss Effie Simmons, of Wellman, a recent graduate of the H. N. T. S., spent a few days at the hospital last week, visiting with the nurses.

Dr. E. N. Bywater, of Iowa Falls, brought a patient to the hospital last week. If all of the alumni were as loyal to their alma mater as Dr. Bywater, we would be obliged to increase the capacity of the hospital several fold.

Dr. Percy Parson, of Traer, another of Iowa's loyal alumni, had a patient in the surgical clinic last week.

Mrs. R. A. Jacobsen, nee Miss Brown, one of our graduate nurses, has just been released from a thirty days quarantine at the home of her father at Cedar Rapids where she cared for her sister who was suffering with scarlet fever. The Doctor no doubt had a lonesome time at Exira.

Only a few months remain until the high schools of the state will again graduate a large number of young men and women who have not decided upon their future course in life. Many of them no doubt are contemplating a professional career but are still undecided as to what profession they shall choose and a few words from you may induce them to take up the study of Homeopathy. Do you know of any such among your patrons and friends? If so, would this not be a good time to impress upon them the advantages of the profession of Homeopathic Medicine?

Societies.

Hahnemann Medical Association of Iowa

The State Society will meet in Des Moines, May 12th and 13th, 1908. The following doctors have been chosen chairmen of the different bureaus for this meeting.

Surgery—F. C. Titzell, M. D., Iowa City.

Clinical Medicine—Edward R. Jackson, M. D., Dubuque.

Nervous Diseases—O. A. Hansen, M. D., Forest City.

Materia Medica—S. W. Staads, M. D., Sioux City.

Ophthalmology, Rhinology and Otology—Dr. E. G. Linn, Des Moines.

Gynecology—P. E. Triem, M. D., Manchester.

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

Pediatrics—W. E. Anderson, M. D., Washington.

Hygiene and Sanitary Science—Alice I. Ross, M. D., Whittier.

Each chairman is urged to have his or her helpers well in hand so that everything will be in readiness. I would suggest that the papers be written in time so that the writer can choose someone to open the discussion of their paper. If this plan is carried out we will have a very profitable meeting.

Let us all put our shoulders to the wheel and make this year's meeting the best meeting we have ever had.—G. A. Huntoon, Secy.

Des Moines Homeopathic Medical Society.

The Des Moines Homeopathic Medical Society held its regular monthly meeting Feb. 11th, and although the night was very stormy, we had a good attendance. The papers of the evening were by Dr. C. E. Holloway on "Hernia", and Dr. A. M. Linn on "A Case of Snake Bite". Both papers were well received and a generous discussion followed. The committee on a Homeopathic Hospital did not have its articles of incorporation ready so it was given another month in which to make its report.

Correspondence.

Feb. 8, 1908.

Dear Doctor Huntoon:—

I presume you have learned ere this that the meeting place of the American Institute of Homeopathy has been changed from the high prairie of Oklahoma with its refreshing breezes to the classic hills of the Kansas and Missouri. I am forcibly reminded of the uncertainties of the things of this life. I had worked hard for two years to have the institute come to Oklahoma City, and at the Jamestown meeting when the vote was made unanimous in favor of Oklahoma City for 1908 I supposed my work had been accomplished. Yet the executive committee who were empowered to make a change, if in their judgment it was advisable, for some reason changed the place of meeting to Kansas City.

Now I have no right to criticise their acts, but do believe they made a mistake in their judgment; they are honorable men and I am fully persuaded have the welfare of the institute at heart, and acted from conscientious motives. I was very greatly disappointed in being denied the pleasure of entertaining the members of the institute in our wonderful and progressive city, the metropolis of the southwest. It would have necessarily placed upon me much hard work and sacrifices in the way of finances, say nothing of the great anxiety. I had carefully weighed the cost and was willing to assume the responsibility for the pleasure it would afford me of entertaining the society in our beautiful and growing city, and the benefit growing out of the meeting to Homeopathy in the great and new southwest. Our brethren in Kansas City fought hard for Oklahoma City and did very much to help us gain the day at Jamestown. I do not believe they were instrumental in any way in having the change made. They are a noble band of workers and have done much in developing Homeopathy in the southwest; they deserve recognition and I assure you that they will have my warmest support. I feel confident the members of the institute will receive a cordial welcome from them. They have a

beautiful city, a marvel in growth and energy.

The institute is ours and should be held dear to all believers in Homeopathy. Therefore let there be no contentions, but let us go forward from all sections with a united front and make this one of the greatest in the history of our society. Let its influence radiate to all sections of our beloved country.

J. HENSLEY, M. D., Oklahoma City, Okla.

Feb. 13, 1908.

IOWA HOMEOPATHIC JOURNAL:—

I am interested in "Internal Vaccination", though I am a so-called "Regular" physician, and I will tell you why. My wife when a girl about 14 years was vaccinated with *humanized* vaccine, with the result that she was given a terrible scourge of scrofula, none being of record among her ancestors. It has given me much trouble. My second daughter now about eleven years old inherited scrofula from her mother. For that reason I avoided vaccinating her, using instead an article called Vaccinum, I believe I purchased from the Boericke and Tafel Pharmacy in this city. I gave the required certificate of vaccination and my daughter was admitted to the school, and all went well until I moved which put my child into another school. I again gave the required certificate and all would have been well had she not thoughtlessly told the teacher when all were asked if they had a good scar on the arm, that she had none. An order was issued for me to vaccinate her, allow the school doctor to do it, or remove her from school. I was up against it. I could not afford to fight the school board alone, and something must be done at once.

I gave more doses of Vaccinum, went the limit of time given me, then wrote to the teacher that if my certificate was questioned the board doctor could vaccinate her. He did vaccinate her and *it failed to take*. In two weeks he vaccinated her again with negative results. In two weeks more he vaccinated her again and it *took* and made a *scar which* satisfies the honorable board doctor, though that *taking* possessed none of the usual characteristics of vaccination except the *scar*. I am satisfied that the scar was caused by deep cutting.

I am of the opinion that anyone who objects to vaccination can prevent undesired effects and secure a passable scar at the same time by opposing Vaccinum to Vaccine poison. If all parents living in states where compulsory vaccination laws are in force, can know of my experience, they can I believe, satisfy their school boards safely by following my course.

Perhaps this course is not new to you so it may not interest you. It was new to me as stated. I read your Journal each month with interest. Perhaps Vaccinum if pushed, will be able to entirely prevent Vaccine Virus taking the board to give up the attempt. For prudential reasons I cannot allow my name or address to be published so sign this article.

VERITAS.

Book Reviews.

Medical Diagnosis Greene.

A Manual for Students and Practitioners. By CHARLES LYMAN GREENE, M. D., Professor of the Theory and Practice of Medicine in the University of Minnesota; Attending Physician St. Luke's Hospital, the City Hospital and the St. Paul Free Dispensary, etc. Second Edition, Revised, with 7 colored plates and 241 illustrations. P. Blakiston's Son & Co. 1012 Walnut St., Philadelphia. 1907. Price, \$3.50.

We find this handbook very interesting from the view point of ready reference, it is one of a series of books, leather bound with round corners and gilt edges, which Blakiston's Son and Co. have gotten out. It gives a concise and practical description of each disease. It does away with the theoretical and superfluous, and gives the busy practitioner all the facts in a very concise manner. A very complete index, running headlines, and marginal notations are a great convenience and help. The colored plates and many illustrations are of high grade. This is the second edition of this book in less than a year which shows its popularity. It is of convenient size and is a work that the busy man will keep on his desk for every day reference.

Quiz Compend Surgery.

A Compend of Surgery for Student and Physician, including minor surgery and a complete section on bandaging. By Orville Horwitz, B. S., M. D., Professor of Genito-Urinary Surgery, Jefferson Medical College; Surgeon to St. Agnes Hospital; Fellow of the College of Physicians, Philadelphia, etc., etc. Sixth edition revised and enlarged. 195 illustrations and 104 formulae. P. Blakiston's Son & Co., 1012 Walnut St., Philadelphia. Price, \$1.00.

This Compend of Surgery has been carefully revised since the publication of the fifth edition by Thos. C. Stellwagen, Jr. Many new cuts have been added, some in colors when necessary to assist the text. In all respects the work has been brought down to the requirements of the day and will be found of great value to the student and to the physician as well.

AUXILIARY COMMITTEES.**OF THE COUNCIL ON MEDICAL EDUCATION.**

The following was received from the Medical Century:

Pursuant to the resolution passed at the meeting of the Council on Medical Education held in Chicago on October 25, 1907, to appoint three physicians in each school from each State, the following have been appointed to represent the homeopathic school:

Maine—W. E. Fellows, Bangor; J. F. Trull, Biddeford; W. S. Thompson, Augusta.

New Hampshire—C. Bishop, Bristol; C. A. Sturtevant, Manchester; W. Tuttle, Exeter.

Vermont—C. A. Gale, Rutland; E. W. Kirkland, Bellows Falls; G. I. Forbes, Burlington.

Massachusetts—J. P. Rand, Worcester; E. H. Copeland, Northampton; G. F. Martin, Lowell.

Rhode Island—H. A. Whitemarsh, Providence; Jno. Bennett, Pawtucket; H. M. Sanger, Providence.

Connecticut—E. B. Hooker, Hartford; E. H. Linnell, Norwalk; C. H. Payne, Bridgeport.

New York—H. D. Schenck, Brooklyn; A. R. VanLoon, Albany; D. G. Wilcox, Buffalo.

New Jersey—M. D. Youngman, Atlantic City; A. Drury, Paterson, V. A. H. Cornell, Trenton.

Pennsylvania—T. H. Carmichael, Philadelphia; E. M. Gramm, Philadelphia; E. R. Gregg, Pittsburg.

Delaware—J. Adair, Wilmington; I. W. Flinn, Wilmington; C. A. Ritchie, Middletown.

Maryland—A. P. Stauffer, Hagerstown; G. E. Lewis, Rockville; C. L. Rumsey, Baltimore.

Virginia—G. F. Bagby, Richmond; H. E. Koons, Danville; C. E. Verdier, Norfolk.

West Virginia—A. A. Roberts, Wellsburg; W. R. Andrews, Man-
nington.

North Carolina—A. W. Calloway, Asheville; W. E. Storm,
Wilmington.

South Carolina—A. L. Smethers, Anderson.

Georgia—

Florida—A. S. Munson, DeLand; A. L. Monroe, Miami; L. G.
Larner, Tampa.

Alabama—A. M. Duffield, Citronelle; R. D. Brown, Mobile.

Mississippi—G. W. Crock, Vicksburg; C. A. Hardenstein, Vicks-
burg; J. C. French, Natchez.

Louisiana—E. Harper, New Orleans; R. D. Voorhies, Lafayette.

Texas—W. D. Gorton, Austin.

Kentucky—O. L. Smith, Lexington; C. A. Fish, Frankfort; R. L.
Eltinge, Louisville.

Tennessee—W. A. Boies, Knoxville; F. Freeman, Chattanooga;
G. A. Coors, Memphis.

Ohio—M. P. Hunt, Columbus; G. J. Damon, Akron; L. Philips,
Cincinnati.

Michigan—R. S. Copeland, Ann Arbor; M. C. Sinclair, Grand
Rapids.

Indiana—J. H. Baldwin, Jeffersonville; D. H. Dean, Rushville;
F. J. Schulz, Ft. Wayne.

Illinois—O. B. Blackman, Dixon; J. P. Cobb, Chicago; E. A.
Taylor, Chicago.

Wisconsin—S. R. Stone, Rhinelander; E. W. Beeber, Milwaukee;
F. A. Walters, Stevens Point.

Minnesota—G. F. Roberts, Minneapolis; O. K. Richardson,
Minneapolis; L. G. Wilberton, Winona.

Iowa—C. W. Eaton, Des Moines; F. Kauffman, Lake City; T. F.
H. Spreng, Sioux City.

Missouri—W. E. Reily, Fulton; H. W. Westover; St. Joseph; L.
E. Whitney, Carthage.

Arkansas—M. R. Regan, Eureka Springs.

Oklahoma—J. Henslep, Oklahoma City; M. Vandervoort, Guth-
rie; W. T. Kimberley, Guthrie.

Kansas—M. E. Kemp, Cherryvale.

Nebraska—E. B. Woodward, Lincoln; G. J. Goodshaller, Lincoln;
H. R. Miner, Falls City.

South Dakota—A. O. Cotton, Vermillion.

North Dakota—J. G. Dillon, Fargo.

Montana—

- Wyoming—
 Colorado—S. S. Smythe, Denver; J. P. Willard, Denver; L. P. Faust, Colorado Springs.
 New Mexico—J. S. Keaster, Roswell; A. P. White, Hope.
 Arizona—J. W. Thomas, Phoenix; H. T. Southworth, Prescott;
 A. G. Schnabel, Tuscon.
 Utah—E. P. Mills, Ogden.
 Idaho—H. V. Holverson, Boise City; W. N. Semones, Nampa;
 P. S. Peck, Genesseo.
 Nevada—C. A. Crockett, Reno.
 Washington—E. W. Young, Seattle; C. E. Grove, Spokane.
 Oregon—C. A. Macrum, Portland; C. H. Atwood, Portland; J. F. Titus, Eugene City.
 California—P. R. Watts, Sacramento; E. C. Buell, Los Angeles;
 G. E. Manning, San Francisco.

Miscellaneous Items.

GASTRIC CANCER.

Dr. R. F. Chase in the Boston Medical and Surgical Journal, asserts cancer of the stomach is much more common than many realize. The absence of any medical cure and the fact that the success of surgery depends on its employment in time indicate the necessity for early diagnosis. The ordinary medical means of diagnosis may be found in the history, particularly in regard to inflammation as to past ulcer, age and loss of weight. In patients with gastric stasis weight should always be taken after the stomach has been evacuated, as the contents of the stomach may weigh from one to several pounds. If the preceding examination gives the least ground for suspicion of cancer, chemical tests, Salomon's test, mechanical and other tests—e. g., aspiration of stomach, inability to pass the stomach tube more than fifteen or sixteen inches, presence or absence of the deglutition sound, etc., should be resorted to. It is quite as important to exclude cancer in its absence as to make a positive diagnosis when it is present. Those who suppose that a positive or negative diagnosis may be made on the strength of chemical examination of the gastric juice should at once disabuse themselves of this idea. Careful, but not too prolonged thorough examination, including laboratory tests, would result in the fact of much less needless gastric surgery while far more cancer pa-

tients would be forthcoming at a stage of the disease warranting radical operation. As to the time allowable for carrying out medical means of diagnosis in advanced conditions, diagnosis may be made frequently at the first or second visit. Radical operation is then usually out of the question, but sometimes palliative operation may be of benefit. In earlier cases two or three examinations within a week may establish a condition warranting radical operation, or at least a gastroenterostomy may prolong life. In still earlier cases two or three weeks time may suffice to diagnose the condition in which, under favorable circumstances, resection may be done.

The chief points to be observed in these various classes of cancer patients regarding operations are: 1. The physician should be reasonably certain of the presence of cancer. 2. He should usually know the case is beyond surgical relief. 3. In cases considered operable he should have a good idea that the conditions warrant a palliative, perhaps a radical operation. Ulcer cases with stasis may be included here. Some of them cannot be differentiated from cancer by medical means. 4. In certain cases, either early or late, he should know if the cancer is located at the cardia, and be aware that no operation except gastrotomy as a last resort should be attempted. In the remaining small portion of cancer cases, the true conditions perhaps can not be learned by medical means within three weeks' time. In most of the cases, perhaps all, a surgical exploration should certainly be made.—*Journal A. M. A.*

Antiphlogistine and Pneumonia.

In five cases of pneumonia where the acute trouble did not end in complete resolution, but left circumscribed and affected areas which in my judgment were doomed to caseous degeneration, the liberal and persistent use of Antiphlogistine slowly but surely caused the absorption of the abnormal patches within the lungs and left them as normal as they were prior to the pneumonitis.

H. ENTON, M. D., Brooklyn, N. Y.

Twenty Hospital Cases.

I have used the H-M-C anesthetic successfully in twenty cases, full reports of which I have kept as they were all hospital cases.

J. B. WRIGHT, M. D., Trenton, Mo.

In our last issue we made reference to the Monarch Physician's Ledger and Case Record that we have purchased. Because of the interest shown in this system by some of the doctors we reprint some of what we have said before. The proposition made by the company was this: "We guarantee our system to be satisfactory. It is 100% better than anything you ever heard of. You are to use it thirty days and if our guarantee is not proven there is no sale." Personally, we are convinced. Name and address will be gladly furnished by the Publisher of the Iowa Homeopathic Journal on request.

Green Gables
THE
DR. BENJ. F. BAILEY.
SANATORIUM
Lincoln, Neb.

**Health
and
Rest**

**A thoroughly modern, homelike place for the cure of non-contagious diseases
Separate building for mental cases**

Write for illustrated catalog.

VICTORIA SANATORIUM

And Colfax Mineral Springs

Unexcelled Natural advantages. All modern methods of Sanatorium Treatment employed--Hydrotherapy, Massage, Rest Cure, Diet, Etc.

Rooms Light, Airy and Comfortable

CORRESPONDENCE WITH PHYSICIANS SOLICITED

**JOHN BAYARD SHERBON, M. D.
FLORENCE BROWN SHERBON, M. A., M. D.
PROPRIETORS**

ALICE E. BURTON, M. D., ASST.

Greatest Accessory of Modern Times.

I used your H-M-C tablet in operating for ventral hernia. A previous operation failed to get union. I handled the intestines for a lesion and in closing the wound lapped the muscles well and used strong, staple sutures after the Mayo method for umbilical hernia. I gave one tablet two and a half hours before operating, repeated in a half hour. During one hour's work she inhaled only twenty drops of chloroform, and could have done without that; especially if I had given the third tablet. This combination is destined to be one of the most important accessories to capital surgery in modern times.

J. M. INGE, M. D., Denton, Texas.

Used in Misscarriage—Just What Was Wanted.

I find your H- M-C hypnotic anesthetic just what I have wanted for some time, and will keep a supply always on hand. In miscarriage where the placenta must be removed under anesthesia they are the very thing and relieve the operator of the worry of chloroform or ether. I believe them superior to the morphine and atropine hypodermic as more lasting and certain in effect.

DR. A. D. BARNETT, Guilford, Mo.

GLYCERO - MEDICATED - PLASTER

The Greatest Antiphlogistic and Hygroscopic known, possessing a definite therapeutic action.

Glycero-Medicated-Plaster contains approximately 55% more C. P. glycerine than like preparations, therefore making it that much greater antiphlogistic and hygroscopic. The essential oils as given in our Treatise gives this product the advantage over others of being a stimulant to the vaso-motor, lymphatic and circulatory systems, as well as being decidedly antiseptic and anodyne in action. Our products are being manufactured under the supervision of physicians and chemists, therefore each agent is thoroughly demonstrated before given to the profession.

Samples and literature sent on application.

THE PHYSICIANS' CHEMICAL & DRUG COMPANY

1509 Michigan Avenue, CHICAGO, ILLINOIS

IOWA HOMEOPATHIC JOURNAL

Vol. II

APRIL, 1908

No. 4

Original Articles.

STRANGULATED HERNIA.

C. E. HOLLOWAY, M. D., DES MOINES, IOWA.

There are few conditions met with in the practice of medicine which are more alarming, not only to the patient and his family, but to the physician himself, than strangulated hernia.

There are, without doubt, many cases allowed to die because the physician has not recognized the trouble, or having made the correct diagnosis, does not institute prompt and efficient treatment.

Whenever called to a case having symptoms of abdominal colic, three conditions should be thought of at once, and examination made to rule them out, or to establish their presence. Those are strangulated hernia, appendicitis, and gall stone colic.

While there are several varieties of strangulated hernia, I will only refer to the most common, inguinal and femoral. It almost invariably happens that as in appendicitis, the first pain of strangulation, is not at the seat of the trouble, but in the region of the umbilicus, an ill-defined colicky pain, which may lead the patient to say that he has eaten something that has not agreed with him; soon, however, the pain locates around the inguinal or femoral region. The pain is likely to be somewhat paroxysmal, owing, no doubt, to the peristaltic action of the bowels. If at this point the physician steps in and relieves the pain, with a hypodermic of morphine the patient's mind is eased, but the pathological process goes on just the same.

Soon vomiting commences, at first only stomach contents, but

later becomes fecal. In former years it was considered good practice to delay operation until fecal vomiting had occurred, and it is not surprising that there were so few recoveries, and accounts to a great extent for the operation being so unpopular among the people. Today such waiting would be considered criminal. Cessation of vomiting may mean paralysis of the bowels, or complete collapse, and should be looked upon as an unfavorable symptom.

Constipation is usually complete. There may be tenesmus and frequent desire to stool. Cathartics do more harm than good, and should never be given; enemas may be given, but are of little value. Thirst is unusually intense, and if fluids are taken are usually rejected.

The pulse, is many times, an important aid in deciding as to the severity of the case. Temperature is not usually above normal, in fact in many cases it is sub-normal; on the whole the temperature is not to be relied upon. Respirations are usually hurried; with these symptoms, colicky pains, constipation, rapid pulse, vomiting, and the finding of a tumor in the inguinal or femoral region, the diagnosis is complete.

It is possible that an inflamed gland, or undescended testicle may cause doubt, but not often, if the principal symptoms are looked for. With the diagnosis of strangulated hernia established, something must be done, and done promptly.

There is very little chance for medical treatment, and the trouble should be considered entirely from a surgical standpoint. Local applications do very little good; cold is recommended, either ice or an ether spray, and may be effective.

There should be careful efforts made at manipulation. With the hips well elevated, gently crowd the entire abdominal contents away from the lower abdomen toward the chest. Then work with the fingers of one hand around the neck of the tumor where it comes out of the canal. Then instead of trying to push the tumor back, pull it further out and with the other hand grasp the canal and make a kneading motion, while pressure is made

with the hand on the hernia. Pushing directly up, on a strangulated hernia will usually push it up, on the abdominal wall above the ring, and reduction not succeed.

If this fails, then the patient should be told that an operation to relieve the constriction will probably be necessary, although after he is under the anesthetic, he may be told that another effort will be made to reduce the mass. This will convince him that you are trying to do everything that can be done to help him without operation, and will relieve his mind. With the patient prepared for the operation, taxis may be tried again; taxis under an anesthetic should be more carefully made than before, owing to the absence of pain as a guide to the amount of force to be used. When one has definitely decided to operate morphine is not only permissible but should be given.

The use of a hypodermic needle to draw off fluid, thus reducing the size of the hernia, is hardly good practice; not only is there danger of injuring the bowel, or infecting the site of operation, but it is stated by DeGarmo, that the fluid is both a protection to the gut, and aids in its reduction.

There are two operations, which every physician should be prepared to do; and especially so if not situated where surgical help can be had promptly; those are herniotomy and tracheotomy. The difficulties of both have been exaggerated by a too careful anatomical consideration of the parts. It is not possible that every physician be a perfect anatomist, and he should not be discouraged from executing these life saving measures.

I cannot see the use of delaying an operation for strangulated hernia; the operation in itself is not a dangerous one, and the chance for permanent cure is good, while delay invites fatal results.

While that part of the body occupied by an inguinal hernia is not easily rendered sterile, yet a patient may be prepared on the table and perfect union follow; abdomen should be shaved and scrubbed with green soap, and without a brush; bichloride 1 to 3000 applied, followed by sterile water. I am inclined to think that

there can be too much preliminary scrubbing done, and that there is less wound infection where the patient is prepared just before operating, in all abdominal work.

The incision is made directly over the tumor, and the various tissue layers cut through, until the hernia sac is reached. The tissues are often congested and somewhat discolored, and sometimes not easily recognized, but one can be sure when the hernial sac is opened by the escape of fluid. Most surgeons at the present time, advise cutting directly down on the constrictions from above, and dividing the stricture in plain view. Another way is to push the first finger of the left hand into the opening, then carry a probe pointed bistoury along until the point passes the constriction, then turn the cutting edge up, making a small niche in the constricting band; cutting in the direction of the canal in an inguinal, and inward away from femoral vessels in femoral hernia.

This will usually allow the contents of the gut to recede into the abdomen, while the intestine itself must always be held for inspection. Hot sponges of gauze are very useful to bring back the color, and they should be applied for several minutes; if there is a change of color to a lighter shade, and the intestinal coat has not entirely lost its shiney appearance, it is usually safe to return the intestine to the abdomen.

If the peritoneal coat of intestine has lost its shiney quality, and the beginning of sloughing is evident, a resection of intestine can be made, or if the patient is in poor condition, it would perhaps be wiser to either stitch the loop of intestine in the wound, expecting the formation of a foecal fistula, to be closed at another time; or to return the gut, leaving the wound open, with a piece of gauze leading down to the intestine; either of these procedures is justifiable, owing to the high mortality from resections in strangulated cases.

In case of contents of the hernia being omentum, those portions showing dark color should be ligated and cut away; the omentum should be spread out and the vessels ligated separately,

or at least not a very large portion included in the ligature, as some fatal hemorrhages from cut omentum have occurred.

Next the hernial sack should be freed from all tissue, especially fat, being careful to protect the cord in the male, by slipping a piece of gauze under it. The sack may be twisted, and crushed, with a pedical forcep, then transfixed by a needle carrying a No. 2 cat gut, with double suture; these are tied firmly, and the redundant tissue cut away.

Unless the patient is in a serious condition, an attempt should be made at a radical cure, which can be carried out either by the Bassini, Ferguson, or Halstead method. The Bassini, being the simplest and the one most used; the steps are as follows:

The sac is opened, its contents reduced, and after twisting and double ligating its neck, it is cut off, flush with peritoneum; the cord is held aside and the lower border of the internal oblique, and transverse muscle, are attached to the shelving portion of pouparts ligament; by interrupted suture of chromicized gut No. 2. The cord is placed upon the wall thus formed, and the oponnaeurosis and skin closed over it in separate layers.

This technic may be modified by allowing the cord to drop back into the abdomen, and closing structures above it as before mentioned, instead of transplanting it.

In femoral hernia the procedure is about the same. The canal is closed by placing sutures from pourparts ligaments through the tissue down to the periostium of the pubic bone; closing the canal by silver screws or nails through the ligament down to the bone are not necessary; in fact, one author says these openings will close themselves if freed from fat and not too much interference done.

While efforts to reduce a strangulated hernia should always be tried, it has seemed to me after an unfortunate experience with a late case, and the very happy ending of several cases taken early, that only a short time should be spent in manipulation; but operate promptly, while the patient is in good condition, thereby gaining both relief and a permanent cure.

A PLEA FOR MORE CAREFUL WORK IN GYNECOLOGY.

DR. E. I. WOODBURY, M. D., BURLINGTON, IOWA.

Only a few days before I had been asked to write a paper for the Bureau of Gynecology, I had signed the death certificate of a woman dying of cancer of the uterus, resulting from a laceration of the cervix which some doctor some years before had neglected to repair. Knowing as I do the tendency of some physicians to neglect these minor troubles, as long as their patients are feeling comparatively well, the thought came to me that this paper would do as much good as any I could write, if I could bring before the minds of the profession the necessity of caring for these minor injuries in a careful and scientific manner.

It seems almost inexcusable to me for the profession, in this day of improved surgical technic, to go along from year to year doing nothing for these cases except to give a few local treatments when in about 80 per cent of them a minor operation, consisting of a thorough dilatation of the cervix, curettage of the cervix and fundus, repair of a laceration of the cervix, and replacing of a misplaced uterus will not only greatly improve a patient's general health, but also act as a prophylactic against more serious trouble in the future.

All text books agree that cervical and uterine catarrh as well as lacerations of the cervix are predisposing causes of cancer of the uterus.

I now wish to speak of two fatal cases which have come to my notice in the past year, no doubt I could find hundreds of similar cases if I wished to look up the statistics, but these two will illustrate the point under discussion.

I was called in consultation to see a Mrs. S. 54 years of age, having had five children and one miscarriage, a bad cervical laceration resulting from the first confinement, she had been pretty well all of her life except a bad leucorrhœa which she always had and this she stated had been gradually getting worse and lately she had been passing some blood, and in the past few months

she had had a great deal of pain through the pelvis. On examination I found the cervix about two-thirds eaten away, the pelvic glands enlarged and many adhesions so that the uterus was almost immovable, and a very offensive watery discharge. The diagnosis, of course, was carcinoma of the cervix. I took some scrapings and examined them under the microscope to verify the diagnosis. An operation was out of the question and the patient died about ten months later. I am fully convinced that if the woman had had that uterus thoroughly curetted and the laceration repaired to check the leucorrhoea, that she would have been alive today; I wish further to state in this case that there was no history of cancer in her father or mother's families as far as she knew.

Second—A Mrs. M. was sent to me from out of the city for an operation. On examination I found a carcinoma involving the entire uterus, with an opening from the uterus into the rectum and the uterus and rectum firmly bound together; all of the glands that I could feel were enlarged and the odor from the fecal matter passing into the vagina was terribly offensive. The woman was 63 years of age, married, but had never been pregnant. She had been a well, hard working woman all her life except that she had always been troubled with pain and scanty flow at her menstrual periods, as a rule being obliged to go to bed for a day or two. I asked her what her physician had done to relieve her menstrual trouble and she said that she had been given a few local treatments and some medicine, but they never seemed to help her any. I asked if she had ever been treated under an anesthetic and she said that she had not. Here, gentlemen, is another case in which had there been done a thorough dilatation and curettement under an anesthetic this woman would have been saved years of suffering and in my opinion saved from the awful death of cancer. I did not operate on the case and she died in less than three months. If by citing these cases I can impress upon the profession the necessity of caring more carefully for these minor troubles and thus perhaps save some few

women from the awful death of a cancer, I will feel that I am amply repaid for writing this paper and that I have not wasted your time while listening to it.

PELVIC FLOOR INJURIES AND THEIR REPAIR.

A. S. BEATTY, M. D., COUNCIL BLUFFS, IOWA.

In preparing a paper on this subject for this bureau one would naturally think of the operation for the late repair of such injuries; but it has a prophylactic side reaching out to the general practitioner and accoucheur, within whose power it is to rob the gynecologist of all revenue from such operations.

Why, gentlemen, it is simply appalling the number of women dragging their lives out as physical and nervous wrecks, enduring untold suffering just because someone failed to make an examination of the perineum immediately after delivery and repair the damages to that body.

The causes of laceration are various, and the percentage of tears may be reduced somewhat by judicious care in confinement, but there still remains a large per cent of unavoidable injuries, the fact is; the profession has not laid enough stress on the repair of these injuries.

You have all heard men, whose hair has grown gray with years of ceaseless toil in the relief of suffering, report hundreds, and it may be thousands of confinements with lacerations in only 2 or 3 per cent of all cases; but from the number of cases we meet in every-day practice we must conclude that they do not examine for laceration; or if they do, they fail to recognize it. Certainly the physicians in general have been neglecting to repair these injuries and it is to such we extend our plea for long-suffering womankind.

The proper time to repair a torn perineum is immediately after delivery. Any tear extending beyond the fourchette or a mere abrasion of the vaginal mucosa should be repaired, and the

physician who neglects to do so is guilty of gross neglect of duty.

Objections may be offered by the patient and friends, but they are easily overcome by explanation of the dire consequences resulting from neglecting it. The parts are numb from pressure during delivery and no other anesthetic will be required. The operation at this time is simple, the indications plain, it can be done by anyone capable of conducting a confinement, and all the instruments necessary are a needle holder, two or three full curved round spear pointed needles, a Sym's speculum or retractor, a few strands of silkworm gut, and a pair of scissors.

The prognosis is always good and no one case should ever be allowed to wait for a secondary repair; since the ill effects are not limited to the injured member alone, but effect the pelvic organs and the nervous and physical constitution as well.

For the immediate operation cleanse the parts thoroughly with a 1 to 2 per cent solution of lysol.

In tears of third degree—which however are infrequent—the rectum should be closed by interrupted sutures of cat gut tied inside the rectum and re-inforced by a Lembert suture if necessary; next the ends of the anal sphincter are picked up and united by a mattress suture.

The index finger of the left hand is inserted in the rectum as a guard against puncturing that organ, in the repair of the second degree, that remains, the silkworm gut sutures beginning at the inner angle are now placed deeply and completely surrounding the vaginal tear, not appearing in the bottom of the wound, if possible, and about one-half inch apart, in sufficient number to restore the parts to their normal relations.

After placing all of these sutures they are tied barely tight enough to bring the parts into apposition, so as to leave room for the swelling that is sure to follow. And upon the looseness of these sutures depends the success of the operation, since, if they are a little tight they are sure to cut out and your efforts are in vain. A few interrupted cat gut sutures will yet be necessary to close the outer wound; and sterile napkins applied as usual. The silk-

with gauze should be removed about the seventh day. A loose bandage should be kept about the knees during the first fourteen days to prevent undue strain on the perineum.

The urine should be drawn per catheter or voided through a straight tube inserted until the wound is healed.

The pathological conditions resulting from the loss of perineal support are as follows: proptosis of all pelvic organs, cystocele, rectocele, and even proptosis of the rectum, constipation and all its attendant ill effects, and vesical trouble, etc., giving rise to a sense of bearing down, headaches, conjugal and venereal headaches, all of which tend to a nervousness condition that has landed many a poor sufferer in the mad houses when from fifteen to twenty minutes' work at the proper time might have saved her to a useful life and her family.

How common it is to have a mother come to you and say: "Doctor, I have not been well since the first, second, or third child was born. I can't do my work, was always strong before, but am all dragged out now," and she continues enumerating the above and other like symptoms.

Doctor, if you have ever been party to such a case take the advice of the Good Apostle of old: "Go and sin no more."

Perineorrhaphy means simply stitching together a lacerated perineum, but it should be given this broader meaning. The restoration of the normal anatomic relations of the various injured parts, and the restoration of the functions of the same.

So long as the function of muscles of the perineum is undisturbed there will be no manifestation of systemic symptoms from that source. The chief functional muscular structure is the levator ani, and when the integrity of the perineal function is impaired it is to the levator ani we must pay our chief respects.

The anatomy of the posterior triangle of the male and the female perineum is identical; the anatomic structures of the anterior triangles are correspondent, but have such different relations that it is impossible to understand the normal anatomy of the one from the dissection of the other.

There has been much discussion as to whether the muscles,

or the fascia form the real support of the pelvic organs; in our discussion of the subject we shall consider them together since they are inseparable, and each dependent upon the other for the proper performance of its particular function, and neither sufficient of itself to withstand the constant pressure; the muscles would become fatigued and relax, the dense fascia would eventually stretch, but a combination of these two qualities gives us an elastic, yet sufficiently strong support to meet all requirements under ordinary circumstances.

The rectum is closed by the sphincter ani which does not concern us except in lacerations of the third degree; the vulva is kept closed by superficial muscles, of these the bulbo-cavernosi keep the labia together and narrow the outlet, the transverse perinei keep the entrance closed and have some lifting action on the perineum as a whole, but have little to do with keeping the relaxed vaginal walls in contact, and so long as this contact is maintained, and the air excluded there will be no prolapse of the vaginal walls or pelvic organs and the repair of the superficial muscles will be scarcely necessary.

As we have said before it is the levator ani that gives muscular tone to the perineum and to it that most of the damage is done in parturition.

In the past the anatomy and functions of the perineum have not been understood as they should; and to be successful in operating upon it we must have certain definite principles to guide us in restoring the normal anatomic and functional relationship of the parts.

There is no one method of repairing a perineum that may be used in all cases since they tear in any direction according to the position of the presenting part causing the tear.

The gynecologist must be resourceful enough to meet all of these different conditions. But it matters little what method of suture is used so it unites the levator ani firmly together giving a good perineal body without distorting the anatomy of the parts, and at the same time obliterating any rectocele that may exist. In some methods the sutures strangulate and cut the tissues,

others leave atria open to infection or fail to accomplish the desired result.

The following method, a modification of Dr. E. H. Pratt's we found applicable to the majority of cases and productive of good results.

First inspect the field and determine the extent of the former injury and place T forceps at the points corresponding to the rupture in the fourchette on either side and another at the vaginal angle of the tear; place the first two forceps on a stretch and incise the muco-cutaneous juncture between the two; this outlines the former injury. Then insert the index finger of the left hand in the rectum to the point at which the third forceps is attached, to guard against injury of that member, and pass a closed sharp pointed scissors through the recto-vaginal septum, open and withdraw. Place T forceps on middle of the edge of flap or roof thus formed as a retractor and complete whatever dissection may be necessary to expose and liberate the levator ani muscles sufficiently for them to be drawn together in the median line. We now have a flattened cone-shaped cavity from the surrounding structures of which the new perineal body is to be formed. To do this we use a continuous suture of chromacized cat gut, starting with a good deep stitch on the right side at the apex including the levator ani and anchoring that end of the suture, thence catching the roof in the center at the same level, next a stitch similar to the first on the left side, thence back across the floor of the cavity including it but avoiding the rectum; tension on the suture now coapts all of the tissues within its grasp; this process is repeated until the first two forceps are reached. The size of the new perineal body may be varied at will by the depth of the sutures taken in the angles of the cavity. The first two forceps are now removed and these two points are united by two continuous stitches, thus forming a bridge across the wound; the suture is then carried up under the bridge and passed in a pursestring manner (but not perforating the mucosa) through the roof at a point where it should join the new fourchette and while the needle is in the tissues any redundant portion of the

roof is amputated and the suture carried again beneath the bridge and drawn snug. This completes the vaginal part and with three or four subcutaneous stitches in the external would the operation is complete giving you a good thick perineal body which narrows the outlet and raises the axis of the same, giving it a more acute angle with the pelvic axis, restoring the parts to their normal position and reducing the intra-abdominal pressure.

A vaginal sphincter of voluntary muscle is incorporated in the perineal body, the muscles are brought together in front of the rectum thus taking care of any rectocele that may be present, no open wound is left, the roof sheds discharges out of the wound, and there are no exposed sutures to be removed or become infected.

DIAGNOSIS AND TREATMENT OF BILIARY CALCULI.

D. W. DICKINSON, M. D., DES MOINES, IOWA.

There is no organ in the body which manifests such a complexity of functions as the liver. The more thoroughly these are studied, the more we find that need further elucidation. For instance, it is known that aside from the secretion of bile and the storage of glycogen and fats the liver is the great center of metabolism, both constructive and destructive.

It is the great chemical laboratory of the body in which the absorbed food elements transmitted by way of the portal circulation are converted into combinations adapted to the needs of the organism; and on the other hand, in which many of the products of tissue waste are transformed into excretory substances, especially urea.

The liver has also been aptly termed a poison filter, having a marked antitoxic or protective function, i. e., poisons introduced from without, or toxins generated within the body are to a great extent converted by it into harmless combinations.

Recent investigations have shown that the bile as a secretion has been under-rated. While true that most of its constituents

are excretory there is one which recent research has brought to light that plays an important part. This is cholalic acid. This acid after reaching the intestine in the bile, and there performing its function, is re-absorbed, carried back to the liver, and again secreted, only a very small per cent of it escaping in the feces. Its function seems to be, in the intestine, the saponification and emulsification of fats, in the liver it acts to keep the other constituents of the bile in solution.

Attached to the liver is the gall bladder, its storehouse for an over secretion of bile, for use in emergencies. If this bile is retained in the gall bladder for a long time it decomposes, and the cholate of soda and other bile salts, with cholestrin, globules of bile resin, and granules are precipitated.

These materials combine to form concretions called biliary calculi. The number of these vary from one to thousands. The passage of one or more of these calculi along some of the biliary ducts may give rise to severely painful symptoms called biliary colic, but in 99 per cent, their presence is not brought to the physician's attention until the person has an attack of biliary colic. Many post mortems have demonstrated their presence in numbers in the gall bladder without a history that they have ever caused any inconvenience to the party.

Hence the presence of gallstones may be considered under two heads. First, when in the gall bladder and ducts; second, when attempting to pass from gall bladder and biliary ducts. As indicated before, gallstones may remain in the gall bladder for an indefinite period without causing much inconvenience. If present in large numbers they frequently cause a feeling of discomfort together with a sense of fullness and distension in the region of the gall bladder. If the gall bladder is much distended by calculi it sometimes forms a tumor which may be felt, and pressure from it upon the pyloric orifice may give rise to gastric disturbances. In other cases their presence may lead to inflammation and even ulceration. It is when these calculi are set in motion and advance from the gall bladder or place of formation

DIAGNOSIS AND TREATMENT OF BILIARY CALCULI. 121

in the bile ducts to the intestinal canal that they give rise to severe constitutional symptoms, usually giving rise to symptoms called hepatic or biliary colic.

When from symptoms you suspect their presence, the stools should be minutely examined in hopes of finding one. You will not as a rule find it difficult to diagnose their presence in the ducts if successive paroxysms of colic have occurred. You will need to differentiate the colic from cardialgia, intestinal, and renal colic. In cardialgia pain comes on immediately after eating; gallstone colic has no necessary connection with the taking of food. In cardialgia, the symptoms are referred to the epigastrium alone, while in biliary colic the pain shoots to the right shoulder and back. Pain in cardialgia gradually subsides, pain in biliary colic suddenly ceases. In gallstone colic the presence of a gallstone in feces is pathognomonic.

Intestinal colic has pain beginning at the umbilicus, radiating over abdomen; pain in gallstone colic has its seat at free border of the ribs, and shoots back and upward to right shoulder.

Pressure relieves pain in intestinal colic, pressure aggravates pain in biliary colic. In intestinal colic pain is intermittent, in gallstone colic pain is constant though paroxysmal. In gallstone colic jaundice may exist, in intestinal colic jaundice is never present.

Intestinal colic is accompanied or followed by diarrhea, in gallstone colic the feces are firm and may be clay colored. With renal colic pain shoots from region of affected kidney to inner part of thigh and end of penis and testicle is retracted. In renal colic there is constant desire to micturate. There is no urinary disturbance in gallstone colic. In renal colic after cessation of pain, pus, blood, and epithelium are found in urine; after gallstone colic bile pigment is found in the urine.

Jaundice and clay colored stools frequently containing gallstones may be present in biliary colic. They are all absent in renal colic. The gallbladder is very tender after biliary colic, while dull pains in region of loins often remain after renal colic.

Treatment consists first of the arrest of the formation of stones and solution of calculi already formed. Secondly, of hepatic colic. First of importance are hygienic measures. Change indolent and sedentary habits, luxurious living, and over indulgence in use of distilled and malt liquors. Have patient sleep in well ventilated room, rise early, indulge in moderate and regular exercise in the open air, eat so as to improve digestion and assimilation, and to promote normal alvine stools. Principal remedies at this time are, pure olive oil, berberis, chelidonium, calc. carb., cinchona, lycopodium, sulphur and colalin.

Clinical experience is the principal basis for giving these remedies. I have had a favorable experience with olive oil. From a physiological point of view, colalin, the active principal of cholalic acid, should be helpful. Chloroform, ether, and alkaline mineral waters are thought to possess the power to dissolve and arrest the formation of biliary calculi. It is true that the users of Carlsbad, Vichy and other such waters do increase the interval of attacks of hepatic colic. In the majority of cases an attack of hepatic colic first calls your attention to presence of gallstones. In this, your first consideration is to relieve your patient of pain, and I promptly give a hypodermic injection of morphia 1-4 grain. Then follow with a hot bath or hot fomentations. You may need to repeat your hypodermic injection, but be very cautious (as the pain ceases suddenly) that you do not get a cumulative effect. If there is any danger of this you had best resort to inhalations of chloroform. Meanwhile give the remedy best indicated, as nux vomica, atropia sulphate and chelidonium. When remedies and auxiliary treatment fail, then we must resort to some operation, especially for the following conditions: 1. Stenosis of the common duct. 2. Inseparable obstructions of the common or cystic duct. 3. Neoplasms causing obstructive jaundice.

The removal of vestigial organs is becoming very popular procedure, born of greater familiarity of human anatomy, an improved surgical technique, a growing fad among the laity that

they are better off without this or that organ, and the desire of some surgeons for fat fees and to have "something doing."

We are also led to believe by some operators that the human economy or anatomy readily adjusts itself to the loss of such organs as the appendix, the uterus, tubes, and ovaries after the menopause, and the gallbladder at any time. After this viscus is removed it is supposed that nature supplies a check upon the amount of bile secreted and one or more hepatic ducts dilate to form miliature bladders.

Three operations are now performed, Cholecystenterostomy, Choledochotomy and Cholecystectomy.

Each one has its advocates and it depends upon conditions found after opening the abdomen also, which one shall be resorted to, or is most suitable to the case in hand.

Adhesions in the Abdominal Cavity.—*Zeitschr.f.Geb.u. Gyn., Vol. 59, 313.* Fromme (Halle) has made some experiments on rabbits for the purpose of studying the formation of adhesions after abdominal section. In one series of cases he opened a vessel in the abdomen, permitting a hemorrhage to take place, and without stopping the same, closed the abdomen. In another series, he repeated the procedure and in addition denuded certain surfaces of peritoneal covering, and likewise closed the abdomen. He found in both these series, providing the animals did not die of hemorrhage, the adhesions did not form, if no infection was added to the traumatism induced. He concludes that adhesions only arise when germs are present which are capable of inducing inflammation of portions of the peritoneum with temporary paralysis of some of the intestinal coils. He also says that blood coagula either with or without serosa defects, irritation from antiseptic fluids, and aseptic silk ligatures are not in themselves capable of causing adhesions, but require the presence of germs, as stated.—*Gramm, —Hahnemannian Monthly.*

IOWA HOMEOPATHIC JOURNAL

PUBLISHED MONTHLY.

G. A. HUNTOON, M. D.	-	-	-	EDITOR
ERWIN SCHENK, M. D.	-	-	-	PUBLISHER

DEPARTMENT EDITORS.

T. F. H. SPRENG, M. D.

F. J. BECKER, M. D.

A. M. LINN, M. D.

C. E. HOLLOWAY, M. D.

Books for review, exchanges and contributions. (It is to be understood that papers have not been printed elsewhere, that they should be typewritten, reprints will be furnished at cost if request accompanies paper.) Personals, news items, subscriptions or card ads, should be sent to the Iowa Homeopathic Journal, Box 152, U. P. Sta., Des Moines, Ia.

All communications in regard to advertising should be sent to the Publisher, Dr. Schenk, Utica Building, Des Moines, Iowa.

Each contributor is alone responsible for the ideas advanced.

Editorial.

It is a good thing occasionally, in this hurry up age of ours, for us to stop a few moments and take our bearings, to see where we are at. The Homeopathic School in the past century and a quarter, has achieved great things. It has moved out on the great field of medical practice and revolutionized it so that in the dominant school there is more difference in the administration of drugs today, as compared with that of a hundred years ago, than there is now between the two leading schools of medicine. Now with these facts before us, let us see where we stand at the present time.

Let us begin by asking ourselves a few questions.

1. Where does the homeopathic practitioner stand today?

2. What is the mission of the homeopathic school?
3. What are we going to do to bring about the fulfillment of this mission?

Question 1. Where does the homeopathic practitioner stand today? To begin with, his education has been as thorough as any who aspire to practice medicine, in many instances he has been educated in the same classes with those of the dominant school in the fundamental branches. In pathology, diagnosis, surgery, hygiene, hydro- electro- mechano- or phycho-therapeutics, dietetics, and nursing he is practically a unit with the whole profession of medicine. In drug therapeutics alone do we find the marked difference that designates him from the practitioner of other schools. He has a scientific law by which he prescribes a drug which adds to his ability as a surgeon, a specialist or a general practitioner, the law of *similia similibus curantor*. Therefore we see that he not only has all the qualifications that any other practitioner has, and is the peer of any, but in addition has this law of therapeutics to guide him in prescribing, which places him at the very head of the medical profession and the most rational practitioner of today.

Question 2. What is the mission of the homeopathic school? The mission of our school is to present to the medical profession as a whole, the only scientific system of drug therapeutics, which system is founded on a law as fixed as any other of nature's laws, the law of *similia similibus curantor*, or in other words, the truth of the law of similars, and when the whole medical profession recognize the truth of this great law, and gives Samuel Hahnemann his rightful place among the truly great men in medicine, then and only then will the homeopathic school have fulfilled its mission, and as a separate school have no excuse for existence.

And now comes the third and most important question. What are we going to do to bring about the fulfillment of this mission? Homeopathy, since it was promulgated by Hahnemann, has flourished amid the bitterest persecution and ridicule, the enemy has been met at every turn and been repulsed, our forefathers have fought, bled and died for this good cause, and lo and behold,

when the boys have got old enough to fight, the enemy apparently does not want to fight any more. They say what is the use of fighting any more, come over and play in our back yard, have a good time and do as you please when you get over here, but just forget about that similia similibus curantur business and that's all there will be to it. And when we peek over the fence, we see a lot of boys over there and they all seem to be having a good time and several of us have gone over, but somehow after we get over, we don't feel quite at home, perhaps it is because they play kind of rough and we are not used to it. The great big majority of us however, have been able to see through this scheme of the dominant school and see that the proffered olive branch is only another attempt to annihilate us. What they failed to do by persecution and ridicule they now propose to do by absorption and they are meeting with a greater degree of success than with any former plan.

Now the question is, what are we going to do about it? Are we going to sit with folded arms and let this absorption process go on? Are we going to quit fighting just because the enemy will not come out in the open and fight?

If we can discern the signs of the times correctly there is going to be a halt called in this thing. The pendulum has already swung out as far as it will and is beginning to swing back. The local societies are being stirred into greater activity as well as the state and national societies. It has been through the most perfect organization that the dominant school has been able to accomplish what it has. It must be through a perfect organization that we can cope with the enemy; such organizations we have, but we have not been as active in the last two or three years as we should have been. Let us see to it at once, that every homeopathic physician in our locality is a member of the local, state and national societies, and let us wake up to our responsibilities.

We have a mission to perform, God-given for mankind. Let us see to it that we each do our part in this great work.

A Valuable Means of Diagnosis.

Two new methods of diagnosis that have but recently been brought to the attention of the profession are deserving of consideration. They are very simple procedures, but if they will do what their advocates claim for them, they will be of inestimable value. They are both opthalmic reactions, the one for typhoid fever and the other for tuberculosis. Dr. George Southwick, in the *New England Medical Gazette* for March, quotes the following: "Chantemesse describes in the *Deutsche medizinische Wochenschrift*, September 26th and October 3d and 10th, 1907, a similar method of diagnosing typhoid fever by dropping on the conjunctiva an infinitesimal dose of an aqueous solution of dried and triturated typhoid bacilli. The reaction is similar to that of tuberculosis. There is little or no reaction if typhoid is not present. If typhoid is present, the reaction is pronounced and lasts from one to three days. No unpleasant results followed in two hundred applications. The reaction was positive in seventy cases of the disease and negative in fifty non-typhoid cases. In some cases the reaction was obtained earlier than the agglutination test."

Dr. F. M. Pottenger, in his new work just off the press, on pulmonary tuberculosis, gives the following: "Calmette (*Presse Medicale*, June 19, July 13, 1907), and Wolff-Eisner (*Ber. Klin. Woch.*, June 3, 1907) have shown that tuberculin may be administered as a diagnostic agent by dropping it into the conjunctival sac. At first one drop of a 1 per cent solution is used. If no reaction occurs two drops may be employed after a few days have intervened. The test depends upon the fact that the body cells of a tuberculous individual are sensitized to the toxins of the tubercle bacillus, so that when the diagnostic agent comes in contact with the cells a hyperemic reaction results. When the test is positive the conjunctiva, and in some cases the adjacent mucous membrane becomes temporarily inflamed, the degree and duration being dependent upon the severity of the reaction. When tuberculosis is absent the conjunctiva show no reaction. No harm

can result provided that weak dilutions are employed and the eye is healthy. The test offers itself as a simpler method of making a diagnosis of early tuberculosis than the subcutaneous method, but needs further confirmation."

It would be of great advantage for us to possess simple tests like these that would give us definite data in regard to the presence or absence of these diseases, especially tuberculosis. The fact that this disease which causes more deaths than any other diseases, is only amenable to treatment in the early stages, means that if we have a method of diagnosing this condition before active symptoms appear, we will in the course of events be able to cope with it. The question naturally presents itself, will the conjunctiva stand such irritation and not become impaired? Of course this waits to be proven. We need to do a lot of experimental work along this line. Much is needed to confirm the reliability of these tests for diagnostic purposes, but let us hope that they will prove as helpful as they appear.

News Items.

Dr. E. E. Richardson, of Webster City, was recently called to Ida Grove to see his mother who had suffered a paralytic stroke.

Dr. and Mrs. A. A. Goldsmith made a pleasant call on Webster City friends a few days ago.

Dr. W. E. Reily, of Fulton, Mo., vice-president of the American Institute, was in Des Moines recently.

Dr. W. E. Anderson, of Washington, and Dr. C. L. Stoddard, of Boone, were recent visitors in the city.

C. B. Adams, M. D., of Sac City, has just returned from California where he has been spending the winter. The doctor was in Des Moines recently on business.

Dr. E. C. Brown, of Madrid; F. Becker, of Iowa City; Alice I. Ross, of Whittier; Murrey Wildman, of Fort Dodge; I. N. Paul, of Perry, and Henry Mather, of Polk City, were in Des Moines February 28th to attend the funeral of Dr. Eaton.

Dr. George Royal has been appointed administrator of the estate of Dr. C. W. Eaton.

Dr. W. N. Linn, who has been in Chicago taking some post-graduate work, has gone to Europe to continue his studies.

The Iowa State Board of Health will make its annual round of inspection of the medical colleges of the state some time in April. The committees of the different medical societies will be invited to accompany them. This is done in order that these committees may be present and see whatever the State Board sees that is deficient in any of the schools.

Dr. W. G. Condit, of Allerton, has had to give up practice, for the time being at least, on account of his health. The doctor has been trying to do too much work.

Drs. Charles and John Cogswell, who have been spending the last six months in the clinics of Europe, have returned home.

Dr. P. J. Montgomery, of Council Bluffs, has been chosen president of the Staff of Edmundson Memorial Hospital. The staff is composed of five homeopaths and eleven allopaths. This hospital has a capacity of seventy-five beds and the doctor reports that this is often taxed. There are three surgeons, one assistant surgeon, an eye and ear specialist and a house physician on the staff. They have a force of twenty nurses besides a superintendent and assistant superintendent.

We wish to call special attention to our "Book Reviews" this month. Three splendid books are reviewed, "Minor Surgery," by Dr. E. M. Foote; "Pulmonary Tuberculosis," by Dr. Francis M. Pottenger, and "A Practice of Clinical Medicine," by Dr. Clarence Bartlett.

We have just received a copy of the "1907 Transactions of the American Institute of Homeopathy."

University Notes.

The Junior class has begun its annual work in "Drug Proving" and judging from present indications will help to make some valuable additions to our knowledge of materia medica.

Dr. A. H. Barker, '93, Brooklyn, recently spent a day at the hospital in the interest of one of his patients.

On March 9th Miss Alice Beatle, superintendent of the hospital, was called to Creston, Iowa, by the serious illness of Dr. C. A. Beatle's wife and child. The latter is very much improved, but the former is still confined to the hospital. We hope for their speedy recovery.

Dr. and Mrs. R. A. Jacobsen, of Exira, were recently calling on their many friends at Athens.

Dr. J. M. Jackson, of Spirit Lake, was at the hospital with a patient on the 18th. The doctor never gets too far away to remember the S. U. I. Homeopathic Hospital and the advantages it offers for his patients.

At the recent school election at Iowa City Dr. T. L. Hazard was unanimously elected to succeed himself as one of the directors. The patrons of our city schools evidently appreciate the doctor's faithful service as a member of the Board of Education.

Dr. G. T. McDowell, '02, of Gladbrook, visited the clinic with a patient on the 20th. The doctor evidently intends to prove himself a worthy successor to the lamented Dr. Cron and help to build up the cause of homeopathy in the state.

Miss Effie J. White, H. N. T. S., '03, of Tipton, spent the 16th and 17th in the city calling on old-time friends and patients. It is with regret that we learn of her contemplated removal from the state to make her home on the pacific coast.

During the last month the clinics and hospital have been overflowing with patients. Among those who have helped to bring about this much desired result have been Drs. W. A. Kauffman, '01, Conrad; P. L. Parsons, '01, Traer; R. A. Jacobsen, '04, Exira; B. B. Sandy, '03, Shenandoah; L. A. Royal, '05, West Liberty; P. L. Marble, '99, Liscomb; E. R. Young, Northwood;

E. B. Wiley, Grinnell; Taylor, Clarksville; Carsons, Maquoketa; Lusk, Keota, and others almost too numerous to mention. The interest thus shown by the profession of the state in the College of Homeopathic Medicine is helping to make it one of the most complete of the homeopathic colleges not only in laboratory and didactic teaching, but in clinical teaching as well. We are all looking forward to the time when Iowa will have the best homeopathic college in existence, and this surely can be accomplished by the whole profession of the state uniting in its support.

The passing of Dr. W. C. Eaton, of Des Moines, has taken from us one of the most loyal friends of the college. In its early days, '85-'86, he showed his worth by delivering a course of lectures without compensation and later, when the death of Professor Gilchrist left the chair of surgery vacant in the middle of the school year, he filled the breach and completed the year's work with ability and without hope of a permanent appointment. This, however, was only a small part of his work in our behalf, as during all the years of his residence among us, he was an ardent and loyal supporter of the college, always putting aside personal ambition and giving his counsel, time and money to further its interest and the interest of homeopathy. Surely his works do follow him.

Societies.

The State Society will meet in Des Moines, May 12th and 13th, 1908. The chairmen of the different bureaus for this meeting are:

Surgery—F. C. Titzell, M. D., Iowa City.

Clinical Medicine—Edward R. Jackson, M. D., Dubuque.

Nervous Diseases—O. A. Hansen, M. D., Forest City.

Materia Medica—S. W. Staads, M. D., Sioux City.

Ophthalmology, Rhinology and Otology—Dr. E. G. Linn, Des Moines.

Gynecology—P. E. Triem, M. D., Manchester.

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

Pediatrics—W. E. Anderson, M. D., Washington.

Hygiene and Sanitary Science—Alice I. Ross, M. D., Whittier.

Word has been received from these chairmen that they are getting their part of the program well under way so that everything points to our having one of the most helpful programs we have ever had. The indications are, too, that we will have one of the best attended meetings in the history of our association. We have had a busy and prosperous year, the railroad rates are right, and there is no reason why every homeopathic physician in the state should not take a few days off and attend the State Meeting. It will do us all good and we will all do better work when we go home. Put a mark around these dates on your calendar and tell your folks that you are going to be in Des Moines, May 12th and 13th.

Des Moines Homeopathic Medical Society.

The Des Moines Homeopathic Medical Society held its regular meeting Tuesday evening, March 10th, at the office of Drs. Royal. The papers of the evening were given by Dr. D. W. Dickinson on "Diagnosis and Treatment of Biliary Calculi," and by Dr. George Royal on "Some Liver Remedies." Both papers received a well merited discussion. A committee was appointed to draft resolutions on the death of Dr. Eaton; committees were also appointed to make preparations for the State Society meeting.

The following resolutions were unanimously adopted at a special meeting of the Des Moines Homeopathic Medical Society March 28, 1908:

Report of Committee on Resolutions on the Death of
Dr. Charles Woodhull Eaton

At the noon-day of a noble life, in the midst of his labor, and at the zenith of his success and usefulness, our honored associate and co-worker, Dr. Charles Woodhull Eaton, has been translated to life eternal.

We recognize in his death the loss of one who has been a tower of strength to the Des Moines Homeopathic Medical Society and an influential support to the cause of Homeopathy.

It may be said of him, his personality was the charm that endeared him, his earnestness the inspiration to others, his humor the magnet, and his faithfulness to the end his victory; parting with him is like bidding good-bye to sunshine.

We revere and cherish his memory. His invisible presence will long continue to be a blessing to us all, and we pray that the influence of his life may inspire us to higher purposes and larger faithfulness in our work.

Respectfully submitted,
 Harriette E. Messenger, M. D.
 George Royal, M. D.
 Erwin Schenk, M. D.

Surgical Notes.

CONDUCTED BY - - - CHAS. E. HOLLOWAY, M. D.

Someone has said that the use of the long roll of gauze, and the seven-inch Haemmostatic forcep, in abdominal work, has greatly lessened the danger of leaving a foreign body in the abdomen; and incidentally the lessened danger of a mal-practice suit.

Instrument makers are going back to the "fast lock," so that the screw lock, and box joint, are popular at the present time; this appeals to one as the proper thing, avoiding, as it does, that annoying occurrence of an instrument coming to pieces at a critical moment.

Vermiform Appendix, Removal of the—Discussing the frequent necessity for the removal of the appendix in the course of other operations, Pankow concludes: 1. Appendicitis is much more frequent in women than has been supposed, and occurs in 60 per cent of all women who have reached the age of puberty. 2. Appendicitis plays a far greater part in the origin of inflammatory diseases in the pelvis of the adnexa than has been credited

with hitherto. 3. Appendicitis is not uncommon, and prognostically favorable cases are to be looked upon as the cause of sterility, due to the closure of the tubes. 4. A portion of the pain on the right side of the abdomen formerly ascribed to the ovary is caused by acute appendicitis.—*Parkow, (uenchner Med. Woch., July 23, '07).*

Conditions which favor infection in clean cases: First—Sutures and ligatures being tied so tight as to cause pressure necrosis. Second—Incomplete Haemmostasis. Sutures should only be tight enough to nicely coapt the tissues, and all hemorrhage should be stopped by application of hot sponges or ligature of bleeding point with fine catgut. Some cases of infection which have been blamed on non-sterile catgut, and unclean hands, might have been avoided if these points were observed.

“Never forget to warn your patients that a Colles’ fracture and other bone or joint injuries, even when treated with the greatest care, leave some deformity; also that in fracture of the patella, that the fragments tend to separate.”—(*Bernays Golden Rules of Surgery.*)

Book Reviews.

A Text Book of Minor Surgery.

By EDWARD MILTON FOOTE, A. M., M. D., Instructor in Surgery, College of Physicians and Surgeons (Columbia University); Lecturer on Surgery, New York Polyclinic Medical School; formerly Chief in Surgery at the Vanderbilt Clinic, etc., etc. Illustrated by 407 engravings from original drawings and photographs. D. Appleton & Co., New York and London. 1908. Cloth, \$5.00.

There are many excellent text books on the more serious surgical conditions, which treat of these conditions very extensively, but they devote very little space to the treatment of lesser surgical ailments.

This text book on Minor Surgery is the most complete work on this subject of which we have any knowledge. It goes far beyond what is usually thought of as minor surgery and in a very

able manner describes in detail all the many lesser accidents and surgical diseases which the general practitioner is called upon to treat. It includes everything except those operations which would be distinctly classed as major operations. In it we find the more frequent fractures and dislocations, hernias, tracheotomy, circumcision, etc., treated.

One hundred and forty-seven pages are devoted to the arm and hand. Concerning this the author says: "That more bad surgery is performed upon the hand than upon the organs of the abdomen." The reason for this is obvious when we realize that every physician is called upon to do more or less minor surgery, very few indeed ever go beyond this field. Heretofore this subject has been sadly neglected, not only from the standpoint of text books, but also among the colleges.

It is a work of 752 ordinary size pages containing 407 illustrations which are exceptionally good.

This work, founded upon the large experience of the author, fills a great need.

The Diagnosis and Treatment of Pulmonary Tuberculosis.

By FRANCIS M. POTTENGER, A. M., M. D., Monrovia, California. Medical Director of the Pottenger Sanatorium for Diseases of the Lungs and Throat; Monrovia, Cal.; Professor of Clinical Medicine, Medical Department, University of Southern California; Chief of Medical Staff of the Helping Station of the Southern California Anti-Tuberculosis League, Los Angeles, Cal., etc., etc. 377 pages with 42 illustrations. Wm. Wood & Co., New York. 1908. Cloth, \$3.50.

This is a very interesting and complete work on this subject. Tuberculosis, standing as it does at the head of diseases which claim the largest number of victims of any in this country, receives our greatest concern and thought. This work takes up every phase of pulmonary tuberculosis and gives us all the facts in regard to it. The author lays special stress upon the early diagnosis of this condition, for it is at this time that the disease is the most amenable to treatment. He discusses the methods of diagnosis very fully; his new method of elastic tube percussion is one that will appeal to the profession. In regard to the treatment

he has the following to say: "Tuberculosis being a disease which is caused by a specific micro-organism, the cure comes about through the establishing of immunity on the part of the organism to the tubercle bacillus and its toxins." All the curative measures of this disease are discussed by the author and weighed in the balance with his large experience, and the results given. The marginal notations and illustrations add much to the book.

A Text Book of Clinical Medicine.—Treatment.

By Clarence Bartlett, M. D.

Professor of Medical Diagnosis and Clinical Medicine in the Hahnemann Medical College of Philadelphia. Visiting Physician to the Hahnemann hospital. 1223 pages. Cloth 1 volume \$8.00 Half Morocco 2 volumes \$10.00. Book express-age extra. Philadelphia Boericke and Tafel, March, 1908.

This is a very complete work on the treatment of disease by one of the best known writers of the Homeopathic school. The author begins his preface with the remark, "The ultimate object of medicine is successful treatment," and he has left nothing undone to set forth in a clear manner every phase of the treatment of disease. The prophylaxis, hygiene and dietetic treatment and general care of the patient are fully discussed. A list of the most frequently indicated Homeopathic remedies, together with their indications, are given. Further than this, he tells us when to use palliatives, hypodermic medication, and when to use drugs for their physiological effect. In cases where methods that are not Homeopathic have been found to possess superiority in the fight against disease, these are given their rightful place, as for instance, Antitoxin in Diphtheria.

The following thought from Dr. Bartlett's pen should be impressed upon the mind of every one engaged in the practice of medicine:

"It is customary for certain medical scientists to decry the value of therapeutics. What can be more unreasonable? Even in incurable cases it is the rule and not the exception that we give our patients comfort and relief and prolong life, while an

'expectant course' would have been attended by suffering and misery. But patients will die; indeed, death is the ultimate end of all living things. In fighting the Grim Reaper we are engaged in unequal combat, for however successful we may be the many times, there will always come the once with every patient when we fail utterly; and it is that once which makes us feel our helplessness. In thus falling into despondency, we are doing medicine and ourselves an injustice. We should take credit for what we do, and blame neither ourselves nor others for our inability to attain the impossible."

Where medicine ends and surgery begins has been given considerable consideration; quite a large number of diseases usually treated only in works on special subjects are included for the benefit of the general practitioner. In the large majority of such instances the author has had the assistance of men who are engaged in a special line of work, their names being attached to such articles as they have contributed.

There are so many, many good points about a work like this, that one is at a loss to know what few to mention. It is a book that is strictly up to date, embodying the experience, as it does, of several accomplished physicians and noted teachers and writers, and if any book can tell us how to cure disease, this one can certainly enjoy that reputation. It is a credit, not only to Dr. Bartlett and those who assisted him, but to the Homeopathic school as well.

Miscellaneous Items.

Iris Versicolor—There walked into my office the other day a big, fat, farmer, who gave me history of sick headaches as a child, followed by Tic Doulroux of left side of face which he has at present.

Sleeps like a log; always dreams, worse sleeping on back. But the thing he sought relief for was an *overwhelming prostration* which has grown progressively worse for six weeks. He

presented but the few symptoms of: *Weakness*, so weak he could hardly drag around, worse left hand and arm. He could do no work but his chores. *Profuse flow of saliva which was tasteless*. Thin white coat on tongue. He was worse from cold and better from warmth generally. He sweat easily. Got short of breath on least exertion.

I told him he needed a tonic and gave him a bottle of *Iris Versicolor* pills and asked for a report later. He came in five days later, telling me he was a new man and that he had done two days' work and never felt better in his life. I did not help his Tic, but that was not bothering him then.—*E. M. Kingsbury, M. D., Hillsboro, Iowa.*

Electro Signal for Wet Diapers—At the Exhibition of Hygiene, held last year in Vienna, a practical device wash shown by Professor Pfaundler for assisting nurses in the care of infants. The terminals of two poles of a dry cell battery are placed in the child's diaper. When the latter becomes wet (from urine or feces) electrical contact is established and a bell rings and continues to ring until the nurse rearranges the baby with a dry diaper. This device seems fine for the baby, but is probably hard on the nurse if a number of ringings occur at the same time.—*North American Journal of Homeopathy.*

Echinacea—Among the major symptoms collected by Dr. Fahnestock from 25 provers, including himself, are the following:

Dullness in the head, with cross, irritable feeling. Confused feeling in brain, depressed afternoons. Drowsy—can't apply mind, restless dull headache. Troubled dreams; severe headache in back of head, better on rest. Dull or sharp pains in eyes, worse reading. Stuffiness in nostrils, nose feels full. Face pale when head aches. Neuralgia of 5th nerve, tongue coated white, gas in stomach, metallic taste in mouth, anorexia, nausea, better lying down. Pain in right hypochondrium, abdomen feels full. Urine pale, profuse, frequent. Increase of heart's action, with anxiety. Pain in small of back, wrists, fingers and knees; cold feet, weakness of limbs, depressed, tired, exhausted, aches all over. Worse

after eating; evenings, after physical or mental labor; better at rest. Chills run up back, cold flashes. Itching and burning of skin, pimples on neck and face. Diminution of red corpuscles.—*E. W. Capen, M. D., New England Medical Gazette.*

Conditions Influencing Ocular Troubles. *I. R. McCleary, M. D.*—Under the “acute acquired” conditions, whose influences are prominent in eye troubles, we find some drugs playing particular havoc. I want to mention quinine as one. You all know its effect upon the auditory nerve, and can therefore understand its powerful action upon the eye. The idiosyncrasy of the individual patient determines the toxic dose, and under said influences are reported a number of cases where quinine has produced its typical amblyopia. The onset of said blindness is usually sudden, the duration however is variable and may vary from a moderate degree of sight to total blindness. The prognosis is fairly good, although perfect restoration seldom occurs.

Wood alcohol is another drug I want to speak of on account of the immense number of poisonings reported within the last few years, and it is of particular interest to us on account of the serious conditions it produces in the eye.

The general symptoms of methyl alcohol poisoning are—intoxication, gastrointestinal disturbances, dizziness, nausea, vomiting and widely dilated pupils, all of these varying according to the severity of the case and thereby terminating accordingly. In this case a patient generally lapses rapidly into unconsciousness with the usual symptoms of collapse. With these conditions you always get a disturbance of vision, which is usually so rapid that it goes quickly to total blindness or a partial recovery in the milder cases, but as a rule there is general atrophy of the optic nerve.

I consider methyl alcohol far more dangerous than we are led to believe, and especially caution the physician in permitting the use of it as a pharmaceutical solvent, or in internal or external use.

So powerfully has it exhibited its strength that I would even prohibit its presence in the sick room, in the use of heating milk

of baby foods, and even in generating heat in chafing dishes, simply because there is an atmospheric change in these close rooms and conditions are shown that rebreathed air in such rooms greatly increases toxicity of the substance.—*Homeopathic Eye, Ear and Throat Journal*.

Preparation For and After Treatment of Laparotomies.

In *Centralblatt für Chirurgie, Leipsic, Nov. 16*, Dr. R. V. Hippel advises against much purging of patients before abdominal operations as this evacuation of the intestines tends to favor post operative paralysis of the bowel. He has been giving for some time and in sixty cases subcutaneous injections of physostigmin after the operation to simulate peristalsis, and the results have been uniformly excellent. His experience confirms that of Vogel in regard to the efficacy of this measure, but his technic is somewhat different. Immediately after the operation he injects 1 mg. (1-64 gr.) of physostigmin and repeats the injection every three hours until movements are felt in the intestines which the patient is instructed to recognize. An intestinal tube is then introduced and left for an hour. Gases escape through the tube during the day and stool follows a glycerine enema the next day. From two to four injections of the physostigmin are generally necessary; he never noted any inconveniences or by-effects from them. By this early peristalsis the formation of adhesions is prevented and also the danger of rupture of the suture from distension of the abdomen by gases. The dangerous pushing up of the diaphragm is also averted by this technic. Still another advantage is the possibility of feeding the patient amply from the start, thus avoiding debility and hastening the healing of the wound.—*Journal A. M. A.*

Red Light and Iodin. British Med. Journ., London, Nov. 16. Dr. Brunton points out that if iodine is painted on the human skin in the dark, only a red light such as that of an ordinary photographic lantern being used, and the part immediately covered without exposure to white light, absorption will be rapid and there will be neither discoloration nor blistering, even under prolonged use.—*Journal A. M. A.*

IOWA HOMEOPATHIC JOURNAL

Vol. II

MAY, 1908

No. 5

Original Articles.

THE USE OF OUR MATERIA MEDICAS.*

George Royal, M. D., Des Moines.

As I was coming to Iowa City one day, our train stopped at Brooklyn to take on water and coal. Beside the track, were two railroad carpenters at work. One took a plank about twelve feet long, twelve inches wide and four inches thick, sawed off about two feet of it, turned the two feet of plank upon the rest, picked up an adz and soon had a wooden wedge ready for use. His companion selected a plank, similar to the first, took his pencil and square, marked the lumber, then after a few blows with a handaxe, took his broad axe and hewing to the line soon had a mate for his fellow workman's wedge. A traveling companion remarked: "Two very similar results obtained in very different ways and with different tools." It is so with the use of our materia medicas. We can obtain good results with different ones if we only use them.

With the hope of stimulating your interest in the study of our text books on this subject I wish briefly to relate the strong points of a few of them.

Allen's Handbook I use more than any other. In it I find the relative value of the different symptoms indicated by the different types of print. I also find that his clinical notes save me much time, as Allen has arranged the symptoms into groups such as you so frequently find in practice. The relative value and the convenient and accurate grouping of the symptoms are of great advantage to the busy practitioner.

* Read before the Hahnemann Medical Association of Iowa

Lilienthal's Therapeutics, though not strictly a text book on materia medica, comes next to the Handbook in frequency of use. In this book the remedies are not only classified according to the tissues and organs which they affect, but the type and arrangement, of each, facilitates differentiation.

Hughes' Manual of Pharmacodynamics gives us, in a narrative form, the pathological as well as the physiological and dynamic symptoms so interwoven as to make the study of materia medica interesting and instructive. This book I read through once every year.

Farrington in his "Clinical Materia Medica" compares in a narrative form the different remedies which Lillienthal and McMichael compare, one by classifying in groups and the other by arranging in parallel columns.

Nash's leaders I try to read once a month in order to keep fresh in my mind the mountain peaks of symptomatology which Nash shows so clearly to his readers. These three books are the ones to suggest to any old school friend who wants to glean in our field of materia medica because they are nearer, in form, not substance, to what he is accustomed to use.

On the other hand, Hering's Condensed is the last book you want to put into the hand of young students or a new convert from the old school. It was given to me as my first text book and I was told to study rhus tox for my first remedy. This came very near sending me back to allopathy. Now, I could not get along without the Condensed because in it I find the "make up of the patients," "stages and states," also "relationship," to be of great help.

Cowperthwaite in his Materia Medica has these points in a less perfect degree but compensates us therefor by giving the tissues upon which the remedies act and the clinical condition for which they are most frequently used. When I become despondent, I either take a dose of nat. mur. or read Hempel's Materia Medica. His lecture on calendula will restore any doubting materia medica Thomas.

Clarke's Dictionary I prize because all the remedies which

have been proven are found therein. There is nothing in the type to indicate the relative importance of symptoms neither are they grouped as in Allen. The repertory is excellent. I find the arrangement of the modalities in this book more convenient than any except Herring's Condensed, which it excels because it contains so many more remedies.

Kent's *Materia Medica* presents the picture of each drug in most vivid and brilliant colors, thereby making it most interesting and instructive reading. The manner in which it is paragraphed and indexed detracts much from its usefulness as a book of reference for the busy practitioner.

Dewey's *Essentials* is the best book we have for the beginner who must memorize the characteristics.

Boericke's *Materia Medica*, the last edition, with its repertory, I consider more suitable for the third and fourth year students and for the physician to pick up and refer to while he is talking to his patient. It contains a few symptoms of nearly every remedy. The learning and experience of the author have enabled him to select the grains of gold from the large amount of dross.

As my time is nearly up I will use what remains in saying just a word about three or four repertories. It is to repertories that my traveling companion's remarks apply with the greatest force. If you are familiar with one repertory it will be hard for you to see the good points of any other and still harder for you to use any other.

When I began the practice of homeopathy twenty-five years ago, I had Allen's *General Symptom Register* and Boenninghausen's *Therapeutic Pocket Book*. I do not feel that I could keep house without the latter. Its great merit is that it puts the value of the symptoms into five classes and at the same time gives so many modalities. Let me throw out this suggestion in passing. When you buy, examine the index. A few copies were printed with only two pages in the index, while others have twenty-two.

Gentry's *Concordance* I use constantly to find some stray

or isolated symptom but after I have found it I am obliged to go to my Boeninghausen or my Cyclopedia of Drug Pathogonecy to ascertain its reliability. Boger's Boeninghausen's Characteristics and Repertory, a much more comprehensive work than the Pocket Book, combines the completeness and discriminations of Boeninghausen and gives us a book no homeopathic prescriber should be without.

I will close by stating that materia medica and repertories are as essential to the homeopathic physician as the adz and broad axe were to the carpenter. However it is the use, not merely the possession of them that makes the skillful prescriber.

CONVULSIONS OF CHILDREN.*

W. E. Anderson, M. D., Washington, Iowa.

It is probable that infantile convulsions cause us more trouble than any other disease. There are some instances where medicine will not relieve and the first thing you know your child is dead.

In point of diagnosis it is of importance to distinguish whether their inroad is of symptomatic or of cerebral lesion. Where convulsions are among the first indications of a malady, it is likely the lesion is not cerebral but of reflex origin. Yet this is not always the case. If it is intestinal or other visceral irritation, what share the reflex system has in the condition is often a very difficult problem to solve.

Usually convulsions are traceable to a definite cause, which being removed, the convulsions cease; as errors in diet on part of mother or child, or some indigestible article of food; over-feeding or indiscriminate feeding. In nursing babies, fright of mother, menses, pregnancy, errors in diet on part of mother, any of these may alter mothers' milk and cause convulsions in the child.

Bottle-fed babies are almost invariably overfed. Regularity of feeding, interval not too long or too short; teething period

* Read before the Hahnemann Medical Association of Iowa

when the whole nutritive system is undergoing rapid development is a trying one as the nervous system is on edge.

There are and has been for ages degenerating influences at work to undermine the human constitution. The enervating influences of venereal diseases are no more clearly seen than in infantile life. The horde of nervous diseases, humors, and eruptions seen among children tell the story of the ages. "Whatsoever a man soweth that shall he also reap." It would be well if the evils that exist in parent life could only stop there. The sins of the parents are said to be visited upon the children to the third and fourth generation. If a child is to be strong it must be strong born.

With many children the nervous system lacks stamina, and the child may become a victim of chorea or take on a convulsion on the slightest provocation. Not only have the habits and modes of life of our parentage for ages impressed infantile life and predisposed to nervous diseases and convulsions, but study the life of many American mothers, they are intellectually bright and active, but hypersensitive, whose refinement and feeling is extreme. They suffer agony at any unfriendly air. They are the soul of an afternoon entertainment. After ending up with a night at the theater, the gayest of the gay, the next day is spent in bed with darkened room with raging headache, begging to be left alone, the saddest of the sad.

They are the victims of Peruna, Duffy's Malt Whiskey, Vinol, all kinds of headache tablets, Lydia Pinkham's Vegetable Compound, etc. There can be no doubt that a child drawing its supplies for embryonic life and intrauterine growth and development from a mother whose gestation is passed amid fears and tears, when it comes to take on a separate existence cannot be otherwise than extremely sensitive and predisposed to spasmodic trouble at the slightest cause.

Not only this, but the nursing mother may during nursing period determine much of the infant's condition by her mode of life, kind and quality of food and drink, purity of air and surroundings. Mental and emotional influences, as fits of anger leave their results and may render a child convulsive.

THE TRYPSIN CURE FOR CANCER.*

A. M. Linn, M. D., Des Moines, Iowa.

How effective the trypsin treatment of cancer will become is yet to be determined. It is attracting unusual attention for the reason that it is the recent therapeutic measure and practically the only rational cure offered for this malignant type of disease. The advent of this cure as a therapeutic agent challenges less comment than the development of Koch's treatment for tuberculosis, for the reason only that the victims of cancer are numerically less than the victims of tuberculosis. Hitherto no satisfactory means of treating carcinoma have been developed. Because of the dread of the disease the charlatan has always reaped a rich harvest from the victims who had or imagined they had cancer. Various methods have been exploited for the treatment of cancer, but none of them have proven effective. Surgery has exhausted itself in a vain combat and had to confess defeat. The X-ray unquestionably has benefited in many instances, and in superficial forms of cancer has sometimes proven curative; but in the large majority of cases it has not been effective in the treatment of cancer. Carcinoma, what is it? What is the enigma that has long baffled the medical profession?

For twenty years Dr. Beard, of Edinburgh, has studied the cancer cell, and finally developed his theory of the causation of cancer. He offers the most plausible explanation of the pathology of this affection. He considers the disease as due to aberrant germ cells. The theory that carcinoma is due to a specific germ is manifestly incorrect. Numbers of germs of various types have been found present in cancer, but never in any degree of uniformity or regularity. Dr. Beard believes, and feels that he has demonstrated his theory, that the cancer cell is a wandering germ cell which is not destroyed by the pancreatic secretion which occurs at an early period in foetal life. These cells may locate in any part of the system, may remain dormant, or may at any time take on a malignant growth. The development of the pancreatic secretion in the embryo, which

* Read before the Hahnemann Medical Association of Iowa

occurs from the third to the sixth week, is destructive of the life of these cells. If for some reason the cells are not destroyed, they lie dormant for any length of time in the system. They constitute the hypothetical "lost germs" of the pathologist. The germ cell never dies—it is continuous in the race. It was present in Adam and exists today in us. It will still be alive while the last number of our race survives. Quoting from the admirable article from the pen of Dr. Rice. Dr. Beard believes that he has demonstrated the truth that the ineffective pancreatic secretion is the occasion of the continued existence of the cell in the system. Basing his investigation upon this theory, he has, in connection with other pathologists, developed his treatment of cancer. He believes that by supplementing the ineffective secretion of the pancreas in the individual afflicted with cancer the disease itself may be destroyed in the system; that at any period in life the addition of the active principles of the pancreatic secretion will be sufficient to overcome the cancerous growth. In conformity with this theory he has succeeded in various instances in the treatment of cancer, and effected cures of this dreaded disease.

Confirmatory of his theory, Dr. Jensen experimented to a considerable extent with what he designates as his "Jenson mouse tumor." In his experiments he succeeded in transplanting from one mouse to another the cancer cells in something like 3,000 instances, and the transplanting has always resulted in the development of a cancerous tumor and the death of the mouse. Dr. Beard succeeded with his trypsin injections in saving the lives of a number of the mice to which these cancer cells had been transplanted. Dr. Beard's success has been sufficient to warrant him in proclaiming the value of this therapeutic discovery to the medical profession.

The results of this method of cure to this time have not been uniformly successful. The treatment is in the experimental stage. No hard and fast rules have yet been developed for the proper administration of the remedy. It has been observed that a very mild dose is sufficient to produce in some instances a

very marked reaction, and in other instances large doses have produced apparently no results whatever. Time and experience will be necessary to determine both the value of the treatment and the rules by which it should be administered. Moreover, different types or formations of the cancerous growth will probably need a varying means of treatment. Some preparations of the trypsin injection may be required in one type of cancer, while a different preparation may be needed in other forms. The scirrhus varies from the sarcoma. It may yield to the application of a different therapeutic agent.

In an article in the secular press recently, Dr. Saleeby proclaimed the unfortunate truth that some forms of the trypsin preparations were unreliable, or that they after a little time deteriorated until they became unreliable. While this is doubtless true as regards the English manufacturers of trypsin, it cannot be said to hold with reference to the American manufacture of the same article. I believe I voice the sentiments of the profession very generally when I state that the preparation put up by Fairchild Bros. & Foster, of New York, commands our confidence. It can always be depended upon, is thoroughly reliable, of exact and definite strength, and effective in every way.

The dose of the remedy to be given varies greatly. It is recommended as an initial injection that 5 minims is sufficient. The succeeding doses may be more or less, according to the amount of disturbance created in the system by the administration of this dose. The treatment is given hypodermically, and under the strictest aseptic precautions. It usually awakens considerable disturbance at the point where it is administered. This fact is due to the remedy itself and usually occurs regardless of precautions taken to avoid the inflammation.

It should never be inserted deeply into the tissues, but under the subcutaneous fascia, and never into the body of the tumor itself, but preferably at some point near it.

My own experience with the remedy is limited to the observation of a single case. Some six months since one of my pa-

tients was discovered to have an epithelial cancer developed at the site of an old laceration on the recto-vaginal septum. When first noticed, the tumor was an inch and a half in length and about an inch in short diameter. Its existence had been noted for a period of some three or four weeks prior to my examination. The character of the growth was determined by a microscopic examination at the State Board of Health laboratory in Iowa City. Immediately the patient was placed under treatment. Every second or third day the surface of the tumor was exposed to the action of the X-rays between the blades of a speculum. The tube was placed at a distance of eight inches and the exposure continued for a period of from eight to ten minutes. It was observed that for a period of 24 to 48 hours after the treatment the patient was more comfortable and rested quite easily. After that period the pain would return and was quite distressing. Shortly after the first of January the patient was placed upon the trypsin treatment, and has continued under that treatment to the present date. The system did not respond actively to the injections of trypsin, few symptoms being excited by the use of the extract. However, the growth of the epithelioma ceased at once. Whereas it had continued to increase quite rapidly up until the time the injections were first administered, it has from that date until this gradually diminished in size. The pain from the tumor is much less than it was at the time the treatment was begun. The tumor has in large part sloughed away and contracted down, until it is at the present time not to exceed one-half the size it was when treatment was begun. Whether or not the treatment will be sufficient to entirely eradicate the malignant nature of this tumor, I am unable to say. I am certainly very hopeful, as are also the patient and her friends, of complete recovery. At the present time her appetite is fair she rests usually quite well, with but little disturbance of sleep, and seems very hopeful.

It is too much to expect of the trypsin treatment that it will cure all cases of carcinoma. With our present knowledge or better our lack of knowledge how to use it, certainly it has



failed markedly in some cases. Dr. Morton, of New York, details a series of some forty cases, many of which were markedly relieved, some cured, and others were not benefited in any particular. Time alone will determine not only how the remedy may be used to advantage, but the extent to which it may be useful in the relief of this most malignant disease. If the remedy is developed until it shall become the effective agent in saving the lives of any considerable per cent of those afflicted with cancer, it will indeed be a blessing to the race. Cancer claims as its portion the lives of one-eighth as many persons as does tuberculosis. The victim of tuberculosis is borne in hopeful mode, even to the brink of the open supulcher; the victim of cancer carries a cross of physical torture even to his expiring breath. The hope of the medical profession is that the ravages of tuberculosis may be very largely stayed, and the discovery by Dr. Beard of the trypsin treatment for the cure of cancer certainly lends us hope that this affection likewise may be very largely controlled. In the meantime, each recorded experience with the remedy is our added unit to the sum of our knowledge and contributes something toward the correct estimate of the value of the treatment and of the proper method of using it.

Since writing the above sketch an interesting series of phenomena has followed in this case.

For several months the growth seemed held in abeyance. That portion on the recto-vaginal septum passed through the retrograde metamorphosis anticipated from the trypsin treatment. Much of the septum was destroyed in the process.

Later a cocks-comb growth occurred along the lalia majora and about the anus. This increased to the height of an inch and some four inches in length when it remained stationary for several weeks. About February 15th this growth began to recede and within a week had virtually disappeared. A fortnight later it began to recur and is now somewhat larger than before.

The patient is able to be about the room a little daily, but owing to the conformation of the growth is unable to sit with comfort. The cocks-comb growth is gradually increasing in size, regardless of well-selected remedies.

A COMPLICATED CASE.*

Lucy M. B. Harbach, Des Moines, Iowa.

April 20, 1907, 3 p. m. Patient age 6 years. She was taken ill yesterday morning with a chill. Came home before noon with high fever and pain in left side of the chest. Was given Bryonia and a laxative.

History: Malarial fever three years ago, was six weeks in bed. Eighteen months ago had mumps and recovery was good. One year ago had diphtheria followed by temporary paralysis of vocal cords and final recovery. Six months ago was given antitoxin during sister's illness of diphtheria. During the past six weeks has been troubled with frequent and profuse urination and incontinence. Face is flushed deep brownish red, pulse irregular, dicrotic, and weak. Temperature 104, pain in region of base of heart of a pleuritic nature extending to the scapula of left side. Hoarse, hacking, incessant, irritating cough. Liver and spleen enlarged. Auscultation and percussion about the heart revealed nothing abnormal. A choking nausea and constant effort to swallow when not coughing. Extreme pallor about the mouth and nose. Tongue heavily coated yellowish white and very foul breath. Stupor and delirium, sore all over, didn't want to be moved. Diagnosis questionable. Prescribed Bryonia 3x every half hour, Merc Sol 3x three grains every two hours. Soda bath.

April 21, 3 p. m. Breath less offensive, complains of something in the throat, tries to get it out. Very white about the mouth and nose, frequent effort to vomit, picks at the nose and bites her fingers and nails, ends of fingers bitten. Otherwise symptoms unchanged. Prescribed Bryonia and Cina 3x each one-half hour apart. At 8 p. m. mother telephoned me that the child was choking and she was about to have a spasm, she thought. I recommended a drop of turpentine on sugar and rubbing the throat with turpentine cerate. I reached the child's bedside in about twenty minutes. Some relief had followed the use of the turpentine, but child was twitching convulsively.

* Read before the Hahnemann Medical Association of Iowa

Gave Cina 3x, 5 drops every fifteen minutes. In one hour child was relieved of the choking and convulsive movements. Repeated the Cina one-half or one hour apart all night. Choking returned twice during the night and was relieved by a drop of turpentine on sugar.

April 22. In the morning, choking, nausea, pallor relieved, and the pain about the heart the most distressing symptom. Friction sounds in heart area and extending beyond, dullness beyond cardiac area, pain about the left scapula and friction sounds. Intense thirst, besotted expression, delirium. Temperature 101 a. m. and 104 p. m. Bryonia repeated.

April 23. Chill at 11 a. m. Other symptoms unchanged. Bryonia and Gelsemium an hour apart.

April 24. Heart's action improved. Pulse one distinct weak beat regular at 90. Temperature 100, heart sounds muffled, and area of cardiac dullness increased, pain relieved. Must sit up to breathe and be fanned. Cannot lie on the back as it aggravated the cough. Propped up on the left side of back, which is the only restful position. Besotted, flushed face has given place to a decided jaundice. 11 a. m. Temperature was again 104 and continued there till midnight. Abdomen tympanitic, greatly distended and tender to touch. Continued Bryonia and Gelsemium and gave a pill of Euonamine and Podophyllum.

April 25. Temperature 99. Pulse regular and weak at 85, had a good bowel movement which relieved the abdominal symptoms. Jaundice extreme. Patient hungry and took the first food in six days, had the juice of an orange and a table-spoonful of junket. Diagnosis pleuritis and pericarditis with effusion. Prescribed Bryonia and Gelsemium continued. Eight p. m. Temperature 99½ and medicine discontinued for the night.

April 26. Temperature 97. Pulse weak. Intensely restless during the night, cold perspiration on forehead, arms and legs cold, bad dreams when she tries to sleep. Still propped up to breathe. Area of cardiac dullness lessened. Large bowel move-

ment, extremely offensive. Still delirious. Arsenicum 3x every three hours.

April 27. Rested better, fairly good all night, still delirious. Temperature 96, very weak, profuse perspiration, extreme jaundice. Crepitus in region of heart and left scapula. Liver and spleen less in size. Pulse easily compressible, get 3 or 4 beats then the slight pressure obliterates the pulsation. Heart sounds muffled and weak but rhythm good. Prescribed China 2x every two hours.

April 30. Condition practically same for last three days. Jaundice somewhat less. Skin is very mottled today, splotched as of extravasation of blood from capillaries. Tongue coated again, heavy white coat with bad breath and complains of bad taste. Cross, wants to be let alone. Nux vomica every two hours.

May 2. Wants up. Temperature 98. Better in every way. Crepitus, pain and dullness on percussion all gone. Delirium gone, jaundice and a weak heart remaining. Prescribed Nux and advice for care of weak heart.

This case is peculiar in its complicating conditions. The severe pleuritic pain about the heart, the croupy nature of the cough with the soreness about the scapula and over the heart, and constitutional symptoms makes it difficult to decide between Croupous and pleural pneumonia. The Pericarditis was conspicuous. The abdominal symptoms were just as conspicuous. Enlargement of liver and spleen and remittent type of fever. The diagnosis of "worms" was undoubtedly correct at one time. The mottled skin and weak heart during convalescence reminded me of an impending heart paralysis following diphtheria.

"Optimism is not to be looked upon as a sign of a weak mind; but rather as a sign of strength, reliable digestion, and a well balanced mentality; which things are in themselves well-springs of hope and cheer to mankind."—New England Medical Gazette.

IOWA HOMEOPATHIC JOURNAL

PUBLISHED MONTHLY.

G. A. HUNTOON, M. D.	-	-	-	EDITOR
ERWIN SCHENK, M. D.	-	-	-	PUBLISHER

DEPARTMENT EDITORS.

T. F. H. SPRENG, M. D.

F. J. BECKER, M. D.

A. M. LINN, M. D.

C. E. HOLLOWAY, M. D.

Books for review, exchanges and contributions. (It is to be understood that papers have not been printed elsewhere, that they should be typewritten, reprints will be furnished at cost if request accompanies paper.) Personals, news items, subscriptions or card ads, should be sent to the Iowa Homeopathic Journal, Box 152, U. P. Sta., Des Moines, Ia.

All communications in regard to advertising should be sent to the Publisher, Dr. Schenk, Utica Building, Des Moines, Iowa.

Each contributor is alone responsible for the ideas advanced.

Editorial.

To The Homeopathic Physicians of Iowa.

Once more let me plead with you to meet with our State Society which convenes at Des Moines on the 12th and 13th of May. The outlook is most promising for the largest meeting in the history of the Association.

The various bureaus are preparing to present us with high class papers which will prove to be an intellectual treat to all who will be there to hear them. I sincerely hope that every homeopathic physician in the state may find it convenient to meet with us. If not already a member come prepared to join the Association. Do not longer neglect this duty. Every good homeopath should be eager to put his shoulder to the chariot

and help the good cause which so much needs the aid of every one of us. Just say to your patrons that you are going to Des Moines to commune with your fellow physicians for their good as well as your own.

Will you please give me the extreme pleasure of taking you by the hand and welcoming you into the Association? In order to appreciate fully what sort of a man our secretary is, it will be necessary for you to meet him. That he is something more than the ordinary he has proven to you, by the able manner in which he edits the Iowa Homeopathic Journal, of which Journal our Association is justly proud.

This appeal is to those homeopathic physicians of Iowa who are still outside of the Association. Those who are members, we know, will be present for they have already tasted of the good things that are handed out at these state meetings.

Yours for the good of the cause,

T. F. H. Spreng, President.

An Official Board for the Promulgation of Homeopathy.

President *Royal S. Copeland* in an editorial in the *University Homeopathic Observer*, under the above heading serves us with food for thought that should not only occupy our minds but should stir us into activity. Just because a thing is a truth is no reason that it will be known; often great truths lie hidden and are never brought to light for the lack of someone to discover and bring them forth. We are the repositories of a great truth that has to do with the well being of humanity, if we do not do all in our power to spread this truth we are not honest to ourselves and to our fellow men.

The president of the American Institute has given a great deal of time and thought to this matter and we heartily endorse his views contained in the following editorial, which we are printing in full:

“It is alone in the presence of intimate friends that the heart is opened. To every purpose there is a time and judgment, said

the Preacher, and a wise man's heart discerneth these. But, even so, it is trying to admit the faults, and, worse, the weaknesses of the homeopathic profession. One wonders if, after all, he is wise who admits anything of defect in our fabric, and if now is the time and this the place for judgment. The conviction is forced upon us, however, that the profession is lacking in the spirit of enthusiasm conspicuous in its early history. This, then, should be a time of frank admission. It is not, therefore, a day of hopeless misery, for with contrite acknowledgment, we must pray, in the language of the Apostle, that the "Confession is made unto salvation."

The facts show that our organization, even though its machinery be as perfect, perhaps more perfect, is not so effective in results as it was in former times. Without stopping now to show the truth of this statement, let us inquire why it matters whether the homeopathic organizations is or is not strong, and whether its results are more or less pronounced? Why should our societies be maintained, why should our journals be supported, and why should our colleges be encouraged? In a recent address the president of one of our state societies, said, in substance, "If homeopathy is based on a natural law why should we maintain our organizations? Are we fearful lest a natural law be lost, or is it that we, ourselves, as prophets might be overlooked?"

If homeopathy is merely one of many methods of therapeutics, if it offers a route to a terminal entered over multitudes of competing lines, it makes little difference whether we do or do not continue our separate and exclusive existence as a school of medicine. On the other hand, if homeopathy is the therapeutic specialty and the only therapeutic specialty, as personally we believe it is, then the fact presents itself that the believer who neglects to promulgate the doctrine, overlooks his plain duty. In the language of Paul, he should preach the word; he should be instant in season, out of season; he should reprove, rebuke and exhort; he should endure afflictions; he should do the work of an evangelist and make full proof of his ministry.

The physician has dedicated himself to the relief of human suffering. The homeopathic physician believes a beneficent God provided means for afflicted man to escape his ailment. Could any forgive the physician, dedicated and consecrated to his high calling, and under the conviction of a law of cure, who took slightest respite from his duty to promulgate the universal application and acceptance of that law? The acceptance of the theory of similars is not desired because of pride in mere achievement. It is not urged because of stubbornness. It is not contended for because of combativeness of the homeopathic nature. Any one of such reasons, or all of them for that matter, would not offer sufficient excuse for the bitterness and contentions of this warfare. But if the world could realize and the dominant school appreciate the honest efforts of an earnest profession to present to humanity a certain means of cure, how many hearts would be spared to beat for joy at release from the bondage of disease! It is in the love of mankind and the honest conviction that the homeopathic doctrine offers the only solution for the problem of the ages, that we maintain, and so long as we are honest men, must continue to maintain, our separate and distinct organization.

We appeal to every thinker, to every scientist, to every physician, to scan the most recent ideas in the scientific world, and, in the light of these, to examine homeopathy. The infinitesimal dose, the theory of similars, the single remedy, in fact, every essential feature of the homeopathic doctrine has been demonstrated by science. Therefore, until homeopathy shall have been accepted in theory and adopted in practice, the homeopathic profession must continue to press its claims. To do less would be to overlook its scientific foundation, and its proven superiority to all other methods of practice.

To enlist more actively the co-operation of the profession is an important consideration. Societies cannot live without members, journals cannot thrive without subscribers, and colleges cannot endure without students. The activity and support of the profession are essential to the homeopathic institutions.

At the present time the most serious fault of the profession relates to its non-support of the colleges. Some statistics will illustrate the truth of this statement.

During the three years, 1894 to 1896, inclusive, the number of graduates from the homeopathic colleges was 438, 498, 509, a total of 1,445. Ten years later, for the years 1904 to 1906, inclusive, the number was 361, 274, 288, a total of 923. Ten years ago, then, the average number of graduates was 482, while to-day it is 307. In spite of the phenomenal increase in population of the United States during this decade, additions to the medical profession by the homeopathic route have decreased 175 annually.

It is probably true that the colleges themselves have been responsible, to some extent, at least, for the apathy of the profession. Is there not, or should there not be a reciprocal relationship between college and profession? The profession, supporting and encouraging the college by sending students and clinical material, has the right to expect courtesies in return. Let us pause to briefly investigate what may be done by the colleges for the general benefit of the profession.

The laboratories of the medical college are provided, not alone for purposes of instruction in known sciences, but also for the encouragement of original research. Scale cannot weigh nor scalpel discover the human soul. The origin of life is an impenetrable mystery. The test tube and microscope are valueless in such research. But it is within the range of possibility that the causes of certain fatal and now incurable maladies may be revealed. The medical profession looks with jealous eyes upon the uses of these opportunities for investigation. It will not be satisfied with teaching, no matter how able, that does not make yearly, monthly, yea, daily progress beyond the present confines of medical knowledge. One writer has said that the preacher who believes at forty what he preached at twenty is either a knave or a fool. The instructor in medicine who delivers tomorrow the same lecture he used a year ago is in danger of the same verdict.

The progress demanded in laboratory methods is expected also in the amphitheater. Once a year the progressive practitioner returns to the medical center to investigate for himself the progress of medical science. He calls together the servants of the profession known as the medical faculty, and reckoneth with them. He expects to reap where he sowed not and to gather where he had not strewed. Unless he receive his own with usury he returns to his far country with reports which will cast the unprofitable teacher into outer darkness. To receive the commendation of the kindly but critical profession the medical teacher, at the annual post-graduate course, must produce evidence in the way of improved methods of nursing in typhoid fever, something new for consumption, a suture introduced in a peculiar way, a safer anaesthetic, progress in the relief of deafness, and a thousand practical points useful to the practitioner too busy to read or to invent.

The faculty is assisting the practitioner by training for his relief the professional nurse. It is giving him advanced methods of treatment. Members of the faculty travel long distances to furnish him advice when consultations are demanded. With every domestic and foreign clinic the faculty is supposed to have personal knowledge. The proving of drugs and the improvement of the materia medica is another duty of the medical college. All these things are expected, and properly so, of every faculty.

Certainly, then, the medical profession owes something to the medical faculty. The obligation can be canceled by the active co-operation of the profession. But how to bring this about is not by any means an easy problem. Some physicians may be reached by a means which will not attract or appeal in the least to others. To those who read, who are of a philosophical turn of mind, the essays and editorials on homeopathy and its needs are invaluable aids to enthusiasm and renewed activity for the common cause. It is a lamentable fact, however, that the majority of medical practitioners are too busy to read, or for other reasons neglect the literature of the school. Can anything be

done to stir these and to enlist their much needed aid?

The church has met the same problem and has solved it to some degree of satisfaction. In Methodism, for instance the different departments of activity are cared for and carried on by the work of field secretaries. The preacher or layman is not trusted to learn by accident the needs of this or that educational or benevolent institution. Its particular and pressing requirements are presented in person by some active agents of each body. For instance, for the promotion of the educational work of the church there is a board, known as the Board of Education, duly incorporated, to manage its affairs and property. This board employs a secretary who conducts the affairs of the board, and, under its direction, promotes its general interest by teaching and otherwise.

This idea as it relates to homeopathy is not new, but somehow it has never been given serious attention. The activity of the dominant school in the same direction makes it more important than ever that we should be alert to the necessity of some such movement. Could we afford it, a field agent in every state, at least in every section, would do much to arouse and enthuse the profession. There is many a practitioner who rarely meets another homeopath and who has, perhaps, forgotten that he belongs to a profession connectional in spirit. He needs the information or the scolding which an active, wide awake, enthusiastic field secretary could give him. Such visits in many cases would result in influencing to homeopathy students who otherwise will follow the path of least resistance and land in old school colleges.

In the old days when every practitioner had a student and every student a preceptor, the prospective matriculant was personally touched and directed. This is not true now. The family circle determines the profession and circumstance the college. A successful football team determines the ultimate college choice in more cases than does the careless advice of the family doctor. We should be ashamed to admit, and, of course, do not believe that the physician of the present lacks the influence had

in olden days; but we do say that he no longer exercises it as did the old time doctor. Without discussing reasons, the fact is that conditions have changed and with changed conditions there must be introduced new methods of reaching students, or new methods of awakening the profession to this important duty.

Is it not feasible to inaugurate a campaign of aggressive work on the same lines as that employed by the church? Could not the American Institute of Homeopathy establish a board for the promulgation of the homeopathic doctrine and institutions? This board might consist of the ex-president of the Institute, of the deans of our colleges, of the presidents of state societies, or of a stated number of members, elected a few each year and chosen from the different sections of the country. Or a convenient center might be selected and the membership chosen from within a radius suitable to frequent meetings and consultations. The personnel of the board is of no importance so long as men of energy, enthusiasm, sane judgment, resourcefulness, men willing to sacrifice time and money, if necessary, are selected for membership.

It should be given to this board to establish a business office and to employ such clerical help as is necessary to organize for effective and telling work. Then, more important than all the rest, the board should elect a field secretary who is to be the aggressive, omniscient, indefatigable organizer, upon whose broad shoulders will rest the increasing weight and bigness of a growing homeopathy.

Much as we admire the men who have accomplished much for our common cause and who undoubtedly deserve everything at our hands, we should deplore the selection of any man for the position simply as a means of pensioning a faithful old servant. The man chosen must be one trained to business methods, methodical, thorough, intelligent, a good speaker, magnetic, an entertaining conversationalist, one conversant with our literature, journals, history and institutions, and, above all else, a loyal homeopathist. If some man well known professionally

can be found, so much the better, but whoever he is he must sacrifice the comforts of home and fireside to become a wanderer to and fro in the land.

Such a field secretary must be paid a liberal salary, but, of course, the sum we could afford would be less than a man of the versatility required could earn in practice. However, we believe the man lives who for the love of Homeopathy would undertake this tremendous labor. Are the possible results not worth the attempt? We believe they are.

In order that the plan might be given serious study and consideration, the writer, at the last session of the American Institute of Homeopathy, suggested the passage of the following resolutions.

1. Resolved, That a committee of seven members be selected to consider the feasibility of establishing a Board for the Promulgation of the Homeopathic Doctrine and Institutions, and employing a field secretary and such office force as may be necessary to carry out its functions.

2. Resolved, That should this committee consider the matter favorably that at the next meeting of the Institute it report a detailed plan for carrying it into effect.

There is impending a crisis in the honorable history of Homeopathy. Were we in possession of prophetic powers we could not more confidently believe that the immediate present is the psychological moment for the inauguration of a more aggressive, a more intelligent, a more inclusive, a more successful Homeopathy. Our own men and women must be aroused to activity. They must be made to see that all the wonderful progress in medicine and the sciences collateral to medicine is in harmony with a corroborative of all our theories. They must be fired with a zeal for the common cause. Such a fire must be kindled as shall sweep the whole world, burning every obstacle and melting into one purified mass the medical thought of the ages.

We believe we possess the secret of dispelling disease. Firm in the conviction let us go forth determined to give our own

service and to enlist the active co-operation of every homeopathist and every homeopathic patron in the advancement of the cause. With the psalmist we ask :

“Must I be carried to the skies
 On flowery beds of ease,
 While others fought to win the prize,
 And sailed through bloody seas?
 Are there no foes for me to face?
 Must I not stem the flood?”

And with Watts we must cry :

“Sure I must fight, if I would reign :
 Increase my courage, Lord :
 Thy saints in all this glorious war
 Shall conquer, though they die ;
 They see the triumphs from afar,
 By faith they bring it nigh.”

Someone has set this standard: “One great thing each year!” Can we not plan one great thing for the coming twelve months: To arrange the details and perfect the machinery of an unparalleled campaign for our cause? It is possible to make of Homeopathy, in this generation, the dominant school of medicine. Do we care to do so? Shall we do so? Let us do it!”

C.

News Items.

Dr. B. F. Bailey, of Green Gables Sanatorium, Lincoln, Neb., was a recent Des Moines visitor.

Dr. E. R. Ames, of Knoxville, was in Des Moines recently.

Dr. N. G. Parker, of Eagle Grove, made a pleasant call on the homeopathic physicians of Webster City lately. Dr. Parker located in Eagle Grove last fall, coming from Minnesota where he

had been practicing ten years.

We are glad to note the *Critique* is cognizant of the fact that the profession of Iowa show their prosperity by availing themselves of the use of the automobile and that the energetic business manager of that excellent journal has got in line with a new machine.

Dr. George Royal has been on a trip to Sioux City, Keokuk, Minneapolis, St. Louis, Denver and Kansas City in company with some of the members of the educational councils of the other schools of medicine for the purpose of inspecting the registration curriculum equipment, etc., of the medical colleges at these places. The doctor reports the Kansas City people are in readiness now, for the institute meeting and are still working. Harmony and the best of good feeling prevail.

Dr. Lucy B. Harbach has just moved into her new home, a ten apartment flat, of the latest modern architecture.

Whatever you do, don't forget to attend the State Society meeting at Des Moines, May 12th and 13th, 1908. The Des Moines society are preparing to show you a good time. Come and enjoy it.

Dr. I. N. Paul, of Perry, was in Des Moines with a case of appendicitis recently.

With this issue of the *Progress* we learn that Dr. D. A. Strickler has withdrawn from the editorial management of the *Progress*, and that Dr. James Polk Willard has been elected to that position. We wish the new editor all the success possible in his new position.

University Notes.

Dr. Lusk, of Keota, was at the hospital with a patient on the 24th ult.

Dr. A. A. Griffis, Tipton, was a University visitor the 26th of March, and as usual brought a patient for the clinics.

Miss Alice Beatle, superintendent of the University Homeo-

pathic Hospital, visited her sister, Mrs. Shoemaker, at Waterloo, March 24-29.

Dr. A. P. Hanchett, Council Bluffs, one of the members of the State Board of Health, visited the hospital March 25th.

Drs. Cogswell, of Cedar Rapids, spent Sunday, April 5th, in the city renewing old acquaintances.

W. I. Parker, M. D., Aurora, Iowa, has been a frequent visitor at the hospital during the last month. We regret to learn that the Doctor has sold out his practice and after a post-graduate course will locate elsewhere.

Dr. Babcock, of Greenfield, brought a patient to the clinics April 4th. As this was the Doctor's first visit in several years he found things very much changed for the better.

Dr. G. S. Felt, of Reinbeck, paid his Alma Mater a visit the 15th, and helped to fill the wards of the hospital.

It is with regret that we learn that Miss Alice Beatle, after three years of very efficient work as superintendent of the Hospital, has tendered her resignation to the Board of Regents to take effect June 30th. She intends spending a year at Cleveland, Ohio, doing special post-graduate work in the hospitals. As her work in the hospital and with the nurses has always been of the highest type we shall all miss her and wish her success in her undertakings.

From the S. U. I. Daily Iowan, April 8th: "Seniors of the College of Homeopathic Medicine Pass Hard Hospital Examinations. Cyril M. Cron, Milo O. Brush, and H. Fulton Masson, seniors in the College of Homeopathic Medicine, have just received word that they have been awarded internships in the Metropolitan Hospital of New York. These three were all that took the examinations from the school, and the fact that they were successful in a competition which included all of the Homeopathic colleges of importance in the United States, is a source of much gratification to the University faculty and is considered an indication of the high rank the local school holds among the Homeopathic colleges of the country. The Metropolitan Hospital is one of the most progressive hospitals in New York. It

has just made arrangements to add one thousand beds to the twelve hundred already in use. The fact that ten thousand patients are treated yearly is an indication of the importance of an appointment upon the staff of the institution.

Societies.

Des Moines Homeopathic Medical Society.

The regular monthly meeting of the Des Moines Homeopathic Medical Society was held Monday evening, April 2d, in the office of Dr. A. M. Linn.

The committees on local arrangements for the state meeting were appointed and these committees immediately proceeded to get busy. The paper of the evening was by Dr. E. G. Linn on "Atrophic Rhinitis." The paper received a free discussion.

HAHNEMANN MEDICAL ASSOCIATION OF IOWA.

T. F. H. Spreng, M. D., Sioux City, President.

G. A. Huntoon, M. D., Des Moines, Secretary.

Thirty-ninth annual session to be held at Des Moines, May 12-13, 1908.

The meetings will be held in the Savery Hotel, which hotel will be the headquarters of the Society. The rates of this hotel are \$1.00 per day and up, European plan.

First Day, Tuesday, May 12, 1908.

Morning Session, 9:00 A. M.

Call to order by President T. F. H. Spreng, Sioux City.

Prayer by Rev. Chas. S. Medbury, Des Moines.

Address of Welcome by A. J. Mathis, Mayor of Des Moines.

Report of Program and Entertainment Committee.

10:00 to 12:00.

CALL OF BUREAUS.

CLINICAL MEDICINE.

Chairman—E. R. Jackson, M. D. Washington.

1. Acute Nephritis—E. N. Bywater, M. D., Iowa Falls.

2. The Atypical Case in Homeopathic Practice—D. K. Bond, M. D., Waterloo.
3. Membranous Colitis—Report of a Case—G. A. Huntoon, M. D., Des Moines.
4. Auto-Intoxication—E. R. Jackson, M. D., Dubuque.
1:30 to 5:30 P. M.

GYNECOLOGY.

Chairman—P. E. Triem, Manchester.

1. Ruptured Ectopic Pregnancy—B. R. Johnston, M. D., Cedar Rapids.
Discussion opened by G. A. Huntoon, M. D., Des Moines.
2. The Aftermath of the Grippe—Alice Humphrey Hatch, M. D., Des Moines.
Discussion opened by Lucy Busenbark Harbach, M. D., Des Moines.
3. Prolapsus Uteri—D. A. Foote, M. D., Omaha, Neb.
Discussion not assigned.
4. The Menopause—P. E. Triem, M. D., Manchester.
Discussion opened by E. E. Richardson, M. D., Webster City.

PEDIATRICS.

Chairman—W. E. Anderson, M. D., Washington.

1. Constipation in Infants; A Case—G. S. Felt, M. D., Reinbeck.
2. Cerebro Spinal Meningitis—F. W. Horton, M. D., Sanborn.
3. Care of a Baby During Its First Year—W. E. Anderson, M. D., Washington.
4. Diarrhoea in Infants—E. E. Lusk, M. D., Keota, Iowa

OBSTETRICS.

Chairman—Genevieve Tucker, M. D., Davenport.

1. My First One Hundred and Eighty Cases—C. H. Cogswell, M. D., Cedar Rapids.
Discussion led by F. Becker, M. D., Clermont.
2. Case of Extra Uterine Pregnancy—E. R. Jackson, M. D., Dubuque.
3. A general discussion by the society; topic, "Practical Fads in Obstetrics," opened by the chairman of bureau.

Wednesday, 9:00 A. M.

HYGIENE AND SANITARY SCIENCE.

Chairman—Alice I. Ross, M. D., Whittier.

1. The Fatal Cupidity of Predatory Wealth—T. L. Hazard, M. D., Iowa City.
2. Hygiene of Puberty—Frederick Alden, M. D., Des Moines.
3. A New Departure in Quarantine—A. M. Linn, M. D., Des Moines.
4. Hygiene of the Home—Alice I. Ross, M. D., Whittier.

MATERIA MEDICA.

Chairman—S. W. Staads, M. D., Sioux City.

1. Cimicifuga Racemosa—W. A. Dewey, M. D., Ann Arbor, Mich.
2. Oponins and Their Relation to Homeopathy—George Royal, M. D., Des Moines.
3. A Plea for Our Materia Medica—C. J. Loizeaux, M. D., Des Moines.
4. Isul, the New Preparation of Iodine with Sulphur—P. J. Montgomery, M. D., Council Bluffs.
Discussed by George Royal, M. D., Des Moines.

1:30 P. M.

SURGERY.

Chairman—F. C. Titzell, M. D., Iowa City.

1. Injuries of the Elbow Joint—E. R. Jackson, M. D., Dubuque.
2. Plastic Work on Face and Mouth—J. L. Hanchett, M. D., Sioux City.
3. Varicosities of the Lower Extremities—S. W. Staads, M. D., Sioux City.
4. Present Prostatic Surgery—Charles E. Holloway, M. D., Des Moines.
5. The Surgical Treatment of Goitre—F. C. Titzell, M. D., Iowa City.
6. The Surgical Treatment of Tuberculosis—D. A. Foote, M. D., Omaha, Neb.

OPHTHALMOLOGY, RHINOLOGY AND OTOTOLOGY.

Chairman—E. G. Linn, M. D., Des Moines.

1. Some Remedies in Nasal Catarrh—R. W. Homan, M. D.,

Webster City.

2. Nasal Stenoses and Their Treatment—W. L. Bywater, M. D., Iowa City.
 3. The Pupil in Health and Disease—F. A. Seeman, M. D., Sioux City.
 4. Paper—F. W. Brown, M. D., Rock Island, Ill.
 5. Atrophic Rhinitis—E. G. Linn, M. D., Des Moines.
- Skin and Nervous Diseases—Chairman, O. A. Hansen, M. D., Forest City.
1. Paper, Erwin Schenk, M. D., Des Moines.
 2. Epilepsy O. A. Hansen, M. D., Forest City.

4:30 to 5:30 P. M.

MEETING OF ALUMNI STATE UNIVERSITY.

A banquet will be served one night and speakers will be secured for the occasion.

Surgical Notes.

CONDUCTED BY - - - CHAS. E. HOLLOWAY, M. D.

Everything is to be gained, and nothing lost, by having patients remove enough of their clothing to allow a satisfactory examination to be made. Instances can be called to mind by any physician, of erroneous judgments arrived at before exposure of other parts of the body showed conditions altering one's opinion. Especially is it important to compare the corresponding members of the body on the sound and the affected side in all doubtful cases.

The tendency to abandon the use of strychnia for shock due to operative procedures is a natural result of such observations as those of Crile, which show that in some instances at least strychnia is detrimental, and that in all cases its good effects are problematical rather than actual. Distinct advance has been made in the line of the prophylaxis of shock through the increasing practice of employing a skilled anesthetist, avoid-

ing hemorrhage, maintaining body heat, rapid operation, limited incisions, and careful preparation of the subject. Gwathmey maintains 50 per cent of anesthetised subjects are more or less shocked from the anesthetic, and that this can be prevented by the rectal injection of normal saline solution before the patient is removed from the operating table, by the inhalation of oxygen for thirty minutes after operation, by ingestion of water as soon as consciousness returns, and by favoring natural sleep by a dark and quiet room. The use of the normal saline solution per rectum eight ounces every four hours following abdominal operations is also valuable in combating shock and allaying distressing thirst which follows an anesthetic.

In fracture of the ribs it is well to be on the lookout for the development of traumatic pneumonia which may manifest itself within two or three days after the injury.

"Moorhof's Emulsion" is being extensively used in filling bone cavities; after removing all diseased bone with curette, apply pure carbolic acid, followed by alcohol; then pack with gauze; within four days remove the gauze and fill the cavity with the emulsion, the formula of which is as follows:

Iodoform	40 parts
Oil of rape seed.....	30 parts
Spermaceti	30 parts

Correspondence.

Dear Editor Iowa Homeopathic Journal:

Will you please send my future numbers of the Iowa Homeopathic Journal to DeWitt, Iowa, as I leave here early next week. For the past five months I have been at my winter home here practicing homeopathy, catching big fish, inhaling 320 cubic centimeters at each inspiration, of atmosphere, in this climate which is worth \$100 per acre to any old physician like myself who has faced the Iowa blizzards for forty-five consecutive years.

While I have been enjoying all this, I have not lost interest in homeopathy in Iowa, for I was one of those who made it possible to lay the cornerstone to the Homeopathic Medical Department of the State University of Iowa. In the early seventies I circulated a petition asking the state legislature to make an appropriation for that purpose. After obtaining numerous signatures I handed the document to the late Senator N. A. Merrill, of DeWitt, Iowa, who was my next door neighbor, my friend and patron; I take no little pleasure in remembering that my petition was the first one presented to the state legislature.

Senator Merrill, making the opening speech, demanded that an appropriation be made. The balance of the history is familiar to you.

Yours, etc.,

M. R. Waggoner, M. D., New Smyrna, Fla.

The Charles Woodhull Eaton Memorial Fund.

In an article entitled "A Look Toward the Future," read two years ago at the American Institute of Homeopathy, by Dr. Eaton, he urges the medical profession to provide the means to educate men and women in Homeopathic Medicine. He said, "Put a thousand practitioners into the field for every giant who rests from his labors." Our "giant" is at rest and his friends are desirous of erecting a memorial to him that shall be more lasting than marble. They have taken up the work that his hands laid down.

For the purpose of advancing this work, an organization known as the Charles Woodhull Eaton Memorial Fund Association has been perfected and incorporated. It is the purpose of this association to accumulate a fund which shall be known as the Charles Woodhull Eaton Memorial Fund. The income from this fund to be used in making loans to worthy young men and women who are desirous of acquiring a Homeopathic Medical education and who would be unable to do so without such aid.

The last article that appeared in the Iowa Homeopathic Journal from the pen of Dr. Eaton called attention to this need and

closed with an appeal to the profession to "provide that harness." Several hundred dollars have been subscribed and an exceptionally bright student has gladly accepted the opportunity offered and will complete the medical course the coming year.

The officers and directors of this association are as follows:

Rev. Emory Miller, D. D., President.

J. E. Mershon, Attorney, Vice-President.

Alice Humphrey Hatch, M. D., Secretary.

Nelson Royal, Attorney, Treasurer.

G. A. Huntoon, M. D., Chairman Board of Examiners.

Harriette E. Messenger, M. D., Chairman Finance Committee.

Miss Frances R. White.

Subscriptions may be sent to Dr. H. E. Messenger, 2800 University Ave., Des Moines, Iowa, or Nelson Royal, Attorney, 308 Good Block, corner Fifth and Walnut Streets, Des Moines, Iowa.

Everyone who contributes to this fund is entitled to membership in the association. The directors wish to ask for volunteers to solicit contributions to increase this fund. Many can render valuable service as solicitors and help a worthy cause. This memorial will be not only a blessing to the living, but will perpetuate the memory of one who served humanity and his influence will go on and on. We are confident that Dr. Eaton's fondest hopes will be realized and that a thousand earnest students will rise up and help hasten the ultimate triumph of Homeopathy. Let every physician push this work to his utmost ability and present the matter to his patrons. We feel that we need no higher incentive than that this work is done in memory of our Dr. Eaton.

Board of Directors of Memorial Fund.

Miscellaneous Items.

Study "homeopathy" not "homeopaths" and you will soon be convinced of its superiority over all other material methods of the healing art. There is just as many different kinds of "homeopaths" as there are in the following of any principle, but there is only one brand of "homeopathy."—*The Critique*.

Gargling.—G. Richter, Medical Record, New York. The ordinary method of gargling being admittedly very unsatisfactory, save as regards the tonsils, the soft palate, the uvula, and perhaps the back of the pharynx at the level of the mouth, he suggests a method of gargling which, he asserts, will thoroughly cleanse the nasopharynx and also the nose. The head should be bent as far backward as possible and the tongue protruded. In this position an attempt is made to swallow the gargling fluid, which causes it to come well upward into the upper nasopharynx and nostrils, when by suddenly throwing the head forward with the mouth closed the fluid runs out of the nostrils, thoroughly washing the entire passages.—*Journal A. M. A.*

The Umbilical Stump. Bulletin of Lying in Hospital of the City of New York. Harrar describes the technic of dealing with the umbilical stump at the New York Lying-in Hospital and insists on the following points: 1. A permanent dressing applied by the surgeon at the time of delivery, which remains undisturbed for five days. 2. The subsequent treatment to be carried on by the surgeon and not by the nurse. 3. The use of sterile spuds at subsequent dressings to avoid handling the stump. 4. The use of a dry dressing whenever possible.—*Journal A. M. A.*

FOR SALE—A thoroughly modern 9 room house, office, furnishings, medicine, surgical instruments, horse and vehicles, and the conference of an established practice of 10 years standing, in a city of 35,000. Reason for selling, will move to the coast. Bargain if taken this season. Address the publisher of this Journal for further particulars.



IOWA HOMEOPATHIC JOURNAL

Vol. II

JUNE, 1908

No. 6

Original Articles.

PRESIDENT'S ADDRESS.

T. F. H. SPRENG, M. D., SIOUX CITY, IOWA.

Members of the Hahnemann Medical Association of Iowa:

First and foremost, allow me to express my hearty thanks for the honor conferred upon me by electing me president of this association. I assure you it is an honor I most highly appreciate; for to preside over a body like the Hahnemann Medical Association of Iowa is an honor which is not bestowed often in a man's lifetime.

One hundred years have elapsed since Hahnemann demonstrated the law of cure, in demonstrating which, he hit upon a truth, which truth shone throughout his life. Others saw it and took a delight in its expansion, and yet others, until today we live and rejoice in that truth, which is growing brighter each succeeding year, notwithstanding the assertion of Oliver Wendell Holmes, made more than a quarter of a century ago, that "Homeopathy is dying out." "Truth never dies," hence homeopathy lives and will live throughout all time. Clinical history has been demonstrating our law of cure all these years, and continues to do so, while other systems of medicine and theories of cure have had their birth and death.

It is some eighty years since homeopathy was first introduced into the United States.

I ask your indulgence while I quote a few paragraphs from John Bigelow's biography of William Cullen Bryant. He says: "Soon after his (Mr. Bryant's) settlement in New York his attention was directed to the Hahnemann theory of medical science,

which had just been introduced into the United States by Dr. Hans B. Gram, and which he finally accepted as the system of cure having most pretensions to a scientific character. When later a society of homeopathic physicians was organized, he was elected its first president. In a letter to his old friend, the Rev. Dr. Dewey, in January, 1842, he recapitulates the subjects then occupying most of public attention, and among them he enumerates homeopathy, which he says 'is carrying all before it. Conversions are making every day. Within a twelve month the number of persons who employ homeopathic physicians has doubled. A homeopathic society has been established and I have delivered an inaugural lecture before it—a defense of the system, which I am to repeat next week. The heathen rage terribly, but their rage availeth nothing.' Bryant's faith in this system of medicine grew with his years and he became quite expert in its application to the ordinary ailments of his family and dependents. His lectures did much to commend homeopathy to the public confidence, though his extraordinary vigor of body and mind was more convincing to most persons than anything he could write or preach."

It is not possible to calculate the influence which national famed individuals like William Cullen Bryant exerted for the cause of homeopathy. We today are reaping the harvests sown by those early advocates of our system.

Homeopathy will stand the most thorough investigation by the most gifted scientists, and the unprejudiced investigator becomes an enthusiastic advocate. This has been true throughout the history of homeopathy, and is verified today.

Professor von Behring, of Berlin, commenting upon his recently discovered agent for the cure of tuberculosis, has this to say: "The scientific principles of this new tuberculo-therapy are yet to be established, just as the scientific principles of my antitoxic serum therapy remain to be explained, notwithstanding the assertion by many authors, that the therapeutic action of my diphtheria and tetanus antitoxins is clearly understood since the promulgation of Ehrlich's side-chain theory. For speculative minds the new curative substance will undoubtedly become a most inter-

esting object of scientific investigation, but I do not believe that medicine will profit much by it. In spite of all scientific speculation and experiments regarding small-pox vaccination, Jenner's discovery remained an erratic block in medicine till the biochemically thinking Pasteur, devoid of all medical class-room knowledge, traced the origin of this therapeutic block to a principle which cannot better be characterized than by Hahnemann's word 'Homeopathic.'

"Indeed, what else causes the epidemiological immunity in sheep vaccinated against anthrax, than the influence previously exerted by the virus, similar in character to that of the fatal anthrax virus? And by what technical term could we more appropriately speak of this influence, exerted by a similar virus, than by Hahnemann's word 'Homeopathy?'"

"I am touching here upon a subject anathemized till very recently by medical pedantry; but if I am to present these problems in historical illumination, dogmatic imprecations must not deter me. They must no more deter me now than they did thirteen years ago, when I demonstrated before the Berlin Physiological Society the immunizing action of my tetanus antitoxin in infinitesimal dilution. On this occasion I also spoke of the production of the serum by treating animals with a poison which acted the better the more it was diluted, and a clinician, who is still living, remonstrated with me, saying that such a remark ought not to be made publicly, since it was grist for the mill of homeopathy. I remember vividly how Dubois-Raymond, who, during the progress of the demonstrations and discussions had become drowsy, suddenly sat up, all attention, when I replied in about these words: "Gentlemen, if I had set myself the task of rendering an incurable disease curable by artificial means and should find that only the road to homeopathy led to my goal, I assure you dogmatic considerations would never deter me from taking that road."

Thus does Von Behring, the man upon whom the dominant school relies for its most successful therapeutic method, declare himself.

Other recent experimental researches have vindicated the teachings of Hahnemann.

Even Professor Wright, the great bacteriologist of London, with his opsonic index, corroborates the truth of the homeopathic doctrine.

Dr. Alfred Robin, of Paris, an original experimenter, has recently testified to the therapeutic results of minute quantities of gold-silver, and platinum. These are his conclusions: First, "That metals in extreme subdivisions are capable of remarkable physiological action, out of all proportion to the amount of metal used. Second, that such metals, acting in doses which therapeutists considered heretofore as ineffectual and useless, by making a profound impression on some of the chemical processes of life, whose deviations are connected with many morbid conditions, are probably destined to take an important place among the remedies of functional therapeutics."

Dr. Trudeau, of Saranac Lake, than whom no one in this country has had larger experience in the treatment of tuberculosis. As a result of his fifteen years' experience with this remedy he published an account of his methods. Prof. Richard Cabot, of Harvard Medical School, in speaking of Trudeau's treatment, says: "What dose does he use? Not the ten milligrams often employed in the early '90's—not even the one milligram or one-half milligram recommended later. At present he begins his treatment in afebrile cases with 1-10000 of a milligram, and in febrile cases with 1-100000 of a milligram. This 1-100000 of a milligram, when injected under the skin, in a centimeter of water and absorbed into the circulation, becomes diluted about 5,000,000 times by the body fluids. Hence we imagine the original milligram of tuberculin acts in a dilution of 1-50000000000! What fixes the dose? Precisely the homeopathic principle, namely, to produce a definite good effect without any observable ill effects."

With testimonials like these, coming from the most scientific investigators of the dominant school, need we have any fear for the great truths promulgated by the illustrious Hahnemann? If the rank and file of the dominant school follow their leaders, they

will all become homeopaths within the next decade. Don't you see how the laboratory today is confirming the truths enunciated by Hahnemann, more than a century ago?

Our system of therapeutics is a most satisfactory one. You, doctor, who have employed it for twenty, thirty or forty years, would you exchange it for any other? Not unless you were offered something better. The self-styled "Regular" (who, by the way, is only regular in his irregular therapeutic methods) is practically a nihilist in therapeutics. If you were one of these irregular "Regulars," you might, with greater ease, become a pension examiner, or a railroad surgeon, or a life insurance examiner. All of which have absolutely nothing to do with therapeutics.

Dr. Beiberger, of Bloomington, Ill., in concluding his address as president, before the Central Illinois Homeopathic Medical Association last October, says: "The homeopathic school can well afford to wait the decision of the highest court in the medical world. We can well afford to wait the day when the slightest scientific authority in the world will publicly endorse, not only the therapeutic law of Hahnemann, but the elective affinity of drugs and efficacy of high potencies. In that day scepticism and nihilism in medical practice will have disappeared and medical therapeutics will rightly assume its proud position as the chief factor, next to nature, in healing all physical ills."

Although homeopathy is flourishing, and especially so in America, there is, nevertheless, a dearth of physicians in our school. There is a demand from all points of the compass for more homeopathic physicians. True, our sixteen colleges are doing all they can to supply this demand, but they fall far short from doing so. We have in our state, this grand state of Iowa, one of the very best of these sixteen colleges, and if we manifested the interest in homeopathy and in this school, that we should manifest, the homeopathic department of the University of Iowa could boast of a class numbering three hundred students. Let us exert ourselves to this end. There is not one of us, but that could influence a bright young man graduate of the high school in the

community in which we live to enter the homeopathic profession. By doing so, we will be advancing homeopathy; we will be aiding our state university; and best of all, we will have influenced young men to enter a most noble profession.

The Hahnemann Medical Association of Iowa is our supreme organization of the state. Every believer in our law of cure, should be a member of it. You, doctor, who are not yet enrolled, it is not only your *privilege*, but your *duty* to become a member. The stronger we are, the better will we be able to gain and maintain our rights. This applies not only to our state society, but our national society as well. I wish every homeopathic physician of the state of Iowa were a member of this association and every member of this association a member of the American Institute of Homeopathy; and since this national body meets in June at Kansas City, which is not far away, Iowa ought to go there on a special train. I would recommend that our association attend the institute in a body.

When, at our meeting, a year ago, at Iowa City, it was decided to publish our transactions in a journal issued monthly, I had misgivings as to the feasibility of the enterprise. The experiment proved to be a grand success. The association was most fortunate in its selection of a secretary, who has already demonstrated that he is not only an ideal secretary, but also an able editor. The Iowa Homeopathic Journal is a production of which our association has reason to be proud. I believe that through its influence every reputable homeopathic physician in the state will be induced to become a member of the association.

You cannot better express your appreciation of the able manner in which the Journal has been edited than by re-electing Dr. Huntoon as your secretary.

Regarding medical legislation, I may not presume to criticise our medical laws, but I would like to propound a few questions. Why should a physician, who holds a diploma, issued by an institution chartered by the state, be humiliated by being compelled to present himself before a state board for further examination? Is this diploma only a passport to admit him for examination

before any state board to which he might choose to present himself? So it would seem. Why not have these state boards examine the institutions that issue the diploma and see to it that the required course is taught, and that when a man has won his degree, he may be permitted to practice anywhere within the United States? Is it not an insult to every college to subject those holding their diplomas to an examination by the state board in order to obtain license to practice?

Our allopathic brother made an heroic effort to strangle homeopathy in its infancy and I dare say would have succeeded in doing so, had it not been for the fathers' ever watchful care, and never ceasing vigilance. Later when this child of science was gathering strength and vigor, he endeavored to destroy it by maligning it, by ridicule and calumny; but in spite of all abuse, this little scientific Miss developed into a strong, robust, most accomplished and most attractive entity, whose influence circumscribes the globe, and all nations do her honor. The more intelligent the nation, the greater her influence. Now this unprincipled allopathic villain, not having succeeded in strangling the infant, or killing off the maiden, deliberates a change in his tactics and audaciously proposes affiliation—marriage! Not because he loves her; not to protect her; not to bring her joy and happiness; not to provide for her. He would marry her *to rob her of her good name and her influence and confiscate her property*. Miss Homeopathy flushed with indignation, spurns the offer and emphatically refuses to affiliate.

This therapeutic Desdemona has a presentiment that this black Moor Othello, would murder her from sheer jealousy.

The bars are down, the gates ajar, ready to admit all who seek for therapeutic truth, to enter the homeopathic fold. During this past year the bell-wethers have crossed the threshold, and in the near future you may look for a stampede to these pastures new. *Then* will we be amalgamated. Is it not astonishing that our old school friends are beginning to advocate, not only the single remedy, but also the minimum dose? They are making commendable strides and ere long they will be enlisted under the banner of

“Similia Similibus Curantur.” Their next step will be the proving of drugs upon the healthy individual, and to devour our *Materia Medica*. Then there will be no more excluding therapeutics from the subjects for applicants to pass upon before state boards.

REPORT ON PRESIDENT'S ADDRESS.

We, the committee on president's address, most heartily commend this scholarly paper and also indorse his special recommendations in regard to the loyal support of our homeopathic college at the State University and the individual effort for each homeopath to secure new students to enter this university.

We also indorse his recommendation for every homeopathic physician to avail himself of the privilege and duty to become a member of the state society, and are heartily in sympathy with his recommendation that we attend the American Institute at Kansas City in June in a body and recommend that a committee be appointed at this meeting to try and perfect arrangements to this end.

We join most heartily with him in his commendation of our worthy secretary and his splendid management of our Iowa Homeopathic Journal, and recommend that he be continued in his present capacity for another year.

We are earnestly in sympathy with his criticism of the State Board of Medical Examiners, believing that the faculty of our medical colleges at the State University is more competent of judging the qualifications of each student than any board of examiners could be.

And also heartily indorse his ideas of interstate reciprocity.

We also most heartily indorse his optimistic outlook and the ultimate triumph of homeopathy, recognizing the fact that the dominant school is recommending the single remedy and the infinitesimal dose.

(Signed) E. N. BYWATER, M. D.
E. C. BROWN, M. D.
A. E. CONRAD, M. D.

EPILEPSY.*

A. O. HANSEN, M. D., FOREST CITY, IOWA.

Although epilepsy has been known since the remotest period of antiquity, and much thought and earnest labor has been given to the study of this disease, still the medical profession must admit that but very small progress has been made either in preventing or curing this disease.

Epilepsy has been designated by many different names, according to the different interpretations given to the symptoms and causes of the disease. It has been called *Morbus Hercules*, *Morbus Comitialis*, *Morbus qui Sputatur*, *Mal de St. Jean*, *Haut Mal*, *Falling Sickness* and *Fits*.

Dorland, in his medical dictionary gives the definition of epilepsy, as "A chronic functional disease characterized by fits or attacks in which there is loss of consciousness, with a succession of tonic or clonic convulsions, the fit lasts from five to twenty minutes and the attacks vary greatly in frequency. A fit in which there are severe convulsions and loss of consciousness, or coma, is called *haut mal* or *grand mal*. The mild form in which vertiginous or other sensations take the place of convulsions, is termed *petit mal*. Cardiac epilepsy, that which is accompanied by profound disturbance of the heart's action; probably due to disease of the heart or its nerves. Gastric E., caused by gastric irritation. Hysterical E., severe form of hysterical seizure more or less closely approaching the type of true epilepsy. Idiopathic E., true or typical epilepsy. Jacksonian E. is marked by localized spasm, and is mainly limited to one side and often to one group of muscles, consciousness not being lost. Menstrual E., epileptic fits associated with menstruation. Nocturnal E., a variety in which the fits occur at night, often in sleep. Procrustic E., a form in which the patient runs forward swiftly before falling in a fit. Retinal E., temporary blindness often occurring in epilepsy. Saturnine E., epileptoid seizures seen in connection with lead poisoning. Senile E., senile bradycardia coming on in paroxysms and resulting from coronary sclerosis or from fibrous myocarditis. Sensory E., a

*Read before the Hahnemann Medical Association of Iowa.

form in which the convulsions are replaced by delusion of sense and hallucinations.

Causes of Epilepsy: Some authorities state that heredity is probably the most frequent cause of epilepsy, other authorities that heredity is only rarely the cause of the malady. In some cases it is said to be due to thickening of the membranes of the brain causing undue pressure on the brain substance. Syphilis is said to be a fruitful cause of epilepsy, by various lesions of the blood vessels, cranial bones, or gumma forming in the brain substance. Some cases follow the eruptive fevers, especially scarlet fever, and is probably due to affection of the kidneys.

Hepatic calculi may be the cause of epilepsy in some instances. I have a case in mind, where the patient was subject to attacks of hepatic colic, and had been for fifteen years or more, the attacks would recur sometimes as often as twice in a year, but generally about every nine or ten months. The duration of the attack would be about a week, and during that time the patient would have from one to three attacks of epilepsy every day. The patient was finally persuaded to undergo an operation for gall stones about eight years ago, with the result that there has been no return of the hepatic colic and but one attack of epilepsy.

One of the worst cases of epilepsy I ever saw, followed a severe attack of diphtheria, after the patient had seemingly made a good recovery from diphtheria, and had been up and about the house for several days. His appetite was good, but the diet had been restricted during his sickness as well as after convalescence, but the patient's mother decided that it was unnecessary to starve the boy, and so allowed him to gorge himself with heavy and almost indigestible food for supper, with the result that the patient was seized with convulsions, the next morning, and although his stomach and bowels were promptly relieved, the convulsions continued at intervals of one to four hours. The aura seemed to start in the region of the solar plexus and travel upwards, a terrible sensation that the patient was unable to describe, then would follow the epileptic cry, and unconsciousness with severe

spasms that would last from three to five minutes. The patient lived about three days after the convulsions set in.

Consanguinity of the parents no doubt is an important predisposing factor in epilepsy, and in several families, where the parents have been as closely related as first cousins, I have known them to have one or more of their children afflicted with epilepsy.

Thomas Watson, in his *Principle and Practice of Physics*, quotes the following statistics, presented by M. Luret, in an interesting paper on epilepsy: "Among 106 epileptics, in twenty-four the disease commenced between the tenth and fourteenth years of age; in eighteen between the fifteenth and nineteenth years, and sixteen between the nineteenth and twenty-fourth years of age. Thus fifty-eight, or more than one-half, were attacked between the tenth and twenty-fourth years. Of the whole number of cases, in six only was it ascertained that the disease existed in one or other parent, and in but eight was it found that one of the parents had died of any disease of the brain, namely, three of insanity, two of apoplexy, one of paralysis, one of suicide and one from cerebral meningitis. Of the 106 patients, thirty had been drunkards, twenty-four masturbators and fifteen addicted to women. In fifteen the actual or presumed cause of the first attack of epilepsy was ascribed to terror, in twelve to onanism, in six to drunkenness, in two to anger, in two to falls, etc."

In regard to prognosis, while there seems to be the opinion of several authorities that the patient, though doubtful of recovering, does not lose life, still in looking up the vital statistics, we find that during the census year, ending May 31, 1900, there were 3,326 deaths from epilepsy in the United States, 1,915 males and 1,411 females; 503 between the age of five years, 122 between the ages of five and nine, 351 between the ages of fifteen and nineteen, 222 between the ages of thirty and thirty-four, 161 between the ages of forty-five and forty-nine, and six between the ages of ninety and ninety-four.

In the state of Iowa alone there were during the same period of time, seventy-nine deaths from epilepsy.

The death rate per 100,000 from epilepsy is given at 1,222,

while from scarlet fever it is given as 3,327, and from smallpox 539.

As to the treatment of epilepsy I wish to say that I have had ample opportunity to try my skill, and for certain reasons have been more interested in that class of patients than in others, but I must confess that results have been far from flattering. I think I have seen good results following the use of *Argentum Nit.* 12x in a certain case, where there was this peculiarity about the epileptic, that he had an unnatural craving for sweet things and would sweeten almost everything he would eat, even the potatoes. It may be that homeopathic remedies when well enough understood will cure epilepsy in many cases, but so far I think I have done more for my patients having them observe care in their diet, moderate exercise, and keeping away from places where they would be apt to get excited, than I have been able to accomplish with any remedy that I have tried.

SIMILIA AND THE SPECIALIST.*

FRED C. SAGE, M. D., WATERLOO, IOWA.

In considering this subject the intent has been to limit its scope more particularly to the therapy of the eye, ear, nose and throat specialty, although the belief is here expressed that much might be said with equal force regarding the other specialties such as of the skin and mental and nervous diseases.

The main question at issue then is what advantage if any can come to one who adds to his regular and thorough course of training as a specialist a practical working knowledge of the homeopathic therapeutics as well?

Before going into the details of this subject let us be frank and fair and admit as the author freely does that he would use any remedy from any source and in any dosage in a desperate case provided he was convinced it would be in the interest of his patient to do so. And he will then concede that some friend of the predominant school might direct him to the best remedy in a

*Written especially for the Journal.

given case. Now, my allopathic brother, are you willing to show an equal liberality of spirit in your desire to know the truth regardless of pathies or isms and will you concede as much in the interest of your patient?

If you will you may be surprised indeed at some of the marvelous cures made by substances and in potencies that you must surely consider inert. If you will not you are still from Missouri and you will need to be shown.

What suggested the subject for this paper? The fact that in this era of widespread therapeutic nihilism the allopathic specialist seems to me leads the van, as speaking collectively, he does not use and seems adverse and even repugnant to the use of any internal medication, though when it comes to putting something on or rubbing or dropping something in he has us going some and the patient, too, with his strong solutions of silver nitrate and copper and zinc.

But really how would the homeopathic specialist feel if he had to treat his acute eye inflammations say without aconite and arnica or bryonia, hamamelis and rhus tox, for instance? And while speaking of aconite, do you know what a terrible nightmare the *dose* is to many big pill doctors? They can't seem to break away from the old materialistic idea of disease and drugs, so think they *must* give their deadly aconite in dangerous dosage to get any effect, or in other words to drive out the dragon or devil of medieval medicine.

If they could only realize that disease or lack of ease is only lack of harmony in the molecule or atoms of the body, for in them we really live, they might better appreciate our small doses, for are not our thirtieths bigger than atoms? Then why need a sledge hammer be required to drive a tack?

Every homeopath knows and many of his families know that aconite works even better in small doses, so small *at least that* any question of danger in its use need never concern him. In fact the size of the dose is usually his least concern in most cases, but rather the question of the *choice* of remedy and some remedies most useful when "potentized" are inert as crude drugs.

What remedy for instance can take the place of aurum in treating old sluggish forms of interstitial keratitis, whether of scrofulous or syphilitic origin? It is not a specific, however, and each case should be studied. In a lady patient with pronounced uterine symptoms with one eye totally blind with interstitial keratitis, a prompt and brilliant cure was made with sepia.

Then again, how nicely your case of iritis or episcleritis with the characteristic soreness on movement responds to the administration of Bryonia, a drug the old school practitioner has hardly even heard of.

A long continued and persistent use of kali muriaticum might be of benefit to him, as it has helped many a bad and otherwise hopeless case of catarrhal deafness.

But really where is there anything to take the place of the calcarea family. Calc. Phos. and iodide or the bartya group and gelsemium, euphrasia, together with sulphur, hepar sulphur and all the mercuries? They are all of inestimable value in a wide range of cases and there is nothing to replace them in any system of therapeutics. To be sure, calomel one-tenth grain is frequently prescribed in old school clinics, but even *it* is seldom used by their specialists in private practice.

Nux vomica in toxic amblyopias and retrobulbar neuritis will often work better than the more dangerous doses of strychnia one-twentieth grain which I have often seen advised to be pushed to the point of muscle jerking. With phosphorous and strychnia Phos. and other treatment I am positive of having cured a number of cases of incipient, but well-marked cataract. Then don't forget phytolacca, one of our best remedies in tonsilitis and one not fully appreciated even by many homeopaths.

Then that good old polycrest pulsatilla which may often be needed by the specialist in both eye and ear treatment, and silica and sulphur as well.

But to multiply remedies further would be only to rub it into our good friends, the old school specialist, and we started out to discuss internal treatment.

After having observed and studied about equally in the clinics of the two schools of medicine, as well as in the private practice of different specialists the writer has been forced to conclude that as an *internist* the specialist who adds to his other equipment a practical knowledge of the homeopathic therapeutics has a decided advantage all along the line in the treatment of the diseases of the eye, ear, nose and throat.

Liquid Soap. At the recent meeting of the American Pharmaceutical Association, M. I. Wilbert presented a formula for a liquid soap which satisfies the requirements of cheapness and non-toxicity. He found that a more soluble product could be produced by a combination of sodium hydroxide and potassium than by using either alkali alone. Elaborating on this discovery, he devised the following formula from which a liquid soap can be made for about fifty cents a gallon:

Sodium hydroxide, 40 grams.

Potassium hydroxide, 40 grams.

Cottonseed oil, 500 cubic centimeters.

Alcohol, 250 cubic centimeters.

Distilled water, sufficient to make 2,500 cubic centimeters.

Dissolve the alkalis in 250 cubic centimeters of distilled water, add the alcohol, and then add the oil in three or four portions, shaking vigorously after each addition. Continue to agitate the mixture occasionally until saponification is complete. Then add the remaining portion of the distilled water and mix. The product may be perfumed by replacing some of the water by a combination of sodium hydroxide and potassium than by antisepticus alkalinus, N. F., or liquor antisepticus U. S. P.—*Homeopathic Eye, Ear, and Throat Journal.*

IOWA HOMEOPATHIC JOURNAL

PUBLISHED MONTHLY.

G. A. HUNTOON, M. D.	-	-	-	EDITOR
ERWIN SCHENK, M. D.	-	-	-	PUBLISHER

DEPARTMENT EDITORS.

T. F. H. SPRENG, M. D.
A. M. LINN, M. D.

F. J. BECKER, M. D.
C. E. HOLLOWAY, M. D.

Books for review, exchanges and contributions. (It is to be understood that papers have not been printed elsewhere, that they should be typewritten, reprints will be furnished at cost if request accompanies paper.) Personals, news items, subscriptions or card ads, should be sent to the Iowa Homeopathic Journal, Box 152, U. P. Sta., Des Moines, Ia.

All communications in regard to advertising should be sent to the Publisher, Dr. Schenk, Utica Building, Des Moines, Iowa.

Each contributor is alone responsible for the ideas advanced.

Editorial.

All Aboard for Kansas City.

Now that the time is drawing near we should all make up our minds to attend the meeting of the American Institute of Homeopathy at Kansas City, June 22d. Kansas City is a delightful place, easy of access and plenty of good accommodations. The responsibility for making this meeting a large one rests with those who are located in the middle West. It has been a number of years since the Institute has met in this section of the country and we should certainly have enough pride to help in every way possible to make this meeting a grand success.

That it will be a great meeting we are firmly convinced in our own minds. The homeopathic profession throughout the country has been for the last few years in an apathetic or indifferent state.

The change in tactics of the dominant school in regard to exterminating us has put us off our guard and we have sort of drifted along without making any aggressive fight to establish the truths of homeopathy, as did our forefathers.

But there is a general awakening at the present time all along the line. We are beginning to realize that we not only need a good organization like the National Society, but we need to stand back of this organization with our membership and our united influence in order that the most good may be accomplished.

If there ever was a time when the medical world should be receptive to the scientific truth of homeopathy, it should be now, when therapeutic nihilism is at its height, and when there is so much dissatisfaction with all other methods of drug therapy.

Let us be wide awake to our opportunities and mindful of our responsibilities and strike while the iron is hot. Iowa should send more than ONE HUNDRED members to the American Institute. We have had a prosperous year and we have no excuse to offer why we should not go. Decide now to be on hand to aid in every way a cause which means so much to humanity.

News Items.

Keep June 22d in mind and plan to attend the meeting of the American Institute of Homeopathy at Kansas City. We are all going.

Dr. J. F. Hackett, of Kellogg, was in Des Moines the latter part of May with his wife. Mrs. Hackett underwent a severe surgical operation at the Methodist Hospital.

Dr. John Cogswell, who has recently returned from Europe, has located at Grinnell. The Doctor has been appointed assistant to the chair of obstetrics in the State University College of Homeopathic Medicine.

Dr. H. E. Dice, of West Liberty, has just returned from a two weeks' trip into Nebraska where he was looking over a location. We would like to suggest that Iowa is the best place on earth

for a homeopathic physician to come and stay. Plenty of good openings right here.

Dr. B. F. Bailey, of Lincoln, was in attendance at the meeting of the Hahnemann Medical Association of Iowa. The doctor's sunny smile, his fund of good stories and able talks are always enjoyed by the association. We have come to feel that the meetings are not complete unless Dr. Bailey is with us.

Dr. F. W. Brown, of Rock Island, was another man from outside the state who attended the state society meeting. The doctor read a paper on the Eye, Ear, Nose and Throat Bureau.

Dr. D. A. Foote, of Omaha, started for Des Moines to attend the state meeting, but got into a washout and was prevented from coming.

Dr. George Royal has a signed application for membership in the American Institute of Homeopathy in every pocket of his clothes, and he says that he is going to have his pockets full before the Kansas City meeting in June. Help the good work along by sending in your application if you are not already a member, or what is better yet, go and take your own application in.

Dr. Royal S. Copeland, the president of the American Institute of Homeopathy, has been elected dean of the New York College, succeeding Dr. King, who has resigned.

Dr. L. B. Green after spending the last year in New York City, studying skin diseases, is going to locate in Kansas City to practice this specialty.

Ethel Dunham, '07 S. U. I., the superintendent of Eleanore-Moor Hospital at Boone, was in Des Moines recently. She reports that they are going to double the capacity of the hospital at once.

Green Gables Sanatorium, Lincoln, Neb., graduated ten nurses on May 14th.

According to the Clinique, Dr. S. B. Zoller, of Fredericksburg,

and Dr. C. W. Smith, of Maquoketa, were recent visitors at Hahnemann College and Hospital.

Dr. W. K. Foote, of Omaha, was in attendance at the state meeting.

Dr. H. V. Halbert, has moved his office to the Marshall Field Annex, 31 Washington St., Chicago.

Dr. Mary M. Nelson, of Webster City, made a professional trip to Des Moines recently.

Dr. E. N. Bywater, of Iowa Falls, made the Webster City physicians a pleasant call on his way home from the state meeting.

Dr. F. J. Drake, of Webster City, recently had some very interesting cases of burdock poisoning. It is to be hoped that the doctor will write these cases up for the Journal soon.

Dr. E. E. Richardson, of Webster City, was called to Iowa Falls May 4th in consultation with Dr. Bywater.

Dr. Studebaker, Hahn, Chicago, 1906, has located in Ft. Dodge. He filled the position of interne in Cook County Hospital for eighteen months and in addition has had considerable personal experience in operative surgery. The doctor is well qualified for his work, is a genial gentleman and Ft. Dodge is the gainer by his locating there.

Dr. A. H. Barker, health officer of Brooklyn, says that every physician in the state should put their card in the Journal so that your fellow practitioners will know where you are located and can refer patients who move into your locality to a homeopathic physician. Dr. Barker suited action to words and put in his card. One patient thus received will repay the cost many times.

I wish you would write the editor of this Journal a letter for publication, setting forth your opinion of the present rules and regulations of the Iowa State Board of Health in regard to quarantine of measles, mumps, whooping cough, chicken pox, etc. I imagine we will get some very interesting letters.

Our genial ex-president, Dr. T. F. H. Spreng, who has had the

honor of presiding at the largest meeting in the history of the state society, sent us in the following Sioux City notes:

Drs. Hoskins, Davis and Kilbourne are bitterly regretting that they did not attend the state meeting. They now feel that they have forever lost a most golden opportunity which alas is too true.

Dr. J. L. Hanchette, being one of our park commissioners and, as you all know, a great admirer of Mother Nature, is up with the lark these glorious mornings digging the earth and planting trees and shrubs and incidentally removing an appendix or repairing a hare-lip.

Dr. Bailey, since his return from the meeting at Des Moines, says things homeopathic are very different from what they used to be forty years ago. Then it would not have been possible to get together from the whole United States so large a gathering as we had at the thirty-ninth session of the Hahnemann Association of Iowa. He was greatly impressed with the splendid appearance of the individual members and greatly enjoyed the reports of the various bureaus. The doctor was a veritable whirlwind in his day and although he is seventy-seven years *young*, his rifle shots still hit the mark "for certain."

Dr. Staads seems to have lost his appetite at Des Moines, so much so that he has not enjoyed a cigar since his return, and if we did not know the doctor to be a man of temperate habits we would suspect that he had been led astray. We expect to have him in good health before going to Kansas City.

Dr. Lawrence has been spending some sleepless nights on account of the serious illness of his daughter, Harriette, who is suffering from post scarlet fever nephritis.

FOR SALE—In the best portion of Iowa, central part, in town of 300, practically no opposition, good territory, collections 95% good, Americans and a few Germans, population—only those that mean business need write—X. Y., care Iowa Homeopathic Journal.

University Notes.

On May 12th, Dr. A. A. Griffis, of Tipton, was at the hospital with an operative case.

Dr. George Mosby, '07, of Waukon, stopped at the Athens on his way to and from the state meeting. The doctor reports a very good and increasing practice.

Dr. C. J. Snitkay, '01, Belle Plaine, visited the hospital on May 12th, to be present during an operation on his sister-in-law.

Dr. Frederick Becker, Clermont, stopped off for a brief visit at the college when enroute to the meeting at Des Moines. As a member of the old University Committee he has always taken a deep interest in the college and it is to be regretted that we do not have the personal help of some of these older members to present the needs of the college before the Board of Regents.

Dr. C. H. Cogswell, of Cedar Rapids, another of the old standbys of the college, also looked in upon us for a few hours on his way to and from Des Moines. As an ex-professor, with two sons who are alumni and a life long friend of the university, there are none whom we are more pleased to have visit us.

Dr. T. L. Hazard has returned from the East, where he accompanied the remains of Grandma Merrill, the late Dr. Clara Hazard's mother, who after a year's illness passed to her reward in the great beyond on Monday, the 11th of May.

Mrs. Adelyn Brown Jacobsen, H. N. T. S. '04, of Exira, brought a patient to the hospital and spent a few days among her many friends at the Athens. Mrs. Jacobsen is the Drs. "right bower," in every sense of the word and always looks after the interest of his patients.

Everyone from the university was pleased to see so large a representation of alumni at the Des Moines meeting, and we hope that this number will increase from year to year until every alumnus will be a member of the state society and a regular attendant at its meetings. We trust that as many as possible will also attend the meeting of the American Institute at Kansas City, June 22.

Societies.

Minutes of the Hahnemann Medical Association of Iowa.

The thirty-ninth annual session of the Hahnemann Medical Association of Iowa was called together in Des Moines by the president, Dr. T. F. H. Spreng, May 12th, 9:30 A. M.

Prayer was offered by Rev. C. S. Medbury. Mayor A. J. Mathis in a few well-chosen remarks welcomed the association to Des Moines. Among other things he said that "he was not only glad that Des Moines had been chosen as the place of meeting for this time, but that he hoped we would come often and make this a permanent meeting place."

The society then listened to the able address of the president, after which the bureaus were called.

At the conclusion of the president's address in the absence of either of the vice-presidents, the secretary took the chair. It was moved, seconded and carried that a committee of three be appointed to report on the president's address. Dr. E. N. Bywater, Dr. E. C. Brown and Dr. A. E. Conrad were appointed.

The treasurer and secretary then made their reports as follows:

Report of treasurer of Hahnemann Medical Association of Iowa for the year ending May 6, 1908.

Balance received from former treasurer.....	\$ 16.13
Fees and dues	183.00
	\$199.13

Expenditures—

1907.

May 9. W. L. Bywater for Royal Copeland's expenses	\$ 37.50
May 9. W. L. Bywater for rent of hall.....	25.00
May. 9. Wm. Woodburn, secretary, expenses.	9.60
May 9. Inland Printing Co., printing programs	21.00
July 26. G. A. Huntoon, contingent fund.....	25.00

SOCIETIES

Aug. 20. Frank Pugsley, stenographer.....	1.50
Nov. 1. Ida V. Goodhue, stenographer.....	4.00
1908.	
May 1. Book for treasurer.....	.30

\$123.90

Cash on hand	75.23
--------------------	-------

\$199.13

Respectfully submitted,

M. A. Royal, Treasurer.

Report of the secretary of the Hahnemann Medical Association of Iowa for the year ending May 10, 1908.

Received Contingent Fund.....	\$25.00
-------------------------------	---------

Disbursements—

Stationery and printing.....	\$ 6.50
------------------------------	---------

Stamps	6.50
--------------	------

Programs	15.00
----------------	-------

Putting names on certificates.....	5.50
------------------------------------	------

\$33.50

Balance	8.50
---------------	------

Respectfully submitted,

G. A. Huntoon, Secretary.

Tuesday evening at 7 o'clock the S. U. I. Alumni held a meeting. The main topic of discussion was the Charles Woodhull Eaton Memorial Fund movement. A great deal of interest was manifested and quite a substantial sum of money was raised. At 8 o'clock the necrologist made his report. The following deaths were noted: Dr. C. W. Eaton, of Des Moines; Dr. J. S. Cron, of Gladbrook, and Dr. E. D. Whittacre, of Marshalltown.

Dr. W. L. Bywater spoke of Dr. Cron. Dr. G. A. Huntoon spoke of Dr. Eaton as a writer, and Dr. H. E. Messenger spoke of Dr. Eaton as a friend to the young physician. Dr. E. C. Brown concluded his report paying tribute to each of the deceased members.

It will be remembered that last year at the meeting in Iowa City Dr. C. W. Eaton asked to be relieved as necrologist and nominated Dr. Brown for the place. It is a peculiar coincidence that Dr. Eaton should be the first one that Dr. Brown was called upon to report.

A short program had been prepared to follow the report of the necrologist, "A Symposium on Things Homeopathic."

Dr. B. F. Bailey, of Lincoln, Neb.; Dr. George Royal, Dr. A. M. Linn, Dr. Genevieve Tucker, Dr. E. N. Bywater and Dr. F. J. Becker gave us good talks on subjects of general interest

Wednesday at 11:00 A. M. election of officers was held. Dr. R. W. Homan, of Webster City, was elected president; Dr. C. M. Morford, of Toledo, first vice-president; Dr. E. R. Ames, of Knoxville, second vice-president; Dr. G. A. Huntoon, of Des Moines, secretary; Dr. M. A. Royal, of Des Moines, treasurer; Dr. C. E. Brown, of Madrid, necrologist.

The delegates to the American Institute were Dr. T. F. H. Spreng, of Sioux City, and Dr. C. A. Aplin, of Ames.

Dr. A. P. Hanchett, of Council Bluffs, was appointed delegate to the Nebraska state meeting and Dr. R. E. Peck, of Davenport, was appointed to the Illinois state meeting.

The legislative committee were re-elected. The committee on the president's address made its report.

A motion was made, seconded and carried that the secretary be instructed to send greetings of the association of Dr. Bancroft, of Keokuk. A motion was made, seconded and carried that Dr. John Bailey, of Sioux City, be put on the honorary list of membership of the society.

The secretary made the following report in regard to the journal: That according to the resolution passed at the meeting at Iowa City last year the Iowa Homeopathic Journal has been established, the transactions have been published in this journal at a cost to the society of \$1 per member according to the treasurer's books.

Dr. F. J. Becker made the following motion which was seconded and carried. That the report of the secretary be accepted,

that the publication of the proceedings be continued as before, that the secretary of the society act as editor in chief and business manager and that the executive committee be empowered to appoint the associate editors.

Dr. Becker moved that the secretary be empowered to draw on the treasurer for the expenses of the meeting; seconded and carried.

The following were appointed by the president to nominate the bureau chairmen for the ensuing year. Dr. P. E. Triem, Dr. Erwin Schenk, Dr. John Cogswell.

This committee made the following report which was adopted:

Clinical Medicine, Dr. R. E. Peck, Davenport.

Gynecology, Dr. John Cogswell, Grinnell.

Pediatrics, Dr. Harriett Messenger, Des Moines.

Obstetrics, Dr. J. G. Bickley, Waterloo.

Materia Medica, Dr. E. N. Bywater, Iowa Falls.

Hygiene and Sanitary Science, Dr. Arminta Fry, Marshalltown.

Surgery, Dr. Chas. E. Holloway, Des Moines.

Ophthalmology, Rhinology and Otology, Dr. F. A. Secman, Sioux City.

Skin and Nervous Diseases, Dr. Erwin Schenk, Des Moines.

The meeting closed at 5:45 Wednesday evening. A banquet was served at six o'clock by the Des Moines Society which was in every respect a delightful event. After dinner toasts were responded to by Dr. A. L. Frisbie on "Let Your Light So Shine," Mrs. James G. Berryhill on "The Doctor and the Doctored," Harvey Ingham on "The Doctor and the Public," and Supt. John F. Riggs on "The Doctor as an Aid to the Teacher." The president of the local society, Dr. G. A. Huntoon, acted as toastmaster.

A solo by Mrs. Fannie Wilkins-Ryan and one by Miss Adda M. Blakeslee and a duet by Mrs. Ryan and Miss Blakeslee were among the treats of the evening.

This closed the largest attended and most enthusiastic meeting in the history of the society.

The best of good feeling prevailed. It was the unanimous sen-

timent that the meeting had proved a grand success and that we had all received a great deal of benefit from it. After the banquet the Des Moines Society was given a vote of thanks for the entertainment the association had received at their hands.

The next place of meeting was left in the hands of the executive committee.

Surgical Notes.

CONDUCTED BY C. E. HOLLOWAY, M. D.

In infected wounds of the hand, if the points of injury be on the thumb or little finger, there is a great deal more danger of having extension into the palm or fore-arm than if the injury occurs on the three middle fingers; in the latter instance suppuration is for a time limited to the fingers, and can usually be prevented from burrowing by early incision and drainage. The reason for this fact is, that the synovial sheaths of the thumb and the little finger are continuous with the large synovial sack of the palm, while the sheaths of the three middle fingers terminate in a blunt pouch at the base of the metacarpal bones. This being the case, in infected wounds of the thumb and little finger prompt incision and antiseptic treatment is especially necessary to prevent palmar abscess and possible infection of the arm.

In the treatment of the suppurating processes just mentioned and also in the preparation of the field of operation, Harrington's solution is in great favor at the present time with some surgeons. This solution is applied or poured into the wound and allowed to remain two or three minutes, when the parts are dried and the necessary dressings applied. There is usually a prompt pouring out of serum, thus flushing out the pathogenic bacteria which may be present. As this solution can be easily made, and the ingredients are always handy, many physicians will find it useful. The formula is as follows:

Commercial alcohol (94%).....	640 cc
Hydrochloric acid	60 cc
Water	300 cc

Corrosive sublimate 0.8 gramme

"If an incised wound in the soft parts does not heal as readily as it should, examine the urine for sugar.

Fresh wounds about a joint should not be probed to see whether the joint has been penetrated or not. This is an excellent way of infecting it.

Blank cartridge wounds must be laid wide open, all dirt and wad carefully removed, and the area swabbed out with tincture of iodine, or with pure carbolic acid followed by alcohol. Tetanus antitoxin should be administered."—(500 *Surgical Suggestions*, by *Brickner and Moschcowitz*.)

A Word from the Eaton Memorial Fund.

In behalf of the board of directors of the Eaton Memorial Fund we desire to thank the members of the Hahnemann Medical Association of Iowa for their hearty endorsement of the movement. For your loyalty, ready response and generous contributions we thank you. Let us ever remember this fund and be "instant in season and out of season," never forgetting we are all members of the association and ought to be solicitors. May we all continue to put into practice the idea expressed in Doctor Eaton's paraphrase:

"A man who has something good to tell
And goes and whispers it down a well,
Is not so apt to capture the scholars,
As he who climbs a tree and hollers."

Our genial, courteous president, Dr. Spreng, permitted us to yell during the convention. We did not attempt to capture "scholars," but one thousand dollars was pledged by the homeopathic physicians who were in attendance at the state meeting. Through the columns of our journal let us say "Hooray!" If all the state associations and colleges will "go and do likewise" we shall soon have an endowment fund of which we may well be proud.

In thus honoring Dr. Eaton we also forward the cause of humanity in enlarging the influence of homeopathy. It is not

the intention of the promoters of this association that all the students who are aided by this fund shall matriculate at the S. U. I. It is to be world wide and extend throughout the universe. The alumni association of the S. U. I. voted unanimously to support the movement and render all possible aid. Other associations are earnestly solicited to make similar pledges. Generous donations have already been made by individual physicians from other colleges. All money will be applied to the permanent or emergency fund according to the expressed wish of the donors. Members of the laity have made contributions and the sum at the present writing is over two thousand dollars. Each day adds to the size of the fund and still the good work goes on. Let it be as broad and liberal as was he whom we delight to honor, and as generous as are the gifts of the all wise Creator.

ALICE HUMPHREY HATCH, M. D., Sec.

HARRIETTE E. MESSENGER, M. D., Chairman.
Soliciting Committee.

Miscellaneous Items.

Green Gables Graduation.

Commencement days at Green Gables are worth more than passing notice. On Friday evening, May 8, the class and the leap year escorts were entertained by Dr. and Mrs. E. B. Woodward. On Tuesday evening the juniors extended to the seniors the usual banquet. The dignified "dummy" which embodied well all the characters of the class, was also a guest. Several toasts were responded to and all had a jovial time. The feeling of good-fellowship prevailed.

On Thursday evening the fifth annual commencement exercises and the awarding of diplomas was held at the church opposite the sanitarium. About the platform was banked a wealth of palms and flowers, while suspended from above was a red cross emblem in immortelles. The church was packed to overflowing. Dr. J. E. Tuttle, of the First Congregational church of Lincoln,

offered the invocation. This was followed by the report of the superintendent of the training school, Miss H. J. Fisher. The report of the superintendent showed that the training school has just completed its sixth year, that only young men and women with a good education are admitted, that the school has advanced from three pupil nurses to twenty-two. Four young men are now regularly admitted to the training school. The superintendent also showed plainly in her report the improved conditions of training schools all over the country. The fact that almost invariably students leave the training school in much more robust health than when they enter was very evident from the Green Gables report.

This report was followed by the annual address by Dr. Philip L. Hall, of the Central National bank of Lincoln, on the "Value of Ideals." This was an unusual address because of the depth of thought, all the result of the experience which it evidenced. The portrayal of the medical profession, the nursing profession, their duties, the ideals, the unselfishness, was most inspiring. The hearty and sincere condemnation of the spirit of commercialism as a sole basis of professional effort was in keeping with the high standard of the speaker and of the ideals which Dr. Hall so delightfully presented to the graduating class.

The diplomas were, as usual, presented by Dr. Bailey. The benediction was pronounced by Rev. E. E. Bowen. The exercises were interspersed with frequent solos by Miss Annette Abbott.

Immediately following the exercises at the church a reception was tendered at the sanatorium. Ices and cakes were served in the dining room, which was beautifully decorated with the class colors. The reception rooms, halls and dining room were a bower of roses and carnations. More beautiful floral decorations are rarely seen. It was a most auspicious entrance into a useful life.

Those graduating were Miss Gertrude Keating, of Columbus, Neb.; Miss Laura Pugh and Miss Lulu Abbott, of Lincoln; Miss May Richardson, of Fairbury; Miss Ernestine Stewart, of Corning, Iowa; Misses Cora and Jennie Higgins and Mrs. Kittie Wil-

sey, of Stella, Neb.; Miss Cecil Carpenter, of York, Neb., and Frank Purnell, of Atkinson, Neb.

Temperament and Prescribing.

By George H. Martin, M. D., San Francisco, Cal.

Reprinted from the Pacific Coast Journal of Homeopathy.

While remedies, if given in large enough doses, will affect any person, yet we find that certain temperaments are more susceptible to the influences of certain remedies than others, just as disease will affect certain individuals more profoundly than it will others.

This being the fact, it is of great importance that the prescriber should study carefully the temperament of the patient when making his prescription. Drugs, more than disease, will affect all kinds of individuals. While a dozen people exposed to scarlet fever would not all catch the disease, yet if they were all given the proper dose of *Belladonna* every one would be affected by it.

There are three normal temperaments—vital, motive, and mental. These three, by disease, degenerate into the lymphatic, bilious, and nervous.

The temperament of some individuals is so pronounced that we can tell the remedy the moment we see the patient.

Calcarca carb. is one of these remedies. Here we have the lymphatic temperament, blonde hair, light complexion, blue eyes, a tendency to obesity in youth, and slowness of action.

Calcarca phos. is just the opposite of this. Dark complexion, dark hair and eyes, thin and spare subjects, and quickness of action.

Kali bichornicum patients are fat, light-haired, blue-eyed, of sensitive skin, and of the lymphatic temperament.

Kali carb. has the same lymphatic temperament, with dark hair instead of light, and inclined to obesity, with lax fiber.

Aconite.—This subject is of the motive temperament, dark hair and eyes, and rigid muscular fiber, while *Belladonna* has light

hair, blue eyes, fine complexion, delicate skin, and the lymphatic temperament.

Nux vomica.—The patient is thin, irritable, dark-haired, quick in action, and usually sanguine. This is mixed with the bilious temperament at times, and we have a bilious, morose person to deal with.

Phosphorus in some respects is similar to *Nux vomica*, and in others unlike it. The patient is tall, slender, nervous, of fair skin, blonde or red hair, of quick perception, and of a very sensitive nature.

Mercurius also is best adapted for light-haired persons, but we have here the lymphatic temperament, with its laxity of muscles.

Ammonium carb. is for stout, fleshy women of lymphatic temperament, sluggish, and yet extremely sensitive to nervous impressions; and *Ammonium mur.* is much like it in temperament.

Antimonium curd. is best adapted for children and young people inclined to grow fat, and *Antimonium tart.* is the real hydrogenoid constitution with lymphatic temperament.

Argentum metallicum has the thin, irritable person of nervous temperament, as has also *Argentum nitricum*.

Aurum metallicum has the sanguine, lymphatic temperament, with ruddy cheeks, black hair and eyes, lively, and muscular.

Bromium, like *Kali bichromium*, acts best on persons of light-blue eyes, flaxen hair, and delicate skin.

Bryonia has the real bilious temperament. Patients are irritable, of dark or black hair, dark complexion, firm muscular fiber, nervous, irritable and slender, similar to *Nux vomica*, but it does not act so profoundly upon the nervous system as the latter.

Cactus is another lymphatic remedy, with the patient of plethoric habits, with a tendency toward congestion.

Causticum is best adapted to bilious persons with dark hair, rigid fiber, delicate and sensitive skin.

Chelidonium fits the thin, spare, irritable subject, with light complexion; yet it is adapted to any temperament.

Cinchona has the swarthy patient, dark hair, despondent and gloomy, and is similar to *Coco* in its melancholy.

Cocculus is best adapted for women and children, with light hair and eyes and nervous temperament.

The *Pulsatilla* patient is typical—light hair, blue eyes, pale face, lymphatic temperament, indecisive, slow (similar to *Calcarca carb.*), and easily moved to laughter or tears.

The *Platina* patient is just the opposite—dark hair, rigid fiber, thin, of the nervous temperament.

Sepia is best adapted to persons of dark hair, rigid fiber, but mild and easy dispositions, nervous and sensitive; while *Sabadila* has light hair, fair complexion, with a relaxed muscular system.

Selenium has also light complexion, with a tendency toward emaciation.

Puric acid and *Phosphoric acid* are best indicated in nervous temperaments, where the persons were originally strong, but by excesses, either in dissipation or overwork, have brought on real nervous prostration and brain-fag.

Podophyllum is best adapted to persons of the bilious temperament, similar to *Bryonia*.

Petroleum patients have light hair and skin, are irritable and quarrelsome, like *Nux vomica*, and of the nervous temperament.

Kreosote has dark complexion, slight, lean and ill-developed, and old, similar to *Argentum nitricum*.

Ignatia is especially adapted to nervous temperaments and to women, in particular, of a sensitive, easily excited nature, dark hair and skin, but mild disposition, quick to perceive and rapid in execution. They are just the opposite of the *Pulsatilla* patients, with a fair complexion, yielding, but slow and indecisive; neither has it the irritability of its companion, *Nux vomica*.

Hyoscyamus may be classed as a nervo-lymphatic remedy. Patients are nervous, hysterical, irritable, and yet sanguine; in all these respects it is similar to *Stramonium* and *Belladonna*. L

Spongia is best adapted to women and children of the lymphatic temperament, with light hair, lax fiber, fair complexion, similar to *Bromium* and *Pulsatilla*.

Spigelia patients also have light hair, but they are pale, thin, and wrinkled, similar to *Argentum*.

Silicea has the nervous temperament, fine dry skin, light complexion, with lax muscles. These patients suffer from deficient nutrition and are sick and weak, and over-sensitive physically and mentally.

Secale is best adapted to women of the irritable, nervous temperament, thin, scrawny, and feeble, old and decrepit.

Opium is best adapted to children and old people with light hair, relaxed muscles, and lack of vitality; just the opposite to *Nux moschata*, which is best adapted to women and children of the nervous, hysterical temperament, over-sensitive to light, hearing, smell, and touch.

Nitric acid is especially suited to the thin persons of rigid fiber, dark complexion, black hair and eyes, with the nervous temperament; just the opposite of the *Mercurius* patients, but similar to *Sepia*.

Muriatic acid patients have dark hair, eyes, and complexion; irritable, peevish, with the nervous temperament.

Mezereum is the opposite of these last two remedies, and is best adapted to persons of light hair, phlegmatic temperament, and irresolute.

Magnesia phos. is best adapted to thin, emaciated persons of a mild nervous organization, with dark complexions. It is similar in its temperament to *Magnesia carb.*, with the exception that in *Magnesia carb.* the fibers are lax instead of rigid.

Lycopodium has the nervous temperament, and the patients are thin and physically weak.

Lobelia patients have light hair, blue eyes, fair complexion, and are inclined to be fleshy.

Anocardium and *Lilium* are both adapted to nervous temperaments, who (and when ill) are disposed to curse and strike on account of their irritability.

Lachesis is best adapted to bilious temperaments, with dark hair and eyes, thin, and disposed to low spirits and indolence, which are so different from the *Phosphorus* patients, with their quick, excitable natures and light hair.

Hepar sulphur. is a real lymphatic remedy. Persons with

light hair and eyes, slow to act, with soft and flabby muscles, are especially susceptible to its influence.

Hellebore is a real nervous remedy, with symptoms tending toward brain trouble; patient is irritable, easily angered, and does not wish to be disturbed.

Graphites is a lymphatic remedy, best adapted to women inclined to obesity.

Glonoine is for nervous, sensitive, plethoric women, with florid complexions, and readily affected by any excitement, fright, or fear.

Gelsemium is another nervous remedy, with the patient sensitive, irritable, and excitable, with great general weakness and trembling.

The Medical Era's Gastro-Intestinal Editions.

The MEDICAL ERA, St. Louis, Mo., will issue its annual series of Gastro-intestinal editions during July and August. In these two issues will be published between 40 and 50 original papers of the largest practical worth, covering every phase of disease of the Gastro-intestinal canal. Sample copies will be supplied readers of this journal.



Book Reviews.

KNAVES OR FOOLS? By Charles E. Wheeler, M. D. B. S., B. Sch. 104 pages. 60 cents. Postage 5 cents. London: John Hogg. Boericke and Tafel, Philadelphia, 1908.

This is a very interesting and well written book, by the editor of the Homeopathic World. It is by all odds the best exposition on the subject of Homeopathy, its claims and relations to other schools of medicine, we have ever read. In a clean, condensed way it gives to the Homeopathic practitioner a good idea of the function and purposes of the school and tells exactly why it is superior to others.

Homeopathy is a factor in the world to be reckoned with, and it will no longer do for a medical man to call himself scientific, and refuse to investigate its claims.

It is not only good for the doctor to read, but it is equally as good to put into the hands of his patrons.

A NURSERY MANUAL. The Care and Feeding of Children in Health and Disease. By Reuel A. Benson, M. D., Lecturer on Diseases of Children, New York Homeopathic Medical College, etc. 184 pages. Cloth, \$1.00. Postage, 5 cents. Philadelphia. Boericke & Tafel. 1908.

This book contains a lot of good common sense information which is of much value to a nurse or mother who has the care of children. It is divided into three parts: (1) Care of Infants, (2) Feeding, (3) Care of Children in Illness. The author says, "The book was originally written for the use of my own patients and nurses, among which I found a constant demand for such information as this book contains.

"It is intended for the use of homeopathic physicians and homeopathic families and all those who believe with me that a child who has been properly fed and reared under the homeopathic regime, is physically better equipped for life than any other."

THE CLINIC REPERTORY. By P. W. Shedd, M. D., New York. Including a Repertory of Time Modalities, by Dr. Ide, of Stettin, Germany. Translated from the Berliner Zeitschrift Homöopathischer Aerzte, Band xxv., Hefte 3 and 4. 240 pages. Cloth, \$1.50. Postage, 8 cents. Philadelphia. Boericke & Tafel. 1908.

In order to find the correct homeopathic remedy the busy practitioner finds it a necessity to make use of the repertory. This is a work of convenient size, giving us the essential material; which with an ordinary working knowledge of *Materia Medica* should help us to accurate prescribing. Beside the repertory there are many other good points that are of value. Among these are Time Modalities, a list of about 115 remedies with their dynamic antidotes and the Keynotes of fifty Polycrests. It is a work that will be greatly appreciated by the busy doctor who tries to make a scientific prescription.

“Nothing succeeds like success.” Another milestone in the progress of The Abbott Alkaloidal Company is marked by the completion of their new laboratory. This is the finest building of its kind in the country for supplying the needs of the doctor. It is absolutely fireproof, reinforced-concrete construction, with every modern improvement and up-to-date equipment. The central building, to be used for executive offices, will be completed next year.

We suggest that our readers send to The Abbott Alkaloidal Company, Chicago, Ill., for their new therapeutic price list which is now ready for distribution. There is much of interest and value in this list for every progressive physician.

FOR SALE—A thoroughly modern 9 room house, office, furnishings, medicine, surgical instruments, horse and vehicles, and the conference of an established practice of 10 years standing, in a city of 35,000. Reason for selling, will move to the coast. Bargain if taken this season. Address the publisher of this Journal for further particulars.

IOWA HOMEOPATHIC JOURNAL

Vol. II

JULY, 1908

No. 7

Original Articles.

AUTO INTOXICATION.*

E. R. JACKSON, M. D., DUBUQUE, IOWA.

A poet once said "the proper study of mankind is man." That man in any business who knows human nature and can properly estimate the characters of those whom he meets has made a long stride toward success. The physician must do all this and more. He has the mental, moral and physical side of man to study and must see and know how the one is dependent upon the other.

Many times the moral status of an individual is dependent upon some physical derangement as much as the mental. How often are those who are insane or tending strongly in that direction relieved after some physical condition has been changed and normal function restored.

No condition is more potent in producing these mental and moral derangements, as well as a long train of physical difficulties than this one of auto-intoxication or poison from within. A fuller definition would be "poisoning with some material that normally exists within the body, which although ordinarily harmless, becomes poisonous by decomposition."

Thus we see that auto-intoxication is not a disease per se, but the cause directly or indirectly of many ills. It causes a diseased or increased activity of the physiological functions and thereon begins a series of symptoms complex yet distinctive. Auto-intoxication is due to poison from within while ptomaine poison results from poisonous matter taken into the system thereby causing troubles which develop suddenly and in most cases se-

*Read before the Hahnemann Medical Association of Iowa.



verely, while the difficulties arising from auto-intoxication may run on for a long time and develop symptoms much like those from ptomaine poisoning, the difference being largely in the time of development.

There are many kinds of poisoning due to auto-intoxication. The human body is a great laboratory, chemical reactions are constantly taking place, poisons are formed, carried to other parts and eliminated or destroyed in transmission. These processes were first written by Bouchard in 1887. He says: "Man is constantly standing, as it were, on the brink of a precipice, every moment of his life he runs the risk of being overpowered by poison generated within his system." This is prevented by the healthy action of the skin, lungs, bowels and kidneys assisted by the liver which seems to have the power of destroying poisonous germs, catching them in the portal vein and throwing them off.

Some examples of self-poisoning would be urannia, diabetic coma, uric acid conditions, loss of glanular function, etc., the splitting headache following a debauch, so-called bilious headache, multiple neuritis due to alcohol or tobacco. Many others might be enumerated, but the subject is so large that we will confine this paper particularly to that form due to intestinal toxæmia or the absorption of poisonous matter from the intestinal tract and stomach. More frequently than is generally supposed, the stomach is dilated and the person having that condition, while not positively sick, is far from well. There is loss of energy, prostration and a long train of symptoms due to the lack of nourishment from the food taken and more or less absorption from fermentation, often attacks of vomiting, eructatious pyrosis, tympanitis, acid diarrhoea, or possibly constipation, following this we get a complex series of symptoms due to a definite cause and that cause toxæmia, affecting nerves causing neuritis, muscular spasm, pain and restlessness; affecting the brain, causing dullness, headache, sleeplessness, epileptiform attacks, general spasms, mental depression or the blues, loss of appetite, lassitude,

vertigo, buzzing in ears, defective sight and hearing, and if continued coldness of skin, cramps, coma, and death.

Now then; if a homeopath were treating this series of symptoms he is utterly lost, if a "regular," without a definite knowledge of the pathology, he is equally at sea. The cause of these varied symptoms is both mechanical and chemical. Many other ills may have some of these same features, but certain characteristics point strongly to this cause, viz., feels worn in morning, cannot rouse up for an hour or two, and may feel better in latter part of day, even after a day's work. Then look to the urine for indican, if present there is intestinal putrefication as certainly as albumen means Bright's or sugar diabetes. One examination is not enough, for one specimen may show indican, another not, due to an increased activity of the kidneys which eliminate poisons, but repeated tests show positively the presence of indican. The simplest and most practical test is with nitric acid, the iodine test is not so sure, but is good and gives the odor of iodoform. The chloroform and permanganate of potash test is more complex and takes more time but is a thoroughly reliable test.

To illustrate the truth of the above, will relate a few cases. Case 1—Man fifty years old, temperate in all things, nervous, ambitious, about three months prior to this began feeling tired after work, no appetite, sleepless, doctor ordered *rest*, a month later could hardly walk, became delirious as soon as he fell asleep, a little later was confined to house. Upon examination the pupils were contracted, stepped high when walking, reflexes exaggerated, pain down each leg, look like locomotor ataxia except the condition of reflexes. Bowels good but urine contained indican. The treatment was continued cathartic medicine and after ten days he passed pieces of orange which he declared he had eaten three months before. Recovery complete, now heavier than ever before.

Another case had la grippe following an attack of rheumatism, had headache, sleepless, was crazy, wife was afraid of him, the doctor said to be prepared for anything, expected him to go

crazy, at least enough so he could make a diagnosis. Urine showed indican in large quantities, after eliminative treatment was improved, went to Cuba, returned in one month sane and well.

Another case similar to above was being treated for pericarditis, did have a leaky mitral valve. Gave much the same treatment as other cases, regulated the diet, and in two weeks was well. The average doctor does not examine urine for anything but albumen or sugar, considering it useless to try for other things. Indican is as important as either and its indications equally positive and when found points to the cause of a train of symptoms which before were puzzling both as to cause and the line of treatment required.

THE TREATMENT OF DIARRHOEA IN INFANTS.*

EVERETT E. LUSK, M. D., KEOTA, IOWA.

To the physician engaged in the general practice of medicine there is perhaps no single question that is of more practical importance during the hot months of summer and autumn than the treatment of diarrhoea in infants. This disease is one that, while more liable to work its worst effects among the poor, yet none are exempt from its ravages.

The treatment of this condition naturally falls under two important heads, (1) prophylactic and (2) curative, and again each of these may properly be subdivided into two parts. Under prophylaxis we may include (1) feeding, and (2) hygiene; while under curative treatment we may include (1) medical, and (2) adjuvant.

The normal standard of food for the child up to weaning time is human milk, and it is evident that for the mother to provide proper nourishment for her child her own health should approach as nearly as possible to the normal. Therefore it should be the physician's aim to maintain careful supervision of the health of such of his patrons as are about to become or are mothers.

*Read before the Hahnemann Medical Association of Iowa.

Every baby should be trained from the beginning to regularity in feeding, whether it is to be raised in the natural or artificial way, and should receive its nourishment at intervals of from two and one-half to three hours. It should be nursed or fed at about 9:00 o'clock p. m., and not more than twice, preferably once, from then until morning. During the first year a child should gain from ten to twenty-four ounces per month, and if there should be a material lack in this increase the question of nourishment should be looked into. Children who are firm in flesh are not in so much danger from diarrhoeal diseases as are those of flabby fiber, and to secure this favorable condition their diet should be under careful supervision and direction.

Mothers who nurse their babies should be instructed particularly in the care of the breasts, for if the child is given a nipple upon which the milk has been allowed to dry from the previous nursing the entrance of bacteria to the digestive tract is almost certain to occur. To obviate this accident she should bathe the nipple after each nursing with a saturated solution of boric acid or sodium bi-borate, and before nursing, with sterile water. If the nipple is cracked or the skin abraded a rubber shield should be worn or the milk should be drawn and fed to the child.

Infants which are bottle-fed should never be allowed to nurse through the long tube, but should be fed by means of a short nipple made to fit over the neck of the bottle and which can be easily cleaned and sterilized. After each feeding the bottle should be plunged into boiling water and afterward filled with or immersed in a solution of sodium bicarbonate or sodium chloride and left thus until required for use again. It is impracticable to carry out in general practice the elaborate methods outlined by most paediatrists, but every bottle-fed baby should have at least two bottles with separate nipples so that a fresh one be always ready for use.

As a substitute for mother's milk my experience has led me to prefer modified cow's milk to any of the prepared foods. It is not enough to simply direct the attendant to mix so much milk

and other ingredients together and give so much of it at such intervals, but she should be instructed to carefully examine every stool, and the moment any departure from normal occurs to report, for the condition of the stool is the most important indication as to the suitability of the food. If the stool is not exactly normal a search should be made for the cause and the food modified accordingly.

In addition to the food infants should be given plenty of pure fresh water, an ounce or two being given occasionally between the nourishment periods.

The personal hygiene does not receive the attention generally that should be given to it in the care of young children. The daily bath should be given with religious regularity, and some of our leading paediatrists advise allowing the child to play in a bathtub partly full of luke-warm water for a few minutes in connection with the bath. As to clothes, most babies are made uncomfortable by being dressed too heavily. Dresses should never be made long enough to interfere with the free action of the child's feet, and only of sufficient weight to insure against chill. On hot days it is well to remove all clothing but the diaper and put the child on a pallet on the floor or on its bed where it will be free from drafts and let it enjoy absolute freedom. A child should never be covered when asleep so heavily as to induce perspiration, a cotton sheet or a spread of baby-flannel being amply sufficient, on warm days.

Diapers should be removed and immersed in a solution of chloride of lime or some other antiseptic as soon as they are soiled by urine or faeces, and this precaution becomes especially important if the child is sick with diarrhoea. Mothers should be warned against the filthy habit of re-using a diaper that has been soiled with urine or faeces, before being disinfected and washed thoroughly. After the diaper is removed the child's buttocks and thighs should be carefully washed and dried and dusted with lycopodium powder or some bland non-irritating powder. In case of diarrhoea a powder consisting of zinc oxide and starch each two parts and boric acid one part may be desirable to control

any tendency to chafing or excoriation of the skin. From two to four daily alvine evacuations should be secured in infants during their first year. If the bowels are permitted to become constipated there is likely to develop an irritation at some point of the intestinal tract which will result in diarrhoea.

Early in the attack of diarrhoea a mild purge of castor oil should be administered to secure as nearly as possible complete evacuation of the digestive tract, and colonic flushing with normal salt solution should be done as soon as the oil has had time to act. A large soft catheter should be attached to the nozzle of a fountain syringe and introduced from six to eight inches while the water is flowing. After four to six ounces have entered the bowel the nozzle should be detached and the water that has been introduced allowed to escape through the catheter, and this process should be repeated until the water returns clear and free from faecal matter. If there is considerable fermentation it is good practice to inject for retention one or two ounces of a mixture of one part glyco thymoline to three or four parts sterile water at a temperature of 100 F. The bowels should be washed once or twice in twenty-four hours, and in cases with much mucous discharge once in six to eight hours. If tympanites develops the gas will often escape through a small catheter introduced and left in the colon for a few minutes.

Except in the case of emaciated infants all nourishment should be withheld for from twelve to twenty-four hours, and when the child is too weak to allow the complete interdiction of food only small quantities of barley-water or rice-water should be given. Pure cold water may be given, to supply the waste in the tissues caused by the enteritis. When food is resumed only barley-water, rice-water or arrowroot should be given, or, if refused by the child, egg-albumen water made by mixing the whites of two eggs with a pint of aerated boiled water may be used instead, or in cases where none of these are well taken I have given mutton or beef tea with good results. Some recommend the expressed juice of raw beef seasoned by the addition of enough salt and mixed with water. The milk diet should be resumed with great caution

so that a relapse may not be precipitated. Some cases seem to require the soothing effect of rectal injections of sweet oil on account of the irritating colitis. Still others require stimulation, which Raue recommends administering in the form of a little brandy and five to ten drops of beef juice added to each feeding of a mixture of rice-water twenty ounces, milksugar one ounce and the whites of two eggs.

As in the case of adults absolute rest and quiet should be maintained, so far as it is possible, the child never being carried about on the shoulder or jostled on the knees, as we have all seen loving but misguided mothers or nurses doing. It should be placed upon a firm mattress with sufficient padding to insure the bedding against becoming soiled and should not be disturbed except for the necessary attentions of administering the medicine, and hygienic care.

The exhibition of the remedy in infantile diarrhoea deserves the most careful differentiation. It is truly wonderful what can be done to relieve these little sufferers with the well chosen homeopathic remedy even when the most lax methods with regard to diet and hygiene are employed. However, it seems to me little less than reprehensible in a physician to depend entirely upon the indicated drug remedy alone in the care of these little patients.

There is not time in the few minutes allowed for this paper to do more than indicate the remedies most likely to be required in the treatment of these cases. Those which I have found most often indicated are belladonna, chamomilla, apis, calcarea carb., arsenicum, nux vomica, ferrumphos., hepar sulph., gelsemium, aloes, veratrum album, pulsatilla, ipecac. There are other remedies that will often be indicated, especially in cases that develop complications such as collapse, hemorrhage, and such accidents as are likely to occur in severe cases, but these and useful adjuvant treatment with many other helpful suggestions will doubtless be brought out in the discussion.

Discussion.

Dr. Blackstone: There is one point I wish to speak about, the paper spoke of children being warmly dressed, which I heartily agree

with, but I have found in practice that it is a good plan to cover the abdomen with flannel. I prefer a Reuben shirt with the arms cut out and the breast cut low in the summer time, it covers the entire abdomen. It seems to me it has prevented a good many cases; at least many babies I have cared for got along without the trouble, and it has proved a good thing in many cases. That is the one point I wanted to speak about.

Dr. W. H. Hanchett: I just want to speak of one food that was not mentioned in the paper and I think possibly it is more or less new to many. I agree with the essayist that modified cow's milk is possibly the best practical food, and yet in the last two years I have come to use a new food. It was new to me three years ago, and I would really like to know how many here have used it, if they would indicate it some way, because I want to see if they have had the same experience I have had. It is called Just's. For many years I have used the various foods, Eskay's, and all the different preparations galore, and for a long time came to the belief that there were two foods for bottle fed babies, and used them. For the constipated baby I used Horlick's Malted milk for years, and for the loose baby, the baby who was inclined to have looseness of the bowels constantly, I used the Eagle brand of condensed milk; that is somewhat constipating and the other has a laxative effect, but within three years I have found the food which has been worth a great deal to me, and it is this Just's food. I do not know how many have used it; it is new in the west, and I do not really know where I got hold of it, but I think I can truthfully say that I have never prescribed Just's food where I have changed it, and in the other foods I would go from one to the other, but this Just's food has been satisfactory both to the loose and the constipated baby, and has really been wonderful. I wish I knew how many had had experience with it.

Dr. Felt: I used aconite in three cases of summer dysentery and they just got well, I don't know what became of it, they simply got well.

Dr. Lusk: There is one thing I am afraid we are all prone to overlook, and that is in these cases of stubborn constipation in children, especially little boys a thorough examination of the sexual apparatus. I have had cases in my own practice where a circumcision has cured constipation, and I have known numerous cases where this has cured completely a long existing and troublesome constipation.

ATROPHIC RHINITIS*

E. G. LINN, M. D., DES MOINES, IOWA.

Nothing especially new, either in the cause, treatment or cure of atrophic rhinitis has appeared to induce me to present this paper. I am offering it only as a brief review of the manifestations of this disease and the means at our hands for affording some relief to those suffering from a most distressing and often embarrassing condition.

Of the two forms of the disease the foeted type causes decidedly the greater annoyance because of the unpleasant odor which is persistently present. Since, however, authorities regard the pathology in the two varieties as identical, we shall take no account of the separate types, but shall treat them as one and the same condition.

In this disturbance then we find a chronic nasal catarrh, involving most probably the turbinals and septum, extending perhaps to the pharynx and unaccompanied by ulceration of the mucous membranes. The secretion is thick, tenacious and dries rapidly upon the atrophic membranes, forming heavy crusts from which comes the very disagreeable odor that so frequently characterizes the disease.

The most persistent and annoying symptom of the disease, as every physician who has met a considerable number of cases can testify, is the very disagreeable breath. Of this extremely unpleasant breath the afflicted may be so persistently conscious and so sensitive that they are forced by their condition into practical retirement. Because of the embarrassment which they suffer and the very great annoyance which they experience, sufferers from atrophic rhinitis will give unusually faithful attention to the course of treatment prescribed and will be very punctual in keeping their appointments at your office, if only you can offer them some hope of even partial relief.

The changes in the tissues, as given us by the pathologists, consist in a chronic inflammation of the mucous membrane in which are found large quantities of leucocytes with fatty detritus. A hardening of the outer layer of the membrane is observed as the cylindrical epithelium gives way to the squamous variety. The glands in the membrane become atrophic and with these changes the olfactory apparatus correspondingly suffers and gradually

*Read before the Hahnemann Medical Association of Iowa.

ceases to functionate. Then as the process advances the inflammatory cells are replaced by connective tissue fibers and these, cicatrizing, reduce the formerly congested, inflamed membrane, until it becomes extremely thin. The subepithelial tissue is entirely obliterated and the membrane becomes firm and dry. The turbinated bones take on the atrophic character. Their normal outline becomes changed. They become thin and friable and according to Zuckerkandl this same atrophic process involves to a greater or less extent the septum nasi and the bones of the face.

The normally pink membrane has now become a dirty gray, and until the later stages bleeds easily on removal of the dry, thick adherent crusts. The glandular elements in the membrane have now become almost entirely lost and the process may have advanced so far as to have involved the accessory sinuses of the nose. The normally rounded margins of the turbinals now become very materially reduced in size and in extreme cases the turbinals completely disappear. The septum, too, partakes of the same atrophic changes and becoming thin and friable in the extreme cases perforates and almost completely disappears; leaving as described by Shurley, the two abnormally large cavities, separated only by a ridge along the floor of the nose.

The secretion is of a greenish, dirty, mucopurulent character and the odor emitted from it may be so offensive as to render association with the patient, in a closed room, practically intolerable. This fetor is most marked in youth and according to Zuckerkandl is much less pronounced after the age of twenty.

It is with great difficulty that the patient succeeds in removing even a portion of the crusts by the usual means of cleansing the nose. This difficulty is not alone because of the tenacity with which the crusts adhere to the membrane, but is due in part, because the atrophy of the tissues have left the cavities so spacious, that even forceful blowing of the nose does not drive the current of air with sufficient force to dislodge them.

A number of etiological factors have been assigned as producing this condition. McKenzie tells us that atrophic rhinitis appears only as a sequel to a catarrhal inflammation. According to

Basworth purulent rhinitis is the cause. This condition, he maintains, manifests itself in children in the form of a catarrh with considerable secretion, accompanied with rapid desquamation of epithelial cells, passing gradually within five or ten years into the purulent form, and terminates in atrophic rhinitis. Michael held that atrophic rhinitis is at least frequently caused by purulent inflammation of the accessory cavities. However, because purulent inflammation has been observed in one nostril concurrent with an atrophic rhinitis in the other, it must not be held that this proves that the one condition is dependent on the other.

Hypertrophy of the turbinals is held by a group of observers as a very frequent cause, if it be really not the usual cause of the disturbance; and either the inferior or the middle turbinal may have undergone the hypertrophy or the two may have suffered together. Hypertrophy, as a cause of this condition, is denied by a number of observers and according to Sendziak, Mulhall advances against this pathogenesis the statements that in most cases of hypertrophy, there is no subsequent atrophy; that there are no cases in which, in one and the same person, both forms have been established; that atrophy always occurs in children and hypertrophy always in adults and that atrophy occurs more often in females. Against Mulhall's contention that there are no cases in which, in one and the same person, both forms have been established, may be placed the claims of Williams, Fisher and Gruber that they have found the two conditions co-existing, and also the statements of Demme and Sendziak that they have observed hypertrophy pass into atrophy. Histological research, too, has demonstrated that the two conditions are very frequently found co-existent.

The observations of Lowenberg, Christovich and Frankel led them to accept the microbic pathogenesis of the disease; while Kyle and others hold that the bacteria, though present are not specific etiological factors, Kyle holding that they have no pathological significance.

Heredity is held to be a cause as are also septal deviations and deformities of certain types within the nasal cavities. It is to

be remembered that in cases when a deviation of the septum exists, the atrophy, if involving but one side with the most spacious cavities.

The eruption fevers are exciting causes and the exhaustive fevers such as typhoid may precipitate an attack. It is unusual to find cases of atrophic rhinitis coming on later than the age of twenty-five and most cases occur earlier in life. Sex figures very slightly as a factor though some authors find it noticeably more frequent in girls.

In about one-third of the cases the turbinals on both sides are involved, and the anterior portion of the turbinal is the more likely to be affected where only a part of the body has been attacked, though the posterior portion may be the first to suffer. This is true both of the inferior and the middle turbinal bodies.

The excessive space after cleansing away the crusts makes possible the inspection of parts not observable in normal conditions. The post pharyngeal wall with the mouths of the eustachian tubes may be seen and even the ostia of the sphenoidal sinus may in marked cases be observed. It will thus be possible to appreciate the extent of the destruction which has taken place.

The pathological changes which result in this embarrassing condition are brought about in a large per cent of cases by a simple chronic inflammatory process. In these cases the excessive tissue element caused by cellular infiltration and proliferation develops in the submucous structure into interstitial inflammatory tissue. This results in a pronounced thickening of the membrane over the turbinals and is a stage of simple chronic rhinitis. The slow contraction which now begins in this connective tissue element reduces the nutrition to the part by cutting off the vascular supply; first squeezing down the capillaries, then the larger arterial branches, and finally these with the venous plexuses become entirely obliterated. Along with this the epithelial cells break down and are cast off in great abundance. The mucous glands are correspondingly affected. Their secretion becomes albuminous in character and being very tenacious, dries into large thick

adherent crusts. The process may involve the bony structure supporting the mucosa until it, too, is seriously impaired.

Affections of distant organs such as the liver, lungs, heart, and kidneys which result in the damming back of the blood in the venous system may cause so much engorgement in the distensible membranes of the turbinals that a pressure atrophy will result. The same connective tissue development, followed by contraction, cuts off nutrition to the parts and the tense, boggy, injected, inflamed membranes gives way to the atrophic process with its attendant symptoms.

Whatever the variety of the disease the trophic nerve filaments are involved and they undergo loss of function and degenerate in keeping with the advance of the general pathological conditions.

The symptoms of atrophic rhinitis render the condition readily recognizable if at all well advanced in its course. In the early stage of the disease, the membrane covering the turbinals and the septum as well may be boggy, tense and injected and manifest the symptoms of an acute inflammation. The injected, swollen membrane with the adherent exudate upon its surface decidedly interferes with nasal breathing and renders the nose full and stuffy until rather late in the disease. This interference with nasal respiration may give rise to the nasal tone of voice because of the lack of nasal resonance. The membranes may show more or less of a mottled appearance because of the beginning atrophy rendering some parts pale, gray or anaemic, while the uninvolved parts are turgescient and boggy. There is much disposition to pick at the nose to remove the crusts and this may precipitate an ulceration of the septum. Injected watery eyes with partial or total loss of smell and frequent attacks of epistaxis are the rule. Frontal headaches are frequent and more or less hoarseness is occasionally met with. As the condition advances the turbinals decrease in size and the nasal space is correspondingly increased. The crusts become more and more tenacious and infection by saprophytic bacteria generates the terrible odor usually accompanying the disease.

For relief of the nasal obstruction during the hypertrophy of the turbinals, depletion by scarification and by local astringents is to be practiced. A pledget of cotton saturated with 30 per cent ichthyol to which has been added 2 per cent oil of bergamot, for the purpose of deodorizing, and placed against the turgescent turbinal for half an hour, will do much to deplete it. Iodine tincture in glycerine is another preparation frequently employed. Boroglycerid, 50 per cent, or glycerite of tannic acid 75 per cent are equally serviceable. It not infrequently happens that in plethoric patients more active astringents must be employed. In such cases resort may be had to 5 per cent silver nitrate or three per cent sulphocarbolate of zinc.

Thorough and persistent cleansing is the measure required to afford relief from the adherent crusts. For this purpose I have employed Pynchon's Dobell solution, either in the form of a spray to be freely and frequently used, or the same solution thrown in considerable quantity through the nostrils with a post nasal douche. This is done thoroughly twice a day, the head being inclined well forward, as the current is directed from behind through the nostrils with some force. A stimulating solution with an oily base is sprayed over the parts after this thorough cleansing. This care as a rule affords much relief and does much good if persisted in.

And while we will afford much relief and do much good for our patients in even the advanced cases, it is in the early recognition of the approaching trouble and in the vigorous treatment in the early stages that we really do our best service for these people. A pronounced deflection of the septum, which allows of an abnormally large cavity on the one side, and creates a pressure upon the turbinals of the other, should be subjected to a window resection. A septal spur which practically touches a turbinal when free from any congestion, and which pushes firmly into it whenever it becomes at all enlarged, must be removed; and this is especially true if the turbinal is in the habit of becoming intumescent or to attacks of inflammation. Pronounced hypertrophies must receive attention.

I have inclined to the actual cautery where the turgescence of the turbinal is becoming a fixed condition or where there has developed a pronounced hypertrophy of the tissue. My method of procedure is to draw the cautery knife across the hypertrophied turbinal, carrying it well down to the bone, and drawing it full length of the turgescient portion of the body. This, by producing a band of firm scar tissue, prevents the further development of the connective tissue element in the sub-mucosa; and hence with very little connective tissue formed in the bodies there will be little to disturb the proper functioning of the turbinal structures. Kyle prefers to remove a "v" shaped section from the tissue over the prominent part of the turbinal body, using a knife with which he carries the point of the "v" well down to the bone and extending the entire length of the hypertrophic development. A writer recently advocated cutting down to the bone, pushing the soft structures back, and then with a saw cutting a groove into the bone to some depth. Into this groove in the bone the soft tissues were pressed and firmly held by a dressing packed firmly against them. By this method the author claimed less subsequent swelling would be possible, because of the cicatricial attachment within the bottom of the groove.

For the atrophy when once established sterate of zinc in the form of a powder, used every second, third or four day after thoroughly cleansing the parts, acts as a good stimulant. Formaldehyde, one to five hundred, is said to benefit, but I have never employed it. Thoroughly massaging the atrophied parts with a stimulating application is of decided benefit. I have had satisfactory results from the injection of paraffine and vaseline mixed in such proportion that the heated mixture could just be forced through a fair sized hypodermic needle. The needle which must be a very long one is pushed well down to the bone and then carried back for three-fourths of an inch and the piston of the hypodermic pressed down until the membrane is made to stand out rather prominently. The needle is slowly withdrawn as the mixture is forced out beneath the tissues. Absorption of much of the preparation takes place and the treatments are repeated once or



twice a week until at least comparative relief is afforded. The treatments seem to stimulate the membrane and they incline to resume at least in part their normal function. The injections are not free from danger of producing emboli and are used only on the lower turbinal; never on the middle.

I have not seen a case of atrophic rhinitis, when at all well advanced, under any line of treatment again become normal.

Discussion.

Dr. Seeman: The paper has been a very instructive one to me. I had very poor results in treatment of rhinitis. There is no doubt but what it requires very heroic treatment. I have found that an equal mixture of iodine and carbolic acid will help some of these cases, but whether they are permanently cured is a question in my mind.

Dr. Homan: I have enjoyed this instructive paper. I have tried to follow it very closely, and I am sure I have learned a good deal, especially along the pathology of the disease, and right there is something we must keep in mind in atrophic rhinitis, we must not promise our patient too much, neither should we discourage him too much. But if we are faithful, he will get relief, and if we have a destruction of tissue and we cannot restore that destroyed tissue, might as well try to restore an ear that has been cut off a number of years ago as to restore this epithelial coating, but we must not discourage the patient too much.

Dr. Sage: I just want to mention a case; I don't think I helped it locally very much, but generally a good deal. The condition was an entire absence of the septum, a great big cavity, and with it a lot of other symptoms; one of them, one of his limbs very sore and a lot of hard nodules on it, so painful that he had been advised he would have to have the leg amputated. By a careful questioning, got a specific history of the case some fifteen years back. Of course that gave a clue to the treatment. He came in three times a week and I sprayed the nose with 25 glyco thymoline, I think it is called Stearns solution. His general condition was very much improved. He stuck by me for two years and I think I got him cured of his specific trouble, but so far as the local condition is concerned, I never did expect to do very much, and I do not know of any treatment that will fill in the gap.

Dr. Bywater: I do not know just what has been suggested in the line of treatment. If I suggest something that has already been named,

you will pardon me; but there is one thing that I can agree with heartily, and that is the last statement in the doctor's paper, that some of these people won't be cured, no matter what you do, but there is one thing that you can do, and if there was only one I could do, it would be to keep them clean. Thorough cleansing, I think, is the first thing and the best thing that a doctor can do for a patient, and a local application that I have used a good deal is Balsam Peru. I do not know but it has been mentioned. The only objection I have to it is the odor; it is the most disagreeable of anything I ever dealt with or handled, and I think I have never applied it to the nose without getting it all over my hands, and I dislike to use it, but it will bring results sometimes when other things fail.

Dr. E. G. Linn: I think the applications that have been suggested should be made with more or less massaging. I think a great deal of good comes from massaging of the surface. It acts as a stimulant and is a very good thing.

ENDOMETRITIS.*

George H. Alden, M. D., Indianola, Iowa.

In considering this condition we must remember that this pathological condition of the uterine mucosa is the initiation of an inflammation which may involve any of the pelvic organs and that only in the first stages does it exist by itself and that it is generally accompanied by an inflammation of the muscular walls of the uterus and even the peritoneum.

There is no gynecological disease which merits more attention than endometritis for it is the starting point of nearly all inflammatory lesions of the pelvic organs. True, we may get a primary metritis from infection through a lacerated cervix or from extension of an infection from some contiguous organ through adhesion.

Some authors attempt to divide endometritis into endometritis and endocervicitis describing respectively an inflammation of the mucous membrane of the uterus and cervical canal. This classification is superfluous from a clinical standpoint as the inflammation is rarely limited to either situation alone. * * * *

Treatment may be considered under three heads: 1. Sys-

* Read before the Hahnemann Medical Association of Iowa

temic. 2. Topical. 3. Surgical. In treating endometritis we must take into account the nature of the disease, its duration, its etiology. Every method of diagnosis should be made use of, as endometritis may be a symptom of some general disorder such as disease of the heart, lungs, liver, kidneys or anaemia, rheumatism, etc. In fact, any condition causing a circulatory disturbance.

Systemic treatment in these cases will sometimes effect a cure. The efforts of the physician should be directed along medicinal and hygienic lines.

Topical Treatment: The greater portion of cases are cured by either systemic or surgical treatment, while a relatively small number are cured by the topical treatment. Most authors, however, discourage intra-uterine treatment. The more severe treatments do harm while the milder treatments are useless and may set up a psychic irritation and a woman once habituated to local treatment may become a monomaniac on the subject.

New infection, extension of old infection to deeper structures and the adnexa, stenosis, artresia, septic sloughing have been known to result from topical treatment. Topical treatment should not be wholly condemned but should have a very small place in the treatment of endometritis. If any place is given it should be supplemental to systemic and surgical treatment. If topical treatment is employed, as great antiseptic precautions should be taken as in a surgical operation. The vagina and external genitals should be thoroughly cleansed with water and soap. On exposure of the cervix, the vagina should be dried with cotton and should be swabbed with a mild antiseptic solution as phenol 5 per cent in water, or lysol 2 per cent. The cervix is grasped by a tenacula and slight traction is made to straighten the canal, the cervical mucus plug is carefully wiped away, the desired application may then be made, followed by a cotton or wool tampon saturated with ichtyol and glycerin 10-25 per cent against the cervix. This serves as protection and has a hygroscopic effect. The tampon should be removed in

twenty-four hours, sooner if its retention hinders free drainage from the uterus.

Intra-uterine tamponade may be added under the head of topical applications; great care, however, should be taken that instead of carrying out septic material it is not carried in.

A great number of drugs have been used in topical applications but only a few are worthy of mention and these have not entirely fulfilled their promise. Carbolic acid and iodine are used for their astringent effect in the glandular, and ichthyol in the interstitial form. Farmalin 40 per cent has been used, but sometimes dangerous sloughing has been the result.

Injections of absolute alcohol may be mentioned, great care being taken not to force injection into the fallopian tubes.

Surgical Treatment: The surgical treatment of endometritis is that of dilatation and curettage. Also any plastic operation that may be demanded. The operation should be carefully and thoroughly done with a sharp curette. A dull curette merely stirs up infection and opens up the lymph channels and is worse than useless. Even in the hands of an ordinarily careful operator there is no danger from the thorough use of the sharp instrument. The fear of perforation is a mere bogey. If one were to combine sufficient force and phenomenal carelessness the lower posterior uterine segment might be perforated and that fact is always kept in mind.

If one is lacking in the muscular sense that would enable him to successfully use the sharp curette, he should never attempt to pass a male catheter or use obstetrical forceps.

When endometritis resists all the methods mentioned and is complicated with extensive chronic metritis and pelvic infection, hysterectomy offers the only means of cure.



IOWA HOMEOPATHIC JOURNAL

PUBLISHED MONTHLY.

G. A. HUNTOON, M. D.	-	-	-	EDITOR
ERWIN SCHENK, M. D.	-	-	-	PUBLISHER

DEPARTMENT EDITORS.

R. M. HOMAN, M. D.
A. M. LINN, M. D.

F. J. BECKER, M. D.
C. E. HOLLOWAY, M. D.

Books for review, exchanges and contributions. (It is to be understood that papers have not been printed elsewhere, that they should be typewritten, reprints will be furnished at cost if request accompanies paper.) Personals, news items, subscriptions or card ads, should be sent to the Iowa Homeopathic Journal, Box 152, U. P. Sta., Des Moines, Ia.

All communications in regard to advertising should be sent to the Publisher, Dr. Schenk, Utica Building, Des Moines, Iowa.

Each contributor is alone responsible for the ideas advanced.

Editorial.

The sixty-fourth annual session of the American Institute of Homeopathy which has just closed at Kansas City, although the attendance was not up to the average in point of numbers, was the most important meeting from the standpoint of things accomplished, that the Institute has held in many years.

The papers as a rule were exceptionally good and the secretary, Dr. Frank Kraft, is deserving of an immense amount of credit for giving us such an acceptable program. Two hundred and twenty applications were presented and acted favorably upon, this, considering the number in attendance, was very good.

The president, Dr. Royal S. Copeland, presided in an able and genial manner, his sound judgment and ready wit were equal to every occasion. To his indefatigable exertion and untiring efforts throughout the year is due the credit for bringing about the estab-

lishment of an Institute Journal and a board for the promulgation of homeopathy with power to act.

The following officers were elected for the ensuing year: D. A. Foster, M. D., president, Kansas City; F. H. Carmichael, M. D., 1st vice-president, Philadelphia, Pa.; J. E. Hensley, M. D., 2d vice-president, Oklahoma City, Okla.; Frank Kraft, M. D., secretary, Cleveland, Ohio; T. Franklin Smith, M. D., treasurer, New York, N. Y.; F. F. Ball, M. D., registrar, Bay City, Mich.

The place of meeting for next year will be Detroit, Mich.

An Institute Journal.

This to our minds is the most important legislation that was accomplished at this session of the American Institute. This measure while not heartily concurred in by all was carried by a large majority. It is proposed to enter into a contract with some firm of publishers, not members of the Institute, for a period of five years, to publish a 48-page weekly journal. This to be sent to every member of the Institute in good standing.

This is a move that should have been made several years ago, but the opposition to it from one source or another has made it impossible until this time.

With the establishment of this journal the homeopathic profession will be brought into close contact and intercommunication which will result in much good. The large numbers of the profession who are not members of the national body will become members in order to receive the journal. We understand the subscription price of the journal to those who are not members of the Institute will be within about one dollar of the annual dues, so that it will be of considerable advantage to hold membership in the Institute, this in turn will strengthen the National Society and organize the forces at our command for the up-building of homeopathy.

We do not believe that the establishment of this journal will materially affect the other journals now in the field, but, if it should and some of us were compelled to discontinue our publication, we would certainly be dying in a good cause.

The dominant school with its complete organization and its national journal, without which it would have been impossible to perfect such an organization, has moved forward with a solid front and accomplished much to our detriment. Now in order to hold our own and move forward with the truth of homeopathy, we must likewise look to the perfecting of the organization of our forces and with the establishment of this journal we have taken a great step forward.

The Council of Medical Education of the A. I. H.

Scarcely less important than the establishing of the Journal of the Institute was the work accomplished by this committee. The committee on promulgation of homeopathy and this committee were combined so that the Council of Medical Education looks after this entire work.

In order that the full importance of this work may be appreciated we give the entire report of this committee.

What the Council of Medical Education of the A. I. H. Has Accomplished.

1. It has effectually checked the Council of the American Medical Association in its self-imposed work of arbitrarily inspecting our homeopathic colleges, and attempting to throw them out of existence without chance of regeneration, by reporting them to examining boards as in bad standing before that association.

2. It has secured the co-operation of various state medical examining boards in getting equal consideration and recognition of the claims of the American Institute of Homeopathy, the National Eclectic Association and other legally recognized schools of medicine, with those of the American Medical Association.

3. It has received official recognition from the state medical examining boards of Ohio, Michigan, Indiana, New York, Kentucky, Idaho, Texas and other states, and has been invited to send representatives to inspect with them and report to them, which invitations have been accepted as far as within the powers of the council so to do.

4. The council has started an organization in combination with the Eclectic Council looking to a closer watchfulness over our educational and legislative interests.

5. The council, in certain instances where it has received the active and energetic support of the profession in the state, has aided materially in preventing undesirable men and those non-representative of homeopathy from being appointed to places on state examining boards.

6. It has recommended that the equipment and workings of some of our medical schools be improved and modernized, and has urged upon them certain reforms, which have been carried out in several instances.

7. It has interested active men in every state of the Union in its work, and collated a mass of valuable information and statistics for future use.

8. It has urged upon our educational institutions to induce the members of their faculties to join the American Institute of Homeopathy and has taken up as a side issue the securing of applications for membership, and has presented to the Committee on New Members 87 applications aggregating about \$500.00.

What the Council of Medical Education Desires.

1. That it be authorized to extend its work so as to comprise the education of the laity in homeopathy, especially in so far as the informing of young men and women of the fields and opportunities the practice of homeopathic medicine offers.

2. That power be given the council to issue and distribute such literature as it may see fit to graduates or upper classmen of our literary colleges, and to such others as it may be desirable to reach, to the end of increasing our college classes.

3. That authority be given the council to employ such means as it may be able to command to get into closer touch with the practitioners of homeopathy and induce them to secure students.

4. That sufficient funds be raised by the Institute, the colleges individually, or both, to enable the council to do this necessary work.

After the reading of this report, Dr. Biggar, the honorary

president elect, announced that he would give one hundred dollars to further this work. This was followed by Dr. Foster, president elect, with another hundred. This touched a sympathetic cord, and found ready response, and in scarcely more time than it takes to tell it, a sum exceeding five thousand dollars was raised for this work.

The psychological moment is at hand. Therapeutic nihilism and discontent is evident on every side and the Homeopathic School is the only one that has something sure and steadfast and unchanging to tie to.

Now with a journal to keep in touch with the whole profession and this committee on medical education with a sum of money to expend in furthering the interests of homeopathy, we have set down a stake from which we will move forward and realize in the near future the ambition of our beloved president, Dr. Copeland, "To see the homeopathic school the dominant school of medicine."

Eye and Ear Notes.

CONDUCTED BY R. W. HOMAN, M. D., WEBSTER CITY, IOWA.

The majority of rhinologists seem to prefer Beckman's post-nasal curette to the curette of Gottstein, largely because the fenester is broader and enables the operator to remove more adenoid growth at one sweep.

After an office treatment for granulated lids, in which the application of carbolized glycerine, tannic acid and glycerine, or bichloride scrubbing is used, it is well to instill a drop or two of adrenalin chloride, 1 to 4,000, both for comfort and cosmetic effect as it clears up the congestion caused by the treatment.

In treating a case of phlyctenular conjunctivitis recovery will be more rapid if sweets and fats are, as far as possible, excluded from the diet. The remedies to be first thought of are, Merc Sol., Graphites, Puls., Rhus Tox.

In catarrhal conjunctivitis, Ball, of St. Louis, in his late work "Modern Ophthalmology" recommends the following prescription for a local application: Sulphate of Hydrastin, 5 grains; de-

odorized tincture of opium, half dram; water to make one ounce. Instill a few drops into the eyes three times a day. Another splendid eye lotion is the following. Aqueous solution of boracic acid (ten grains to the ounce) fifteen parts; borol (P. D. & Co.) 1 part. Use a few drops in the eyes three times a day.

In a recent case of rheumatic iritis in both eyes the adhesions were so dense that it was impossible to break them up with atropine, even with the crystals applied to the conjunctival cul-de-sac. However, the adhesions were not completely annular and the inflammation gradually subsided. Vision is fairly good, but the adhesions are still there. A history of a previous severe attack leads to the belief that the adhesions existed prior to the attack mentioned above. If iritic adhesions are recent, atropine locally and Merc. Sol., Rhus Tox., Merc. Corr., or Kali Iod., internally will clear up the case in all but a very few instances.

In correcting refraction great care should be exercised to determine the functional power (not muscle balance) of the internal recti muscles. In cases of hyperopia or hyperopic astigmatia with muscular asthenopia we should prescribe a little less than the full correction. All convex lesions are sedatives, all concave lenses are stimulants. Therefore if the full correction is prescribed in a case of hyperopia with muscular asthenopia the relaxing effect of the lenses are very apt to increase the weakness of the internal recti.

News Items.

Dr. John W. Cogswell, of Grinnell, stopped in Des Moines on his way to Wichita, Kan.

Miss Cora L. Barton has gone to Los Angeles, Calif., to locate and follow the profession of nursing.

Dr. and Mr. Hatch have gone on a trip to Los Angeles and Santa Rosa and expect to be gone about two months.

Dr. C. W. Vroom, of Ackley, who has practiced there for twenty-one years has moved to Whitten where he has bought out Dr. E. C. Stanley.

Dr. Harry L. Rowat, who has been at Knoxville for several months, is going to move to Des Moines.

Dr. F. W. Horton, of Sanborn, has lately added a new automobile to his equipment.

Dr. W. E. Alton, of Ft. Dodge, operated at St. Joseph's Mercy Hospital, Webster City, on June 11th, bringing the case with him from Ft. Dodge.

Dr. E. C. Abbott, S. U. I., 1899, who located in Omaha two years ago for practice in diseases of eye, ear, nose and throat, writes that he is prospering and the town looks good to him.

Dr. Studebaker and Dr. Wildman, of Fort Dodge, performed three appendectomies at St. Joseph's Mercy Hospital, Webster City, May 30th, having brought the patients with them from Ft. Dodge.

Mrs. Dr. Kellogg and little daughter Charlotte, of Blanchard, Iowa, were guests of Mrs. A. L. Smouse during the first week in June. Mrs. Kellogg was formerly Miss Alice Hawkins, one of Des Moines' well known trained nurses and a graduate of the Homeopathic Hospital Training School for Nurses, Iowa City, Class '89.

Dr. F. J. Becker, of Iowa City, was elected vice-president of the Obstetrical Society of the A. I. H.

Five out of nine of the graduates of the State University College of Homeopathic Medicine received hospital appointments in New York. Drs. C. A. Manahan and C. A. Powers are internes in Flower Hospital, Drs. Cyril Cron, Milo Brush and H. S. Mason are internes at the Metropolitan Hospital.

Dr. A. H. Barker, of Brooklyn; Dr. C. H. Cogswell, of Cedar Rapids; Dr. Becker, of Clermont, and Mrs. E. B. Wiley, of Grinnell, were in attendance at the Commencement of the State University of Iowa.

W. L. Bywater, M. D., of Iowa City, was elected secretary of the O. O. and L. society of the A. I. H.

The wedding of Dr. M. A. Royal and Miss Mabel King took

place at Dr. Royal's home in Des Moines, Thursday evening, June 18th. Their many friends throughout the state will wish them well.

W. H. Hanchett, M. D., of Sioux City, gave the Commencement address at the graduating exercises of the Good Samaritan Hospital, the middle of June. A class of twenty were graduated.

Dr. B. S. Felt, of Reinbeck, Iowa, was married Friday, June 19th, to Miss Bess Stockman, of Belle Plaine.

Dr. Anderson, of Nemaha, Iowa, has sold his practice and gone to Colorado to locate, where he thinks it will be better for his health.

O. R. Gregg, M. D., who has just finished at Kansas City, has located at Nemaha, Iowa, taking the place of Dr. Anderson. The doctor has started in O. K. by sending his subscription for the Iowa Homeopathic Journal.

E. E. Reed, M. D., Storm Lake, Iowa, has been to Independence, called there by the illness of his mother. The doctor's wife has gone to Montana and the West for the summer.

S. F. DeVore, M. D., Missouri Valley, is taking a vacation and is now at Hot Springs. He will go to several points in Colorado and the West before he returns.

F. A. La Bréck, M. D., has just finished at Hahnemann College, Chicago, and is looking after Dr. DeVore's practice at Missouri Valley while he is away and will then locate in Nebraska.

Drs. Deffenbaugh & Deffenbaugh, Grand Island, Neb., have moved their office and are now located in the rooms made vacant by the death of Dr. Hank.

Laura J. Brown, M. D., Lincoln, Neb., has moved and fitted up a very nice office in the new bank block.

Murrey Wildman, M. D., Fort Dodge, Iowa, has moved his office and is now located in the new bank building.

F. R. Lintleman, M. D., Harlan, Iowa, after a winter of hard work is going to take a vacation and will take his family to Lake Madison, Minn.

J. W. Stockman, M. D., formerly at Woodbine, Iowa, has moved from Nelson, Neb., and located at Red Cloud.

E. B. Finney, M. D., Lincoln, Neb., has gone to St. Louis and Chicago to look into the auto business. He wants the best to be had and says it must be a high wheel as the low wheel will not do the work.

E. H. Hollis, M. D., Rolfe, Iowa, has just returned from Chicago, where he bought him a new X-ray outfit which makes a very nice addition to his office equipment.

J. F. Denham, M. D., Downsville, Wis., has just returned from a business trip to Chicago.

B. F. Steever, M. D., Menominee, Wis., and Fred Sutherland, M. D., Janesville, Wis., are again at work after a year in Chicago taking a post-graduate course.

C. E. Cole, M. D., who has been located at Prairie du Chien, Wis., for a number of years has moved to Superior, Wis.

O. W. Okerlin, M. D., Essex, Iowa, is very proud of his new auto.

J. H. Roberts, M. D., after a year's work in New York, has now located at Ottumwa, Iowa, and gone into the office with his father, H. W. Roberts, M. D.

E. C. Hough, M. D., Villisca, Iowa, has returned from a trip to Omaha and is now entertaining his brother, Dr. Hought, a dentist of Waterloo.

F. W. Horton, M. D., Sanborn, Iowa, attended the State Homeopathic meeting at Des Moines and while there bought himself a new auto. The doctor thinks the high wheel machine is the only thing for country practice.

J. E. Braynard, M. D., Superior, Neb., has gotten into line and is now riding about in a new auto and he says he thinks he has the best all around machine for the doctor.

J. E. Spatz, M. D., Fairfield, Neb., has returned from California and reports a very fine trip. He got home just in time to witness the cyclone that destroyed about one-half of the city of

Fairfield. The doctor was lucky in not having his property in the track of the storm. The effects of the storm are the worst we have seen since the Grinnell cyclone some years ago.

The Eaton Memorial Fund is progressing nicely. Quite a considerable interest was manifested in it at the American Institute.

Clara Stoddard, M. D., Boone, Iowa, is taking a vacation. She will spend some time in Chicago and other Illinois towns.

Chas. L. Stoddard, M. D., Boone, Iowa, is going to Denver and take in the convention, he will also visit several other points of interest in that locality.

I. N. Paul, M. D., Perry, Iowa, will leave about July 5th for a six weeks' vacation. He will take his wife and daughter. They will go to Denver first and visit his only sister and take in the convention. Then he will go to Montana and see two of his brothers. He will also take a look at the National Park, Salt Lake City, and other points of interest in the West.

Dr. Willis A. Dewey, the genial editor of the *Medical Century* was in Des Moines to visit Dr. George Royal the Saturday and Sunday before the Institute meeting. It was our pleasure to take the doctor for an automobile ride and a visit to the army post. We find that the doctor does not loop the loop with an automobile with the same fearlessness that he does with his pen.

Iowa was well represented at the meeting of the American Institute of Homeopathy, besides a large number of graduates of the State University, located outside the state that were in attendance. The following Iowa doctors were there; we do not think that any state outside of Missouri had as large a representation: C. A. Aplin, E. C. Brown, W. L. Bywater, F. J. Becker, G. A. Huntoon, L. M. Harbach, T. L. Hazard, W. H. Hanchette, J. L. Hanchette, A. P. Hanchette, R. W. Homan, Chas. E. Holway, E. G. Linn, A. M. Linn, H. E. Messenger, P. J. Montgomery, R. P. Miller, R. E. Peck, George Royal, M. A. Royal, F. C. Titzell, H. C. Parsons, O. W. Okerlin, F. O. Richards, E. M. Kingsbury, A. J. Myers.

The local committee on arrangements and the profession of Kansas City certainly did themselves proud in entertaining the American Institute. That man Gates is a hustler, he was here, there, and everywhere, looking after the welfare of those present. Tuesday night a reception and grand ball was given and Thursday night the members and their friends were entertained at the Electric Park. The editor and a few of his friends took a ride on the "Tickler." Now, you not only need to see the tickler, but in order to thoroughly appreciate it, you must take a ride in the tickler; you would not miss it for anything in the world nor would anything in the world tempt you to ride again.

As usual, that man Mastin and the *Critique* are ahead. Got the new president's picture, a big bunch of Institute news, and in the hands of its readers before some of the rest of us are on the press.

We have just received a copy of *School Hygiene*, Vol. 1, No. 1, which represents an effort to place before the public a report of progress in the movement to secure improved school conditions for children and to awaken public interest in this important subject. Such an object is certainly worthy of support. The subscription price is 50 cents a year. G. S. C. Badger, M. D., editor, 48 Herford St., Boston.

Societies.

We would like to print the proceedings of your local societies if you will give us an opportunity. Instruct your secretary to send in a report of the meeting at once so that the other folks will know that you are still doing business at the same old stand.

Des Moines Homeopathic Medical Society.

The Des Moines Homeopathic Medical Society held its regular meeting at the Savery Hotel, Tuesday, June 9th. The meeting was well attended. Dr. Lucy B. Harbach read the paper of the evening on "Melancholia." The paper received a generous discussion. Quite a large number of our members signified their intention of attending the meeting of the American Institute.

Miscellaneous Items.

RELIGIOUS PSYCHOLOGY.—Bishop Fallows discusses this subject in the March issue of the Chicago Medical Reporter. He states the object of the Emanuel movement is to form societies for the purpose of teaching right living and right thinking. It differs from the modern cults in that (1) it clearly recognizes the reality of the mind and the body and the inseparable relation existing between them, while connected with the human organism; (2) it affirms the value of anatomy, physiology, bacteriology, histology, etc., as well as that of psychology; (3) it maintains the existence of a fundamental distinction between functional and organic disease; (4) it asserts the absolute necessity for the work of the physician; (5) as a proper department of practical church work it aids the poor and necessitous without commercialism. This movement comprehends the principles underlying all that is distinctly known as faith healing, divine healing, mental healing, or any other form of unrecognized psychotherapy. He emphasizes the fact that it can only be carried out in co-operation with the medical profession.—*Hahnemannian Monthly*.

MISTLETOE IN HEMORRHAGE.

I have on other occasions commented on the use of mistletoe as a clinical agent in hemorrhage. Its action in general, both upon the uterus and upon the central nervous system, is somewhat similar to that of ergot.

A French writer has made an extended experiment in the use of an aqueous extract of mistletoe, in order to determine its physiological action. Its principal influence he believes to be in reducing arterial tension. He has found it of value in all congestive hemorrhages, and especially in the hemorrhages of tuberculosis.

Its influence is exerted directly upon the arterial in cases where there is a tendency to arteriosclerosis with high tension, and it promptly controls the hemorrhage. Its influence is satisfactory because it immediately reduces the tension without producing any undesirable influence.

Of the aqueous extract, from three to five grains are administered during the course of twenty-four hours.—Ellinwood, *Medical Century*.

TREATMENT OF GALL STONES.

In connection with the modern surgical treatment of gall stones we find Neusser coming forward with the following statement: "It would be interesting to know whether the surgeon who is convinced of the wisdom of radical operation, and who himself has gall stones, would not prefer to give Carlsbad a trial before consenting to an operation."—*New England Medical Gazette*.

POSTPARTUM HEMORRHAGE.

Griffith has practiced and taught since the sixties the method of compression of the abdominal aorta above its bifurcation now being advocated in postpartum hemorrhage. It may be done in two ways: 1. By laying fingers of the left hand on the pulsating aorta and compressing it against the spine, the fingers being on one side of the aorta and the thumb on the other, the right hand grasping the uterus and making it contract as much as possible.

2. In some cases with the left hand grasping in its hollow the uterus, the edge of the palm of the hand can compress the aorta against the spine, at the same time keeping the uterus contracted in the hollow of the hand, the blood supply to the bleeding part being thus entirely shut off.—*Journal A. M. A.*

GENERAL ANESTHESIA BY SUGGESTION.

Hallauer states that he has been successful with a sham anesthesia, merely a few drops of chloroform and the imposed suggestion of sleep and the absence of pain. He has been using this combination since he noticed that some of his patients sank to sleep before the anesthesia could possibly have produced this effect. He accompanies the various steps of his operation with some remark to explain them, as, for instance, when he begins to dilate the cervix, he says, "Now we will pack a little gauze in the vagina," or when he cures, he says, "We will now apply hot water." He has applied this method in forty cases and in the last twenty it was a success in all but five cases in which he had to continue with the ordinary technic.—*Journal A. M. A.*

ADVERTISED MEDICINES.

After one has looked on the combat waging between the big A. M. A. Journal and the other allopathic journals for any length of time, he comes to the conclusion that if, as is, probably, the case, the various word gladiators are truthful men, none of the advertised medicines are worth their price to a physician who knows his profession, as he is presumed to know it. For example, Potass-Iodide (or any other old drug) masquerading under a "scientific" name, will do precisely what plain Pot. iod. will do, and it will do nothing more. If the advertiser tells you it will do more under its masked-ball title, he is laboring under a delusion.—*Editorial, Homeopathic Recorder.*

THE LEGAL STANDING OF PHYSICIANS' ACCOUNT BOOKS.

All business houses are very particular that their book-keepers and accountants keep accurate records of all financial transactions with their customers. So thorough are the systems employed that any business man can go to the books and almost at sight determine the balance due on each account, and the nature of the transactions for which the charges were made. Unfortunately, physicians are by no means so particular as are business men. So carelessly do they keep their books that it is not uncommon for judges of orphans' courts (in Pennsylvania at least) to disallow claims in toto, claims made against estates of the deceased. One or two judges have gone to the extreme of declaring that physicians are extortionists. Several years ago, a prominent physician had his entire bill disallowed because his books were unsatisfactory to the court. This doctor saw patients only by appointment and for the purpose of rendering some special service at each consultation. He kept a book which was known as his engagement book, in which was recorded the appointment, the nature of the operation, and the name of the patient. In due time this book was used for posting the accounts in the physician's ledger. A bill was rendered against a patient's estate, and duly protested by the executor. The doctor brought forth his engagement book as his "book of original entry." The judge ruled that

inasmuch as the record stated nothing but the service rendered and specified no charge, that therefore no charge had been made, and therefore the estate owed the physician nothing.

In another case a physician presented his visiting list as his book of original entry. The court refused to admit it as evidence because a correct understanding of it could only be had by reference to a key explaining the symbols used.

The principle upon which these apparently unjust decisions are based lies in the fact that death has sealed the lips of one of the party to the contract. The law consequently seals the lips of the survivors, leaving only the books and the testimony of disinterested witnesses to tell the story. There is no reason whatever for physicians' carelessness. Knowing the legal requirements, they can and should keep books that satisfy the demands of the law. Unfortunately, the visiting list and the many copyrighted combination day books and ledgers are so time saving that they have become popular, and while the statements of the accounts are recorded in the same are accurate, they do not satisfy law.

What then is required is a book of original entry corresponding to the business man's day book. In this should be recorded the following items: The name of the party against whom the charge is made; the person for whom the service is rendered; the nature of the service, whether office visit, home visit, special examination, surgical operation, etc.; and lastly the price of the same. The entries must be made within a reasonable time after rendering the service, by reasonable time meaning not more than one or two days.

This matter of business to which attention has been called is of more than ordinary importance. If lawyers and the public generally knew how lacking were the account books of physicians, we have no doubt that many, very many indeed, bills would be refused payment. Many men are so lacking in conscience that they are perfectly willing to commit a moral wrong under the shelter of a legal right.

The fact that some judges have admitted incomplete books as evidence does not alter the strength of our argument, for we know that there are other judges who insist upon the full legal requirements. This being the case we should protect ourselves and our families so that which belongs to us by right shall be given to us by the courts.—Editorial, *Hahnemannian Monthly*.

ONE, TWO AND THREE FOR OTORRHEA.

Mix 1 part of alcohol, 2 of glycerine and 3 of enzymol in a warmed spoon, fill the (cleansed) external auditory meatus—the patient holding that ear upward—and after a few moments with th finger on the tragus compress the column of liquid; in many, if not most, instances some of the mixture may thus be forced into and through the Eustachian tube.—*J. L. M. Homeopathic Eye, ear and Throat Journal*.

An absolutely reliable self filling Fountain Pen—JUST THE PEN FOR PHYSICIANS.

No soiled fingers.

No loss of time.

No loss of temper.

A great convenience.

WELTY'S FOUNTAIN PEN



Sent to reliable parties for trial.

Guaranteed for five years.

Prices, \$2.50, \$3.00, \$4.00, \$5.00. Difference of price being in size of holder and gold pen.

Send for No. 3 Catalog.

The William Welty Co.
Waterloo, Iowa, U. S. A.

IOWA HOMEOPATHIC JOURNAL

Vol. II

AUGUST, 1908

No. 8

Original Articles.

THE TREATMENT OF HAY FEVER.*

R. W. HOMAN, M. D., WEBSTER CITY, IOWA.

As the hay fever season is again upon us I wish to give a more detailed description of the method of treatment which I briefly sketched at our state meeting in May. The victims of hay fever are fairly numerous and although a distressing malady the physician has a chance to treat only a few of the cases occurring in his locality. The poorer people don't feel like incurring the expense of the necessarily long-continued period of treatment each year and the well-to-do individuals, being able to pay for an outing, usually spend the hay fever season at some lake or mountain resort. Therefore the number who prefer and are able to pay for treatment is rather small.

Without going into the consideration of the pathology, cause and symptoms I will enter at once upon the subject of treatment. This consists of local and internal. The local treatment which I mention is that recommended by Hollopeter, of New York. Have a quantity of Dobell's solution made up according to the following formula. Soda bicarb, one and one-half ounces; soda borate, one and one-half ounces; carbolic acid, one-half ounce; glycerine, two ounces; rose water, q. s. one pint. For use this solution should be diluted by adding one teaspoonful to the ounce of water.

Beginning three or four days before the attack is expected have the patient come to the office every day for treatment. Warm a little of the diluted solution mentioned above and with the patient seated with his back to the light, as in any nasal treatment when the head mirror is used, first spray the nasal cavities well

*Written especially for this Journal

with the warm solution, using only a low pressure of air. Under good reflection from the head mirror next carefully mop over every part of the nasal membrane, using a flat-ended probe with a little cotton spun on, wet with the same solution. This flat probe should be slightly rough on the edges to prevent the cotton from coming off in the nose. Spin a small pledget of cotton on the probe, wet it and mop out the upper meatus, then take that off and spin on a larger pledget, wet it again and mop out the lower meati. This process is followed out with the other side. Then go over both sides again in just the same manner. Next mop out the entire nasal cavity again except that dry cotton only should be used and the membrane mopped over but once. After this is done the nose should be thoroughly sprayed with a 2 per cent oily solution of menthol and the treatment is ended for that day. This should be repeated every day until near the close of the season, when once every second day will be sufficient. Some noses are very sensitive to the mopping at first, but by depending a little more on the spray and being very gentle with the probe the patient will soon grow tolerant of the work. The patient should also have a good oil atomizer (Whitall & Tatum make a good one) and spray the nose thoroughly with the menthol solution the first thing in the morning before he leaves the house.

In speaking of homeopathic remedies, Dickie, in his work on hay fever says: "It is a pity that marked characteristics exist for but few of them. * * * However, many have obtained results with the remedies at their disposal of such a satisfactory nature as to claim for them the virtue of specifics."

For the early form, or so-called June cold, we find that *Allium cepa* and *Sanguinaria* or *Sanguinaria nit.* are useful remedies. For the later forms I have used *Ambrosia art.* (tincture), *Ars. alb.*, *Ars. iod.*, *Euphr.*, *Ipecac.*, *Solidage* and *Sabadilla*. Goodno recommends *Caprum ars. 2x*, while others claim that *Naphtholin 2x* is almost a specific. As an eliminant for the uric acid usually found in the systems of this class of patients, Dickie recommends the use of the tincture of *urtica urens*, one drop to be given in a little hot water three times a day. Other remedies may be found

useful, each case being carefully studied and the remedy chosen according to indications as far as possible. It is often difficult to obtain clear indications for the internal remedy in hay fever, but a close study of the symptoms will usually bring us to some conclusion in regard to the proper medicine.

Diet and hygiene are also factors that should be looked after. Tea, coffee and alcoholic liquors should be let alone and meat avoided as much as possible. Water should be taken freely and warm baths just before going to bed are a good thing to assist in elimination. Exercise should be only moderately indulged in for the reason that the average hay fever patient is a neurotic and his elimination is faulty. Excessive exercise would generate more uric acid and further clog his already overloaded system. The hay fever sufferer should spend as much of his time indoors as his occupation will permit. In this way he largely escapes the pollen and irritating dust so common in the outdoor air. It has not been my experience to treat a great many cases of hay fever, but those that I have treated according to the method laid down in this paper have been able to stay at home during the hay fever season and keep comfortable most of the time. I will mention one case in particular, a man about sixty-five years old. For thirteen years he had been compelled to go to the lakes or mountains from August 10th until frost to escape hay fever. This kept him away from home more than he liked and interfered with his business. In the seasons of 1906 and 1907 he was treated after the manner mentioned here and was able to stay at home with comparative comfort.

THE HYGIENE OF THE HOME*

ALICE I. ROSS, M. D., WHITTIER, IOWA.

“The Hygiene of the Home,” the title confronts me with the idea, while it is true of many of the papers and addresses that have been and will in the future be presented before this society, that our patients as well as ourselves, might benefit by attending our meetings.

*Read before the Hahnemann Medical Association of Iowa.

Perhaps no subject of equal interest to the welfare of the people is so little studied or imperfectly understood by the majority of the laity as this. As a direct result how many valuable lives are yearly sacrificed or taken from the roll of wage earners to be added to the list of the dependent. It is a matter of education and along this line much of the best work of a physician's life may be done: perhaps not the work that will bring us the greatest reward in actual cash value or even in well-earned gratitude and renown, but work nevertheless that cannot help but be a satisfaction to the mind of the conscientious physician and a constant benefit to the recipients.

How many lives have been prolonged and how many tragedies averted by a timely word from an honest and conscientious physician only the records of eternity will reveal.

The hygiene of the home in sickness and health, from infancy to old age. It ought to mean the perfect means to a perfect end, the securing of a dwelling place so planned and safeguarded that within its sheltering walls coming generations might be well born and carefully nurtured, and by wise and sensible training fitted for a life time of useful work in a world which furnishes problems that are difficult enough to try the mettle of those who have the best preparation.

It ought to mean the place where manhood and womanhood might reach their highest plane of usefulness and happiness, where mutual confidence and helpfulness and labor for the good of all minimize the nervous strain that is constantly destroying the peace of the home and bringing to untimely graves those who can least be spared.

It ought to mean the creating of a cheerful and sunshiny and wholesome atmosphere wherein the mind of youth might grow and develop, and lay strong physical, mental and moral foundations wherewith to meet the stress of coming years, and where the waning years of age might be spent in peace and security and live out to the last day a life that was designed to reach the boundaries of three score years and ten.

Some of the problems of establishing and maintaining such a

desirable state of affairs are beyond our ability to solve unaided. If the immortal author of the Declaration of Independence had added to the list of individual prerogatives the right to be well born, of sound mind and sane and righteous parentage he would have done something to strengthen a weak spot in our national fabric. Some of the problems we meet are those that legislation and the ripe experience of our best educators will be needed in solving.

When close inspection renders it impossible for mercenary producers to foist upon the public impure and unwholesome foods, when quarantine measures are so carried out as to minimize the spread of contagious diseases including venereal diseases, when the tuberculosis poor are to be provided for that they need no longer to labor in store and restaurant and sweat-shop and along the great highways of commerce, when proper and well enforced marriage laws exclude the criminal, the diseased, the mentally and morally perverted and degenerate, when all these much needed reforms have been instituted we may consider some of the great avenues of danger to the happiness and welfare of the American home to be closed. There are other sources of danger, however, of which we must be mindful.

Our modern schools ought to be and no doubt are in many ways an improvement over the schools of our childhood days. In some ways, however, I believe the schools of earlier years had the advantage. That education no doubt is the best which, while it thoroughly develops the mind, best fits the individual for the work of life whatsoever that may be.

In our desire for higher education we are too apt to forget that it falls to the lot of the large majority of people to perform a great many of the humble tasks. The work of the world is made up of doing over and over the common and ordinary and often menial tasks of life. Any education which renders honest labor, however humble, entirely distasteful to the individual is a serious disadvantage.

The demand of the times is and always will be for men who are skilful breadwinners in the varied walks of life, for women

who are careful and competent housekeepers and good home makers.

That man or woman is best fitted for the demands of life who, no matter how exalted their station, can if reverses come or occasion demands it, turn without hesitation or embarrassment to the duties of a humble calling.

Any education which leaves out such preparation is incomplete; if there is time and taste and ability for more than this, well and good.

In our graded schools there is a constantly increasing pressure brought to bear upon the children which tends to weaken nervous systems that were none too strong at first. Both teachers and pupils need more time, the former to learn and adapt themselves to the individuality of the pupils, the latter to master in more leisurely fashion those branches which are essential to the successful pursuit of the future work in life.

In the immediate consideration of the domestic hygiene there are many things worthy of thought, too many in fact to be discussed in a paper of this length. This fact is true and worthy of consideration: most of the conditions which ultimately reach the physician and surgeon at some period in their history might have been prevented or at least modified by judicious care and forethought. Prudence and ordinary common sense would prevent a large part of the troubles with which we meet.

When we find some way of instilling these rare and valuable qualities into the mental makeup of our patients it is safe to say that, as a class, physicians will have more leisure hours and so-called "mysterious dispensations of providence" which in too many ways are simple the legitimate harvest of a seed time of carelessness and ignorance will cease to be so common.

The question for us physicians is: What can we do along these lines to be of most benefit to our patients?

The education of the laity is of urgent importance. They need to be taught the necessity of cleanliness, cleanliness of food, of habitation, of person and of soul. The more intelligent classes are

beginning to reach out and demand such education and a great field is waiting for our cultivation.

Research and experiment are continually bringing to light new and important facts relating to the spread and increase of disease. The problem is to get these facts before the minds of our patients in so plain and practical a way that they cannot help but observe and put them in practice.

The old facts and truths and teachings need a new hearing, the later researches need to be brought into line and got into practical working order. No detail of common every-day living is too small to be safely neglected, no newly discovered truth is too great to be reduced to practical use; the method of teaching must be the old one, "Line upon line, precept upon precept, here a little and there a little."

To what end is all this effort? Is it not that the American people may be constantly growing in every way stronger and better? That the American home may be the safest and happiest and best place in the world and that the American boys and girls as they come into the world may not be accidents, wrecks before the voyage of life is begun, but they may be strong and wise and purposeful, loved and longed for before their birth, received into homes where they may be wisely provided for and trained for noble living.

Any effort that we can put forth to help bring about this happy state of affairs is labor well expended. It is good to palliate the sufferings of the incurable, it is better to cure the sick, it is best of all to strive to bring about those conditions which shall help to so elevate the race that from ideal dwelling places may come a strong and wise and worthy people who may claim and fill to the utmost a large place in the arena of life.

Discussion.

Dr. J. L. Hanchett: I think there is one thing the doctor left out—the external home, the outer home of the garden. I wish the doctor had spoken of the external home, the boundary of the home being the further edge of the garden. If the doctors would

study that up a little, I am sure they would bring in something that would be as helpful as any hygienic matter could possibly be.

Dr. Huntoon: I think we all realize that the bureau of hygiene and sanitary science is perhaps the hardest bureau that there is in the association to get up, and I think we owe Dr. Ross a vote of thanks for the excellent manner in which she has gotten up this bureau and the excellent papers we have had.

CEREBRO-SPINAL MENINGITIS.*

F. W. HORTON, M. D., SANBORN, IOWA.

Mr. President and Members of the H. M. A. of Iowa: In corresponding with Dr. Anderson as to this paper he requested me to be brief, as it was mostly for the purpose of drawing out a discussion. I have endeavored to comply with this request.

This subject was chosen, not because of an extended experience with or any superior ability on my part to handle this disease, but from a desire to gain more knowledge concerning it.

The disease has appeared in various localities throughout the state for some time and always strikes terror to the community in which it appears on account of the great mortality attending it. The only two cases I have had were fatal.

It is a specific infectious disease said to be caused by the micrococcus lanceolatus. It is thought to be but slightly contagious, although frequently appearing epidemically. While not confined to childhood, yet a majority of cases appear among children and is more fatal with them. It is mostly confined to the temperate zones and is more prevalent in the northerly portions and during the colder seasons. Unsanitary surroundings and excessive physical and mental exertions predispose to the disease, hence it oftener appears in ill-ventilated and overcrowded habitations, among the poorer classes, among soldiers crowded together and in the prisons.

The principal pathological lesions are found in the meninges of the brain and spinal cord appearing first as a congestion, followed by sero-fibrinous and later a sero-purulent exudate. The longer the duration of the case the more purulent is the exudation. Any of the organs of the body may present pathological lesions as com-

* Read before the Hahnemann Medical Association of Iowa

plications, the most frequent of which will be mentioned later.

The period of incubation is not known, though probably brief. There may or may not be prodromal symptoms, and they will vary in different epidemics. When present they consist of lassitude, headache, muscle and joint pains, and sometimes nausea and vomiting. These may last from a few hours to a week or more, complaint may be limited to cervical and occipital pains lasting a day or two.

Most cases begin abruptly with a chill, often severe, moderate fever, quickened pulse, severe headache and vomiting, and in children often convulsions. These symptoms are soon followed by pain in the back and cervical portion of the spine, which any attempts to move the body aggravates. The muscles of the cervical region contract and become rigid producing opisthotonos. Deglutition may be impossible. The headache is very severe and persistent, although there may be remissions, and it is aggravated by noise and light. Vertigo accompanies nearly all cases. Hyperesthesia is a frequent symptom, the slightest touch being painful. Anesthesia sometimes follows this symptom. Delirium is nearly always present; it may come early or late, may be mild or violent, and in fatal cases may go on to coma.

Muscular contractions and twitchings of the muscles which later assume the form of tonic spasms, drawing the thumb upon the palm, the forearm upon the arm, the leg upon the thigh and the thigh upon the abdomen. Photophobia is frequent, the pupils may be dilated or contracted, more frequently the former, or they may be unequal in size and react poorly. Strabismus, conjunctivitis, even blindness, temporary or permanent, suppurative ear troubles and deafness.

Various eruptions may accompany the disease, often herpes facialis and petechia. The latter eruption has given the disease the name of spotted fever; it may be bright at first, turning darker later. The vomiting is of cerebral origin, usually comes early and may or may not be persistent. The urine presents nothing diagnostic.

The fever usually runs a moderate course, ranging from 101 to

103, yet there are cases in which the temperature rapidly rises to 105 or 106, but this does not indicate a more severe attack. Perhaps an irregular temperature is more characteristic of this disease. The pulse like the temperature is apt to present variations both in rhythm and volume and the respirations are increased and sometimes irregular.

Some authors describe four and others five forms which the disease may assume.

(1) The mild in which the diagnosis is difficult except during an epidemic, as the symptoms are variable and indefinite, consisting of headache, vertigo, languor, nausea and vomiting, and a mild fever running but a few days.

(2) The abortive form, in which the initial symptoms are severe, but rapidly subside and recovery takes place in a short time.

(3) The intermittent form in which the symptoms subside in a day or two and these remissions are followed by a recurrence of all the distressing features. These intermissions usually occur late and tend to prolong the disease.

(4) The typhoid form in which a typhoid condition supervenes.

(5) The fulminant form in which the symptoms manifest great malignancy and with few exceptions prove fatal. This type is more apt to be found at the beginning of an epidemic.

The two cases I have seen were of this form. There were eight in the family; the sanitary surroundings were unfavorable; a little boy four years old was taken sick about nine a. m. The first symptom was crying. His mother thinking he was just cross took him for a walk. On their return he began projectile vomiting, the customary physic was given and rejected. He was quite feverish and drowsy, so was placed in bed. Little attention was paid to him then until his father arrived about four p. m., when it was found that he could not be aroused.

I was summoned and found the little fellow in a comatose condition with a temperature of 105½, cold arms and legs. A mustard bath was given and an ice cap placed to the head. During

the next two hours the temperature dropped to $103\frac{1}{2}$. Another physician was then summoned and the bath repeated. He died at 11 p. m. without a diagnosis having been made.

The following morning at eight o'clock his next younger sister, a little maid two and one-half years old, was stricken in the same manner. I was sent for at once. This case I think exhibited the symptoms more plainly, as she had the retraction of the head which I had not noticed in the boy. Kernig's sign was also present: the temperature was not over 103 at any time. She died the next morning at two o'clock. No eruption in either case. This report is but meager, as my record was mislaid. I report them merely to show with what rapidity the disease sometimes works.

The symptoms leading us to a diagnosis are sudden onset, intense pain in the neck and back, tonic or clonic convulsions, prostration, vomiting, vertigo, somnolence, delirium, contraction of the muscles of the neck, hyperesthesia, moderate although variable temperature, pulse also variable, Kernig's sign which is present in nearly all cases, and Lumbar puncture, the last being the most accurate method of diagnosis we have.

Some trouble will be met with in distinguishing between this disease and tubercular meningitis. The latter has longer prodromes and slower invasion, probably a pre-existing tubercular condition or family history, retraction of the abdomen, less retraction of the neck, less pain and rarely eruptions.

In pneumonia with meningeal complications the physician must exercise caution in determining which was the primary disease. The same may be said of the cerebral type of typhoid fever.

The principal complications are pneumonia endo- and pericarditis and pleurisy. The sequelae are numerous, such as paralysis of the various parts or contractures, difficult speech, poor memory and dementia due to permanent changes in the brain structure. Deafness, blindness, hydrocephalus and long-standing severe headaches.

The mortality varies from 25 to 80 per cent, owing to the form of the disease, the surroundings, the complications and the age of the patient. The highest mortality occurs among children. From

five to thirty years there is greater resistance. In those who recover convalescence is often retarded by exacerbations and complications.

These cases are now isolated and quarantined similar to the more contagious diseases. The sick room should be darkened and quiet, avoiding all excitement and the patient kept in bed till convalescence is firmly established.

The diet should be entirely liquid, allowing semi-solid food when recovery begins, gradually resuming the more easily digested solid foods.

The application of cold to the head and spine is beneficial. Lumbar puncture, drawing off some of the spinal fluid is said to benefit some cases. As to the remedies I will merely mention some of those most frequently useful: Gels. Bryo, Bell. Cicuta. Cimicif. Ars. Rhus, Bap. Crotalus, Lach. Verat Vir. Verat Alb. Cuprum, Apis, Hell. Hyos. and Zinicum Met.

Discussion.

Dr. Huntoon: I was in hopes Dr. Bickley, of Waterloo, would be here to discuss this paper. I had a paper last year on this subject, which I did not read, but Dr. Bickley gave us a very interesting talk on two epidemics that he had passed through in Waterloo. His treatment was different from anything that is laid down in the books. We usually find cold applications, ice cap, ice bags, etc. He used hot applications with remarkable success, and he said that he had two remedies which he used invariably in each case, and as I understood him, one was gelsemium and the other lobelia, both of which he used in the tinctures.

Dr. Sage: Dr. Bickley told me that one stormy night when the roads were extremely bad, of being called out to see a case, and the roads were so bad he could not get there, but he said to the man, "You take this medicine along with you and when you get home, you take some pieces of old quilts, and put those on, use hot applications from the neck the whole length of the spine, and use this medicine, and I will come out as early as I can in the morning." Well, in the morning he went out as early as he could and the man met him at the door and he said, "How is the child?" "Why, that child was dead before I got home, but the next younger one had it when I got home," he said. "I used the medicine you gave me and we went on putting on hot packs as you said, and I guess that one will live and get along all right."

There were several children in the family that had it, and the rest of them got along all right. The main fact I wanted to impress was this, that is the necessity of using large hot packs from the neck the whole length of the spine, and keeping them up from twelve to eighteen hours if necessary. That is his whole treatment, and the gelsemium and lobelia, and I know that while other doctors were losing these cases like flies, Dr. Bickley lost hardly any cases. I think we ought to remember this in a disease that kills them as fast as this.

Dr. Macomber: Thirty-five years ago I passed through an epidemic of so-called spotted fever in New Jersey. My share of the cases was sixteen. Thirteen of them recovered. My treatment was gelsemium and baptisia in the tinctures alternating, and hot applications for the whole spine, varying the treatment in some cases. For instance, some child who screamed out in his sleep, of course I gave apis for that. If there was any one remedy indicated, I tried to use that remedy. For instance, the first case I was called to see was a man of thirty years of age, perfect health, absolutely strong and well as you ever saw a man. He was sitting on the sofa talking as usual—this was Sunday afternoon. He fell as prostrate and as quickly as if he had been struck by lightning, rolled off the sofa on to the floor unconscious. Within fifteen minutes I was there and commenced giving him baptisia and gelsemium and using hot applications from the start. He was unconscious until Wednesday night. This was on Sunday afternoon, and Wednesday at the same hour he began to come conscious. He told me that his first consciousness was that he was in hell—that was his first thought on waking. Dr. Helmuth, in consultation said that treatment “has brought me out scores of times.” That was the first case I had of the sixteen. Several of them were chronic cases and ran from three to six months. Three of the sixteen were moribund when I was called. Since then I have had very few cases. One was a baby eighteen months old, in convulsions for twenty-four hours, but the symptoms were very marked for apis mellifica. That is only one of the very few cases since I came to Iowa.

Dr. Felt: I had four cases at Reinbeck, the first was a boy sixteen years of age. He was taken sick one morning with chills, high fever, intense aching of the back and limbs. I saw him about nine o'clock that night, thought he had Grippe. The next morning I called to see him and he was delirious. I noticed he kept wrinkling his forehead. I thought then there was some mental trouble, but I had never seen a case of meningitis. It kept coming to me: I tried to put it off. That afternoon I was called to see him again and he had regained consciousness, had perfect control of his faculties, laughed, talked and wanted to get up, but

I noticed there was a marked hyperesthesia, if you touched him he would cry out. His heart was beating 150 times a minute, or something like that. I noticed his finger nails were getting black, his lips were getting dusky. He died that night about nine o'clock, became delirious again. He did not become spotted, he turned purple, kind of mottled or marble all over. The next case was a man forty-six years of age. Was in town that afternoon, got home about three o'clock, complained of feeling ill, went to bed, did not seem to be seriously sick. The folks gave him some home remedies, lemonade or something of that sort. His wife was in town to get medicine for one of the boys, did not mention her husband being sick. I went out about nine o'clock, found the man delirious, temperature 106, breathing about 50 times a minute, pulse was about 90. Then I could not get anything from him, but the family said he had been working hard that day and got to sweating and cooled off quite suddenly. I thought perhaps he might have pneumonia. I examined his lungs thoroughly and kept examining them from time to time. It was about ten o'clock when I got there. About midnight he developed symptoms of meningitis and died—about six hours after they discovered he was seriously ill. The next was a little girl three years old, died forty-five minutes after I got there. The next case was a brother five years old, taken sick four or five hours after girl died. Called me back out there. I tried hot packs on him, gave him gelsemium and he got well. He had convulsions quite a while. He was taken sick about one o'clock in the morning, about three o'clock that afternoon he commenced having convulsions. I do not see how a person can use hot packs when they are in convulsions throwing about, and you can hardly keep them on the bed. I could not keep a hot pack on him.

Dr. Geo. Royal: My first experience with the disease occurred the year after I graduated. I came to Rockville, Connecticut. Another young physician with myself settled about the same time, and I think the very next week he was unfortunate enough to get the first child. The child was taken with convulsions in the morning and was dead in the afternoon. The following day I was called to a place where the child was taken with convulsions. It lived a little less than four hours. The third child was in the hands of an eclectic physician, and the first thing he did was to give chloroform to quiet the convulsions. The child went into a semi-comatose condition, afterward become fully comatose and lived about five days, never recovering consciousness. In talking with Dr. Peltier who had quite a number of cases following this, he said, "There are two remedies. Gelsemium until the convulsions come on, and after convulsions there is one remedy and that is *aceta racemosa*," and he also used the hot pack. And in answer

to Dr. Felt's objection, the doctor invited me to see a case while I was there, and wishing to learn how, I observed that he would take the cloths, put them on the back, put a towel right around and pin it so as to keep them on, and would change them every few minutes. The doctor saved 60 per cent in that severe epidemic. Gelsemium first, and just as soon as indications of convulsions began, or convulsions took place, he would drop his gelsemium and use *aceta rocemosa*. The gelsemium he used in the first.

A NEW DEPARTURE IN QUARANTINE.*

A. M.. LINN, M. D., DES MOINES, IOWA.

Quarantine is a modern institution. It is regarded as necessary in our civilization. The legal restriction placed upon infected persons is in the interest of the community. Quarantine is based upon the theory in law that the rights of the community are paramount to those of the individual, and that the infected individual is a menace to the safety of the community. The community thus aims to protect itself from the spread of contagion and in doing so the interests of the individual are disregarded.

The assumption is, that by this means the desired result may be obtained, and the spread of the infection checked. No one will gainsay the fact that quarantine has proven a very efficient means to that end. It is a formidable barrier in the way of the rapid spread of epidemics. Other means are helpful. It is well known to medical science that the rapid spread of an epidemic adds to its virulence. Ample material adds to the fierceness of the flames and an abundance of non-immunized material lends itself to the growing malignancy of an epidemic.

Our modern sanitarians have grappled with the problem of prevention in its various phases. Sanitation, disinfection, fumigation, isolation, vaccination and quarantine have all proven helpful in the relentless warfare against contagion.

Another factor will in the near future attract attention and merit consideration as a means of prevention. To speak of such measures at this date is much like a glimpse of the first faint light coming as a herald of the dawn. The time is coming when

*Read before the Hahnemann Medical Association of Iowa

prevention of another type may largely supplant our present efforts to prevent the spread of contagion.

In the matter of smallpox alone is this means of prevention used. I hold it is true that we are measurably immune from smallpox virulence, because our fathers and grandfathers were vaccinated. The recent years have witnessed wide-spread visitation of smallpox not only over our own section of the country, but from coast to coast. It is unexampled in its mildness. In truth it bears so little resemblance to the classical form of the disease that some reputable medical men entertain the theory that it is a hybrid. Not so, however, with those who have had extended opportunity for observation. On the Indian reservation at Tama it appeared in most virulent type and some 14 per cent of the population were carried to the happy hunting grounds. The Indian ancestry had not been vaccinated, and hygiene was an unknown quantity in the Indian camp.

A radical departure in the theory of smallpox prevention comes when we assume that it is an avoidable disease. It is reasonably demonstrated that vaccination repeated till it no longer "takes" is an absolute preventative of smallpox. This fact can scarcely be controverted. Examination of statistics from Germany and some other nations relative to vaccinations practically prove the contention. If such be true then there is placed in the hands of every citizen the means of protection against smallpox at any time and everywhere. If this truth be accepted then the serious question arises as to the justice of quarantining any one and restricting his liberty for protection against a disease which is preventable. If I can protect myself by available means, why should the law deprive you of liberty if I won't. Your liberty is valuable. Quarantine is objectionable. It is enforced under protest, and sometimes with difficulty, often at much cost in time and expense.

What obtains in smallpox will yet in the not distant future obtain in other contagious diseases. The means of immunization will be found for most or all of them. Do we appreciate what a potent prophylactic against scarlet fever, the sydenham type, we have in belladonna. What are the possibilities in bacilinum as a

prophylactic against tuberculosis, or perhaps tuberculinum. At present a whole variety of sera are provided for treatment of various infectious diseases. The new era is actually dawning. You and I may live to see in full effect this method of protection against contagion. Many sera are exploited today which have for their ending the raising of the opsonic index for a specific disease. Our friends who are here discussing the opsonic theory of Wright, are urging that there is a specific opsonin for each disease. A little of the specific serum for the prevailing disease will be administered on its appearance in the future and preventive medicine will have accomplished an important part of its mission.

Today there are on the market vaccines for tuberculosis, Malta-fever, plague, streptococcus, pneumococcus, staphylococcus, gonococcus, proteus and bacillus coli, anthrax, tetanus, rabies and others.

Is this view of the quarantine of the future somewhat utopian? Perchance it is. Certainly the time for its coming is not here. In the path of all innovations there are heralds proclaiming their advent. Much of the scientific work of today will be looked upon a decade hence as eminently crude. Within a week I have heard the method of prevention of contagion characterized as unscientific. The near future will note marked improvements upon our method of controlling the spread of infectious diseases. We have not yet obtained perfection. We are far in advance of a quarter of a century ago. The ultimate in prevention is not yet attained.

Discussion.

Dr. Macomber: Which kind of vaccination do you prefer?

Dr. Linn: I think it is generally known to most of the members of the Homeopathic Society that I have been a constant and persistent user of the internal method.

Dr. Hanchett (W. H.): This is a splendid, scientific paper, although as the doctor says it is somewhat Utopian in its terms. If prophylaxis will prevent disease, if we are going to be able to immunize ourselves against disease and do it in a harmless way, it is a great step. Dr. Linn has struck the key note, and Dr. Wright, of London, is probably today the greatest living prophet of this coming immunization of the human race against disease.

Dr. Blackstone: I would like to ask when the gentleman says he favors the internal method, what he means, whether he means variolinum or vaccininum.

Dr. Linn: There are one or two points raised in the paper which are very interesting. The question concerning the possibility of immunizing the system against contagious diseases was really the one that was brought to the front in the paper, and the questions which were asked concerning this, I will reply to first. The truth of the matter is that immunization is as yet a largely unexplored territory. We know more concerning immunization by vaccination against smallpox than immunization against any other affection, and we believe that vaccination will reasonably effectively protect the system for a series of years. In a paper which I read before the Institute, I think at Buffalo, the question concerning the length of time variolinum will immunize was discussed somewhat, and it was determined, as far as we had light at that time, that variolinum immunizes in the same way and probably for the same length of time as does vaccination. It is interesting also to notice experiments concerning immunizing against tuberculosis; experiments that to me were exceedingly interesting, were conducted by the managers of the Pasteur Institute at Lille in France. They experimented with a view of determining the immunization of cattle against tuberculosis. They prepared what might be termed the aqueous extract, using the bacilli of tuberculosis, and destroyed them by subjecting them to heat to a sufficient degree, and then introduced them through the digestive tract into cattle. To report briefly, these men experimented and found that by giving to cattle the sterilized tubercular bacilli intact, that these tubercular bacilli themselves were subsequently found in the glands of the cattle, still intact, and they found by further experiment that cattle were rendered immune to tuberculosis for a considerable length of time, but the duration of time to which that would give them immunity against tuberculosis for not determined. In fact, the question of immunization was reasonably sure, reasonably well established, but of course the length of time to which the cattle would be made immune was an undetermined question. Now we cannot tell concerning the taking of tuberculinum to what extent it will immunize the human being, but as I say, these questions are yet in their infancy, and in a few years from this time, you and I will know a great deal more about the possibilities of immunizing against the various epidemics by means of the various sera that are presented.

The other question was, I was asked as to my preference, whether I preferred variolinum to vaccination as a means of immunizing against smallpox. There are few, I suppose, in this audience, who do not know that I have been a somewhat per-

sistent and consistent advocate of variolinum as a means of protection against smallpox. "Seeing is believing and feeling is the naked truth," and when we have had these things presented to us again and again as we had occasion to see it here in Iowa, and especially here in Des Moines, we cannot have nor entertain any doubt about the effectiveness of variolinum, provided—and here is the provision, that the variolinum which we use is potent.

You know that in the use of scarification, the vaccine points have to be reasonably fresh or they soon lose their potency, they soon become sterile, and by the same token I want to say, too, that variolinum is not the most stable drug among our remedies. Consequently, we ought to watch the results carefully and see that in each case we get the returns. It awakens in the system the ordinary constitutional symptoms, such for instance, as we have read before—little fever, general systemic aching, and markedly persistent, some little disturbance of the stomach, etc. These symptoms will follow the exhibition of the remedy, and more than that, I would not want to sign a certificate myself unless I could find some of these symptoms produced. I might say that we do not expect always when we give a remedy to get outward effects all at once, but in the use of variolinum, when we want to immunize against smallpox, we should be reasonably sure we obtain the desired result, and consequently, we have used here in Des Moines, certificates that state that on such and such a day the physician supplied such and such persons the remedy for vaccination. Then attached to the same paper the patient certifies to the fact that the remedy was taken according to directions, on such a date, and that the symptoms produced were such and such. Potency is a matter of less moment. I think I have never used lower than the sixth for the reason that you may waken a very nice little case of varioloid if you care to. I am now using the thirtieth. A young child was brought to me about ten days ago, and I gave variolinum 30th. The case has been reported to me by his brother, who said he was showing the symptoms mentioned a while ago. I once heard Dr. Allen say that he had never seen a proving by the 30th potency of any remedy. I want to say to you that we have seen the 30th potency again and again, produce the symptoms already referred to. If any of the members of this association do not know the efficacy of variolinum, and you want to see this little case, I believe I can bring it before you this afternoon, and you can see it for yourselves if you care to.

Now, one more thing. We as homeopaths feel that our evidence concerning anything is pretty good, but you know we somehow attach a good deal of importance to it if our belief is confirmed by our allopathic friends, consequently I want to quote to you here. We have at the head of our bacteriological department

in Iowa City one of the cleverest allopaths in the state. Recently in teaching pathology, the question came up concerning internal and external methods of vaccination, and he simply stated that there are two methods of vaccination recognized by the state of Iowa, one as practiced by the regulars, namely, scarification, and the other as practiced by the homeopaths, namely, variolinum. He said, "Gentlemen, if I mistake not, in the near future there will be only one method of vaccination and that will be the internal method, and when the time comes, we will have to thank our homeopathic friends for it."

Dr. Stoddard: I want to verify what Dr. Linn has said. I have had the privilege of proving this in a family of seven, father, mother and five children. The son was sixteen years of age, taken sick on Thursday evening. They sent for me on Saturday evening and I was a little mixed, seeing him very late and in rather a hurried way, and I thought he was troubled with the grippe, claimed back ache, etc., and I told him to report the following. They said he was improving next day and not to call. I was called Tuesday; they said he was showing some eruption and they wanted me to come over and make a diagnosis. I told them the case looked like smallpox and I reported it to the health officer, but said, "If you question my diagnosis, I would like to have you join me and we will go and look at it," but he said, "No, I am perfectly satisfied. If you have made diagnosis of smallpox, we will let it go at that." I took the case in hand and prescribed the 35th potency and also to the balance of the family and the father did not show any evidence, only the symptoms as the doctor stated, and the two little children, one seven and one five, showed a very light form of varioloid. The mother and one little daughter of two and a half years of age, and a little nursing child three months—the one two and a half showed a little more acute form of varioloid and the mother and the infant I reported as smallpox, but the reason was, I think, this: The mother had been in rather poor health previous to the confinement and following confinement, and the little children have been troubled considerably during the winter with grippe, and previous to the exposure to smallpox were having quite a serious run of whooping cough, and it reduced the vital forces and I think we were unable to get the action of the remedies that we did on the older patients of the family. But I must confess here that the results are remarkably good, and through all these cases there was no pitting, except on the infant babe, but that was the result of letting the little one rub its nose and eyes. Aside from that there was no pitting at all.

Dr. Lusk: I want to ask Dr. Linn what house he gets his variolinum from. I have used a preparation of variolinum and

I have gotten no effects on the 12th potency. Is there a house that will guarantee the purity of the production?

Dr. Linn: I assume any house would be willing to guarantee the production, but I should want to know in the first place that it was recently prepared, and in the second place, I would want to guarantee results myself by watching the case.

A Toast.

Here's to the doctor who is brave and bold,
Ready for battle as knights of old ;
Here's to the doctor who fought and won,
Shows his real worth as a Hahemannian son.

Here's to the doctor who is true blue,
Who works for victory all the year through ;
Who always works with right good will,
And never fails to give the "little pill."

Here's to the doctor of the Homeopathic school,
May he prosper and finally rule.
Then we will all be happy and rejoice,
For this is the school of our choice.

At each meeting, as you will see,
That though we do not always agree,
The Homeopathic school will stand the test,
And prove to all it is the best.

—Dr. H. E. Messenger.

IOWA HOMEOPATHIC JOURNAL

PUBLISHED MONTHLY.

G. A. HUNTOON, M. D.	-	-	-	EDITOR
ERWIN SCHENK, M. D.	-	-	-	PUBLISHER

DEPARTMENT EDITORS.

R. M. HOMAN, M. D.

F. J. BECKER, M. D.

A. M. LINN, M. D.

C. E. HOLLOWAY, M. D.

Books for review, exchanges and contributions. (It is to be understood that papers have not been printed elsewhere, that they should be typewritten, reprints will be furnished at cost if request accompanies paper.) Personals, news items, subscriptions or card ads, should be sent to the Iowa Homeopathic Journal, Box 152, U. P. Sta., Des Moines, Ia.

All communications in regard to advertising should be sent to the Publisher, Dr. Schenk, Utica Building, Des Moines, Iowa.

Each contributor is alone responsible for the ideas advanced.

Editorial.

The following extract by J. F. Matthew, M. D., West Sound, Washington, appeared in a letter addressed to the editor of the *Medical Advance* and printed in that journal:

“Personally I care not what a man’s practice is if he be honest and consistent. If I found any system of treatment giving better results than homeopathy I would adopt it. It would be right that I should do so; but then honesty would dictate that I ceased to call myself ‘homeopath,’ and end my affiliation with a ‘homeopathic’ society. We respect our learned brethren on the opposition benches who differ from us, we can forgive their persecution in the past and present in a modified form. We know that from time to time some of them will get the light of ‘truth’ and become a pillar of strength in our ranks; but we can have no respect for the ‘pretender,’ and we should show no consideration for the

vender of spurious homeopathy.”

If this was a single occurrence in our literature we would let it pass at that, but every now and then we see such statements as these and they tend to bring the homeopathic school into disrepute. It is this same disposition on the part of the dominant school, i. e. the unwillingness to accept truth from whatever source it may come, that keeps them from investigating the merits of the homeopathic law. If medicine were an exact science and homeopathy the only method of cure of disease, it would be a different thing and we would have a right to put out such statements as the one quoted above; but we know that such is not the case. That the homeopathic law is the most scientific method of the application of drugs to the cure of disease we thoroughly believe; that it is the only method, no one in his right mind would claim. For instance, a case of infantile convulsions due to a lot of indigestible food in the intestinal canal, can be cured quicker by a dose of castor oil for its physiological effect and an enema of soap and water for its mechanical effect than by any other method. Antitoxin is the best known antidote to the poison of diphtheria, surgery comes in for its part in the cure of disease by the removal of the offending parts. Now while we believe implicitly in the efficacy of the law of similars we should not expect the impossible from it.

The cause of homeopathy has been done an injustice by over zealous ones setting forth such claims for it.

We sincerely hope and trust that in the due course of time, by the means of painstaking investigation and research the correct simillimum will be found for every diseased condition, but until such a millenium is at hand we must look these things squarely in the face and see how narrow it is for one to think that because in some few things we at the present time do have to go outside the pale of homeopathy therefore we should no longer call ourselves homeopaths and “cease to affiliate with a homeopathic society.”

Every man should be an investigator, but in order to be such, one must be receptive to truth wherever found. Homeopathy is the most rational system of medicine known to man today and

let us hold fast to every item of good that we have, but on the other hand, we do not want to shut our eyes to truth from any other source. Let us bear in mind that "all that pertains to the great field of medical learning is ours by tradition, by inheritance, by right." Therefore we do not need to apologize to anyone for appropriating whatever is of value, regardless of its source.

Take a Vacation.

Have you taken your vacation yet? If not, be sure to plan to take one. A man that carries the load of responsibility that a physician does, should get out from under it at least once a year for a few weeks.

Some men work along year after year without taking a rest and all of a sudden come to the realization of the fact that the continuous strain has undermined their health, and that even with a long rest they are unable to regain that which has been lost. Many doctors feel that they never can find time when their patients are all well enough so that they can leave; of course if a man has even a fair practice this would be the case; but it is a mistake to tie oneself down that way. While it may inconvenience some at the time it will pay you in the long run. You will come back from your vacation rested and refreshed and eager to take up your work again and your patients will appreciate you more because you have been deprived of your services for a while.

Did you ever feel like tearing that telephone off the wall and throwing it out the window when it rings say in the middle of the night. Well, when you get to feeling that way it's about time to take a vacation. All work and no play makes Jack a dull boy. Don't work all the time or don't play all the time, but when you work, work hard, and when you play do it the same way.

Send in Your Subscription.

The new postal rules and regulations say that in order for us to be able to send out your journal at a second-class rate of postage you must not be more than three months in arrears with your sub-

scription, so in order to save us the extra expense of sending your copy at increased postage rate, will you please send in your remittance at once? We believe the journal has done a lot of good for homeopathy, especially in the state of Iowa, and every practitioner in the state should be a subscriber to it, as it will keep him in touch with things that he can get in no other way.

Do a little missionary work and get some of your friends to subscribe for the Journal. Keep a good thing moving and encourage the work by sending in your dollar, and **DO IT NOW.**

Members of the state society who are in good standing (this means if you have your dues all paid up to date) are entitled to the journal free of charge.

News Items.

Dr. W. Mac. Hanchett, who graduated at Hahnemann, of Philadelphia, in May, joins his father, Dr. A. P. Hanchett, in his practice in Council Bluffs, Iowa.

Dr. A. P. Hanchett, of Council Bluffs, after attending the July meeting of the State Board of Health, went to New England for six weeks' vacation and recreation.

Dr. and Mrs. I. O. Pond, of Sioux Rapids, are to be congratulated over the arrival at their home, July 2d, of a fine boy.

Dr. Chas. Reed, of Monroe, South Dakota, spent several days in July visiting relatives and friends in Webster City. We are glad to say that Dr. Reed has a fine practice in Monroe.

Dr. and Mrs. E. N. Bywater, of Iowa Falls, are taking a several weeks' vacation at Lake Charles, Alabama. During his absence the Doctor's practice is being looked after by his brother, Dr. J. B. Bywater.

The Manchester Press states that Dr. P. E. Triem has sold out his practice to Dr. John May and will go west. Dr. Triem has been one of the wheel horses of homeopathy in Iowa and will be sadly missed by his colleagues and friends.

Dr. George Royal and wife are in the East visiting relatives. A letter received by Dr. M. A. Royal states that his father is in Boston to attend a meeting of the council of Medical Education of the A. I. H.

Dr. Alice Humphrey Hatch reports that she and her husband are having a fine time out in California.

Dr. Alice Goodrich, of Des Moines, has gone to Chicago to spend a week with her sister.

The Eaton Memorial Fund is still growing at a good, healthy rate, about \$200.00 this month.

F. L. Tribon, M. D., Algona, Iowa, is very much pleased over a new baby at his house. It is a boy, the first of four children.

Dr. E. M. Kingsbury, of Hillsboro, Iowa, has left there and located at Norman, Oklahoma. Read his letter under "Correspondence."

Dr. O. I. Hall, M. D., Zumbrota, Minn., died the last of June after a sickness lasting nearly a year. The Doctor was one of the leading and oldest homeopathic doctors in the state.

Dr. Lathrop, who located at Zumbrota, Minn., about two months ago, has gone back to Wisconsin.

M. L. Ewing, M. D., of Evansville, Wisconsin, was in Chicago last month for a little operation. After getting out of the hospital she spent the time till she was able to go to work with friends at Minneapolis. She is at home now hard at work and feeling fine.

We are sorry to report that the family of Dr. J. H. Denham, Downsville, Wisconsin, have been having a spell of scarlet fever and out of the five children that had it, the baby died. The others are well and around again.

F. A. Soles, M. D., Spencer, Wisconsin, has been taking a little vacation which he did not wish for. He was called to Warner as witness in a law suit and was not very happy when we saw him.

S. Schaffer, M. D., Winona, Minn., has moved his office and

has now fitted a suite of rooms in fine shape in the First National Bank Block.

W. O. Seeman, M. D., Eau Claire, Wis., is expecting his brothers, the Drs. Seeman from Sioux City, Iowa, and Oshkosh, Wis., and they are going to take an auto trip to some of the fine lakes in Wisconsin and see what they can do in the way of fishing.

Dr. A. J. Mather, of Polk City, and his wife were in Des Moines the latter part of July. Mrs. Mather underwent a surgical operation and is still in the hospital and at last reports was doing nicely.

Dr. E. C. Stanley, of Whitten, Iowa, who disposed of his practice to Dr. C. W. Vrom, of Ackley, has located in Des Moines.

Dr. M. A. Royal, of Des Moines, is building a new residence on 37th street near University avenue.

Dr. H. C. Aldrich, of Des Moines, had the unpleasant experience of being held up in his own home before breakfast. The holdup man was a former coachman and after robbing the doctor, insisted at the point of a revolver, on taking breakfast with the family. After breakfast he took his departure and has not been apprehended as yet.

Dr. E. G. Linn has just returned from a trip to Mt. Pleasant.

We understand that Dr. E. C. Brown, of Madrid, was the recipient of a red necktie on July 4th. Ask him about it.

At the Institute meeting at Kansas City, Dr. Messenger, of Des Moines, pledged \$100.00 to the Council of Medical Education, from the women physicians of Iowa. As yet only a small part of this has been raised. Send her a check for five dollars right away and help a good cause along.

Dr. A. P. Hanchett, of Council Bluffs, also pledged \$100.00 from the men physicians of the state. Send him a five and help him along.

The genial ex-president of the American Institute of Homeopathy, Dr. Royal S. Copeland, of Ann Arbor, was married to Miss Frances Spalding, Wednesday, July 15th. They will be at home

after November 1st, in New York City. The readers of the Journal wish the doctor much happiness.

We have not as yet heard any loud noises from that Journal Committee of the A. I. H., but we expect that they are busy at work and from our limited experience they will have plenty to keep them busy for some time.

Dr. D. W. Dickinson, of Des Moines, is taking his usual summer's outing at Lake Okoboji. The doctor takes the right system and does not confine himself to work the whole year round, but is as systematic about his vacation as he is in other things.

At the recent meeting of the Iowa State Board of Health, Dr. A. M. Linn was elected president and Dr. A. P. Hanchett president of the Board of Medical Examiners.

President Dr. D. A. Foster, of the A. I. H., has appointed Dr. M. T. Runnels, of Kansas City, as secretary to fill the place made vacant by the death of Dr. Frank Kraft.

Dr. J. H. Phillips, of New Sharon, was in Des Moines recently on his way home from a visit in Rochester, Minn.

Dr. A. C. Cowperthwaite, who was quite sick at the time of the I. A. H. meeting, is now in the far West in search of health which we trust he will speedily regain.

According to the *Clinique* the following Iowa doctors were recent visitors in Chicago: Dr. O. L. Chaffee, of Waverly; Dr. W. A. Guild, and Dr. F. Duncan, of Des Moines.

S. B. Zoller, M. D., Fredericksburg, Iowa, has just returned from Chicago where he purchased an X-Ray machine.

G. F. Seems, M. D., of Mitchellville, has received his patent from Washington for a new corn planter. It is a new device and does away with the use of the chain or wire used on the old planters.

University Notes

Dr. E. B. Wiley, Grinnell, spent Sunday, July 19th, at the hospital with his wife who has just undergone an operation.

Dr. George Mosby, Waukon, brought a patient to the hospital for operation, July 11th, and stayed over Sunday visiting old-time college friends and relatives.

Dr. Leora Johnson has returned from her summer vacation, most of which was spent in Michigan.

Drs. Bywater, Hazard, Becker and Titzel attended the meeting of the Central Iowa Homeopathic Medical Association at Cedar Rapids, Wednesday, July 15th.

Drs. L. A. Royal and H. E. Dice, of West Liberty, stopped over at Iowa City on their way to the Cedar Rapids meeting.

Dr. Kauffman, of Union, had three patients at the hospital during the last week.

Dr. Frank Adrian, Harper, had a patient in the city last week. We are glad to hear that the Doctor is meeting with success at his new location.

Drs. Manahan & Power, of the class of '08, who were appointed interns at Flower Hospital, New York City, report their work in that institution as being very satisfactory, and they hope to reap much benefit from it.

Miss Alice Beatle, having resigned as superintendent of the hospital, and her successor not having been appointed, Miss Sterling, of the class of '08, is in charge temporarily and giving good service.

Miss Ester Albright, '08, H. N. T. S. has decided to remain in Iowa City to follow her profession and will be a great help to the profession of the city, as she is a very efficient nurse.

We are very much pleased to see so many of the Alumni of this college at the recent meeting of the A. I. H. at Kansas City and are proud of the fact that one of them was elected as secretary of the O. O. & L. Society and another, vice-president of the Obstetrical Society.

Gynecological Notes

CONDUCTED BY F. J. BECKER, M. D., IOWA CITY, IOWA.

The great frequency of "backward displacements of the uterus" will make the following resumae, of recent literature upon the subject, of interest to the general practitioner:

G. B. Smith, in *The Practitioner*, Aug., 1907, in a lengthy paper comes to the following conclusions:

1. Many cases of backward displacement are unattended by symptoms and need no treatment.
2. Some are congenital and have symptoms that are not referable to the displacement, namely, dysmenorrhoea and sterility. These call for a different line of treatment.
3. Where enlargement and tenderness of the uterus exist, and there is a difficulty in immediate replacement, treatment, with a view to reducing congestion, had best be carried out. The same preparatory treatment would apply to those cases in which the ovaries are prolapsed.
4. When well-marked symptoms of neurosis are present, it is advisable to consider carefully how far the local condition is responsible for them. Treatment in these cases is likely to be somewhat of an experiment.
5. When the uterus is bound down by adhesions, persistence of symptoms, in spite of treatment, will justify an operation for the freeing of adhesions and fixation of the uterus forward.
6. Ventral and other methods of fixation of the uterus are called for in a small minority of cases of backward displacement. Owing to the risks involved in the operation itself, and subsequent pregnancy, it should be undertaken only when other measures of relief have failed.

W. H. Thompson, *Chic. Med. Rec.*, Feb., 1908, summarizes the trend of opinion as follows: Uncomplicated cases of retro-displacement should have the benefit of treatment, Manual replacement with tampons and pessaries, before resorting to operations. Following pregnancy, all cases should be examined one or two weeks after delivery for retro-displacements, and if necessary re-

ceive treatment. Complicated cases are often cured by the removal of the complications.

The general trend of operations, when the case is not beyond the expectation of pregnancy, is away from fixation, toward suspension through shortening of the round ligaments, whether outside or inside of the abdomen is not decided.

R. Olshausen, *Zeit, f, Gyn., Jan., 1908*, on the etiology of puerperal retro-flexion says: The overfilling of the bladder prevents the fundus from becoming ante-flexed, and the position of the patient upon her back favors the tipping of the fundus backward, the thinned tissues having no resistance. An over filled bladder and intestines will contribute to the pressure of the fundus backward.

Primeparae should be examined a few weeks after confinement to ascertain whether this displacement has occurred, and when such is found it should be rectified at once and a pessary used to hold it for a while. Such treatment will give a permanent cure.

W. P. Graves, *Boston Med. & Surg. Jour., July, 1907*, retroversion and its treatment, advises Alexander's operation when the uterus can be easily replaced and there is no need of inspecting the abdominal cavity. Where it is desirable to open the abdomen and no marked relaxation or excessive adhesions exist, Mayo's internal Alexander is the operation of choice. In cases with many adhesions and marked retroflexion, the uterus should be attached to the abdominal wall so that it will stay. Attachment of the uterus to the abdominal wall by a suture merely through the peritoneum is an inefficient method of ventral suspension.

Societies.

Central Iowa Homeopathic Medical Society.

The Central Iowa Homeopathic Medical Association held its thirtieth annual session on July 15th, at Cedar Rapids, at the club rooms of the "Montrose" at 5 p. m. The following pro-

gram was given: Regular Order of Business, Gonorrhoea, Symptomatology of, Dr. M. A. Newland; Gonorrhoea in Gynecology, Dr. John Cogswell; Gonorrhoeal Ophthalmia, Dr. W. L. Bywater; Gonorrhoea, Diagnosis of, Dr. H. C. Parsons; Gonorrhoea, Prognosis and Sequellae of, Dr. C. J. Snitkey; Gonorrhoea, Treatment of, Dr. D. F. E. Tiffany.

This meeting was one of the best attended and most interesting in the history of the society. Officers elected for the ensuing year, Dr. C. J. Snitkey, Belle Plaine, president; L. A. Royal, West Liberty, secretary; D. E. Tiffany, Cedar Rapids, treasurer. The next meeting will be held at Belle Plaine on October 18th. .

Des Moines Homeopathic Medical Society.

The regular meeting of the society was held Tuesday evening, July 14th, in the Savery Hotel. It happened that both the homeopathic and old school societies met on the same night, so on invitation of the Polk County Society both societies met together. Dr. Alden, of Indianola, read the paper of the evening for the homeopathic society, the subject of which was "Intestinal Anastomosis." The doctor supplemented his paper with charts and diagrams showing the different methods of anastomosis. He also had some specimens which had been done on a dog which were very interesting. The paper was one of practical interest and was accorded a generous discussion.

Dr. E. Luther Stevens for the Polk County Society gave a paper on "Gonorrhoea" which was a statistical report on that disease in Des Moines. Great stress was laid on the fact that something ought to be done to lessen this disease. A free discussion followed Dr. Stevens' paper.

A committee was appointed to report as to means of preventing this condition. The Homeopathic Society was invited to co-operate with a like committee.

Correspondence

Norman, Okla., July 9, 1908.

Dr. Huntoon,
Des Moines, Iowa.

Dear Doctor:—I promised to send you some news from Oklahoma. As I have been unpacking and getting located I assure you my news will be brief. I have called on some of the homeopathic brethren here and find there is uniformly an enthusiasm in regard to the prospects of our school in this state. As far as laws pertaining to the practice of homeopathic medicine, this state of Oklahoma has the best of any state in the Union. This condition is due to the persistent work and generous outlay of time and money of the president of the State Society, Dr. J. Hensley. I called on him at his home in Oklahoma City just after his return from the Kansas City meeting and found him in his usual good spirits, a little more so, as he was elected second vice-president of the Institute.

I would refer any man looking for a location in this state to him, as he is the best posted medical man of any school in the Southwest. And more than that he is willing to help anybody and desires to place more homeopaths in Oklahoma. It was through him that I secured this very desirable location at Norman.

We are very much pleased with the country and people and the prospects are splendid. We find it as desirable a place to live as Iowa. The State University is located here and without a doubt it will be the leading school in the Southwest in a few years. Oklahoma is growing and is bound to keep it up. We need homeopaths here and need them badly; more probably than in any other state. We want homeopaths, you understand, not a conglomeration of nothing. It is an opportunity for young men to practice what they were taught, especially if they were taught at "Iowa." Among the many men from our state at the American Institute were Joseph Hensley, Oklahoma City; D. W. Miller, Blackwell; Dr. Inman, of Oklahoma City; S. B. Leslie, Okemulgee; Lelo H. DeVashia, Muskogee, and others.

Very truly yours,

E. M. Kingsbury, M. D.

Book Reviews

Regional Leaders—By E. B. Nash, M. D., author of "Leaders in Homeopathic Therapeutics," "Leaders in Typhoid," "Leaders for the Use of Sulphur" and "How to Take the Case." Second edition. Revised and enlarged. 315 pages. Flexible leather, \$1.50, net. Postage, 7 cents. Philadelphia. Boericke & Tafel. 1908.

This is a neat volume of convenient size for pocket use: There has been an addition of 215 symptoms in this edition, making a total of 2,000 symptoms given. This work of Dr. Nash's gives us the mountain peaks from which we get a rich view of the drugs contained in the *Materia Medica*. Arranged regionally, it is valuable not only as a reference book, but to pick up and familiarize ourselves with the leading symptoms of our remedies. If we would memorize the symptoms contained in this book we would have a wonderful working knowledge of homeopathic *materia medica*.

To those who have the first edition this one needs no recommendation; to all others we cheerfully recommend it to your attention.

A Clinical Materia Medica.—A course of lectures delivered at Hahnemann Medical College of Philadelphia, by the late E. A. Farrington, M. D. Reported phonographically by Clarence Bartlett, M. D. With a memorial sketch of the author by Aug. Korndoefer, M. D. Fourth edition, revised and enlarged by Harvey Farrington, M. D. 826 pages. 8 vo. Cloth, \$6.00, net. Half-morocco, \$7.00, net. Postage, 40 cents. Philadelphia. Boericke & Tafel. 1908.

It has been necessary to bring out a fourth edition of this book so well known to all lovers of homeopathy. In reviewing the book we find that some forty pages have been added to the work, including a full lecture on *Natrum Arsenicatum* and according to the preface these additions have been made from Dr. Farrington's original manuscript notes and his articles from current literature.

We are glad to note that the original matter has not been changed to any extent, for, to change what has become one of the classics of homeopathic literature would simply be to mar it.

Quite a little has been done in the way of revising the indexes, which was badly needed, this adds materially to the value of the work. It is the book of all, to give to the physicians of other schools who really care to investigate homeopathic materia medica, and it is also the best book for our own use when we want to sit down and read and refresh our minds on materia medica.

Roll Call

Dr. W. G. Condit died at his home in Allerton, June 20th, at the age of 32 years. He was a man of more than ordinary ability, and was doing a large practice. The doctor formerly was in practice in Des Moines. He had been married about two years and leaves a wife and one child.

Dr. Frank Kraft. Just as we are going to press we learn of Dr. Kraft's death at St. Louis, July 19th. Thus another giant has gone to his long rest. In the loss of Dr. Kraft, homeopathy has lost one of its keenest intellects and staunchest friends; his place cannot be filled. There was only one Frank Kraft; to read his writings was to admire him, to know him was to love him; his memory will long be cherished by the whole profession.

Miscellaneous Items.

The Parathyroids: Our knowledge of the existence of parathyroids is only of recent date, and we are gradually learning something of their function. They are small reddish or yellow brown ductless organs usually situated behind the lateral lobes of the thyroid gland and within the capsule of the latter. They vary in number from one to five, usually there are four, two on either side. Each has a capsule of its own and also an independent blood supply through a branch of one of the thyroid arteries. It has been shown that many of the nervous symptoms immediately follow-

ing removal of the thryoid are due to the associated removal of the parathyroid bodies or to the cutting off of their blood supply. Chemical investigation has demonstrated that there is diminished retention of calcum salts in the body in the presence of tetany following removal of the parathyroids, and relief has been afforded under such circumstances by administration of one of the salts of calcium. Dr. Norman Philip Geis (*Annals of Surgery*) has made dissections of thirty-seven parathyroids in twelve subjects, and from his studies he concludes that the glands are important organs and in order to save them and to maintain their blood supply in the course of operations on the thyroid only the blood vessels that enter that gland should be cut and the safest method of operating to this end is from above downward.—*Journal A. M. A.*

Do We Hear Ourselves As Others Hear Us.—G. Hudson Mauken, Philadelphia, points out the existence of physical difference between subjective and objective hearing; an illustration of which, one can obtain by listening to reproduction of one's own voice in the phonograph. He relates a clinical instance of a boy past fifteen, with a falsetto voice, who was easily trained to produce single tones having a normal chest resonance, but who objected to speaking that way, as it sounded to him harsh and disagreeable. Hundreds of people have defects of speech and voice of which they are absolutely unconscious. Hearing in its finality is a mental process, and like all mental processes is susceptible of training.—*Journal A. M. A.*

The dread of impending evil, when not traceable to actual abnormality, is relieved by anemonin, gr. 1-67 every hour, in hot water, till easy.

Do's and Dont's.

The older the mother, the more imperative the need of watching her vascular tension and feeding her on veratrine if indicated.

The younger the mother, the greater the need of an extra supply of lime salts during the whole period of her pregnancy.

If confined to a single remedy during pregnancy our choice would rest upon buttermilk; two quarts or more each day, taken ad libitum.

Do not give arsenic in any form during pregnancy; fatty degeneration of the placenta may possibly be caused, and we do not need arsenic.

A muddy complexion indicates imperfect elimination. Clear the bowels and give alnuin one to three grains daily with plenty of water.

Effervescent magnesium sulphate is one of the very few lax-

atives that never irritates the uterus into perilous contractions. Castor oil does.

Headaches are always derived from the alimentary canal or due to defective elimination. Flush bowels and give gelsemine or solanine to relieve.

Gastroduodenal fermentation subsides under salicylic acid gr. 1-6 every fifteen minutes for half or a whole day, with bowel flushes.

Persistent gastroduodenal fermentations demand copper arsenite or sulphocarbolate in minute doses for a week; seldom require repetition.

In pregnancy where the danger lies in defective elimination give as little toxin forming food and toxic medicine as possible.

The danger from non-elimination is infinitely greater than that of insufficient food for mother or child.—*Cleveland Medical and Surgical Reporter.*

**Anabsolutely
reliable self-
filling Fountain
Pen—JUST
THE PEN
FOR PHYSI-
CIANS.**

**No soiled fin-
gers.**

**No loss of
time.**

**No loss of
temper.**

**A great con-
venience.**

WELTY'S FOUNTAIN PEN



**Sent to re-
liable parties
for trial.**

**Guaranteed
for five years.**

**Prices, \$2.50,
\$3.00, \$4.00,
\$5.00. Differ-
ence of price
being in size of
holder and gold
pen.**

**Send for No.
3 Catalog.**

The William Welty Co.

Waterloo, Iowa, U. S. A.

WE are manufacturers of Pure **Homeopathic Medicines**, Tinctures, Triturations, Tablets, Cerates, Etc.

We are dealers in Physicians' Supplies of every description. If you want the best goods that can be produced send your orders to us.

Our 200 page Catalogue and Reference Book sent free on application to any physician.

P. H. Mallen Co.

38 Randolph Street

CHICAGO

HOLSMAN Oldest and Largest
Makers of

BUGGY-TYPE AUTOMOBILES

SIX YEARS OF SUCCESS

The above should attract the attention of the thoughtful man, for such an enviable reputation is earned only by being able to state following facts: **most economical, most reliable, most simple, greatest efficiency on bad roads.**

The Holsman is air-cooled, has solid rubber tires and is built high enough to clear country roads like a carriage.



T. J. WILLIAMS, Iowa Agent.
512 Grand Avenue **DES MOINES, IOWA**

IOWA HOMEOPATHIC JOURNAL

Vol. II

OCTOBER, 1908

No. 10

Original Articles.

FATAL CUPIDITY OF PREDATORY WEALTH.*

T. L. HAZARD, M.D. IOWA CITY, IOWA.

Fourteen per cent of all deaths are from tuberculosis. Thousands who do not die have the disease and are continually a menace to those with whom they come in contact. Selfishness is the main obstruction to the annihilation of this scourge. Many property owners prefer that people should suffer and die rather than that their profits should be lessened by safeguards which cannot be obtained without the expenditure of money. For this reason I contend that greed is a strong etiological factor in a too high death rate.

Before Jenner's time smallpox swept over Europe in decimating cycles. Partial immunity has been obtained by vaccination, and variola is not the terror it once was. For centuries yellow fever devastated the southern part of our country, the West Indies and Central America, destroying thousands of lives and doing almost incalculable financial injury on account of quarantine and restricted commerce. To the latter conditions we are to a great extent indebted for the lack of opposition to measures which put into effect virtually controlled this terrible scourge. The individual afflicted with tuberculosis and his immediate family are the main ones who suffer from this disease. If men of wealth suffered financially and commerce was seriously interfered with on account of tuberculosis, its control would not be difficult.

Until recent years the treatment of yellow fever consisted in using certain drugs of doubtful value, in nursing and in pray-

* Read before the Hahnemann Medical Association of Iowa

ing for cold weather. With the knowledge that the anopheles is the transmitter of yellow fever and that without its assistance the disease does not spread, spurred on by the fear of financial loss, systematic efforts have been made to destroy the breeding places of this pest, and the disease which formerly was feared so much, now can be comparatively easily controlled.

As much might be done to control tuberculosis if we lived up to our knowledge. The treatment of tuberculosis is essentially limited to the endeavor to cure those who are afflicted, though a little has been done in prophylaxis by anti-sidewalk-spitting ordinances, the use of fresh air and sunshine and attention to nutrition. We have equalled the example of the savage tribes in Africa who go up the mountains to sleep that they may not be bitten by certain mosquitoes which they have found cause malaria. We advocate and to a certain extent practice going into the open air and away from the sources of contagion, but we do but little to wipe out the hundreds of thousands of breeding places of tuberculosis which are scattered thickly from one end of this country to the other.

Nearly every person who dies, has previously lived in some house. A large per cent of these lived in rented houses which were never disinfected unless perchance good fortune permitted a member of the household to have some acute contagious disease. Rooming houses and hotels are constantly being contaminated and made foci for the spread of tuberculosis. This is especially true of rented houses in which family after family are successively exposed to the stored up germs of ages. Omnibusses, hacks and cars, as well as ambulances, are frequently used by those who are tubercular. Until an intelligent and thorough effort is made to disinfect these breeding places, the fight against tuberculosis will be ineffective. Each one of you undoubtedly can call to mind houses in which some members of family after family have been afflicted with tuberculosis, diphtheria or scarlet fever. The one thing which will do more than any other to increase longevity and decrease sickness is disinfection, thorough

disinfection of houses, of hotels and all common carriers of passengers.

Hahneman strongly advocated in the treatment of disease, the removal of the cause. How much better it would be to secure the bolt of the garage before the auto is feloniously borrowed.

I suggest that the following bill, or one similar, be introduced in the next General Assembly, and that every effort possible be made to get it enacted into law :

An act to require and regulate the disinfection of hotels, rooming houses, dwelling houses and common carriers of passengers.

Be it enacted by the General Assembly of the State of Iowa ;

Section I. That thorough disinfection under the direction and supervision of the State Board of Health shall be had throughout all dwelling houses at least once a year, throughout all hotels and rooming houses at least once each six months, and in all omnibusses, hacks, cars, and other common carriers of passengers at least once each month.

Section II. Any owner or lessee of any of the property named in this chapter failing to comply with the provisions hereof, shall be deemed guilty of a misdemeanor and shall be fined not more than \$100, or be imprisoned not more than thirty days.

THE PUPIL OF THE EYE IN HEALTH AND DISEASE. *

F. A. SEEMAN, SIOUX CITY, IOWA.

Responsive to various influences which cause contractions and relaxations of the muscular and elastic tissues and blood vessels of the iris, the pupil serves to regulate the amount of light entering the eye and to correct some of the spherical aberrations of the refracting media ; and in health when the lids are open both pupils undergo frequent and equal variations in size, contracting when a bright light falls upon the eyes and when the eyes converge or accommodate for near objects ; dilating when the light is feeble or the eyes are shaded and when the accommodation is relaxed and vision is directed to some distant object, they

*Read before the Hahnemann Medical Association of Iowa.

also dilate when the skin is pinched or when the cutaneous or other sensory nerves are stimulated and in some psychical and emotional states, during muscular exertion and as the result of fatigue. In deep sleep they contract, because all stimulations are then reduced to a minimum; Robey says the pinhole pupils of sleeping infants dilate instantly on waking, a point of diagnostic value, if a child's pupils do not dilate on waking, drug influence or intra-cranial mischief may be suspected; both pupils contract and dilate together even when only one eye is stimulated. The movements of the iris are involuntary, but being coordinated with changes of accommodation they are brought indirectly under the influence of the will. The pupils are very small in newly born infants, larger in children and young adults and smaller again in old age, larger in myopes dark irides and in women, smaller in men hyperopes and light irides. Some of the movements of the iris are reflex, some are associated and some are consensual. The contractions to the direct stimulation of light is reflex as is also the dilatation which occurs on stimulation of the cutaneous nerves; the contraction which occurs during convergence and accommodation is associated while the harmonious and equal action of both pupils when only one eye is stimulated is consensual. The contracting mechanism of iris is innervated by the third nerve and dilating by the cervical sympathetic. If the third nerve be destroyed by disease or accident the pupil will dilate and if the sympathetic is cut it will contract. The size of the pupil may be conveniently measured by means of a gauge consisting of a series of dots or apertures ranging in size from .5 to 7 or 8 MM. In testing the reaction of the pupil the uncovered eye should be fixed on a distant object, taking the measurements, then cover the eye for a few moments and take measurements upon reopening. In health the pupil quickly dilates and contracts and even in disease, so long as there is quantitative perception of light there is as a rule pupillary reaction. Sometimes reflex action is retained in an eye which is totally blind; the presence or absence of reflex contraction on stimulation of a blind eye depends upon the seat of the lesion.

If the lesion be above the corpora quadrigemina, pupillary reflex may persist without quantitative perception of light. The movements of the iris may be hampered or altogether prevented by the presence of senecchia, by persistent pupillary membrane, by plus or minus tension, by disease or dislocation of the iris or by the action of certain medicaments applied to the eye or internally administered. Disorders of the pupil manifest themselves by alterations occur symptomatically in some general disease and especially in diseases of the nervous system; It cannot always be determined whether an alteration is due to spasm of one mechanism or paralysis of its antagonist. In intrathoracic tumors and other diseases pressing upon the sympathetic nerves there usually is dilatation of one or both pupils in the early stages from irritation and contraction in later stages due to paralysis and destruction. One of the pathognomonic signs in tabes dorsalis is the reflex iridoplegia or argyol Robertson condition of the pupil which is present in ninety percent of all cases. This consists in abolition of the pupillary reflex to light, while until late in the disease associated contractions to accommodation are retained. It is usually accompanied by double myosis which in turn is associated with loss of reflex dilatation on stimulation of the cutaneous nerves, a symptom less important diagnostically than the first named. In uraemic, eclamptic and epileptic convulsions the pupils are wide open and fixed by which these diseases may be distinguished from the seizures of uncomplicated hysteria. Unequal pupils are more or less common in eyes that differ greatly in their refraction, in dental disorders, in inflammation of the cervical glands, apoplexy, alcoholism, general paralysis of the insane and disseminated sclerosis; plainly manifest pupillary inequality in the absence of special defect or ocular diseases is always pathologic; Hippus consists of constant minute irregular fluctuations in the size of the pupil and has been noted in paresis of the third nerve also in nystagmus epilepsy, the later stages of progressive paralysis multiple sclerosis, neurasthenia and the onset of acute meningitis. In the administration of ether the action of the pupil is of little importance, but on the other hand in chloroform anas-

thesia the pupil should be closely watched, if chloroform is pushed to the danger line its paralyzing effect reaches the medulla, respiration is arrested and the heart ceases to beat; occurrences announced without any premonitory symptoms other than the sudden dilatation of the pupil, which is always a strong and unmistakable reminder that the effects of the anaesthetic have been carried beyond the limits of safety. Every physician should be well posted upon the effects of certain drugs upon the pupil, both when internally administered or locally applied; This knowledge by large doses of aconite, Belladonna Bromides, cocaine, cyanide of potash, digitalis, ergot, gelsemium, Salicylate of soda, strychnine and quinine; Used locally, atropine homatropine, duboisine and several other drugs produce mydriasis; Myosis may be produced by internal administration by antifebrin, calabar bean, cannabis indica, carbolic acid, chloral, male fern, iodoform, jab-
orandi, morphia, opium, and tobacco; or by the local use of eserine or pilocarpine.

Discussion.

Dr. Bywater: I want to compliment Dr. Seeman on his paper. He has covered the subject very well. I want to emphasize a few things—the size of the pupils of old people should always be small, and if a person of fifty or above comes into your office with enlarged pupils, you know there is something wrong, and it may be something seriously wrong, and a very careful examination should follow. It may be due to several things, but it should be followed up, at least to see what the real cause of it is. The other is that in examining the pupils of any patient, if you notice that one of the pupils is larger than the other, there is probably something wrong there, but unless we are very careful we may be misled. We should always stop and make a few inquiries before we jump at any conclusions, and ask what has been put into the eye; cocaine or atropin or something of that kind may have been put in locally. And again, you may find that the sight is very poor in one eye, which will account for the difference in the size of the pupils.

Dr. J. L. Hanchett: I have been using the H. M. C. tablets lately for beginning of anesthesia. I notice the pupil does not show much reaction. It seems to be almost nil.

Dr. Sage: In illustrating one point on size of pupils in old

people as indicating disease. I had one case in which the patient complained of double vision. An old gentleman who had been a gardener and a very hard working man, and in that case the pupils were dilated, one a little more than the other. I looked the case quite carefully and I found that the reflexes all over the body were abolished. There was only one finger that he had any power over at all, the rest of the fingers would just slide right back. Could not snap them, no power to do so. I looked the case over and found that instead of being an eye case, it was a case of progressive muscular paralysis, and made a very poor prognosis. The man was put under treatment, I do not remember just exactly what, but he died in about six months.

Dr. Seeman: I have nothing further to say, only Dr. Bywater spoke of the care in which we should make examinations where a patient comes in with unequal pupils. It reminded me of a case, a physician, one pupil very much larger than the other, and the first thing I asked him was, "What have you put in your eye?" He said "Nothing." On further inquiry I found that he had been putting up atropin for another patient and had evidently gotten some in his eye.

THE MISSION OF HOMEOPATHY.*

ROYAL S. COPELAND, A. M., M. D., ANN ARBOR, MICHIGAN.

This is a time when almost every passing day chronicles the birth of a new system of medical treatment. Most of these, it is true are rather systems of applied philosophy or theology than of material therapeutics, but each is a protest against the existing order in medicine. Among laymen there is a widespread distrust of present methods of dealing with disease. There can be no explanation for the abandonment of old methods. Man does not really depart from the practices of a life time, and caprice, alone would hardly account for this wholesale defection. Naturally one inquires regarding the attitude of the profession itself. What is the feeling among medical practitioners? Is there perfect confidence and assurance here, or is the uneasiness of the laity simply the reflection of a similar state of the professional mind?

The truth is, among physicians of the allopathic school there is abundant evidence of an almost absolute loss of respect for drugs and their therapeutic value. No longer does the practitioner pin his faith to remedies which for time out of mind have

*Presidential address, read before the A. I. H. at Kansas City, June 1908.

been depended upon in this or that disease. Osler, the head and shoulders of the dominant school, says, "He is the best doctor who knows the worthlessness of most medicines." "Throw physic to the dogs," is the almost universal cry of the old school medical men. Agnosticism is the attitude of that profession toward all therapeutic procedure. Only recently a prominent allopathic neurologist in one of the large cities of the continent stated to your speaker: "I am an honest man, trying to help my patients, and there is nothing, absolutely nothing in our *materia medica* to give a ray of hope to the afflicted. I am helpless as a babe in the presence of disease, and feel myself to be a useless barnacle on the hull of society." *The Failure of Sanitation and Surgery.*

Whence comes this lack of lay and professional belief in drugs? Why should men turn away from the established school, seeking elsewhere for their ailments? Is this revolution justified? Let us examine the records and see what is the state of things. Is disease just as fatal, perhaps more fatal than formerly? Is human suffering less by reason of the seeming advances in sanitation, surgery and therapeutics?

In sanitation, for instance, there is a far flung battle line. No more do men trust in reeking tube and iron shard. Sanitation is not now a matter of foul smelling disinfectants. It is a technical, scientific attack upon the essential causes of disease. The nation, the state, the municipality, even the rural communities, are insistent upon the active observance of sanitary rules. The inspector, with equal foot, visits the capitol and the cabin, the palace and the pig-sty, the sky-scraper and the adobe. Nothing escapes his watchful eye. With test tube and microscope, with culture medium and incubator, with guinea-pig and rabbit, with all the paraphernalia of modern science, he searches out the cause of disease and recommends methods to avoid them. The flea, the fly, the tick, the rat, the mosquito and the family cat are in turn the objects of his displeasure. Commissions without number have instituted successful search into the nature and hiding places of the foes of humanity. Undoubtedly, mankind has

benefited materially by these labors. Many regions of the earth, heretofore uninhabitable by any except the immune, are now safe dwelling places for all. Most of the plagues and epidemics of olders times are now in all probability, purely historical. Mankind, consequently, is under great debt to the many departments of science devoted to sanitation, even though the full measure of the debt may be indefinitely less than the enthusiastic claims of the laboratory. Of this more may be said later.

Since the days of Lister, surgery has taken huge strides in results and popularity. Hospitals, a few years ago places to be dreaded and avoided, have become more numerous, and are crowded to the doors with patients seeking attention largely on the surgical side. Not an organ of the body and hardly an affection is excluded from the surgeon's field. With waning interest in medicine and purely medicinal treatment, the profession and laity have turned to surgery. There is something appealing and fascinating in the thought of a brief surgical operation and convalescence, with immediate escape from long time pain. Why suffer the delay and ultimate disappointment of medical treatment, when the surgeon can so easily end both? Thus the surgeon waxes rich, the hospital accounting is to the good, and the old time family physician like "Dr. MacLure" is known only as a character in fiction.

If, by sanitary and surgical procedure, disease is not only shortened, but longevity promoted, and human existence sweetened, it were unwise to utter protest against the present trend in medicine. But the wise man will "take stock" occasionally to see if he is really thus enriched. Let us tonight examine the situation and determine if it be one to face with joy or to face with anxiety.

The most encouraging results of human effort to wipe out disease and to promote longevity have been accomplished in the extremes of life. Thousands of babies have been kept alive who most certainly would have died except for increased medical knowledge. Frail, puny, immature infants, formerly the easy victims of any infection, are so guarded that they pass the danger

line and safely reach the age and development capable of self support. So too, the very old are warned against over active physical exertion, and so directed as to food, drink, surroundings and exercise, as to live beyond the old time expectancy. Not so roseate, however, is the prospect of the middle stage of existence. Indeed, if statistics are worth anything, the outlook is gloomy and discouraging. Stevenson says the individual who expects to live but a week, should be just as cheerful and active as if he were expecting to live a hundred years. A member of this body does not share Stevenson's optimistic spirit. This doctor says that he is in constant dread that old Death, armed with a club, is lurking just around the corner, ready to beat his brains out and end his medical career. Were our friend to study the United States Census Report for 1902, he would find material to justify his fears, and he might come to feel that the patient, as well as the doctor, is not as safe, excluding age itself, as he was even ten years ago.

Disease Becoming More Fatal.—As compared with the death losses of 1890, in the United States, the losses per hundred thousand in 1900 had enormously increased as regards certain diseases. Pneumonia, for instance, reaped 1,108 more deaths in every hundred thousand cases than ten years previously; heart disease, 1,328 more; kidney disease, 1,222 more; apoplexy, 806 more; diseases of the stomach, 338 more; diabetes, 164 more; cancer, 634 more. The increase of fatal cases of cancer in this country and all over the world is terrifying. In 1900, of reported deaths, thirty thousand people died from this dread disease in the United States. Probably if the truth were known, more than fifty thousand persons departed this life as the direct result of cancer in 1907.

Arthur W. Mayo, late president of the International Congress of Surgery, in his recent book on "Cancer of the Stomach," is the authority for some facts regarding the marked increase in mortality from cancer. He says, "In England during the last thirty years the recorded death rate from cancer has nearly doubled, while in America, it has almost been trebled. Doubtless this

may be partly due to greater accuracy in diagnosis, for the increase has been largely recorded in the internal organs and much less accessible parts. But, as stated by Dr. Roger Williams, there has not only been uniformity in the varieties of the increment in the long accession of years, but the increase has involved all parts of the body without material alteration in the normal proportionate ratios; moreover the increase has been recorded in most civilized countries."

For the sake of our present discussion, it is granted that some diseases are being reduced in number of cases and in severity by modern methods of treatment. For instance, tuberculosis, in its incipiency, is undoubtedly curable, or apparently so, by the present day system of rest, feeding, and out-of-door life. From personal inspection of most of the public, and many of the private sanatoria of America, your speaker is fully convinced of the value of the Trudeau system. Without the added aid of internal medication, the natural methods are certainly accomplishing much for humanity in its fight against the white plague.

Testimony of the physician in charge of the institutions is that medicines are never given, except, of course, for acute or intervening disease. The significance of this fact will appear later.

There is small wonder that the medical man, the sociologist the philanthropist, the statesman, and the humanitarian should join hands in the great crusade against tuberculosis. The results of treatment in this disease are in such marked contrast to the usual effects of medical treatment that naturally they must attract wide and favorable comment. There is always more acclaim over one victory in a losing war than over a dozen fruitless battles. It was ever thus. We have heard, indeed, that "joy shall be in heaven over one sinner that repenteth, more than over ninety and nine just persons which need no repentance." No wonder a profession, counted among the learned callings, with its garments threadbare and its granaries empty, shall rejoice that in its barren acres is this one splendid field. We rejoice, too, and, with all mankind, join in the pean of praise and thanksgiving.

The curability of diphtheria by neutralizing the toxins of the causal germ is a second monument to scientific genius. There are those, of course, who still object to the use of antitoxin, and insist that it is harmful rather than beneficial. Personally, your speaker, at the risk of possible criticism from within the sound of his voice, states as his conviction that von Behring's gift to humanity is of inestimable value. However, he wishes, in the same breath, to declare that the effect cannot be explained as dynamic or therapeutic, in the true sense, but it is simply a wise use of chemistry almost as elementary as the administration of an alkali to neutralize an acid.

Let us turn to another disease thought to be more or less under control of the modern laboratory methods, viz., typhoid fever. Regarding this disease a recent writer has said: "In spite of all that is being done to purify water supplies and correct other means of conveyance of typhoid infection, in 1900 there were 3,405 deaths from this disease per 100,000, against 3,216 for 1890, an increase of 189. "It is my personal conviction based upon observation and reports in medical journals," this writer says, "that typhoid fever has been more prevalent for the past eighteen months than it was when the statistics embodied in the last census reports were gathered." Simon Flexner, the Rockefeller Institute investigator, reports a case where for half a century a patient, supposedly cured of typhoid fever, was nothing more or less than a culture medium for typhoid bacilli. During all these years he spread and disseminated this dread disease. Another writer, George Dean, of the Lister Institute, in a March number of the British Medical Journal, tells of a similar case where the germs were found in the secretions of the body twenty-nine years after the attack. Forster, of Strassburg, has determined that the normal bile is an excellent medium for the typhoid bacillus and that fully 2 per cent of typhoid victims, for months or years, are typhoid carriers. Talk about exterminating typhoid! One might as well talk about exterminating rain drops or snow storms.

In this connection, speaking of the dangers from infectious dis-

ease in a recent number of *Science*, Flexner says: "Perhaps the chief single compelling phenomenon is that of the microbe carrier, who is everywhere coming to be regarded as a serious menace to the health of communities. He is not a new discovery, for, as regards diphtheria, he has been known for more than a decade. But now he has been found to disseminate, not only typhoid fever, but also dysentery, plague, cholera, influenza, spinal meningitis, and, in certain localities, a host of protozoan diseases. Moreover, he is not, like the victim of tuberculosis, who is also a microbe carrier, a sufferer from the disease which he disseminates, he is as a rule, immune to the microbes in an actual sense and is usually ignorant of the sinister role that he plays in life." Flexner recites instances of long persistence of disease producing microbes, not only of typhoid fever, but also of other dread conditions. Plague germs, for instance, have persisted seventy-six days after recovery; influenza bacilli has been found in the sputum a whole year after the attack.

With all these facts before us, the outlook is indeed gloomy. In spite of all that sanitation has done and may yet accomplish; in spite of all the marvellous results of surgery—the acme of which must soon be attained in spite of all the modern methods, of nursing and general management of the patient, disease is rampant; each year more prevalent and more fatal. Is there no help for the sons of men? Must we sit in idleness and with folded hands accept the inevitable as merely the execution of heaven's relentless verdict?

The Reason for Therapeutic Failure.—Before suggesting a remedy for the lamentable state of affairs, perhaps, analyze the figures and offer some reasons for these discouraging statistics.

For a decade we have bowed down and worshipped the laboratory. The physiologist, the pathologist, the histologist, the embryologist, the bacteriologist, the physicist, and the chemist have been placed upon a pedestal, demanding the homage of the nations. Your speaker takes second place to no man in his admiration and respect for these scientists, and belief in their labors. They have faced myriads of problems, and, to the satisfaction and

betterment of mankind have solved them, one by one. As Achilles dragged the body of Hector at his chariot wheel, so has the modern scientist subjugated the unwilling mysteries of life.

Regardless of the interest in all this fascinating research, a proper proportion must be maintained. The conclusions of the experimental laboratories must not blind us to the fact that the human cell may not react in the same manner, and the laboratory of life itself may force a different conclusion. In the language of Duckworth: "The clinician is always in the face of the personal factor in each patient. The physiologist has a dog, or a guinea pig, or some definite organ of an animal, but rarely a man before him. The problems are not the same, and never can be. The personal factor, then, demands careful study from the physician, for men and women are not so many wooden nine-pins turned in a lathe as some would have us believe. * * * A very little consideration makes it clear that this is not true, and multitudes of instances at once disprove this view which is evolved in the laboratory of the physiologist and contradicted at the bedside."

The laboratory idea has run rife. Much of scientific value has been discovered, but all is yet too new, too unassimilated, to be of value to the practitioner. It is of no interest to the patient to be assured that this or that germ is the cause of his trouble, that this or that pathological change has occurred in his tissues. What he wants to know is, what will cure him? The *argumentum ad hominem* is: What can you do for me?

The general profession is rich in scientific theory, but, speaking now of the allopathic branch, poor in remedial resource. Among the laity there is, in spite of Collier's attacks, an increasing use of patent medicines. Quinine and opium are imported in large quantities, and the annual consumption of drugs is estimated by a conservative statistician at about two gallons, exclusive of liquors and cordials, for every man, woman and child in the United States. Probably a large percentage of the increase in heart disease may be attributed to the pernicious habit of using headache powders. Likewise, many of the deaths in

pneumonia are doubtless the result of cardiac depression following the use of antipyretics. Even some educated doctors are still antediluvian enough to think "the fever must be broken," to quote the antiquated language of olden days. All drugs used for their physiological effects to slow the heart's action and reduce fever are, in the opinion of your speaker, harmful always, dangerous often, and fatal not infrequently.

The Hopelessness of Allopathy.—Conservative and observant physicians of the old school have come to recognize these malevolent results of drugs. Naturally, they have lost confidence in them and a large number have practically abandoned therapeutics. This lack of confidence in drugs, added to almost reverential devotion to the laboratory ideas, has developed the Osler school of medical practice. Its slogan, as we have said, is: "He is the best doctor who knows the worthlessness of most medicines." The practice of medicine with most followers of this thought is a chase after scientific facts. The game is won by a careful record of the onset, course and effects of the disease, by a study of the bacteriological peculiarities of the attack, by a systematic examination of the secretions and excretions, and finally, by a radical post-mortem examination to confirm the ante-mortem conclusions.

Your speaker does not wish to be unfair. He does not include in this class the majority of practitioners by any means. He respects and admires many of the other profession who are known to him as honest, conscientious men and women. In common with your speaker these join in protest against the present day trend. Take the language of Sir Dyce Duckworth, of London, for instance. In speaking before the Faculty of Medicine in Paris, four months ago, Sir Dyce said:

We are, I fear, suffering in these days from a widely spread spirit of incredulity, timidity, and hopelessness in the whole realm of therapeutics. We spend much time in cultivating elaborate diagnosis, and this is quite right, but we grievously neglect our main business of healers and mitigators of diseases. Our knowledge of the materia medica has declined out of all proportion to

that gained by the progress of bacteriology which claims to supercede the older therapeutical art. It will never supercede it, for there are two great questions to be answered at the bedside of a sick man—what is the matter with him? and what will do him good? Are we not too apt today to forget the second question, to experiment with synthetical novelties, and to forget the old long approved remedies? In short, are we not, as physicians, slowly drifting into the position of abstract scientists and gradually losing our proper relation to the sick as skilled medical artists?"

The Mission of Homeopathy.—Were the subject ended here, your speaker would be counted an iconoclast, and the discussion fruitless. But it need not rest at this point as we shall see.

There once lived a physician whose contemporaries differed from ours. His confreres, unlike ours, had faith, at least their works indicated a living and riotous faith, in drugs. Hugs boluses, horrid concoctions, vile mixtures, and impossible combinations were the rule. No matter what form the prescription took, however, there was consistency in this at least, that each dose carried a gigantic amount of drug substance. In protest against these massive doses, this physician of whom we speak, proposed a single remedy, to be administered according to a certain law, in such quantity and form as to be at once assimilated by the system of the patient. Dissension and argument followed his pronouncement. Anger, villification, ostracism, and banishment ensued. But the seed was sown, and the grateful tears of the healed watering the soil, the plant came to full leaf and vigor.

The times and the seasons have changed. Now the profession, the same old profession in spite of renewals in lock, stock, and barrel, have come to discard, not only the crude drugs of a century ago, but practically all internal medication. The pendulum has swung to the other side of the arc. But if Duckworth's warning is heeded, if this scientifically acute, but practically obtuse profession will but take its eye from microscope and raise its head from the research table, it will see that the shrub of homeopathic therapeutics, so thrifty a hundred years ago, has

now grown into a giant oak. Within its sheltering shade is room for all the tribes of men who seek the balm of healing.

It must be conceded that the dominant school can lay no claim to the therapeutic possession. No matter what its need of praise, at least it can expect nothing in this direction. It should not resent, therefore, the claims of another for that which it does not itself possess, and upon which it places no value. Disclaiming monopolistic views as regards the law of similars, having at heart the highest good of the race, and only this, and looking upon the acceptance of our proven theories as the world's hope for the cure of disease, we must be forgiven, if as a profession, we stand aloof from the non-therapeutic practice. There may be greater misfortune in this life than discord and dissension. The sword is sometimes more a blessing than peace at any price. The mission of Homeopathy cannot be fulfilled until the theory of similars is accepted as the therapeutic law. We have no quarrel with the other school simply because of our differences in belief. We concede to all, the privilege to think and form conclusions. We claim a like privilege.

Our observation of the careful proving of drugs, of the scientifically accurate materia medica, and of the daily results of its application absolutely confirm our belief in the universality of the law of cure. Therefore to set aside this conviction would be to surrender a moral principle, and to give up the secret of therapeutic success. We insist that the medical profession ought not to be a political machine, a close corporation to be kept in perfect working order, a great organization consisting of orders and degrees, with national, state, district, county and local branches, having no ostensible reason for existence except to control legislation, regulate prices, dictate terms and methods for the treatment of the poor, and to seek the balance of power in party politics.

Truth alone is eternal. Theories change and arguments based upon them fall to earth. Institutions having answered their purpose cease to exist. Governments are fleeting and transitory. Democracy, even, is said to be an experiment. To us it seems as steadfast as did the City of Seven Hills and the Roman Empire

itself to the contemporaries of the Apostle Paul. But all this has passed away. So must it be with the established order in medicine. An institution which has out lived its usefulness, which has so far lost its cunning as to permit disease to multiply in its very door-yard, which has so failed of its mission as to witness the almost daily birth of a new system of medical thought—such an institution must lose its prestige and deserves no better fate than to pass into innocuous desuetude. In its stead will be adopted another system, a system which has passed a century's probation, and with each year has strengthened its hold upon the minds of the observant.

The Rediscovery of Homeopathy.—Homeopathy was an experiment in Hahnemann's time: It proved its value by the clinical test during the next period; by the present day methods, it has been scientifically proven, both as to the theory of similars and the small dose. Sir A. E. Wright's opsonic work, for example, is but a confirmation or rediscovery of Homeopathy. The results of his research are familiar to every professional listener. Working, for instance, with the germ of pus production, he, too observed the law of similarity. Taking minute quantities of the toxins of the disease producing germ, toxins capable of producing symptoms similar to those caused by the germ, he was able to cure the lesions produced thereby. Not only did Wright thus rediscover the law of similars, but also, strange as it may seem, he hit upon the century old conclusion as regards the size of the dose. One ten thousandth of a milligram, equal to the sixth decimal dilution of the homeopathic profession, is the dosage recommended by this scientist. This work is but one example of the recent unbiased confirmation of homeopathic claims. Indeed, wherever the allopathic school can point to positive results in therapeutic treatment, these but verify our claims. The opsonic theory of Wright, the anti-tubercular system of von Behring, the mercurial treatment of specific disease, indeed every single therapeutic procedure of proven value in use by the other school, is simply a verification of Hahnemann's theories.

Conclusion.—In Homeopathy, humanity has the priceless secret,

the key to the shackles of disease, the relief from the bane of ages. This has long been the testimony of our school of practice, it has occasionally been admitted by a broad minded and observant man of the other school, and in this past twelve months especially has been widely discussed in scientific bodies, and the homeopathic ideas, if not the name, are now practically accepted by the dominant school. In the language of the bright winged angel of olden days, we "bring you good tidings of great joy, which shall be to all people." In Homeopathy is healing for the nations. With joint ownership in all the marvels of surgery, in all the products of the laboratories, in all that the sciences collateral to medicine have determined—with joint ownership in all of these, Homeopathy has been sole possessor of the knowledge of remedial application. When surgery has been hopeless, the laboratory impotent, and general science hopelessly at sea, Homeopathy has gone on, serene in the conviction of cures impossible by other methods. Practitioners of our faith are everywhere, our hospitals are increasing in numbers and influence, our asylums, homes, and dispensaries are without end; the records are open and the results of our practice speak for themselves.

But the homeopathic profession has no wish to make selfish use of its knowledge. As the momentary ambassador of this great profession and in the name of Samuel Hahnemann, I freely confer upon all physicians, of all schools, of all creeds, and color, of all nationalities and languages, a boon greater than the scalpel or forcep, greater than anaesthetic or anodyne, greater than hypodermic or application, greater than lotion or emollient, the knowledge of the homeopathic materia medica, and the right to use it in its original purity. By authority of his living heirs, I divide with you our inheritance and receive you as sons and daughters, with ourselves, of our father in the faith, Samuel Christian Frederick Hahnemann.—*The Hahnemannian Monthly*.

IOWA HOMEOPATHIC JOURNAL

PUBLISHED MONTHLY.

G A. HUNTOON, M D.	-	-	-	EDITOR
ERWIN SCHENK, M. D.	-	-	-	PUBLISHER

DEPARTMENT EDITORS.

R. M. HOMAN, M. D.

F. J. BECKER, M. D.

A. M. LIAN, M. D.

C. E. HOLLOWAY, M. D.

Books for review, exchanges and contributions. (It is to be understood that papers have not been printed elsewhere, that they should be typewritten, reprints will be furnished at cost if request accompanies paper.) Personals, news items, subscriptions or card ads, should be sent to the Iowa Homeopathic Journal, Box 152, U. P. Sta., Des Moines, Ia.

All communications in regard to advertising should be sent to the Publisher, Dr. Schenk, Utica Building, Des Moines, Iowa.

Each contributor is alone responsible for the ideas advanced.

Editorial.

The vacation season is over and everybody is getting back to their accustomed haunts. The rest that we have had has done us all good and we have taken up our duties with renewed zeal, determined to make the coming year the best year of our lives. No man can stand still; we must either move forward or backward, if we do not gain we lose. So let us all resolve to move forward and contribute something to make this old world better and to relieve the suffering of Humanity; let us study the harder, that we may be able to accomplish things that heretofore we have been unable to do; let us do more aggressive work to establish the truths of Homeopathy and speed the time when all shall recognize their truths. If we have not gotten a student for a Homeopathic college let us aim to have one for next year. In other words let us all get into the harness and pull. The other fellows will do all the holding back that is necessary.

GOOD READING

The address of Dr. Cabot before the Homeopathic Medical Fraternity of Boston on the topic "How Far Do Homeopathic and Other Physicians Agree, etc.," published in the New England Medical Magazine is good reading.

It is good reading, not alone for Homeopaths, but equally good for our school brethren. The candid dispassionate treatment of the subject disarms criticism and commends the views of the writer to our serious and thoughtful consideration. Impelled by hatred and unjust criticism the Homeopathic school has entertained a spirit of resentment not easily pacified. The continued assumption of selfrighteousness by the old school has seemed not unlike that of the "Pharisee who went up into the temple to pray." In that spirit there was not room for argument.

Scientific research by some of the leading members of the dominant school, notably Wright, Von Bering, Trudeau, Chalmette and others, plus the constantly observed beneficial effects of minute doses of the various immunizing sera have sounded a tocsin call to reason. The old school has prided itself that it is the "Scientific School." This claim is not without justification. The splendid advancement in the medical sciences in the recent years are worthy of highest commendation. Every field of research is being explored by tireless workers in the interest of medical advancement. It is not creditable to disparage such effort, some of it has inured immensely to the benefit of Homeopathy. It is in some instances tantamount to a scientific confirmation of Hahnemann's law of cure.

Nor is there wanting in these scientific men the generosity to acknowledge the apparent conference of the Homeopathic law.

Von Behring states concerning some of his findings: In spite of all scientific speculations and experiments its therapeutic usefulness must be traced in origin to a principle which can not be better characterized than by Hahnemann's word "Homeopath-

ic." What else causes immunity in sheep vaccinated against Anthrax than the influence previously exerted by the virus similar in character to the fatal Anthrax virus, and by what technical term could we more appropriately speak of this influence exerted by a similar virus than by Hahnemann's word "Homeopathy?"

Wright is credited with saying of some of his deductions: "This is pure Homeopathy."

The various sera used to immunize against infections are confirming this law in the minds of the thoughtful everywhere. A decade hence there will be a very general recognition of the law of similars among all medical men. The "leaven of truth" is working and truth will not down.

We can well afford to be complacent in the view of the general recognition and forget the serious antagonisms of other years. With the acknowledgment of the truth of the law of similars criticism is disarmed and more harmonious relations between the schools in medicine seem assured in the coming years.

A. M. LINN.

A plea for an increased interest in the Eaton Memorial Fund.—Do not forget to solicit for this fund. We need the money. It has been stated repeatedly that there are not enough Homeopathic physicians to supply the demand. Three students have already applied for loans. We hope none will be deprived of studying Homeopathy because of lack of funds. The Eaton Memorial Fund grows and only needs the hearty support of those interested in our school of medicine to make it a grand success. Let us "make a strong pull, a long pull, and a pull altogether" and do all within our power to advance the cause of Homeopathy and sound the notes broadcast that we have a fund for the purpose of helping students study Homeopathic Medicine.

Our rallying cry is, "Put a thousand practitioners in the field for every giant who rests from his labors."

Dr. Eaton said before he left us, "When we stop to think

of the lives and health of our fellows wait upon the spread of Homeopathy, the sense of responsibility becomes to great as to swallow up all other considerations, and make it seem that all our thoughts should be centered upon the work of extending its knowledge as rapidly and as widely as possible."

We may promote the spread of Homeopathy by getting men and women to take advantage of the opportunity offered them by the Eaton Memorial Association. The physicians of the state are endeavoring to maintain the principles and truths taught them by their honored professor, Dr. W. H. Dickenson, the founder of our college. Methinks we hear him now saying, "My children, stand by your colors, and never surrender."

The Alumni have battled bravely and contributed generously. In behalf of the officers of the Eaton Memorial Association we thank you for your support and loyalty.

Money may be sent to the Secretary, Dr. Alice Humphrey Hatch, 512 Good Block, Des Moines, the treasurer, Nelson Royal, Attorney, 308 Good Block, Des Moines, or to Dr. Harriette E. Messenger, 2800 University Ave., Des Moines.

News Items.

Dr. and Mrs. C. M. Morford of Toledo are to be congratulated upon the arrival of a son, Aug. 28, 1908.

Dr. Joseph B. Bywater, '08 of Iowa Falls returned from Chicago last week where he underwent an operation for appendicitis. He comes home much improved but will not resume practice until the latter part of October.

Dr. A. P. Hanchett, the president of the State Board of Medical Examiners, attended the convention of the national Public Health Association at Winnipeg.

Dr. W. L. Bywater, wife and daughter of Iowa City spent a few days recently at Garwin visiting the Doctor's father and mother.

Dr. E. N. Bywater of Iowa Falls has just purchased a lot in Iowa Falls on which he expects to erect a modern office in the spring.

Dr. C. M. Morford who has always had the good of the State University at heart has added another student this year to his already long list. The moral to this is "Go thou and do likewise."

Dr. A. B. Clapp of Muscatine is in Chicago taking a special post graduate work on the eye, ear, nose and throat.

Dr. E. E. Richardson of Webster City underwent an operation for hernia at the Chicago Homeopathic Hospital last month. He is recovering nicely.

I. N. Paul, M.D. and family of Perry returned from their vacation trip and say it was the trip of a life time. The doctor thinks that Denver is the only city on the map. We trust he will not think so strong enough to pull up and move out there.

Dr. H. C. Hoefle of Davenport left for his vacation the first of the past week. He has gone to Ohio.

Dr. J. W. Watzek and family spent Labor Day enroute to Davenport from Lake Delevan, Wisconsin in their touring car. The trip was made in eleven hours with no more trouble than one "blow out."

Dr. E. E. McEwen of Mason City is taking a little vacation and putting in his time in Chicago on post graduate work.

Dr. C. H. Graening and wife are taking a little outing in their auto and will take in Stillwater and other points in Iowa and Minnesota on their trip.

Dr. J. C. Bickley, M.D. has located at Mason City and as the doctor is one of the Bickley family of physicians we predict he will make a name for himself. He graduated last spring.

During the early part of September Dr. and Mrs. F. J. Drake of Webster City spent a short vacation in Canada and Wisconsin.

Dr. R. W. Homan of Webster City was called to Sioux Rapids September 18th in consultation with Dr. I. O. Pond.

Dr. I. O. Pond is mourning the loss of his mother, Mrs. W. O. Pond of Gladbrook, who died Sept. 14th.

Dr. and Mrs. R. W. Homan, by the kindness of friends, joined in an automobile trip to the home of the Doctor's father and mother near Corning, Sept. 11th to 14th. It was during the peach season and that luscious fruit disappeared with great rapidity during the stay of the party. During a stop in Greenfield a short chat was had with Dr. and Mrs. Babcock of that place. According to friends, Dr. Babcock has a nice practice.

Dr. R. E. Peck of Davenport spent four weeks in the northern lakes of Minnesota fishing for the fine bass and pike that the country up there affords. The doctor reports some fair catches.

Dr. W. F. Hunt of Davenport with his annual habit of sneezing and wheezing at this time of the year is seeking relief by whiling away a part of the time on the river as far from the effects of weeds, except the kind that smoke, as he can get.

Harry Millspaugh of Davenport has returned to his studies at Hahnemann College at Philadelphia.

Dr. M. A. Royal and wife were called to Belmond recently on account of the death of Mrs. Royal's grandfather. Mrs. Royal will be remembered as Miss Mabel King of the H. N. T. S.

Dr. Boynton of Chariton has sent his daughter to Drake University to school this year.

Dr. Fred Alden of Des Moines made a trip to Rochester to attend the clinics this month.

Dr. W. O. Seeman, Eau Claire, Wis., with his wife and boys has just returned from an auto trip to Dubuque, Clinton and other points in Iowa and report a fine trip. The Doctor goes to Canada to look after some land interests he has there.

Dr. Thompson, Ostrander, Minn., on account of business has not been able to get away on a vacation. He has made arrangements three different times to go and could not get away so he has given up the trip.

M. L. Ewing, M.D. of Evansville, Wis., has just returned

from Kankakee, Ill., where he was called in consultation. The Doctor goes to Chicago this month to take a little work under Dr. Pratt.

Dr. G. B. Gibbs of Marshall, Wis., has been called to the near by towns in consultation a number of times lately.

Dr. Staley, Madison, Wis., is on a vacation and a much needed one, as he was nearly on the sick list himself.

Dr. Noble of Eau Claire, Wisconsin, is in politics again and expects to be returned as state senator of his state again this winter.

E. T. Ridgeway, M. D., Wautonna, Wis., is home from a trip to Chicago.

W. A. Green, M.D., Wausen, Wis., was a Chicago visitor recently. On this trip he took his wife along and they made a little stay at their old home at Sterling, Ill.

Dr. J. M. Kilbourne is president of the Sioux City Homeopathic Medical Society and Dr. W. H. Hanchett is the secretary.

Drs. Staads and Hermann of Sioux City succeeded in keeping the German Lutheran Hospital filled to the doors with patients from the surrounding country, adherents of that denomination. A very large percent of these cases are surgical.

Dr. Horton, of Sanborn, was in LeMars on the 16th attending an Insurance convention after which he dropped down to Sioux City to call on his numerous friends here. The Doctor enjoys visiting his numerous patients in his auto.

Dr. C. F. Thompson of Correctionville came over to see Sioux City wrench the pennant from Omaha and he saw it as did 8,000 other spectators.

Because Papa Higgins has it in for our "Ducky" Holmes is no excuse for the editor of the Iowa Homeopathic Journal—who also lived in Des Moines—for not publishing the doings of the Sioux City Homeopathic Society. We never fail in having real good interesting meetings every second Tuesday of the month. Why not let the readers of the Journal know of these meetings?



I am sure, Mr. Editor, that we all love you, not only you, but all the homeopathic physicians of Des Moines, including the lady physicians, and why you should ignore our doings for the past eight months I firmly believe is no fault of yours. Either there has been a miscarriage or some one at this end has failed in his duty. P. S. Now that the baseball season is over our genial Secretary may find time to report the transactions of our Society.

The Editor wrote a card to five different physicians requesting them to send in news items this month and in every instance got a reply with some items, this goes to show that there is more interest all along the line; we used to write a good many letters and not get a reply. We think before long you will all want to send in something every month for the Journal. All right, send it along.

Dr. N. E. Witte, Superintendent of the State Hospital at Clarinda, was in Des Moines recently.

Dr. N. Glenn Parker of Eagle Grove has located at Onawa taking the place of Dr. T. T. McComb who is going west. ✓

Dr. Hatch reports that Dr. F. J. Newberry of Los Angeles, Cal., former professor of Eye, Ear, Nose and Throat at the State University is looking fine and attending to a large practice.

Dr. H. C. Irwin of Earlham was in Des Moines recently.

The marriage of Miss Retta Mullaney and Dr. Chas. E. Loizeaux both of Dubuque will take place Thursday, October 8th at Dubuque.

We are glad to learn that Dr. A. C. Coperwaith is much improved from his western trip, and expects to get back to work soon.

Dr. Harrington of Knoxville has returned from his western trip and reports a very pleasant time.

Dr. E. R. Ames of Knoxville has been to Oskaloosa to attend the Grand Lodge meeting of the Knights of Pythias.

Dr. Carl Mulky and wife of Knoxville have returned from a

trip out west where they took in the interesting places in Colorado etc., and they say they had a very fine trip.

The Editor of this Journal and his wife certainly had an enjoyable time on their western trip. The scenery was grand, the climate was fine and there were lots of people to give us the glad hand. Our short stay in Denver was very pleasant. Dr. Mastin of the Critique was looking just as handsome as ever. We had a very pleasant visit with Dr. C. E. Tennant, also with Dr. J. P. Dake.

Drs. Grant S. Peck and J. B. Kinley would have it no other way but that they should show us the town so we saw Denver from the palatial cushions of Dr. Peck's large touring car. Denver is a beautiful city and Drs. Peck and Kinley are the prince of entertainers. Among the many points of interest, they took us through their new medical building which is going to be a fine home for their splendid college and will be well equipped for work. We were very much pleased with their Homeopathic Hospital.

The Homeopathic physicians of Denver are a wide awake lot and our visit to their city will always be a happy memory.

We visited a number of places of interest from there to Salt Lake City and thoroughly enjoyed floating around like a cork on the Great Salt Lake.

On our way home we missed our train at Omaha, this gave us an opportunity to see some of our friends there. We had the pleasure of calling on Dr. D. A. Foote. The Doctor was getting ready for his vacation trip to Yellowstone Park and was working like a beaver to get away.

University Notes

Dr. F. A. Strawbridge, '86, spent Sept. 15 in the city, bringing a patient to the hospital and visiting with his father and numerous other relatives.

Dr. D. W. Howard, of Nevada, Mo., recently spent a week in the city visiting relatives. The Dr. formerly practiced at Independence, Iowa, where he enjoyed a very extensive practice, but,

owing to ill health, was obliged to seek a more congenial climate.

On Sept. 20, Dr. A. A. Griffis, Tipton, drove over in his auto, bringing a patient to the hospital for operation.

The last edition of the Iowa Health Bulletin, giving the result of the four examinations held during May and June by the State Board of Medical examiners, shows that the State University College of Homeopathic Med. is making a record that every friend of the college can be proud of, showing as it does, that it has the lowest per cent of failures of any college, and that the highest general average obtained by any applicant was by a graduate of this college. Look it up on page 21 of the Bulletin. As another session of the college has begun the head of each department is desirous of having an abundance of clinical material. This can only be accomplished by the united support of the physicians of the state. The rules adopted by the Board of Regents require each patient applying for clinical treatment or operation to furnish a certificate, signed by their family physician, stating that they are unable to pay a reasonable fee for services rendered. This rule was adopted with a view of protecting the home physician as well as the instructors in charge of clinics, against imposition by people who are abundantly able to pay for service. In the past, many who were not really entitled to free treatment, were in the habit of coming to the clinics, unbeknown to the home physician, and having work done for which they were abundantly able to pay. This was an injustice to the instructor as well as the Doctor. So do not think that it was done to limit the amount of clinical work. All patients bringing the proper credentials shall be clinical and no fee will be asked of them. Send your patients to the clinics but see to it that they are provided with the proper certificate and avoid misunderstandings.

Societies.

Des Moines Homeopathic Medical Society.

The Des Moines Homeopathic Medical Society held its regular meeting Tuesday, September 14th, at the Savary Hotel. Dr.

Rorebaugh presented an interesting clinic for the benefit of the Society.

Mississippi Valley Homeopathic Medical Society.

The Mississippi Valley Homeopathic Medical Society held its regular meeting at Rock Island, Sept. 23, 1908, at the Harper House. Dr. E. P. Cobb was present and read a short but excellent paper upon the subject, "Buttermilk as a Food in Marasmus." By buttermilk, Dr. Cobb explained that he did not refer to ordinary buttermilk, but to whole sweet milk to which has been added a lactic acid ferment, such as Lactone, as put up by P. D. Co. The doctor cited a few cases in which he had used this buttermilk diet with excellent results. The discussion was free and covered Marasmic diet thoroughly.

Later Dr. Cobb made some remarks regarding the work of the State Committee upon organizations.

Dr. Harvey, Supt. of Buffalo Rock Tent Villa Co., was present and outlined the plans of the Sanitorium.

The Society received an invitation to meet in Ottawa on the 29th of October at the formation of a new Homeopathic Society, the Illinois Valley Homeopathic Medical Society.—*F. W. Brown, Secretary.*

Resolutions for Dr. Frank Kraft.

At a special meeting of the Executive Committee of the American Institute of Homoeopathy held in the Coates House, Kansas City, Mo., Monday, August 17th, 1908, the following Preamble and Resolutions were adopted:

WHEREAS, Our beloved Secretary, Frank Kraft, M. D., has entered into the great transition from his earthly labors into his eternal rest, therefore be it

RESOLVED, That the Executive Committee of the American Institute of Homoeopathy would place on record the very great loss we have sustained. His hearty belief in the principles of Homoeopathy combined with his clear cut ability to express those beliefs made him at all times a fearless and uncompromising anta-

gonist. His genial and lovable nature made him the lasting friend of all who came to really know him

RESOLVED, That these Resolutions be placed upon the minutes of the American Institute of Homeopathy and a copy sent to the family of Dr. F. Kraft and also published in the Medical Journals.

(Signed) WM. DAVIS FOSTER,
THOMAS H. CARMICHAEL,
J. HENSLEY,
J. RICHEY HORNER,
THOS. FRANKLIN SMITH,
J. H. BALL,
Executive Committee.

Clinical Medical Notes

CONDUCTED BY A. M. LINN, M. D., DES MOINES, IOWA.

Epidemic cerebrospinal meningitis occurred in several places in Iowa and in adjoining states during the last year. These epidemics proved markedly fatal, both in children and in adults. In several instances the character of the affection was demonstrated by the presence of diplococcus intracellularis, the specific bacteria of meningitis.

In one family near Ankeny three of the six children were affected and all three died within two weeks. Other outbreaks were little less fatal. The most successful treatment consisted in the continuous application of heat along the spine together with the exhibition of Gelsemium. This remedy seems to meet the infection and very largely control the tendency toward convulsions. Gels. is not a specific, but is more nearly so than any other remedy in the materia medica.

It should not be forgotten when prescribing for our "bilious patients" that an impending attack is forecast by an exceptionally good appetite. Patients frequently confess to an insatiable hunger prior to an attack. When they can be induced to ab-

stain at such times, taking nothing but bread and water, they may escape the attack. No other article of diet is responsible for so much "biliousness" as is coffee, among people of sedentary habits. They should abstain from coffee, eat less, and take more exercise.

No specific has been found for the agonizing condition designated as hay fever. In lieu of a cure its victims seek to escape from it by going to other climates. Arundo Maur has proven a very serviceable remedy, so effectively controlling some cases similimum in some cases. Both are comparatively new remedies and have proven useful.

Tuberculinum or Baccillinum is an old remedy in the Homeo- as to awaken little discomfort and permit them to remain at home throughout the season. Pallantin is exploited as the pathic materia medica. Koch of Berlin rediscovered the remedy in 1890 and the medical world went wild over the discovery. Its use was abandoned shortly because used in too large doses. Trudeau, Wright, Von Ruck and others have given its proper value in the treatment of tuberculosis by using it in as small doses as the 1-6,000,000 of a grain. In this dose they find it potent for good. They may help some of our lame homeopaths to a knowledge of the value of their own materia medica.

The successful treatment of fistulous tracts, sinuses and abscess cavities is now no longer exclusively the province of the operating surgeon. The timid general practitioner can now treat successfully these conditions in his office by a bloodless and successful method. The fistulous tract is duly prepared, is filled with a prepared bismuth injection and allowed to get well. This seems an easy process. It is easy for the patient, easy for the physician and, if it proves reasonably successful as seems confirmed by present experience, will prove a painless cure of a usually painful condition. The mastery of the technique re-

quired is not difficult and the results obtained are exceptionally gratifying.

The nutrient value of buttermilk is not alone the reason nor even the chief reason why its use is warranted in cases of weak digestion and faulty nutrition. Auto-intoxication from infective bacteria in the intestinal tract is prevented by the free use of buttermilk.

Metchnikoff deserves great praise for having demonstrated that the ordinary and harmful intestinal bacteria are displaced by the non-injurious bacteria of lactic acid ferment. Metchnikoff designates this as the fountain of perpetual youth for which Ponce DeLeon searched the new world.

Nor is the value of buttermilk dependent for its virtue upon the Bulgarian bacillus. It is equally efficacious when the active bacillus is the common plebian indigenous to American soil.

The eminent head of the Pasteur Institute in Paris attributes much of his activity and longevity to his constant use of buttermilk.

Correspondence

Walville, Wash.

Editor Iowa Homeopathic Journal:—

The Journal came to me to-day. Enclosed find postoffice money order for \$1.00 to continue my subscription. I'm glad for any thing that hails from Iowa, for it is the land where battles are fought and victories are won for Homeopathy.

I left old school Empiricism in the middle of my medical course at the State University of Kansas and said I'd investigate Homeopathy. I chose to enter the State University of Iowa, Department of Homeopathic Medicine. To-day I am glad for my faith in the efficiency of drugs which would have been impossible had I continued in their experimental methods.

It seems to me that the average homeopath who has spent

his full four years in a homeopathic college doesn't half appreciate what he has as compared with one who has had a taste of both methods. If they did, the homeopathic physicians of Iowa would enlarge the classes at Iowa City and at the same time send more clinical material.

To have all that they have and be able to prescribe according to the law of similars with the minimum dose is certainly satisfying.

Very truly yours,

H. G. SARGENT, A. B., M. D.

Editor Iowa Homeopathic Journal:—

I was seated in a physician's office the other day waiting to see him. There was a gentleman sitting there when I went in. The Doctor soon came and after speaking to both of us went to the door of his private office and asked me to step in. I said: "The other gentleman is ahead of me." The Doctor said: "O, that is all right, he wants to sell me something; he can wait." It sounded strange to me then and I have thought it over since, how little the most of people think of anybody but themselves. The traveling men are out to do all the business they can. Their time is worth a great deal to them and I thought the Doctor did not ask the man if he was in a hurry or not. It would not have taken very long to have seen him or at least asked him if he wanted to take a train soon. I could have waited a little while as well as not; most anyone can, and I might have been the cause of that man losing his train and sometimes that means a day to them and a saving to his house.. It impressed itself so much on my mind that I thought that I would just write a line to your journal thinking that if the doctors would only stop to think and at least see if the salesmen could wait or not it would take a great burden off the salesmen. I am not one myself, but I know how they must feel waiting there to make the train, and still want to see if the doctor is in need of any goods. Are you one of this kind, Doctor? Woods.

Miscellaneous Items

Surgery in the Aged.—Dr. Cushing, Chicago, gives a report of 22 operations on patients ranging in age from 50 to 88, the average being 64 1-2 years, from which he draws the following conclusions:

1. That old age, while a factor, is not necessarily a strong contra-indication to surgical treatment.
2. That the patient's tissues rather than the number of years he has lived, constitute a greater point of importance to be considered when surgical treatment is being contemplated.
3. That since old people do not stand shock well, the greatest possible rapidity should always be employed when they are being operated upon, and that the loss of blood should be minimized to the greatest possible degree.
4. That great care should be exercised in putting these patients to sleep. If they are not crowded under the anesthetic they usually stand it well. The first few minutes being the most dangerous.
5. That all old people should be out of bed as soon as possible after their operation, and allowed to move about. This minimizes the amount of weakness occasioned by lying in bed, and tends to prevent hypostatic congestion of the lungs.
6. That all patients, old and young, should be given the benefit of surgical treatment at the earliest possible moment after a diagnosis has been made. This applies especially to cases of strangulated hernia, a disease which is especially prone to occur in old people, and which, if allowed to go on until fecal vomiting is established, will prove fatal in almost every case regardless of the age."—*The Clinique*.

Book Reviews

THE CHRONIC MIASMS: SYCOSIS. By J. Henry Allen, M. D., author of "Diseases and Therapeutics of the Skin" and "Psora and Pseudo-Psora." Professor of Dermatology, Hering Medical College. Pige 423. Cloth \$3.00. Published by the author. Chicago, 1908.

The author dedicates this work to "that devoted band of physicians, natives of India and graduates of Hering College" who are spreading the truths of Homeopathy and doing great work in their native land.

The first 165 pages are devoted to a treatise on Gonorrhœa,

sycosis and sycotic conditions. This is an attempt to explain the condition that Hahnemann called sycosis or latent gonorrhoea.

The author takes the position that gonorrhoea if treated by injections or local treatment, is suppressed rather than cured and becomes systemic and shows itself later in a secondary and tertiary stages as inflammation and growths or degenerations of deeper organs or even become hereditary. The large majority of the physicians of the Homeopathic School, we believe, do not accept this position, claiming that the disease is local in the beginning and affects other organs by extension of the disease from continuity of structure. We believe there is considerable room for investigation along these lines.

The work contains a large list of remedies under the headings, Therapeutics of Gonorrhoea, Therapeutics of the Urinary Tract, and Therapeutics of Dysmenorrhoea and Leucorrhoea; the indications for which are very complete.

THE LESSER WRITINGS OF C. M. F. VON BOENNINGHAUSEN. Compiled by Thomas Lindsley Bradford, M. D., author of "Life of Hahnemann," "Homeopathic Biography," Index of Provings," "Pioneers of Homeopathy," etc., etc. Translated from the original German by Professor L. F. Tafel. 350 pages. 8vo. Cloth \$1.50. Postage, 15 cents. Philadelphia. Boericks & Tafel. 1908.

The Homeopathic profession is greatly indebted to the compiler, translator and publisher of this book for the painstaking work of presenting to us such a valuable and interesting volume.

These letters and papers contain much that is of historical value to the student of Homeopathy, coming as they do from a man who lived at the time and was closely associated with Hahnemann.

One, on reading this work, cannot help but be impressed with the complete familiarity of the author with the Homeopathic Materia Medica. We believe if the average Homeopath was as familiar there would be less going on after strange therapeutic gods.

A great variety of subjects are treated of in a pleasing and helpful way, to the reader.

Publisher's Page

Tonsilitis.

BY CHARES J. DRUECK, M. D., CHICAGO, ILL.

Professor of Physiology at the Illinois School of Dentistry, Lecturer to the Nurses of Mercy Hospital.

A local remedy for tonsilitis to be successful must fill two requirements: A detergent antiseptic and a degree of permanency of effect. Many of the remedies are antiseptic, but they are not exosmotic enough to increase the circulation or else their effect is too transient and their use tires the patient. Locally I have grown to use but one remedy and that is Glyco-Thymoline. I prescribe equal parts of Glyco-Thymoline and water to be used in an atomizer. I get better results with this than anything else I have used. I always use it in an atomizer because gargling is necessarily painful while a spray is not. Glyco-Thymoline promptly relieves the dry, congested condition and by adhering to the tonsil protects it from external irritation. Its anodyne effect is immediate and lasting. I instruct my patients to use it frequently and because it is pleasant and its action prompt I find that they need no further instruction, but use it thoroughly. As Glyco-Thymoline is non-poisonous it makes no difference as to how much it is swallowed and its action does not upset the stomach, but tends rather to assist the destruction of any of the plugs that may be swallowed. I find by this method of treatment that my cases are nearly all cured in twenty-four to thirty-six hours, and that I need no other medicament at all because the system does not become clogged with toxines.

A Popular Saline Laxative.

Druggists doing a large prescription business report a phenomenal increase in the demand for granular effervescent aperients. There are any number of these upon the market of various grades of efficiency; but physicians seem to prefer the simple salts, prescriptions calling for sulphate of magnesia and sodium phosphate outnumbering materially those demanding compounds of known or partially secret character. Saline Laxative (Abbott) seems to be regarded as the representative preparation of magnesium sulphate and as it is even stronger than the official *magnesii sulphas efersecnes* and decidedly more pleasant to take, it is very generally given the preference.

Saline Laxative (Abbott) is obtainable in air-tight tin containers, also in bottles, and comes in three sizes, small, medium and large, so that any desired amount may be prescribed with the assurance that it will reach the patient in first-class condition.

POLK'S
MEDICAL REGISTER
 AND **DIRECTORY**
 ..OF..
NORTH AMERICA.

ESTABLISHED 1886.

Do Not Be Deceived by Imitators.

See that the name R. L. POLK & CO.
 IS ON THE ORDER BEFORE YOU
 SIGN IT.

POLK'S is the only complete Medical Directory.
 POLK'S is the only Medical Directory having an
 official record of all Graduates of the North American
 Medical Colleges for use in its compilation
 POLK'S has stood the crucial test of criticism
 with increasing popularity. It thoroughly
 covers the field.

For Descriptive Circulars, Address

R. L. POLK & CO., Publishers
 DETROIT, MICHIGAN.



PHYSICIANS
DEFENSE
COMPANY

FORT WAYNE, IND.

THE SPECIALIST

75%

OF THE MALPRACTICE
 SUITS THREATENED
 AGAINST CONTRACT
 HOLDERS

PREVENTED

REMAINING

25%

SUCCESSFULLY

DEFENDED

**ELIMINATE LITIGATION AND
 THE HOLD-UP**

**PROPHYLACTIC PLAN
 EXPLAINED IN PAMPHLET 9**

RIGHT NOW WRITE

FOR SALE—A thoroughly modern 9 room house, office, furnishings, medicine, surgical instruments, horse and vehicles, and the conference of an established practice of 10 years standing, in a city of 35,000. Reason for selling, will move to coast. Bargain if taken this season. Address the publisher of this Journal for further particulars.

SAL HEPATICA

For preparing an
 EFFERVESCING ARTIFICIAL
MINERAL WATER

Superior to the Natural,

Containing the Tonic, Alterative and
 Laxative Salts of the most celebrated
 Bitter Waters of Europe, fortified by
 the addition of Lithia and Sodium
 Phosphate.

BRISTOL - MYERS CO.

277-279 Greene Avenue,

BROOKLYN - NEW YORK.



Write for free
 sample.

IOWA HOMEOPATHIC JOURNAL

Vol. II

NOVEMBER, 1908

No. 11

Original Articles.

THE SURGICAL TREATMENT OF GOITER.*

FRANK C. TITZELL, M. D., IOWA CITY, IOWA.

For many years the subject of appendicitis was uppermost in the minds of the surgical profession and our journals were teeming with arguments and discussions as to how and when to operate upon this, a then, much dreaded disease. Later on surgery of the gall-bladder and ducts was taken up and it seemed to be the most important subject before the profession for settlement. Both of these topics have been pretty thoroughly threshed out and in the process some definite conclusions have been arrived at, that could have been reached in no other way.

Just now surgery of the thyroid gland, the prostate gland and the pancreas are under fire and let us hope that before the firing ceases, equally as definite conclusions will have been reached as in the former.

Volumes have been written on the surgical treatment of goiter, but so far as I am able to judge, from the best evidence obtainable, there is still a great difference of opinion among surgeons upon the subject. For this reason it occurred to me that it might be profitable for us to spend a short time upon it, with the hope that we may learn something from the discussion that may follow the paper.

For convenience I will present it under four heads:

First, indications for operation; second, the best method of operating; third, dangers in removal of the thyroid; fourth, contraindications for operation.

Indications for Operation—The surgical profession of America

* Read before the Hahnemann Medical Association of Iowa

certainly seem to have taken a progressive stand in regard to the removal of the thyroid gland for the cure of goiter, if one may judge from the literature on the subject.

Charles H. Mayo¹ says, "that except for malignancy and Grave's disease the great majority of goiters should be operated upon for expediency and not from necessity. This is a startling statement to make and seems a little arbitrary to some of us, yet it comes from a man of wide experience in this line of work and is the conclusion drawn from operating upon a recent series of something over three hundred cases.

Bloodgood² is just about as extreme in his statements and says: "Every case of asymmetrical enlargement of the thyroid gland in an individual over thirty years of age, should be removed immediately, for in this way only will surgeons eradicate malignant tumors before they have produced inoperable metastases."

On the other hand Kocher,³ who has probably had as large an experience with goiter as any surgeon living, says: "That in a patient who has suffered with goiter for years, a recent rapid increase in its size, should be regarded as an indication for removal, owing to the possibility of malignant changes taking place."

Tyson⁴ in writing upon the treatment of goiter makes this statement: "Goiter when large and causing dangerous symptoms, falls to the surgeon, who should treat it as exigencies demand, sometimes extirpating it, though the operation is formidable and at times is followed by myxoedma."

As upon most questions of this kind, the truth is found somewhere between the two extremes. I am not ready to take the stand that we should operate upon such cases for expediency, with no other indications to back it up, neither am I willing to concede that we should operate upon them simply to prevent them from becoming malignant, for a very small per cent of them ever become malignant. I do not think it is fair to the ninety-nine to submit them to such a dangerous operation, for fear the one may become malignant.

We do not remove the uterus, an ovary, a testicle nor any other

organ, when they are hypertrophied, simply for expediency, nor do we remove them for fear of malignancy sometime in the future. We wait in these instances until there are indications for operating and I believe the same rule will hold good in goiters. We should have some reasonable excuse at least for operating, or we should let them alone. I am firmly of the opinion that the thyroid is enlarged many times simply because the body demands more of the secretion than the normal gland is able to supply and as a result physiological hypertrophy takes place to increase this output, and what is known as a parenchymatous goiter is the natural result, and should not be removed.

Da Costa⁵ says: "We should operate on non-malignant goiter which is increasing rapidly in size and on goiters which cause respiratory troubles, but should not operate for the deformity alone that they produce."

Shepherd⁶ considers the following as indications justifying an operation for the removal of goiter, and I can do no better than to quote them in full as I agree with them perfectly: "1. Progressively increasing in size. 2. Rapid growth with dyspnoea and attacks of difficult breathing. 3. Narrowing of the trachea on account of pressure. 4. Difficulty in swallowing. 5. Marked alteration in the voice. 6. Tachycardia and nervousness coming on after years of no inconvenience, from pressure. 7. Inconvenience from deformity due to the size of the growth.

Operation to Be Done—There seems to be about as much division of opinion as to what operation to perform in a given case, as there is as to the indications for operation.

Von Bergmann⁷ says: "Enucleation should be considered the normal method of removing a cystic goiter, and further, only the portion of the gland involved, or is giving rise to distressing symptoms, should be removed and this can best be accomplished by excision or enucleation, leaving sufficient gland tissue in every case to prevent the appearance of symptoms due to total removal."

Reverdin⁸ says: "It is my opinion that intra-glandular enucleation is indicated in every case where it can be carried out without danger. It presents the following advantages—it does not expose

the neighboring structures to immediate or subsequent lesions; it saves all healthy thyroid tissue as well as the parathyroids, consequently avoids thyroid or parathyroid insufficiency. The danger of haemorrhage that might occur has been greatly exaggerated, and if recurrences are more frequent than after partial thyroidectomy, they are amenable to operation without serious consequences. Intra-glandular enucleation is not useful except for benign encysted tumors, liquid or solid. It is contraindicated if the tumors are exceedingly vascular, or adherent to the enveloping gland because of previous treatment or inflammation."

On the other hand, again quoting Shepherd⁹ we find he has this to say on the subject: "I practiced no other method for simple cystic and adenomatous goiter and was delighted with the good and speedy results. But, alas! A case of secondary haemorrhage occurred which nearly lost me my patient. A little while later another occurred which almost terminated this patient's existence. These two cases alarmed me and after this I rarely enucleated the tumor, except in simple cysts, but removed the half of all the gland which contained the tumor. Another reason for abandoning the method, was that I had recurrences in several instances and the operation had to be repeated."

We therefore have good men advocating either method of operating and I am inclined to believe from my experience that it depends entirely upon the individual case as to what operation is best. It seems to me that enucleation for simple cysts and adenoma is the preferable. There are some objections to the method, however, and cases where extirpation should be the operation of choice.

When the tumor is vascular for instance and especially if pulsatile, the former method should not be thought of, for it would indeed be a dangerous and bloody piece of surgery. In such, partial or complete extirpation, after controlling haemorrhage by ligation of the thyroid vessels, could be more safely done. Again in goiters that have previously had treatment by the injection method, and have become hardened by the resulting inflammation, extirpation would be preferable for the reason that

it is with the greatest difficulty that the tumor can be enucleated, on account of firm adhesions.

Dangers in Removal of the Gland and How to Prevent Them—

The dangers of operation have diminished progressively as evidenced by a mortality rate of 10 to 12 per cent a few years ago, to about 2 per cent today. Reverdin gives it as 2.88 per cent. Kochers' rate is 2 per cent. Mickuliez 2.6 per cent. V. Bruns 2 per cent. The rate varies also with the individual method of operating. The death rate in intra-glandular enucleation is .78 per cent; in combined enucleation and resection it is 2.92 per cent. Partial excision alone gives a death rate of 3.46 per cent. Statistics also show that the greatest danger in these cases is from respiratory difficulties, such as suffocation and pneumonia. Nearly 50 per cent of all deaths in these cases are from these causes. Haemorrhage comes next in order of frequency and we find it gives us a death rate of 18 per cent of all fatal cases. Infections of various kinds come in for about 10 per cent, shock and injuries to the nervous system for 8 per cent and death from tetany the smallest per cent of all.

Suffocation may occur at any time during the operation and the surgeon should at all times be prepared to meet this emergency by a tracheotomy if necessary. This condition is brought about by contraction of muscles in the early stages of anaesthesia and the pulling of the goiter firmly against the trachea. When anaesthesia is complete there is less danger from this source. Again there is danger of the trachea collapsing or kinking from trying to deliver the mass through the incision and an obstruction to respiration results. Care in the use of the anaesthetis, rapid operating, occasionally changing the position of the head with elevation of the goiter as a whole, will tend to avoid difficulties of this kind.

The most important complication with reference to the vascular system is haemorrhage, primary or secondary, and it can only be avoided by tying the vessels and arresting bleeding at every step of the operation, paying special attention to friable arteries in degenerated tissues.

In retrosternal goiters unless great care is exercised, the patient may bleed to death into the mediastinum and not a drop of blood show in the wound or upon the surface. Again we may have a fatal secondary haemorrhage from the removal of a strip of gauze packing that has been left in place for a considerable time, so it is necessary to use the utmost care and diligence to be sure that all bleeding vessels are properly ligated before the dressings are applied.

Infection is a most important complication as regards the subsequent course and treatment of the wound. A rise in temperature due to this cause must be differentiated from a temperature that follows in about 90 per cent of the cases from the absorption of glandular elements and fibrin ferments that are liberated in the operation and taken up by the circulation. Strict asepsis and drainage when there are large exudates will avoid many of these unpleasant results.

These operations, like all operations upon the neck are prone to be followed by considerable shock and the same means that are employed for shock in other parts of the body, are indicated here.

Contrary to the general opinion of medical men, the smallest per cent of death rate comes from tetany. In 1880 Sandstroem discover a pair of small glandular masses lying in close proximity with the posterior part of each lateral half of the thyroid and these he named the parathyroid glands. They are small, reddish-brown, ductless glands, each with its own separate and distinct capsule like that of the thyroid, but thinner and each supplied with a special arterial twig, from the superior or inferior thyroid arteries.

Geis¹⁰ says: "Although we have no exact knowledge of the function of these small glands, we must now recognize them, preserve them and keep their blood supply inviolate. That there is a function, we have no further reason to doubt." He concludes his article by giving this summary: "1. The parathyroids are essential organs. 2. Each gland has a separate and distinct capsule. 3. The average number to a person is about three. 4.

Each parathyroid has a special artery that supplies it and it alone. 5. Destruction of the parathyroids results in tetany. 6. Cutting off the blood supply gives the same result. 7. To save them and maintain their blood supply only the arteries that enter the thyroid gland should be sacrificed. 8. The loss of this blood supply is the most frequent cause of their death."

Halstead¹¹ says: "The fact that these little organs perform some highly important function, is sufficient reason for the endeavor to preserve all of them. For more than ten years we have known that operative tetany is due to the loss of parathyroid tissue."

Pool¹² after a series of experiments on rabbits and dogs concludes that: "The removal of the thyroid gland alone leaving the parathyroids, does not result in tetany. The removal of the parathyroids alone does not produce it while the removal of the thyroid with the parathyroids results in tetany in quite a percentage of cases."

So it seems from the best evidence that we have and also from a clinical point of view, it has been pretty definitely demonstrated that not only must we leave sufficient of the thyroid substance to prevent the occurrence of myxoedema, but we must also preserve the parathyroids to guard against tetany.

Post operative myxoedema is another and formerly a most common danger occurring after the removal of the thyroid. To Kocher and Reverdin we are indebted for the discovery of this peculiar disease affecting as it does the physical and mental development of the patient. In their early work they report its occurrence in no less than 70 per cent of the cases where total extirpation of the gland was performed. This percentage has been greatly reduced under improved operative technique and since the advent of feeding of thyroid extracts to these patients after operation.

The preventive treatment is to leave a portion of the thyroid tissue in every case possible and this is best done by leaving a portion of the posterior capsule with some of the glandular tissue and in this way we can also preserve the parathyroids and pre-

vent tetany. If for any reason this cannot be done and the gland is removed in its entirety, feeding the patient some one of the many thyroid extracts put out by our pharmaceutical houses, will help avert this unwelcome post-operative result.

Contraindications for Operation Respiratory and circulator disturbances of long standing when due to the goiter are contraindications for an operation and especially when there is secondary impairment of the vital function of the heart. Disturbances of the circulation, faulty heart action, and interference with respiration due to concomitant diseases, such as obesity, fatty heart, myocarditis, or severe emphysema with bronchial and tracheal catarrh are all contraindications for operation in such cases. Patients of this type should be kept under observation for a considerable period of time in order to determine whether the symptoms are due to the goiter or whether to something else that may be amenable to medical treatment to such an extent as to make operation practically safe.

1. Surgery, Gynaecology and Obstetrics. Volume 2, p. 592.
- 2 Surgery, Gynaecology and Obstetrics. Volume 2, p. 121.
- 3 Keen's Surgery, Volume 3, p. 393.
- 4 Practice of Medicine, p. 613.
- 5 Modern Surgery, p. 1067.
- 6 Surgery, Gynaecology and Obstetrics, Volume 3, p. 273.
- 7 System of Practical Surgery, Volume 2, p. 322 and 343.
- 8 Surgery, Gynaecology and Obstetrics, Volume 6, p. 311.
- 9 Surgery, Gynaecology and Obstetrics, Volume 3, p. 272.
- 10 Annals of Surgery, Volume XLVII, p. 528.
- 11 Annals of Surgery, Volume XLVI, p. 498.
- 12 Annals of Surgery, Volume XLVI, p. 513. .

THE AFTERMATH OF LAGRIPPE.*

ALICE HUMPHREY HATCH, M. D., DES MOINES, IOWA.

La grippe is the most deceptive of all diseases with which we must cope in the practice of medicine. As it has a diabolic power of searching out the weakest parts and there venting itself. Is it the heart, the nerves, the stomach, the lungs or bronchial tubes,

*Read before the Hahnemann Medical Association of Iowa.

the mucous membrane, which represents the weakest tissue? There will the acute effects be most noticeable. No part of the human anatomy is immune. The late Dr. Dickinson used to say in his lecture on la grippe: "It is an imp of the devil and is followed by all sorts and kinds of sequela. It causes a general letting down of the whole system. The patient complains of that never get rested sensation, suffers from neurasthenia or the mucous membranes may be the center of the attack. Chronic bronchitis may follow, and old catarrhal weaknesses are liable to be the seat of acute and aggravated types."

Of the various forms of sequela following la grippe this spring was an epidemic of catarrhal inflammation which affected the mucous membrane of the genito-urinary apparatus. I refer to those old cases of chronic catarrhal vaginitis, cervicitis, and endometritis, which, because of the already weakened tissue became the center of a semi-acute inflammation. In the most severe types the whole pelvic mucous tissue was involved, being highly congested and inflamed.

In some of the early cases which came under my observation the leucorrhoeal discharge was of a very acrid nature, watery in consistency, small in quantity and so exceedingly irritating that it caused burning and smarting and excoriation of the mucous membranes. These cases were quickly and easily cured by the internal administration of such remedies as *Acon. Ars. Bell.* or *Merc Cor.* together with the local application of calendula and glycerine or some form of *pix cresol* followed in a few hours by the hot douche medicated with *pix cresol*, borax or salt.

The old chronic cases which followed were more obstinate and required a longer course of treatment.

Ocular examination showed the mucous membrane to be in a semi-acute inflammatory state. The leucorrhoeal discharge of a thick heavy albuminous or mucous character, usually bland but profuse in quantity. Often there was present some form of displacement, retroversion or flexion, lateral displacements or prolapsis and even old scars or lacerations. These complications added to the obstinacy and demanded a share of attention, as they

often caused an aggravation of all congestions and inflammations together with sympathetic nervous disturbances as varied in character as the individuals themselves, each requiring special care and discrimination.

The line of treatment which I found most speedily curative was first and always the internal administration of the carefully selected homeopathic remedy, together with local treatment. In those cases complicated by any displacement from the normal position the uterus was replaced and the medicated tampon so placed as to form a support to the relaxed organs. The material which I prefer for tampons is the best quality of sterilized lamb's wool, as it is more elastic and does not pack into a hard, uncomfortable ball when moist. With these topical dressings I used such medication as seemed applicable to the individual case, my favorite one being equal parts of Boercke & Tafel's succus calendula and glycerine. Some cases do better where hyd. arn., pix cresol or boracic acid is combined with the glycerine, or a serate such as calendula or pix may be more useful. Or even a dry dressing such as borated pix powder or borated calendula would be more suitable.

Let me emphasize the importance of individualizing each case and of following out the treatments until such time as the patient is cured. And endeavor to cure them in the shortest possible time.

These medicated tampons as above referred to were allowed to remain in position for twenty-four hours when they were removed and followed by a hot (not warm) vaginal douche. A large quantity of water being more desirable than small and this medicated with pix cresol tablets (five to the quart) or boracic acid. The douche to be repeated each night until another local treatment was given. Generally two or three being given each week.

The remedies which I found to be the most generally useful were: Aco., ars., bell., cal. carb., kali bi., merc. sol., or merc. cor., hyd., and puls.

Discussion.

Dr. Harbach: It was very late last night when I had the opportunity of reading Dr. Hatch's paper, and it at first occurred to me that she was rather exaggerating conditions in regard to difficulties of the uterus and cervix following the grippe. I have not had a large number of cases this spring, and for that reason the subject has not been called to my attention very forcibly until just recently. But I do recall having had a good deal of experience with typhoid fever and other of the prolonged existing diseases. That the leucorrhoea is due to the la grippe germ I am not prepared to say. I believe that a pretty strong antiseptic is good in some of these cases, my preference in stubborn cases of this kind following prolonged diseases, is creolin, using one-fourth of 1 per cent solution, and using it quite frequently, twice a day or even more frequently than that in stubborn cases. The most of these cases, however, are more rapidly recovered by using the proper internal treatment rather than medication locally. Many are due to exhaustion, and when the general system is built up they disappear. I very frequently use a few drops of carbolic acid, and I think it increases the value of the douche very much—calendula, glycerine and carbolic acid. The paper has covered the ground pretty thoroughly in a general way, and unless I go into detail I think it is amply taken up.

Dr. Titzell: I do not know that I have anything particular to say on this subject. It strikes me, however, that in these cases of leucorrhoea—I think they come in under that head—that it is simply a waste of time. I have always been of that opinion and still hold it, to use anything in the way of a tampon. It simply prolongs your case. I believe they are medical cases and should be treated internally and no local applications whatever. It seems to me that the principle on which you apply the tampon, namely, of reducing the size of the uterus and extracting serous matter from it, is like going to the water faucet and expecting to reduce the pressure in the water pipe by simply turning on the water for a time. It simply amounts to the same thing. As far as the la grippe is concerned, I have never seen nor never observed any special increase in these cases following it. That has not been my experience at all. I appreciate the paper, however, it is a subject on which a great deal can be said on both sides, and I wish to say that I have never seen any lasting benefits derived from the use of the tampon, by looking at it from a medical point of view; if you want to keep your patients coming to your office, you certainly can keep them coming by the use of the tampon and the use of local applications.

Dr. Triem: I did not expect to discuss the paper myself, but I cannot allow some of the statements to go unchallenged. In

the first place, in my experience perhaps, we do not have these inflammatory diseases directly as a result of the influenza or the la grippe, but where they do exist you certainly do have inflammation. And now that the treatment of the disease has been brought out, I wish to say in reply to what has been said just previously, that I do think we do have good results by local applications, whether directly or by the use of the tampon as a medium by which it is applied constantly or not. I am sure that the glycerine tampon is very good. I wish to speak of the preparation that I use. Ichthyol certainly produces very good results, used in combination with the glycerine, and I am sure that those of you who have had extensive experience with the direct application of the tincture of iodine know that it is followed by immediate and very beneficial results. Of course internal medication is the proper thing to do for the general condition.

Dr. Harbach: I would like to say a word in defense of the tampon, and I am perfectly aware of the criticism that the tampon gets every year from every medical convention in the country. I know that the tampon, and the medicated tampon, is a good thing, and I can prove it to you in many ways. I have very substantial financial proof of it, and I am sure every other way. The tampon helps in many ways. If a woman is unable to stand on her feet after a severe illness, because of pain in the back, pain in the limbs, she is discouraged, and despondent, and it is really wonderful how much a well-fitted tampon can do for that woman. She can take care of her babies, she can take care of her household duties, and she can do lots of things she could not do without that tampon. The patients do keep coming, that is true, but in the meantime, while you are using the tampon, it is quite necessary you should look after the general health of the patient. That point is well taken, and it is a very necessary thing to remember that we must build up the general system if a depleting disease has been responsible for reducing that system. The engorgements are not all relieved by these simple things—ichthyol, iod. and all those things are good; you must relieve your patients, and theories will not go with women.

Dr. Hatch: I do not think of anything further to say, except that my patients get well under the treatment, and that is good enough for me.

REFLEXES.*

E. E. RICHARDSON, M. D., WEBSTER CITY, IOWA.

This paper is the outgrowth of a talk I had some years ago with a physician of large experience concerning where we might

*Read before the Hahnemann Medical Association of Iowa.

be able to find in literature some reliable studies on disease as a direct or indirect result of reflex irritation. He said his was in his head and my opportunity for studying that being meager, I have been compelled to formulate some theories based on clinical observation that would explain to my satisfaction some of the rugged places along the diagnostic lines of children's nervous troubles. And on continued study of these reflex phenomena as they appeared to me, I have found that while reflex irritations do not cover the entire field of children's neuroses, they are by far the most important etiological factors having to do with the nervous diseases of childhood.

There is little if anything in any of our text books on the subject and much of the teaching of pediatricists in recent years has been against this theory. Even our beloved Tooker is silent on the subject and I find nothing of moment in homeopathic literature until the *Present Status of Pediatrics* came out in 1896, in which Dr. Weirick wrote a chapter on reflexes. It was a good beginning and shows the pendulum was beginning to swing the other way and while we will never return to the teaching of former days that everything a child had was a result of reflex irritation, we will, however, learn that we cannot discuss children's diseases from any standpoint without taking into consideration reflex irritation as a possible etiological factor.

The common sites of reflex irritation which are recognized factors of nervous diseases of children are the genito-urinary organs, the gastro-intestinal tract and the eye, ear and nose. The importance of this subject does not end with recognizing that reflex irritation from these sites are common factors of neurotic disease, but it is of equal importance that we should recognize that as a rule reflex irritation acts conjointly with other factors in producing the neuroses of childhood. We all recognize the fact that we may have reflex irritation of a severe type without consequent nervous symptoms. In such instances the centre, which is the most important part of reflex arc, is normally stable and not easily excited to discharge its stored up nerve energy. It takes an ab-

normally irritable reflex centre to respond to slight reflex irritation.

The fact that reflex irritation is commonly associated with other factors does not in the least diminish its importance as a factor of neurotic disease since the removal of the reflex excitant very often cures the neuroses and our best efforts at the removal of the other factor of neurotic disease as a rule are of no avail as long as the reflex excitant remains to continually excite the nerve centers. The explanation of these clinical facts is that reflex irritation does not act simply as an excitant in discharging nerve force from irritable centres, but it also acts by keeping up the irritability of these centres; and if long continued by producing changes in the nerve centres, recognizable under the microscope, which make these centres more irritable and more susceptible to reflex irritation.

If this be true, then reflex irritation at once assumes an important position among the factors of neurotic diseases in children and it is the especial effort of this paper to bring before this body the high place reflex irritation merits among the factors of neurotic disease of children. I will go further and hold that it can be proven as well in the neurotic diseases found all through adult life. The microscope reveals to us that all cellular activity is accompanied by definite chemical and morphological changes in the cell itself. The tired cell differs from the rested cell, not only in morphological changes, but also in the reaction of cell protoplasm and nucleus, to coloring matters.

We call these changes fatigue changes and it is evident that the longer the cell is worked the more marked will be the changes. We also find that it takes a longer period for a tired cell to return to its rested state than for the same cell to tire under ordinary labor. I will not go into these fatigue changes, but mention them here and will refer you to the work of C. F. Hodge who has shown that definite changes occur in the nerve cells of brain and spinal ganglia of sparrows shot in the morning and those shot after a hard day's flight.

He also noted in his experiments that the nerve cell recovered

much more slowly than it tired and that the recovery of cell might be represented by a curve quite like the curves obtained by Mosso and Lombard for the muscle cell in its recovery from fatigue. Twenty-four hours rest about equalizing five hours hard work or stimulation.

Satvoski in his researches made another important discovery bearing upon this subject. He ligatured a peripheral nerve and caused a peripheral but not a central degeneration of the nerve. In this manner he produced a chronic reflex irritation of that portion of the cord to which this nerve belonged and on microscopical examination of the cord at this point, using the opposite side of the cord for control, he found many cells exhibiting great vacuolation and shrinking of the protoplasm from the capsule and the cells were much shrunken. Ternowski in his researches on changes in the spinal cord from stretching the sciatic nerve found similar changes.

It is evident from the above that chronic reflex irritation can produce marked changes in nerve cells of spinal ganglia and it follows that the more prolonged and violent the irritation is the more pronounced will be the change. It is also plain that a long time must be given to restore cells that have been irritated for months and years. It has also been found that cells under electrical stimulation lose their recuperative power entirely and the nuclei entirely disappear and the cells never return to their normal state. Years ago Ruskin wrote, "If you but once fatigue yourself to utter exhaustion you will never regain your former vigor." We have in this the explanation of the oftentimes slow recovery of an irritable spinal cord after the removal of the reflex cause which first brought about the irritability. In the application of these facts to clinical medicine we must remember that the spinal cord has but two functions, conduction and reflex action. We must also remember that a reflex irritation of an afferent nerve carrying impulses to any cells of the cord, does not confine its morbid influence to those cells but by reason of the physiological law of "overflow of reflexes" the impulse spreads up and down the cord producing changes in nearby cells. Let this irritation be severe

and long continued and the impulses may spread throughout the cord involving all its cells and produce a general spinal irritability.

Reflex disturbances such as intestinal irritation as stated in the able paper by our colleague, Dr. Anderson, adherent prepuce and eye strain are much more frequent in children than in adults.

The child has a more irritable, because undeveloped, nervous system.

To my mind the greatest factor in the development of our neurasthenic population is the manner of education. Excessive nerve activity, brain work and nerve excitement especially in our cities, are responsible for most of the production of neurasthenia, hysteria and other neurotic diseases of adult life. There is scarcely a high school graduate today who has been reared in the cities who is not a nervous wreck. I speak advisedly and am certain that if you will go through any high school in the state you will find at graduation seventy-five per cent neurasthenics.

From the cradle to the grave they are pushed and told to keep up with the procession. Right here let us as physicians sound a warning note to every teacher and every mother that nervous strain is an important cause of neurotic disease and tell them why this is and must be so. Take a child with an hereditary weak nervous system and it will soon by too much crowding, develop into actual disease.

Mothers should be taught that early precocity is an abnormal condition in the human infant which, if encouraged may result in actual disease and permanent mental impairment. Teach the children to run and play and be and live out of doors and if possible away from the cities.

Some special examples of reflex action, for instance in fever production: Ott says that on giving large doses of atropine, he has seen the temperature rise greatly on irritation of the sciatic and this increase of temperature was accompanied by increased production and augmented dissipation of heat.

In these experiments we have proof that not only high temperatures, but also fever may be produced reflexly. We must remem-

ber in this connection that a purely reflex fever can and does sometimes occur during infancy and early childhood.

A few of the clinical cases I have noted: Spasms in a child with intestinal parasites and adherent prepuce. The parasite being the exciting cause and the continued reflex irritation of the spinal cord from the adherent prepuce making an irritable cord which at the least exciting cause gives us our convulsions.

Case 2. Pneumonia in child of two years with several convulsions first day, due I believe, to an elongated and adherent prepuce. A child of three years with adherent clitoris and smegma becoming hard and dry, then the least irritation as intestinal parasites, would over balance the control of the nervous system and spasms was the result. In this case the family would not let the child be treated, so advised the mother to squeeze out the smegma regularly with result of curing spasms where formerly they had been occurring regularly three to six times a year and now have entirely ceased.

One of the most pernicious results of adherent prepuce or clitoris is the lack of proper general development of children with these troubles and also the lack of proper development of the sexual organs themselves entailing as they do the far reaching results of the life of a neurasthenic.

Could we but realize how these seemingly slight irritations produce such far reaching results, we would I believe be more careful in instructing our families as to the necessity of strict attention to the care and treatment of these irritations.

A few more of the reflex pains and troubles of adults and I am done. Dana gives us the best diagrams of pains, reflex or referred, that it has been my good fortune to see. Butler in his *Diagnostics of Internal Medicine* gives many diagrams from Dana and others which are an education in themselves along medical diagnostic lines.

In adults we have seen chronic diarrhoea from a fissure between the sphincters at posterior commisure of the rectum. Acute cystitis from same cause and urethritis from ulceration of rectum. But I think the most peculiar case of reflex irritation was in a woman

aged thirty years and mother of two children, youngest four years old. She had for months pain and numbness in left pectoral region, shoulder and arm. Arm would always go to sleep on lying on her back. The cause of this was an acute retroflexion and prolapsus of the uterus. Cured by replacing the uterus. The last case I have to cite was one of peculiar interest to me. Girl aged five years had diurnal and nocturnal enuresis for some years. During fourth summer developed in left leg all the symptoms of coxalgia. On examination found adherent clitoris which when relieved cured her enuresis and also simulated coxalgia.

The School and Tuberculosis.

Lancet, London.—J. Hay summarizes his conclusions as follows: Without infection there is no tuberculosis. Pulmonary tuberculosis is either open, in which case the patients are infectious, or closed, then the patients are not dangerous to others. School-going children as a class are healthy; only 0.5 per cent show definite signs of pulmonary tuberculosis. From 10 to 15 per cent approximately are predisposed to consumption and in all probability suffer from latent tuberculosis; special care should be given to these children. The periodical medical examination of scholars, teachers and care takers is essential. School hygiene cannot be divorced from home hygiene. The active co-operation of the school medical officer and the medical officer of health is most desirable and tends to efficiency and economy of administration. Tuberculosis of infants and children is almost always due to human infection, and that infection generally occurs at home. The segregation of incurable and dangerous consumptives in union infirmaries and elsewhere will greatly diminish the incidence of infection among infants and young children. The children must be utilized to educate their parents. The schools should be centers for the dissemination of accurate information concerning consumption and thus help to form public opinion.—*Journal A. M. A.*

IOWA HOMEOPATHIC JOURNAL

PUBLISHED MONTHLY.

G A. HUNTOON, M. D.	-	-	-	EDITOR
ERWIN SCHENK, B. S., M. D.	-	-		PUBLISHER

DEPARTMENT EDITORS.

R. M. HOMAN, M. D.

F. J. BECKER, M. D.

A. M. LINN, M. D.

C. E. HOLLOWAY, M. D.

Books for review, exchanges and contributions. (It is to be understood that papers have not been printed elsewhere, that they should be typewritten, reprints will be furnished at cost if request accompanies paper.) Personals, news items, subscriptions or card ads, should be sent to the Iowa Homeopathic Journal, Box 152, U. P. Sta., Des Moines, Ia.

All communications in regard to advertising should be sent to the Publisher, Dr. Schenk, Utica Building, Des Moines, Iowa.

Each contributor is alone responsible for the ideas advanced.

Editorial.

Tuberculosis in general and pulmonary tuberculosis in particular has been receiving an unusual amount of attention from medical people of late, and remarkable progress is being made in the matter of preventing the spread of contagion, and the successful treatment of the disease itself.

Work is being done along the line of educating the people as to the infectious nature of the disease and the necessity of beginning early treatment and persisting in the same if results are to be expected.

Physicians are now placing less stress on heredity and are emphasizing infection or contagion. It is undoubtedly true that heredity transmits a constitutional bias or tubercular tendency, which under favorable conditions such as close work room, or living with a tubercular person, give opportunity for the bacilli to find fertile soil. However, it is a very common thing to find a fully devel-

oped case of tuberculosis in an individual whose family history is clear and whose physical characteristics are such that one wonders at the presence of the disease.

Perhaps the greatest advancement has been made in the line of treatment, by recognition of the virtue of fresh air and sunshine. This has been found to be the secret of the remarkable cures made in our western states and has been put into use as the out-door treatment all over the country and is being successfully carried on, not only at our own state institution for tubercular cases, but in almost every town and village in the country.

Where the sun shines a greater part of the days in the year is the place where the patient can be put out of doors the most. Sunshine also produces the dry atmosphere, and together with a moderate altitude (2,000 to 6,000 feet) gives the ideal climate for the tubercular, all these conditions we find in certain parts of the country, and it cannot be denied that with other conditions being equal there will be a greater per cent of cures found in these places.

We all recognize, however, that it is impossible and impracticable for many patients to make such a change, so we should go to work at home with the methods found good in these resorts, and this dread disease will be cheated out of many victims.

Ranking along with the sunshine is the necessity of loading the system with as much nutritious food as can be assimilated.

Among the newer methods of treatment is the tuberculin treatment by injection. When first advocated by "Koch" it was carried to extremes and in consequence fell into disrepute, but of late many patients have been treated successfully by giving small doses. Best results being obtained when there is no reaction following the introduction of the serum. This treatment certainly approaches very closely, and by many believed to be identical with the homeopathic law of similars and also exhibits the principle of the minimum dose.

This form of treatment has great possibilities and there is a growing conviction that the time will come before long, when we will be able to produce immunity against tuberculosis. This result

has already been accomplished in laboratory experiments on certain of the lower animals.

Attention is also being given to the prevention of tuberculosis among cattle, especially those used for the dairy purpose; and at a recent meeting of health officers of our state, some legislation along this line was recommended.

Scientists, physicians and laymen all over the land are putting forth earnest efforts to discover the best methods of prevention and cure of this disease.

Societies are being formed and lecturers are in the field educating the people to the necessity of prevention and early treatment, and we medical people find a great responsibility resting with us in the matter of making an early diagnosis, a diagnosis before even a medical man would suspect the disease without a physical examination.

C. E. HOLLOWAY.

A Meeting of the Fathers and What Was Wrought.

"I don't think any young mother ever felt happier over the birth of her first born than I do tonight," said Dr. George Royal as he got off the train on his return from Cleveland, Ohio, last Saturday night, and without giving your Editor a chance to ask why, he continued enthusiastically, "Why! do you know that every member of the Executive Committee was there, every member of the Trustees of the Institute for drug proving, four out of five members of the Journal Committee and four of the five of the Council on Medical Education were there. And after these four bodies had held a short business meeting for the purpose of perfecting a few details of their reports, we all met in a joint session, at which President Foster wielded the gavel and Secretary Horner the pencil, and everybody talked for the good of the order."

"Did you do anything but talk?" was timidly asked. "Did we do anything but talk?" replied the Doctor. "Let me tell you what we did. We completed the arrangements for issuing the first number of the Journal of the American Institute of Homeopathy, January 1, 1909, and the Institute is going

to pay only \$2.00 per member, instead of \$2.50 as we were given authority to do, at Kansas City. W. A. Dewey is going to be Editor. Yes, the Medical Century is to be discontinued. We've taken that in—its subscription list and its prestige, so that Dewey, the Editor, and Dewey, the Field Organizer, will not be a divided or even a dual individual. O yes, we are going to have a record of the business session, a list of officers, committee members, seniors, list of members, statistics and organization, published in a separate volume, bound in the usual form and sent to each members. I tell you it made me feel ten years younger to hear that conservative old Nestor of Homeopathy, J. H. McClelland, say, 'I have formerly opposed the Journal idea because the time was not ripe; I now feel that the time is ripe and most heartily favor it,' and then to have Royal S. Copeland, who would not only not sign our report, but openly opposed the idea at Atlantic City get up and say that he was now thoroughly converted to the Journal idea.

But the climax came when J. P. Sutherland, himself the most classical and brainy of our brainy bunch of Editors, a conservative Boston Yankee, born and trained to weigh the minutest details of every proposition, and after having so weighed them, to render a judgment as solid as Scottish granite, 'got right up in meetin',' and said, 'I am also a sincere and enthusiastic convert to the Journal idea.' Yes, these were his own words and you would have concluded from what followed that he was as well versed in experience in Methodist meeting methods as Copeland himself." Anything else? "Yes, J. H. McClelland was unanimously elected a member of the Trustees for Drug Proving to fill the vacancy caused by the death of Chas. Mohr, and E. H. Walcott was also unanimously elected Secretary and Treasurer of the same body; and then the Cleveland brethren outdid themselves making our day pleasant and profitable as possible. Dr. H. Baxter, the capable and progressive head of the department of Materia Medica in the Cleveland College, had us meet the

members of his department for an exchange of thoughts on drug proving which the College is going to take up. Dr. J. C. Wood, by looking after the entire company at lunch, and Dr. H. H. Biggar at dinner, reminded us of what we already knew, i. e., that Cleveland has the two most genial and entertaining hosts in the world."

At this point a Sixth Avenue car came past the corner and Dr. Royal shouted from the steps, "O I almost forgot that W. J. Bryan was at Cleveland last night and congratulated Dr. B. F. Bailey, his neighbor, on being the proud father of the new-born child."

It will be remembered that Dr. B. F. Bailey, of Lincoln, is the father of the "National Journal Idea" for our school. Dr. George Royal has mothered the proposition, it being one of the recommendations in his presidential address at Chicago in 1905. Now their fondest hopes are to be realized. These men are deserving of an immense amount of credit for their perseverance in bringing this about. With a national Journal to cover the entire field, and the state journals, such as our Iowa Homeopathic Journal to cover a more specific locality, homeopathy will be given a boost the like of which the pioneers never dreamed of. Let us rejoice in all these achievements and remember that the only way that we can pay the debt we owe to those who have fought so valiently in our cause is to use and support these Journals which these men have climbed over almost insurmountable obstacles to give to us, and do our part in spreading the knowledge and truth of homeopathy.

News Items.

The president of the Hahnemann Medical Association of Iowa, Dr. R. W. Homan, and his wife were in Des Moines recently on his way to make a short visit to his wife's folks. The president, secretary and treasurer got together at this time and held an executive committee meeting to make plans for the coming meeting.

G. H. Pratt, M. D., formerly of Washington, Iowa, is doing exclusive work in diseases of the eye, ear, nose and throat in Terre Haute, Indiana, and has a nice practice.

A. S. Hayden, M. D., of Wall Lake, Iowa, has fallen into line with a good many of the physicians and now makes his trips in a new auto.

W. C. Porath, M. D., of Varina, has one of the smiles that won't come off. It is a girl came to make a home with them. October 4th, making another M. D. with a pair of queens.

Drs. Deffenbaugh & Deffenbaugh, of Grand Island, Neb., have opened a private hospital and report to have had their rooms most all filled.

S. Staads, M. D., Sioux City, was called to Martinsbury, Neb., on professional business the middle of October.

The Sioux City Homeopathic Medical Society held a meeting at Dr. Seeman's office October 13th and had a good attendance and good program. (We print this as an item of news, as we got the news from our reporter.—Ed.)

Dr. C. F. Thompson, of Correctionville, has returned from North Dakota, where he has been looking after the crops on his farm up there.

B. P. Blackstone, M. D., of Sac City, is taking a trip through the Northwest, Dakota, Montana, Washington, etc., for an investment in farm lands.

Dr. Flanigan, of Lincoln, has returned from her vacation and reports a very pleasant time.

The Women's Medical Club, of Lincoln, Neb., held a meeting the first of October to lay plans for the meeting this year. They expect to have a very pleasant and successful year.

Dr. B. F. Bailey, of Lincoln, Neb., has been in Washington attending the National Tuberculosis Congress. Before returning home he went to New York and Ann Arbor, Mich.

Drs. Wilder & Wilder, of Atlantic, Iowa, have been so busy that they have not been able to get away on their vacation, but

expect to do so about October 1st, and will go east, taking in Washington, New York and other points of interest in that section.

Dr. R. A. Jacobson, of Exira, Iowa, was in Omaha the last of September on a business trip. He said there was too much work at home for him to stay and take in the sights.

C. A. Beatle, M. D., Creston, Iowa, has returned from a short trip to his ranch in western Nebraska. The doctor thinks he has as fine a bunch of horses as can be found any place.

Dr. C. L. Jones, of Shenandoah, Iowa, went to Omaha the last of September and took several patients to the hospital where he assisted Dr. D. A. Foote to operate.

Dr. O. W. Okerlin, of Essex, Iowa, took a trip to Omaha in his auto. He also made a trip to Atlantic to see his wife and pair of queens while they were there on a visit to Mrs. Okerlin's parents.

Dr. F. R. Lintleman, of Harlan, says he is very thankful for the rain. He said the auto people were all the time trying to make an auto to run in the mud and if it had not rained they would had had to turn their attention to making one that would run through the dust.

Dr. W. H. McCartney and wife, of Des Moines, have just returned from a month's trip to Colorado, Utah and Idaho.

Drs. Murry Wildman, of Fort Dodge, E. B. Wiley, of Grinnell, J. A. Carson, of Maquoketa, and A. P. Hanchett, of Council Bluffs, were in Des Moines this month to attend the meeting of the Iowa State Health Officers' Association.

There will be a meeting of the Journal Committee and the Council of Medical Education of the American Institute, at Cleveland, October 30th.

The Central Iowa Homeopathic Medical Society will meet at Belle Plaine, October 28th, with the president, Dr. C. J. Snitkay.

There is such a severe epidemic of diphtheria at Mt. Pleasant

that the schools have been closed for two weeks, and all public gatherings as well. There have been a number of deaths.

Dr. W. E. Rorebaugh, who has been located in East Des Moines for several years, will move to Springhill, Iowa.

We received the announcement of the marriage of Dr. T. L. Hazard to Mrs. Sarah C. McCord, at Iowa City, Tuesday, October 20, 1908. The Journal and its readers extend to Dr. and Mrs. Hazard their hearty congratulations.

Dr. Knickerbocker, formerly of Charles City, has been for some time at Salina, Kan., on account of his wife's health. He has now located in Colorado to practice.

J. S. Alexander, M. D., Omaha, Neb., has moved his office into the Paxton Block. It is the suite of rooms vacated by the late Dr. Rustin.

A. V. Holmes, M. D., Omaha, is taking a vacation of about two weeks in Colorado and the West.

F. S. Whitman, M. D., another Omaha physician, getting tired of living alone, was married at Omaha in September to Miss Patterson, also of Omaha.

E. A. Abbott, M. D., of Omaha, has been on the sick list for a week or more, but is better now and attending to business. The doctor just installed a new Scheidel coil which makes a very fine addition to his already well-equipped office.

Dr. W. B. Pickrell, of Spokane, Wash., stopped in Des Moines a few days ago to visit his sister. The doctor was on his way to Chicago and Springfield, Ill. He will visit his mother and other members of the family at the latter place.

Dr. George Royal made a trip to Cleveland the last of October to attend a committee meeting of the A. I. H.

A notable gathering was held at Cleveland, Ohio, October 30th. At this meeting there were present besides President Foster, of Kansas City, and Vice-President Carmichael, of Philadelphia, the following ex-presidents: Custis, of Washington; Royal, of

Des Moines; Bailey, of Lincoln; Sutherland, of Boston; Wood, of Cleveland, and Cobb, of Chicago. With these in the conference were Ball, of Bay City, Mich.; Dewey, of Ann Arbor; Sawyer, of Marion, Ohio; Horner and Biggar, of Cleveland; T. Franklin Smith, of New York, and Gates, of Kansas City. These members of the A. I. H. met for the good of the order and no one doubts that the institute's interests were well looked after.

University Notes

During the last month Dr. A. A. Griffis, of Tipton, made several visits to the city, each time bringing a patient for the hospital.

On September 24th, Dr. F. A. Strawbridge, of Sigourney, spent the day in the city, looking after the interests of his patients.

Mrs. R. A. Jacobsen, of Exira, brought a patient to the hospital, September 23d, and spent several days in visiting her many friends in the Athens.

Dr. H. F. Masson, '08, recently brought a patient to the hospital, for his preceptor, Dr. Anderson, of Washington, and spent several days visiting the hospital and again assisting at operations. The doctor expects to leave soon to take up his duties as interne at the Metropolitan Hospital, New York City.

During the last month, Dr. G. S. Felt, of Reinbeck, has brought two patients to the hospital for operation. The doctor reports a very good and rapidly growing practice.

On October 10th we had the pleasure of a call from Dr. J. M. Jackson, of Spirit Lake, who came down to be present during an operation upon a cousin of his.

Miss May Holland, a graduate of the Mich. Univ. H. N. T. S., and a classmate of Miss Earle, has come to Iowa looking for a good location to take up the profession of nursing. From appearances we would expect her to find a good field for her work.

Miss Ester Albright, H. N. T. S., '08, has returned to the city, after a visit of several weeks with her parents at Gaza, Iowa.

The evening of the Hahnemannian students' reception the college was presented a very fine life size photograph of the late Dr. C. W. Eaton, the gift of Dr. H. E. Messenger and Dr. Alice Humphrey Hatch, officers of the Eaton Memorial Fund Association. This gift adds another to the list of fine portraits hanging on the walls of the college and with those of Drs. Dickinson, Banton, Gilchrist and others will help to perpetuate the memory of those who helped to give homeopathy its standing in the state and university.

Societies.

Des Moines Homeopathic Medical Society.

The Des Moines Homeopathic Medical Society held its regular meeting Tuesday, October 11th, at the Savery Hotel. Two papers were presented. The secretary, Dr. Fred Alden, read a paper on "Diagnosis in Abdominal Surgery," which was illustrated by charts. Dr. M. A. Royal read a paper on "Clinical Diagnosis of the Blood."

Both papers were well received and a general discussion followed in each case.

Oklahoma State Society.

Our Oklahoma correspondent, Dr. E. M. Kingsbury, sends us a very interesting report of their state meeting. Those Oklahoma fellows are certainly alert and busy; our own state societies would do well to sit up and take notice and follow their example.

The Homeopathic Medical Society of Oklahoma met October 8th and 9th in the office of J. Hensley, of Oklahoma City.

October 8th: The reports of the various committees were received and also the report of the delegates to the American Institute.

October 9th: The following papers were read: 1. Infant Feeding, Dr. O. O. Sink. 2. The Uses and Abuses of Tobacco, and Especially Cigarettes, Dr. Joseph Hensley. 3. Catarrhal

Affections of the Middle Ear, Dr. D. W. Miller. 4. Acute Suppurative Otitis Media, Dr. S. B. Leslie. 5. Methods of Homeopathic Prescribing, Dr. L. E. Inman. 6. Crude Mental Pictures of a Few Remedies, Dr. W. L. Bonnell. 7. Water, Dr. Hardenstein. 8. Cancer (Homeopathic Treatment), Dr. Peterman.

Some fifteen physicians were present, among these the pioneers of homeopathy in Oklahomafi men who have fought ignorance and prejudice and have established the Homeopathic school where hitherto it was unknown. Dr. Hensley was elected honorary president. He said, "You have shown by this act your appreciation of my work, and time and money, and I am exceedingly happy."

About six new names were passed on, bringing the membership up to about forty. An initiation fee of one dollar is charged. The meeting was very interesting and the discussions were enlightening.

The following officers were elected: Honorary president, Joseph Hensley; president, D. W. Miller; vice-president, Dr. Hammond; secretary and treasurer, Dr. Ray.

After a warm discussion, the principal point of which was "The heathen sending money to enlighten the heathen," the Society appropriated \$25 to the fund which is to be used to promote homeopathy.

Eye and Ear Notes.

CONDUCTED BY R. W. HOMAN, M. D., WEBSTER CITY.

Calcareo pic. does good work in chronic recurring boils in the external canal of the ear.

If a child's temperature rises during convalescence from any of the exanthematous diseases, don't forget to examine the ear. In many of such cases you will find otitis media. If discovered before pus forms the best and most often indicated remedy is *Belladonna*. Use the 2x or 3x internally every two hours, and externally a mixture of the tincture (3 drops to glycerine 1 drachm) two or three drops three times a day. The local appli-

cation of heat is also useful in these cases. After pus forms and perforation takes place the ear should be irrigated three or four times a day with a mild antiseptic solution and the remedy changed to *Hepar S.*, *Puls.*, *Caps.*, or *Calc. Carb.*

In case of foreign body in the eye where the patient refers the sensation to the upper lid, be sure to inspect the cornea carefully. In many cases the foreign body will be found imbedded there. Cocainize the eye and remove the foreign body carefully with spud or bistoury.

In coryza and acute catarrh *Sticta Pul.* is often found to be an excellent remedy, especially in involvement of the frontal sinuses. There is dull heavy headache with fullness and pressure at the root of the nose. Burning in the eyes, dryness of nasal membranes, constant urging to blow the nose but no discharge. General feeling of dullness and malaise. *Gels.*, has dullness and malaise but watery discharge, instead of dryness. *Aconite* and *Kali Bi.* have dryness of nasal membranes and feeling of fullness, but with *Aconite* there is nervous restlessness and *Kali Bi.* is rarely to be thought of in acute cases.

In snaring nasal polypi the work is much facilitated by the use of Adrenalin with the cocaine (about 1 to 4). It assists in the absorption of the cocaine and checks hemorrhage, keeping the field of operation comparatively free from blood. Much more can be done at one sitting and with less discomfort to both patient and operator.

Miscellaneous Items

Public Health and Conservation.

Department of Agriculture, Forest Service.

Washington, Oct. 25.—Prof. Irving Fisher, the eminent political economist of Yale University, who in one of his papers before the recent International Tuberculosis Congress in Washington declared that consumption costs the people of the United States more than a billion dollars a year, is preparing an exhaustive report for the National Conservation Commission, which will con-

tain not only these figures, but similar data on the economic loss to the country from all other preventable diseases.

Professor Fisher is a member of the National Conservation Commission and for many years has been carrying on studies along these lines. The Commission received letters from physicians all over the country urging it to consider the bearing of public health on the economic efficiency of the nation in its efforts to ascertain the resources of the country.

The commission from the beginning has contemplated reports on the economic aspects of several phases of the conservation movement which affect the duration and effectiveness of human life, but Professor Fisher has undertaken to prepare a comprehensive statement of the whole subject of the relations of public health to the general field of conservation, and especially as to the waste from preventable diseases and unnecessary deaths.

Dr. Fisher is professor of political economy at Cale University and chairman of the "Committee of One Hundred" of the American Association for the Advancement of Science, which has for a long time been carrying on propaganda for the increase of national health through the elimination of preventable diseases. This Committee of One Hundred is composed of physicians and men engaged in active sociological work in every part of the country, and the results of their investigations and experience are all available to Dr. Fisher, so that his report ought to be the most thorough-going and complete summary of the situation ever made.

At the Tuberculosis Congress, Professor Fisher declared that 138,000 persons die of consumption every year. The cost of medical attendance and the loss of earnings before death average at least \$2,400, he said, while if to this is added the money that might have been earned with health, the total loss in each case is about \$8,000. He pointed out, also, that the disease usually attacks young men and women just at the time when they are beginning to earn money and cuts off their earning power for about three years on an average, before they die.

This subject of the economic value to the country of a general raising of the average health came up in the Governor's Confer-

ence at the White House in May. Dr. George M. Kober in his speech on the "Conservation of Life and Health by Improved Water Supply" at the Conference presented figures which showed that the decrease in the "vital assets" of the country through typhoid fever in a single year is more than \$350,000,000. Typhoid is spread by polluted water largely, so that the death rate from this disease can be directly reduced by the purification of city drinking water. Dr. Kober quoted statistics to show that the increased value of the water to the city of Albany, where the typhoid fever rate was reduced from 104 in 100,000 to 26 by an efficient filtration plant, amounts to \$475,000 a year, of which \$350,000 may be considered a real increase to the vital assets of the city. Census Bureau figures show that the average annual death rate from typhoid in cities with contaminated water supplies was reduced from 69.4 per 100,000 to 19.8 by the substitution of pure supplies.

Dr. Kober cited estimates showing that the average length of human life in the sixteenth century was between 18 and 20 years, and that at the close of the eighteenth century it was a little more than 30, while to-day it is between 38 and 40—indeed, the span of life since 1880 has been lengthened about six years.

Public Health and Hospital Exhibits.

Government Plans an Educational and Practical Display at Seattle in 1909, of Great Beneficial Value to the Public.
Plans in Detail.

One of the chief benefits of a great exposition where the handiwork of man is shown in all its many phases, is in the educating of the masses on subjects of which the vast majority of the people are either ignorant or at the best but poorly informed. The progress of medicine and medical science, the great discoveries of the men who devote their lives to research and investigation, the value to the human race of the proper observances of the laws of sanitary science and hygiene are all matters of which the public are vitally interested and are willing to be informed when the opportunity presents itself.

The authorities of the United States government propose to

do much toward educating the public, showing modern appliances and methods of treatment and illustrating the value of sanitary laws and practical hygiene at the Alaska-Yukon-Pacific Exposition which will be held in Seattle in 1909. One of the features of the exhibit of the treasury department in the government building will be that of the Public Health and the Marine Hospital Service. The exhibit will be arranged for giving the greatest amount of information in the simplest and most thorough manner. Demonstrations of great value for the layman's knowledge will be held. In its report to the officers of the exposition the department outlines its exhibits as follows:

"The Surgical Section will consist of a model operating room, having in the center wax figures showing a surgical operation in progress. Around the side of the room will be placed steam sterilizers for dressings, water sterilizers, irrigating stands, an instrument case containing a full surgical armamentarium, glass-topped bottles, glass basins, and all the other appurtenances of a fully equipped operating room.

"The Laboratory Section is to contain various apparatus constantly used in the Hygienic Laboratory in the solution of public health problems. This includes laboratory glassware, sterilizers, thermostats, embedding apparatus, microscopes, microphotographic apparatus, etc. Petri dishes containing cultures of bacteria isolated from contaminated vaccine virus will be shown. A traveling laboratory is included in this section, two such outfits being constantly held in readiness by the service for field work or for use in the event of outbreaks of epidemic diseases in various parts of the country. In addition there is to be a very complete helminthological collection. This collection is of great value in view of the increasing attention given to parasites in relation to diseases of man. A macrograph is used to enlarge microphotographs of various pathogenic bacteria, animal parasites and other specimens related to disease.

"The Hospital Section will comprise a record room and model ward. The record room contains various service publications, a hospital library, clinical histories with their method of filing, and

filing cases for microscopic slides. The model ward is equipped with modern hospital beds, invalid chairs, bedside stands, a wheeled stretcher, litters, a portable bath tub and stretcher, medicine cases, a case of surgical dressings, etc.

"The Tuberculosis Exhibit is to consist of a model of the Marine Hospital Sanatorium located at Fort Stanton, New Mexico. This, together with views of the buildings and surrounding country are shown to emphasize the advantage of light and air in the treatment of tuberculosis.

"The Quarantine Section includes a model of a detention camp intended for use in time of epidemic, also models of the quarantine stations at Delaware Breakwater and Reedy Island, and a model of disinfecting machinery used at the latter station.

"The X-Ray Section will be installed in a room constructed for the purpose. The modern coils are to be shown, including X-ray tubes and flourosopes, also a high frequency apparatus and the various accessories, which naturally form a part of such an exhibit. In addition, there are to be shown numerous photographs to illustrate the uses to which this apparatus is used at the different hospitals of the service."

To retain cotton on a smooth probe.—Rub a little wax on probe, warm slightly, and wrap the desired amount of cotton on. The wax will cool and retain the cotton and can be warmed again and the cotton readily removed.—*Homeopathic Eye, Ear and Throat Journal.*

Removal of insects from the Ear.—Robbins removes live insects from the ear by placing patient in a dark room and holding a lighted taper or lamp right up to the ear. The insects will back out. He has practiced this method for thirty-six years. Lewis removes them by the use of a pine rod six inches long tipped very lightly with the composition from a sticky fly paper. He has removed many in this way during thirty years practice.—*Homeopathic Eye, Ear and Throat Journal.*

Woolen Clothing as a Cause of Pneumonia.—Dr. Compton, San Diego, Cal., says: "I take the liberty of asserting at this

time that it is my belief that one of the most important causes of pneumonia is the wearing of improper undergarments. I was never called to attend a case of pneumonia but that I found the patient clothed in woolen underwear from head to foot.

I desire to state that wool is not the material for garments to be worn next to the skin. All authorities on matters of hygiene agree that the absorption, as well as the elimination of moisture takes place quicker with linen than with wool, cotton, or silk. The failure of wool to quickly absorb and eliminate moisture, if taken into careful and thoughtful consideration, would abolish its use altogether as a first undergarment; and especially for children who are prone to exercise and frolic until they are frequently in a state of profuse perspiration, then exposed to draughts, when a rapid extraction of heat takes place, thus chilling the body and oftentimes resulting in an attack of pneumonia. A porous linen garment next to the skin has the advantage over all other fabrics of absorbing moisture and eliminating it quickly, and will provide for a dry climate around the body. The absorbent power of linen makes it the ideal undergarment.

The purpose of outer clothing is directly antagonistic to that of the underclothing. The outer garment should be a poor absorbent of moisture; the undergarment a good absorbent of moisture.

I realize full well that I am treading upon treacherous ground when I advance this theory, for I am aware that the medical profession generally, has for years advocated wool. But the theory is wrong, and the practice it a bad one.

I firmly believe that the woolen undergarment has been responsible for more pneumonia than almost any other one cause. This is making a broad assertion, but experience and close observation has taught me such fact."—*Pacific Coast Journal of Homeopathy*.

Prostatic Hypertrophy.

In the *Journal of Surgery*, Bowers expresses his opinion concerning prostatic hypertrophy. They are summarized as follows:

1. An early operation is to be recommended before an ascending infection has occurred.

2. When complications have arisen, and the patient is uremic and highly septic, it is wise to adopt the two stage operation. In this way the second operation can be deferred until the patient has improved physically and is relieved of the septic state.

3. Catheter life is a precarious one. Continued catheterization is responsible for the loss of many lives ultimately and should be condemned.

4. Total and partial prostatectomy in the absence of kidney or other complication will have a very low mortality, if any. No class of surgical work has given better results and a lower mortality in our hands.—*New England Medical Gazette*.

Syphilitic Mucous Patches in the Throat.

Dr. J. Philip Kanoky, of Kansas City, Mo., recommends (by private letter) the following treatment of the above condition. as the most successful that he has yet found. He first mops the affected surfaces with dry cotton swabs and then thoroughly paints the plaques with the official tincture of iodine. Immediately afterward he applies, by means of a swab, a 2 or 3 per cent solution of bichlorid of mercury in water. The patient is cautioned against swallowing his saliva at this time, and in about five minutes he would rinse out his mouth and throat with water. Kanoky finds that two or three applications are generally sufficient to heal the lesions. He believes that this treatment is "more effective and reliable than applications with silver, methylene blue, chromic acid, lactic acid, and acid nitrate of mercury."—*Journal A. M. A.*

Milk Producers Difficulties.

The Board of Health of New York City has ordered that all persons who milk cows must wear white duck trousers and jackets or else that the milk will not be admitted to the city. Much of the milking in the vicinity of Middletown has been done by the wives and daughters of the farmers who refuse to don the garb. The problem is thus far unsolved.—*Journal A. M. A.*

AMERICAN INSTITUTE OF HOMEOPATHY.

Officers, Bureau Chairmen, and Chairmen elected and appointed at the Kansas City Session, 1908.

Officers:

William Davis Foster M. D., Kansas City, President.
 T. H. Carmichael, M. D., Germantown, Pa., First Vice-President.
 Joseph Hensley, M. D., Oklahoma City, Second Vice-President.
 *Frank Kraft, M. D., Cleveland, O., Secretary.
 J. Richey Horner, Cleveland, O., Secretary Pro Tem.
 T. Franklin Smith, M. D., New York, Treasurer.
 Joseph H. Ball, M. D., Bay City, Mich., Registrar.
 George T. Shower, M. D., Baltimore, Md., Necrologist.
 Hamilton F. Biggar, M. D., Cleveland, O., Honorary President.
 Eldridge C. Price, M. D., Baltimore, Md., Chairman Board of Censors.

Chairmen of Bureaus:

Materia Medica. Lewis P. Crutcher, M. D., Kansas City.
 Homeopathy. R. F. Rabe, M. D., New York.
 Clinical Medicine. Edward Harper, M. D., New Orleans, La.
 Pedology. Anna W. Spencer, M. D., Batavia, Ill.
 Sanitary Science. H. Franklin Staples, M. D., Cleveland, O.
 Medical Examination Board and Legislation. J. M. Lee, M. D., Rochester, N. Y.

Chairmen of Committees:

Organization, Regulation and Statistics. T. Franklin Smith, M. D., New York.
 Transportation. N. B. Delameter, M. D., Chicago.
 *Publication. Frank Kraft, Cleveland, O.
 Press. W. Rufus King, M. D., Washington, D. C.
 Resolutions and Business. J. Pettee Cobb, M. D., Chicago.
 International Bureau of Homeopathy. Geo. B. Peck, M. D., Providence, R. I.
 Memorial Services. D. A. Strickler, M. D., Denver, Colo.
 Homeopathic Pharmacopoeia. T. H. Carmichael, M. D., Germantown, Pa.
 Hahnemann Monument. J. I. McClelland, M. D., Pittsburg, Pa.
 New Members. W. A. Paul, M. D., Boston, Mass.
 Formation of a National Association for Clinical Research. James Krauss, M. D., Boston, Mass.
 Tuberculosis Congress. W. B. Hinsdale, M. D., Ann Arbor, Mich.
 Intercollegiate Committee. C. E. Walton, M. D., Cincinnati, O.
 Interstate Committee. H. D. Schenck, M. D., Brooklyn, N. Y.

Special Committees.

Journal and Incorporation of Institute. George Royal, M. D., Des Moines, Iowa; Joseph P. Cobb, M. D., Chicago; Benj. F. Bailey, M. D., Lincoln, Neb.; C. E. Sawyer, M. D., Marion, O.; Royal S. Copeland, M. D., Ann Arbor, Mich.
 American Institute of Drug Proving. J. B. Gregg Custic, M. D., Washington, D. C.
 Council of Medical Education. George Royal, M. D., Des Moines, Iowa; Willis A. Dewey, M. D., Ann Arbor, Mich.; John B. Garrison, M. D., New York; W. J. Gates, M. D., Kansas City, Mo.
 Conference With A. M. A. H. D. Schenck, M. D., New York; Benj. F. Bailey, M. D., Lincoln, Neb.; Frank C. Richardson, M. D., Boston, Mass.; W. Rufus King, M. D., Washington, D. C.
 Local Committee of Arrangement. D. A. MacLachlin, Detroit, Mich.
 Next Session of the Institute. June, 1909, in Detroit, Mich.

*Deceased.

WE are manufacturers of Pure
Homeopathic Medicines, Tinctures,
Triturations, Tablets, Cerates, Etc.

We are dealers in Physicians' Supplies of every description. If you want the best goods that can be produced send your orders to us.

Our 200 page Catalogue and Reference Book sent free on application to any physician.

P. H. Mallen Co.

38 Randolph Street

CHICAGO

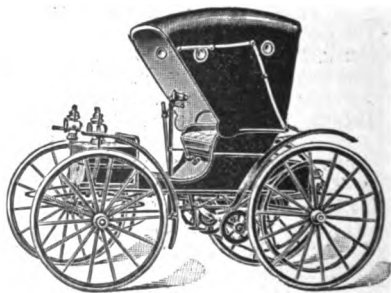
HOLSMAN Oldest and Largest
Makers of

BUGGY-TYPE AUTOMOBILES

SIX YEARS OF SUCCESS

The above should attract the attention of the thoughtful man, for such an enviable reputation is earned only by being able to state following facts: **most economical, most reliable, most simple, greatest efficiency on bad roads.**

The Holsman is air-cooled, has solid rubber tires and is built high enough to clear country roads like a carriage.



T. J. WILLIAMS, Iowa Agent.

512 Grand Avenue

DES MOINES, IOWA

IOWA HOMEOPATHIC JOURNAL

Vol. II

DECEMBER, 1908

No. 12

Original Articles.

DOES MEDICINE, AS PRESCRIBED BY THE BEST PRESCRIBERS OF ANY SCHOOL, CURE OR PROMOTE THE CURE OF DISEASE?*

I. D. BURNS, M. D., GRUNDY CENTER, IOWA.

When the great number of doctors, with their diversities of ideas, as reflected by their heterogeneous prescribing, are taken into consideration; and the further fact that all have, at least, a degree of success, in that 80 to 90 per cent of the patients recover from illness, it becomes a pertinent question, a query at least, to ask: Does medicine promote the cure of disease, even when administered by the best prescribers; or do the patients recover in spite of the medicine?

For instance: Suppose that fifteen doctors be called to see a case, each one to see the patient, examine and prescribe. We will say there are eight Regulars; five Homeopaths; and two Eclectics, which is about the ratio representing the different schools of medicine. Suppose also that no special pains have been taken to select these physicians at all, but just take them as they come.

When all have reported and handed in their prescriptions, we look them over and find that, perhaps, two of the prescriptions of the regulars are approximately alike that three prescriptions include from two to four medicines each; the other six prescriptions are different, they bear no resemblance to each other; and each prescription contains from two to five different medicines.

Of the Homeopaths, perhaps, three will prescribe the same

**Written exclusively for this Journal.*



SPECIAL OFFER

Syrup Glyco-Cherry Compound:— A most effective combination for the treatment of Coughs. Especially adapted for children as it contains no opiates or chloroform. Formula on label.

Cough Tablets No. 9:—Composed of Heroin 1-24 gr. with Bryonia Tartar Emetic, Ipecac and Ammonium Muriate. Our sales in the past prove this to be the most satisfactory Cough tablet on the market.

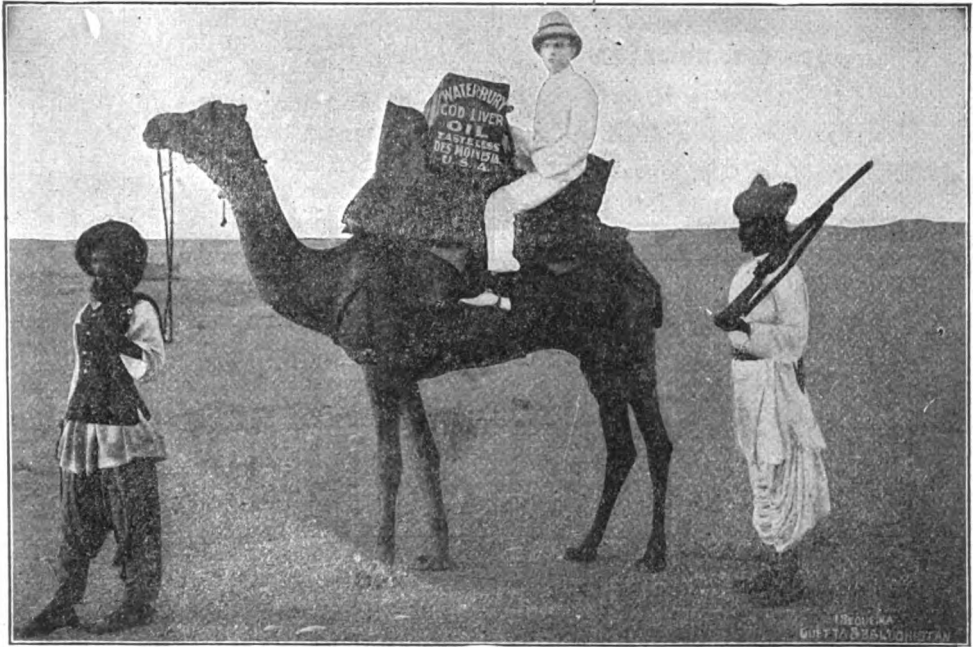
We offer the above seasonable goods as a specialty and to increase our list of patrons, we will for the next 30 days send you prepaid one gallon of the syrup and one thousand of the tablets for \$4.00. (Please mention the I. H. Journal.)

The Standard Chemical Co.
DES MOINES, IOWA.

The Waterbury Chemical Co.

Home Office and Laboratory, Des Moines, Iowa.

OUR REPRESENTATIVE CALLING UPON PHYSICIANS IN INDIA



Waterbury's Metabolized Cod Liver Oil Comp.

The most powerful reconstructive TONIC and will NOT disturb the stomach

Ol. Morrhuo Co. Metabolized, Plain
(Waterbury)

Ol. Morrhuo Co. Metabolized, Cum C. Et. G.
(Waterbury)

London Warehouse, 4-10-12 Old Swan Lane
N. Y. Office, 37 Pearl St. Toronto Lab., 52 Beverly St.

DR. F. J. BECKER
Operating
Surgeon and Gynecologist
Iowa City, Iowa.

T. F. H. SPRENG, M. D.
Consultant in Diseases of Women
Iowa Building
Sioux City, Iowa.

DR. W. L. BYWATER
Diseases of
Eye, Ear, Nose and Throat
Iowa City, Iowa.

DR. S. STADDS
Operating and
Consulting Surgeon
Rooms 205-207 Massachusetts Bldg.
Fourth and Jackson Sts.
Sioux City, Iowa.

DR. FRANK C. TITZELL
Operating and Consulting
Surgeon and Gynecologist
Iowa City, Iowa.

DELMER L. DAVIS, M. D.
General Surgery
Suite 602-3-4 Metropolitan Bldg.
Both Phones 1299
Hours: 12 to 1, 3 to 5
Sioux City, Iowa.

DR. T. L. HAZARD
Pediatrics
A Specialty
Iowa City, Iowa.

DRS. HANCHETT
A. P. Hanchett, | W. Mac Hanchett,
Consultation and | Microscopy and
Surgery. | General Practice.
Council Bluffs, Iowa.

DOCTORS COGSWELL
C. H. Cogswell, M. D. C. H. Cogswell, Jr.,
Hours: B. S. M. D.
10 to 11. 3 to 5. Hours:
8:30 to 10. 1:30 to 3.
Physicians and Surgeons
26-27 Kimball Building
Cedar Rapids, Iowa

RAYMOND E. PECK, M. D.
Consultant in General Practice
Iowa Phone 77
310 Kirkwood Boulevard
Davenport, Iowa.

DR. ALICE HUMPHREY-HATCH

Office 512-14-16 Good Block

Mutual Phone 832

Hours, 10 to 12 a. m., 2 to 5 p. m.

Residence, 1025 Eighth Street

Mutual Phone 856, Iowa 942-Y

7:30 to 8:30 a. m., 6:30 to 7:30 p. m.

Des Moines, Iowa.

DR. CHARLES E. HOLLOWAY

Surgery and Gynecology

Hours: 11 to 12:30, 3 to 6

406 Utica Building

Des Moines, Iowa.

DRS. ROYAL

George Royal M. A. Royal

308 Good Block, Des Moines, Iowa.

George Royal, Consultant in General Practice.

Calls to any part of the state attended to promptly.

DR. A. M. LINN

Consultant

Hours: 10 to 12, 3 to 5, Sundays 3 to 4

Phones: Mutual 45, Res. 49; Iowa

1006-R1, Res. 1006-R2

314-319 Utica Building

DR. ERWIN SCHENK

Consultant in Skin and Nervous Diseases

Utica Building

Des Moines, Iowa.

DR. ELLIS G. LINN

Des Moines, Iowa.

Eye, Ear, Nose and Throat

Hours: 10 to 12, 1 to 5

Mutual Phone 1608

202 Century Building

Des Moines, Iowa.

DR. G. A. HUNTOON

Gynecologist

Office: 25th and University Ave.

Des Moines, Iowa.

C. J. LOIZEAUX, M. D.

Specialty, Orrifical Surgery and Nervous Diseases

1400 E. Grand Ave.

Des Moines, Iowa.

Every doctor in the state should have his card here so that the profession will know where you are located and can refer those who move into your locality to you. One new family will more than pay the bill.

LARGE CARDS \$5.00; SMALL CARDS \$3.00 PER YEAR.

DR. D. A. FOOTE,
Physician and Surgeon.
216-221 Paxton Block
Omaha, Neb.

F. W. STEWART, M. D.
H. M. C. Chicago "02"
Colfax, Iowa.
Careful Attention Given Any Patients
Referred to Me While Here.

ALICE I. ROSS, M. D.
Chronic Diseases a Specialty
Whittier, Iowa.

E. I. WOODBURY, M. D.
General Practice
Office Cor. 3rd and Jefferson S:s
Burlington, Iowa.

A. H. BARKER, M. D.
Family Physician
Brooklyn, Iowa.

E. N. BYWATER, M. D.
General Practice
Iowa Falls, Iowa.

A. O. HANSEN, M. D.
Physician and Surgeon
Forest City, Iowa.

DR. E. M. KINGSBURY,
General Practice.
Norman, Oklahoma.

S. B. HOSKINS, M. D.
Physician and Surgeon
Office: 204-5 Mass. Bldg.
Both Phones
Sioux City, Iowa.

DR. F. A. SEEMAN
Eye, Ear, Nose and Throat
Massachussets Bldg., 4th and Jackson
Sioux City, Iowa.

J. M. KILBOURNE, M. D.
S. U. I. 1894
Medical and Surgical Consultant
Sioux City, Iowa.

DR. FREDERICK ALDEN
Physician and Surgeon
Both Phones
3707 Sixth Avenue
Des Moines, Iowa.

JENNIE M. COLEMAN, M. D.
Office and Residence, 206 Euclid Ave.
Highland Park
Mutual Phone 1026, Iowa 1780-X
Des Moines, Iowa.

DR. HARRIETTE E. MESSENGER
Special Attention Given to
Diseases of Children.
Office and Residence, 2800 University
Mutual Phone 334
Des Moines, Iowa.

LUCY M. BUSENBARK-HARBACH
M. D.
Diseases of Women and Children
Office and Residence, 843 6th Ave.
Office Hours: 8 to 10 a. m., 3 to 5 p. m.
Des Moines, Iowa.

DR. S. W. ALDRICH
General Practice
Office and Residence, 48th and Grand
Des Moines, Iowa.

DRS. HANCHETTE
Offices, 421 Iowa Building
Sioux City, Iowa.

J. L. Hanchette, M. D., Surgery
W. H. Hanchette, M. D., General Practice

DR. NETTIE G. GRAY,
Diseases of Women and Children.

DR. R. H. GRAY,
General Practice and Chronic Diseases.
Office 313 E. Houston St.
San Antonio, Texas.

DR. W. A. HUBBARD
General Consultant
and
Prostate-Urinary Disorder
609-10 C. R. S. Bldg.
Cedar Rapids, Iowa.

This Space For Sale

B. R. JOHNSTON, M. D.
Consulting and Operating
Gynecologist and Surgeon
323-328 Masonic Temple
Cedar Rapids, Iowa.

DR. FRED C. SAGE,
Surgeon and Specialist in Eye, Ear,
Nose and Throat Diseases.
and Fitting of Glasses.
Waterloo, Iowa.

E. CARSON ABBOTT, M. D.
Eye, Ear, Nose & Throat,
Brown Bl'k., Cor. 16 & Douglas St.
Omaha, Neb.

This Space For Sale

SUBSCRIBE FOR THE
IOWA HOMEOPATHIC JOURNAL

**The Medical Journal that gives you the news of the
State of Iowa.**

Enclosed find \$1.00, for which, please send me the IOWA
HOMEOPATHIC JOURNAL.

Signed

Address

Glyco- Thymoline

is indicated for

Catarrhal Conditions

Nasal, Throat, Stomach, In-
testinal, Rectal and Ut-
ero-Vaginal Catarrh

Liberal Samples
on Application

Kress & Owen Company,
210 Fulton St., New York



Antiphlogistine

(Inflammation's Antidote)

affords the most scientific method of combating Inflammation and Congestion. It is of especial benefit in the conditions incident to the summer season.

In ENTERO-COLITIS, and other inflammations of the abdominal and pelvic viscera, Antiphlogistine proves a satisfactory adjuvant to treatment, as it produces a depletion of the enteric and peritoneal vessels, stimulates the reflexes and relieves the pain, tenesmus and muscular rigidity.

In SPRAINS and WRENCHES, the stretching or tearing of the ligaments, contusion of the synovial membrane and damage to vessels and nerves, are best controlled by Antiphlogistine, which distinctly aids in the reconstruction of the part. The absorption of the liquid exudate from the swollen tissues and the free circulation of blood in the seat of the injury, greatly hastens the process of repair.

THE DENVER CHEMICAL MFG. CO.
NEW YORK

POLK'S
MEDICAL REGISTER
 AND **DIRECTORY**
 ..OF..
NORTH AMERICA.
 ESTABLISHED 1886.


Do Not Be Deceived by Imitators.

See that the name **R. L. POLK & CO.**
IS ON THE ORDER BEFORE YOU
SIGN IT.

POLK'S is the only complete Medical Directory.
POLK'S is the only Medical Directory having an official record of all graduates of the North American Medical Colleges for use in its compilation.
POLK'S has stood the crucial test of criticism with increasing popularity. It thoroughly covers the field.

For Descriptive Circulars, Address

R. L. POLK & CO., Publishers
 DETROIT, MICHIGAN.



PHYSICIANS
DEFENSE
COMPANY
 FORT WAYNE, IND.
THE SPECIALIST

75% OF THE MALPRACTICE SUITS THREATENED AGAINST CONTRACT HOLDERS
PREVENTED

REMAINING
25% SUCCESSFULLY
DEFENDED .

ELIMINATE LITIGATION AND
THE HOLD-UP

PROPHYLACTIC PLAN
EXPLAINED IN PAMPHLET 9

RIGHT NOW WRITE

FOR SALE—A thoroughly modern 9 room house, office, furnishings, medicine, surgical instruments, horse and vehicles, and the conference of an established practice of 10 years standing, in a city of 35,000. Reason for selling, will move to coast. Bargain if taken this season. Address the publisher of this Journal for further particulars.

A good opening for a Homeopathic physician in a thriving Colorado town of 11,000 inhabitants with but two Homeopathic physicians. Address Journal.

FOR SALE—A Birtman Twentieth Century Static machine. In fine condition. Short on office room. Address Publisher.

SAL HEPATICA

For preparing an
EFFERVESCING ARTIFICIAL
MINERAL WATER

Superior to the Natural,

Containing the Tonic, Alterative and Laxative Salts of the most celebrated Bitter Waters of Europe, fortified by the addition of Lithia and Sodium Phosphate.

BRISTOL - MYERS CO.

277-279 Greene Avenue,

BROOKLYN - NEW YORK.



Write for free sample.

GLYCERO - MEDICATED - PLASTER

The Greatest Antiphlogistic and Hygroscopic
known, possessing a definite therapeutic action.

The essential oils as given in our Treatise gives this product the advantage over others of being a stimulant to the vaso-motor, lymphatic and circulatory systems, as well as being decidedly antiseptic and anodyne in action. Our products are being manufactured under the supervision of physicians and chemists, therefore each agent is thoroughly demonstrated before given to the profession. Samples and literature sent on application.

THE PHYSICIANS' CHEMICAL & DRUG COMPANY
1507 Michigan Avenue, CHICAGO, ILLINOIS

Green Gables
THE
DR. BENJ. F. BAILEY.
SANATORIUM
Lincoln, Neb.

**Health
and
Rest**

A thoroughly modern, homelike place for the cure of non-contagious diseases
Separate building for mental cases

Write for illustrated catalog

VICTORIA SANATORIUM and Colfax Mineral Springs



Rooms Light, Airy and Comfortable
CORRESPONDENCE WITH
PHYSICIANS SOLICITED
Alice E. Burton, M. D., Asst.

JOHN BAYARD SHERBON, M. D.
FLORENCE BROWN SHERBON, M. A., M. D.
PROPRIETORS

THE PHYSICIAN OF MANY YEARS' EXPERIENCE

KNOWS THAT, TO OBTAIN IMMEDIATE RESULTS

THERE IS NO REMEDY LIKE

SYR. HYPOPHOS. CO., FELLOWS.

**MANY Medical Journals SPECIFICALLY MENTION THIS
PREPARATION AS BEING OF STERLING WORTH.**

TRY IT, AND PROVE THESE FACTS.

SPECIAL NOTE.—Fellows' Syrup is never sold in bulk.

It can be obtained of chemists and pharmacists everywhere.

“THE RETREAT”, DES MOINES, IOWA
28th STREET & WOODLAND AVE.



**A Large, Quiet, Homelike Place for the Care and Cure of Nervous Invalids
Literature and Further Information may be had on Application.**

DR. GERSHOM H. HILL, Supt.

DR. J. C. DOOLITTLE, Resident Physician

The Leucodescent

THERAPEUTIC LAMP

has made phototherapy a popular, practical and valuable assistant to the physician. It is constructed on scientifically exact lines. Correct dimensions are important, as they insure increased penetration of the rays.



It utilizes sufficient amperage to insure a comprehensive and certain clinical value.

The amperage is important because more of it means increased quantity and quality of the essential rays.

Send for our blue booklet which tells in a few words what the Leucodescent is, what it does, and the reasons why. Also Volumes I and II of the Leucodescent Bulletin containing clinical reports, with an index to contents. These will prove a valuable addition to your literature on light therapy.

Style "F Special" Leucodescent 500 candle-power.
May be provided with Attachable Color Screens.

SPEAR-MARSHALL CO.

1271 Republic Bldg.

CHICAGO

CALCALITH

(Abbott)

Calcium and Lithium Carbonate Comp. with Colchicine

Formula: *Purified Calcium Carbonate, grs. 10*
Lithium Carbonate, gr. 1
Colchicine, gr. 1-500; in aromatic combination

Rheumatic, Lithemic, and Gouty conditions are relieved and cured only by *free elimination* of the products of malassimilation and of all other accumulated excretory products, with subsequent correction of dietetic errors and digestive disturbances—the original cause. DECREASED ALKALINITY of the blood and urine *retards* such elimination. INCREASED ALKALINITY *favors* the elimination of all excretory products. **Calcalith alkalizes the body fluids**, blood, urine, etc., quicker and more thoroughly than any other known remedy or combination of remedies, rendering it a general eliminant of great value.

Calcalith furnishes an *ideal alkaline treatment* for ACUTE RHEUMATIC FEVER and for most manifestations of the so-called Rheumatic or Uric-Acid diathesis; and will be found useful in Ardor Urinæ, Lithemia, Gout, Nephrolithiasis, Lumbago, Urinary Hyperacidity, Uric-Acid Eczema, Phosphaturia, Gravel, Rheumatism, Etc.

Its use should always be supplemented by such general eliminants, Calomel, Podophyllin and Bilein Comp., Salithia, q. s., each morning, as needed, with enough of the W-A Intestinal Antiseptics to keep the stools free from the odor of putrefaction; and Triple Arsenates with Nuclein, if debility exists or a general tonic is needed.

Special Trial Offer We will send once only, 200 Calcalith; 100 Calomel, Podophyllin, and Bilein Comp., No. 1; 100 W-A Intestinal Antiseptics, and 100 Triple Arsenates with Nuclein, on receipt of this advertisement and Money back if not satisfied. Regular price \$1.51. **One Dollar**

THE ABBOTT ALKALOIDAL CO.

Ravenswood Station, CHICAGO

251 Fifth Ave., New York City 1861 Franklin St., Oakland, Cal. 325 Pacific Bldg., Seattle, Wash.

KEYSALL

TRITURATE TABLET

POTOXYCHIN

SULPHONATE

TRADE MARK

An ANTISEPTIC, GERMICIDE, DEODORIZER, DISINFECTANT and ANTIFERMENT. NON-TOXIC, NON-CAUSTIC. HARMLESS to ANIMAL TISSUES. Soluble in water and glycerine. Insoluble in alcohol, ether and oil.

POTOXYCHIN'S great potency and superiority as a germicide and deodorizer is due to the liberation of a free gas, immediately upon its contact with secretions of the body which rapidly permeates all the tissues, and stimulates to normal action.

POTOXYCHIN destroys Staphylococcus pyogenes aureous. PUS
 Uses—Internally—One to 10 grains daily with water; in Catarrhal and Tubercular Conditions, Cancer, Gastritis, Dysentery and Typhoid Fever. As an ALIMENTARY and INTESTINAL ANTISEPTIC.
 Uses—Local—Any strength, one to 10000 (1 gr. to 20oz.) usually sufficient, one to 500 (1gr. to 1 oz.) nicely borne. In Surgical Work, Fresh or Indolent Wounds, Ulcerations, Suppurations, Curettements, Puerperal, Typhoid and Septic Conditions. Gonorrrhea, Leucorrhoea, Erysipelas, Dyptheria, Burn : Boils, Alopecia, Cancer, Catarrh, Douche, Irrigation, Gargle.

AND WHERE PUS, INFECTION AND ODOR EXIST:

Also put up in Cerate, Dusting Powder (Dry Dressing), Rectal Suppositories, Etc

THUYOLEUM

OIL THUJA (KEYSALL)

Volat. Oil from fresh green tops Thuja Occidentalis.

Employed locally in the treatment of Cancer, Epithelioma, Lupus, Warts, Sycotic, Excrescences, Polypoid, Adenoid and Vegetable Growths, Hypertrophied Glands, Schneiderian and Mucous Membranes, Conjunctivitis, Used in Capsule, Suppository or ointment per Rectum for Enlarged Prostate Glands, Pin worms and Pile Tumors. Added to Nebulizing solutions for cultivation of Voice and Catarrh.

PUT UP IN CERATE, RECTAL SUPPOSITORIES AND



KEYSALL

ANTISEPTIC



HYGIENIC AND VULNERARY

UTERINE WAFERS

FOR ALL LOCAL DISCHARGES.

DISEASES OF THE UTERUS, OVARIES AND VAGINA.

THREE MONTH'S TREATMENT IN BOX

TRADE MARK

CATARRHOLENE

MEDICATED OIL FOR LOCAL USE.

ATOMIZERS & NEBULIZERS

Thuja Occidentalis, Eucalyptus, Pinus Pumillo, Gaultheria, Campho-Phenique, Menthol, Thymol. In a tasteless, odorless, colorless, chemically pure hydrocarbon base.

Valuable as a local application for Irritated, Hypertrophied and Catarrhal Conditions of all Mucous Membranes. Used in Atomizer, Nebulizer, Spray and upon Tampons.

TRADE CERATUM MARK

KEYSALL COMPOUND

ANTISEPTIC VULNERARY

THUYOLEUM, ECHINACEA, POTOXYCHIN, ZINC OXIDE AND CAMPHO-PHENIQUE.

Invaluable for immediate relief and treatment of BURNS and SCALDS (its action is almost specific,) Lacerated, Fresh Wounds, Indolent Varicose Ulcers, Ulceration of the Cervix Uteri (upon tampon), Diseases of the Hair and Scalp. Old Sores, Erysipelas, Insect Bites, Catarrh of the Head, applied in Nares: Skin Diseases EPITHELIOMA, FUNGOID, and CANCEROUS GROWTHS.

•KEYSALL CHEMICAL CO.

• KANSAS CITY, MO. •

ORDERS OF ENTIRE PROFESSION SOLICITED.





UNIVERSITY OF MICHIGAN
LIBRARY



UNIVERSITY OF MICHIGAN

3 9015 02393 7025

