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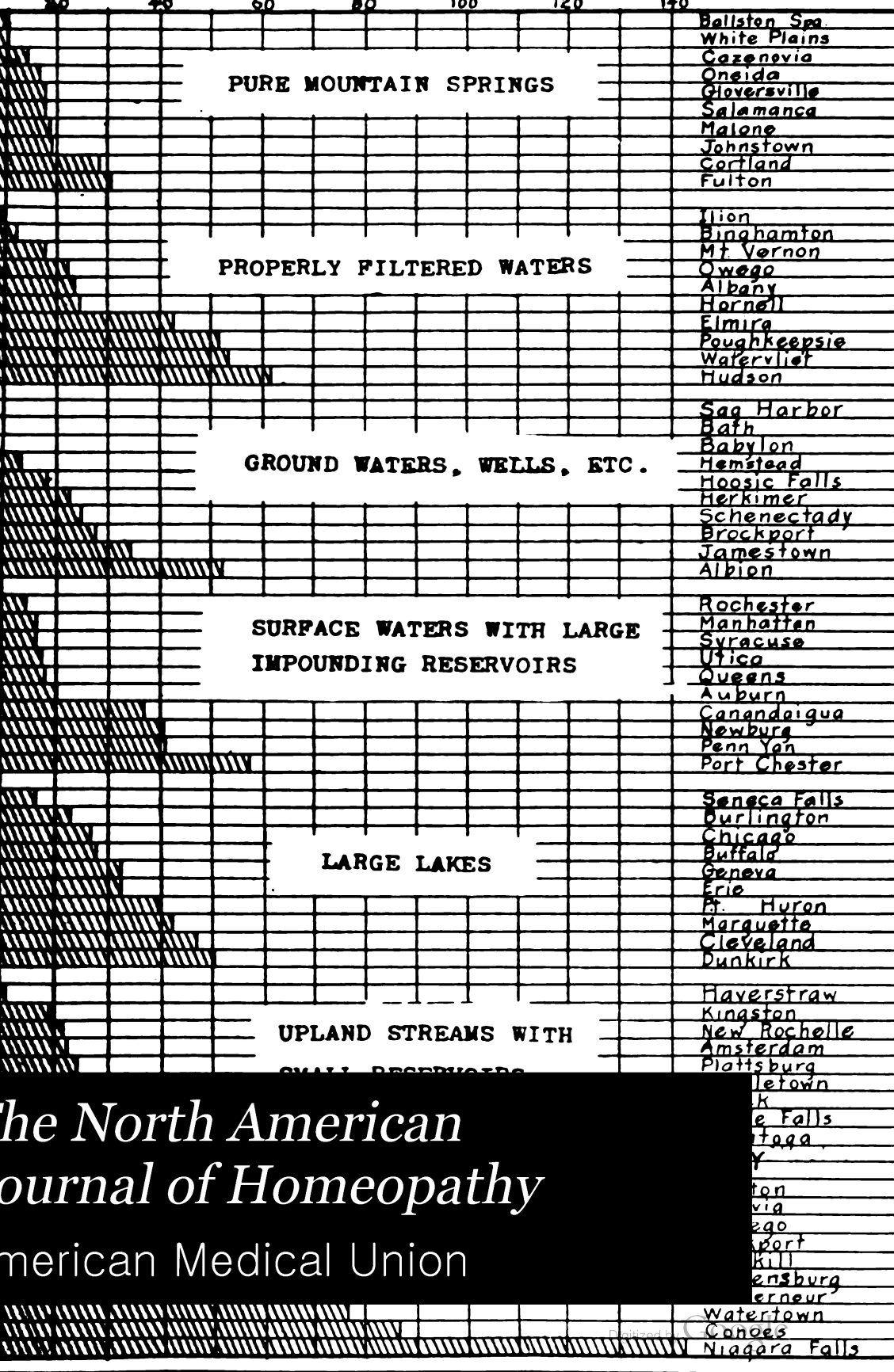
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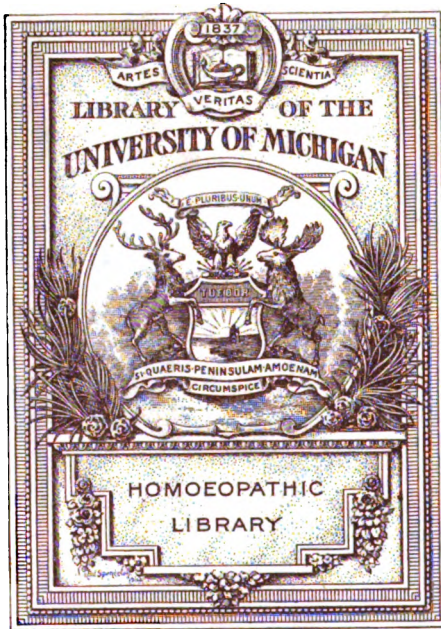
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THE GIFT OF
Dr. W. A. Dewey.

Pan-Therapist

The
North American
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EDITED BY

EUGENE H. PORTER, A.M., M.D.
HILLS COLE, M.D.

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NORTH AMERICAN JOURNAL OF HOMŒOPATHY

Contributed Articles

HOMŒOPATHY, RHINOLOGY—AND NONSENSE

By BURTON R. HASELTINE, M.D.

Chicago, Ill.

IN a profession where so few questions can be considered settled it ill becomes one to find fault with his brother's theories or his methods. It is easier and generally wiser to ignore fallacious statements than to enter into arguments even against manifest absurdities. The homœopathic profession has been particularly tolerant in this regard, sometimes to the detriment of its own dignity and standing before the scientific world.

Few of us have not heard and read arguments for homœopathy that caused us to blush for such puerile advocates but rarely do we hear a voice in protest. When the gentle soul who has "treated 'pendicitis for forty year with nothin' but the indicated remedy and never lost a case" has concluded his remarks we generally pass quietly to the next order of business and think of no greater harm than the time wasted.

But how about the constant publication of such material in the transactions of societies called scientific? Shall we make no distinction between this and the tremendous and increasing mass of undoubted scientific evidence in support of the homœopathic idea?

These thoughts are suggested by the repeated publication of a paper called "The Homœopathic Treatment of Adenoids," first printed in a foreign journal, later translated by the editor of a leading homœopathic magazine and published with his evident approval. More recently it has been quoted by the only journal of our school devoted to diseases of the throat and nose.

This is too much.

The entire article should be read to be appreciated but briefly, the homœopathic treatment of adenoids according to the writer is as follows: Deeply into the child's nostril is inserted a tampon soaked in a solution of hydrastis in glycerine one part to six. The child is then told to sniff the solution backward into the pharynx. The tampon is left fifteen minutes and after it is removed the process is repeated in the other nostril. This double operation is performed three times daily and now for the results: The acrid discharge lessens, the breathing becomes freer and the author has seen vegetations "as large as cherries almost disappear at the end of five or six weeks." (!)

The article contains several other observations: "It is a fact of common observation that when the nares become permeable the adenoid vegetations rapidly disappear." "No matter what the cause of adenoid growths may be, whether they are of tuberculous origin as some pretend, or simply the expression of pronounced lymphatic state, they do not constitute a constitutional defect that cannot be modified by internal treatment." (An Editor wrote this English.) "Surgical intervention, finally, is only a palliative measure, and if after the operation the child is left to himself the tumors will not be late in reappearing."

Let us first consider this paper from a homœopathic standpoint. The author considers that hydrastis is homœopathic to the totality of symptoms produced by adenoid growth. This is an absurdity for the symptoms *produced* by an adenoid are the results of obstruction and no remedy can be homœopathic to this any more than it can be homœopathic to a foreign body. What he probably means is that it is homœopathic to the condition which produced the adenoid and in this there is some reason. Every one knows (or should know) that an adenoid growth is primarily a symptom and not a disease, a result of disease before it becomes a cause of it. Whether due to local irritation or to nutritional fault, it does not occur without one or the other, and the recognition of this marks the difference between the physician and the "nose specialist."

By all means let us treat the causal condition but what becomes of our individualization when we try to make one remedy fit all these various metabolic faults merely because we have diagnosed an adenoid growth?

As a homœopath our author is evidently an amateur, but perhaps he is primarily a rhinologist. If so he of course knows that the symptoms he describes (turgescence, acrid discharge, etc.) are those of an acute rhino-pharyngitis which will yield in the same way to applications of any glyceride with a mild astringent and with re-

opening of the air passages. This can usually be accomplished much more easily than by half hour treatments twice or thrice daily for a period of weeks.

The pharyngeal tonsil, like the faucial, is subject to acute and subacute tonsillitis very different from a true hyperplasia and failure to differentiate these is the cause of many misconceptions and some needless operations. For instance, the "common observation" quoted above, that when the nares become permeable the adenoids disappear. The fact is that a true adenoid hyperplasia without an accompanying rhinitis seldom produces complete nasal occlusion and that its size is unaffected by any applications either to the nose or pharynx or by internal treatment.

We may perhaps correct the constitutional fault but the abnormal growth remains and undergoes only a partial atrophy even at puberty when it should normally disappear.

His last statement, that surgery is only a palliative measure, contains about an equal amount of truth and error. So much of nonsense has been written on this subject and so much bungling work has been done to justify the nonsense, that a clear statement of a few established principles is badly needed:

1. Enlargements of tonsillar structures due to active inflammatory processes are amenable to local and general medical measures and do not call for surgical intervention.
2. Enlargements due to cicatricial, fibrous or hyperplastic conditions are only amenable to surgery and if sufficient to produce symptoms, call for removal. We may add that growths the size of "cherries" usually call for no treatment either medical or surgical.
3. Removal of the growths will have no effect upon the underlying causal condition except as the removal of local infection and the resumption of normal breathing favors general nutrition. Medicinal and hygienic measures should follow surgery in every case.
4. When surgery is indicated the only proper procedure is the *complete* removal of the abnormal structures without injury to any adjacent tissues. This is perfectly feasible in every case and failure to do it means lack of skill on the part of the surgeon.
5. When this is done recurrence is quite impossible. The frequently reported recurrences are due to faulty operations or to confusion with other nasal abnormalities. So also are the various other baneful effects, ranging from night blindness to loss of sexual power. There is no authentic record of a harmful result from such an operation when really indicated and properly performed.

THE DETERMINATION OF SEX.*

By C. E. WALTON, M.D.

Cincinnati, O.

WHILE this subject may not personally interest some old men, and a few bachelors, it is one that caused no little stir when, sometime ago, the newspapers announced that a physician in Germany had discovered the means of procreating a boy at will.

This raising of a function, which had hitherto been looked upon by many as a pastime, to the dignity of an occupation, possesses a novelty which seems to demand something more than a passing notice, and attention is invited to the consideration of the subject both from a physiological and a philosophical standpoint.

The announcement of this discovery by Dr. Schenk has been followed by the employment, on the part of some of the European nobility, whose interest in primogeniture is well established, of the doctor's services in securing the desired result. When we reflect that his efforts would always come within one of the expectancy, we are led to think that the doctor had, for the time being, a decided "cinch" upon the aristocratic patronage which was offered.

Had he failed in any instance, he could generally count on the co-operation of his patient for a second experiment. Whether he could secure more than two experiments in any one family was a matter in which we are not particularly concerned and interested solely the contracting parties.

"Male and female created He them," and the propagation has continued from the initial creation, in such a ratio that the parity of the sexes has been pretty uniformly maintained. That this is the result of design, and illustrates the demonstration of a controlling law it is not unreasonable to suppose. Whether this law has become known, and can now be employed at will is a question.

The general details of generation are well established, and are so well known that their mere mention will suffice. The ovule furnished by the female, and the spermatozoon furnished by the male, are the prime factors. Their union under favorable circumstances, leads to that activity on the part of the ovum which terminates in the production of a child. In the earliest embryonic forms it is impossible to discover sexual distinction, but before the third month of gestation is completed the elemental forms of the reproductive organs are distinctly recognized. Sexual bias, therefore, occurs in the earliest stages of gestation and is dependent on the influence of

* Read before the American Institute of Homœopathy

the spermatazoon, and the capabilities of the ovum. That these are subject to external influences is not improbable.

If the function of the spermatazoon is that only of initial impulse, then the induced cell activity in the ovum is the differentiating factor in development. In other words the spermatazoon "pushes the button" and the ovum does the rest.

Before stating Schenk's theory, it may be of interest, and profit, to hastily recount some of the various views of earlier investigators.

Galen and Hippocrates held the opinion that the right testicle and left ovary produced females. This theory was overthrown by DeGraf, who castrated dogs and bitches on one side, and succeeded in having both sexes born. Modern laparotomists have confirmed the results of these experiments in the human female, and find that either sex is produced from either ovary.

Hippocrates also held that to produce a male, the generative material must be of a stronger quality. The future destiny of the male rendered it necessary that it should be constructed on a stouter foundation. He must be capable of a stronger development, and must, therefore, be a product of stronger elements alike on the father's and mother's side.

According to Aristotle, the woman supplied the primary material for the development of the future individual. It was the function of the man to give the impulse, in consequence of which the future individual came into being.

The influence of the will has been thought to influence the determination of sex, but instances are common enough where, not only the will of the mother, but the combined will of both parents, have been thwarted by the production of the opposite sex desired. If the will could modify sex, it also ought to be able to prevent the production of either sex, but no instance is on record where the most vigorous exercise of the will has either produced hermaphrodites, or sterility, in the presence of a completed copulation.

In Henson's valuable work on generation a number of instances are adduced which make it clear that the nutrition of the parents, apart from any question of race, is capable of exercising an influence upon the sex of the children. In plants which produce separate male and female blossoms the male blossoms are more numerous when the temperature is relatively high, whilst in shady places and damp soils a greater number of female individuals will be observed.

Bee raisers have demonstrated the influence of food in the modification of sexual development. They feed for a queen, for males, or for drones. This result confirms the view that whatever affects

the separate sexual individual may favor the production of one sex or the other.

The relative ages of the parents has been advocated as influencing the male or female output. If the man is the older, more boys will be born. According to Sadler, 121.4 boys to 100 girls. If the parents are of the same age, more girls will be born, 94.8 boys to 100 girls. If the woman is older, more girls result; 86.5 boys to 100 girls. No reliable deduction can be based on these statistics, for other careful compilers have arrived at very different results.

Wall declares that two quite young parents will produce more boys, and, if the man is distinctly older, more girls are born, just the reverse of Sadler's claim.

Another investigator states that women who bear their first child between 20 and 21 produce more girls than boys.

Another claims that mothers who have their first child between thirty and forty produce an excess of males.

According to Darwin, the old husband of a young wife, or the old wife of a young husband, will make an effort to perpetuate the sex which will likely die soonest. No wonder Tristram Shandy was born, for his father would scarcely strive to perpetuate the sex of one who at such an inopportune moment could ask him "if he had wound the clock."

Folk-lore is not silent on the subject before us. "In Servia, if a man has a stye on his eye-lid he comes to the conclusion that his aunt is pregnant; if on the upper lid a male is expected; if on the lower, a female.

One of the ancient themes, which illustrates what we might call in this day a "hand-me-down" opinion, held that when the male and female procreative element became mixed there was a struggle for supercedence, and the more numerous won the victory and produced its own sex. This is about as satisfactory as the method of determining the sex of young birds soon after birth. Throw a worm into the cage, if the bird is a male, *he* will eat it; if a female, *she* will eat it.

Reasoning from the fact that certain species of birds lay in a single month one male egg and one female egg, it has been thought that the human ovary contains an equal number of male and female ova, and that one month a male ovum is developed, and the next month a female ovum. This would render the prognostication and determination of sex a very simple matter after the birth of the first child. The mathematical computation involved being one of the easiest problems for mental arithmetic.

The seasons, the climate, and other local circumstances have

been held to affect the sex of the embryo. More boys seem to be born in the North, more girls in the South.

Felkin and Vilson adduce the following instance from the south of Egypt: The Wangandas, a warlike race, kill the men and the old women of their conquered foes. The children, girls and young women they lead into captivity. On one occasion 480 of the women gave birth to children on their march. Of the new-born 79 were boys, 403 girls. This incident led the author to pay further attention to the subject on the east coast of Africa and the Soudan. Everywhere he found the anticipation of an excess of girls supported and confirmed. In fact, his investigations of the phenomenon led him to formulate and advocate the law that the better nourished and superior parent tends to produce the opposite sex." The conquered women were in an inferior position, worse nourished, and practically exhausted. "Amongst other neighboring races, where they live peacefully and domestically, a *small* excess of girls appeared.

A theory spoken of as *cross heredity of sex* has been supported by many authors. According to this theory parents who are not in a condition to propagate their own sex were capable of producing the opposite sex. A stronger man would produce a girl; a stronger woman, a boy.

The greater sexual excitability during the act of generation has been thought to determine the sex, but such a basis upon which to postulate a theory is not substantial. Testimony bearing on this point is often unreliable and might be too controversial for practical deduction.

One observer with a somewhat chemical bias, asserts that the quality of the generative products depends upon the quality of nitrogen in the ovum or semen. If the ovum contains a large proportion of nitrogen a girl is produced; if the semen contains a great quantity of nitrogen, a boy will result. As chemical tests to determine the properties of nitrogen are not of easy and universal application, the scientific value of this theory is practically nil.

Mons. Thury, Professor at Geneva, in a book published at Leipsic in 1863, promulgated a law for the production of sex at will in animals. Impregnation at the beginning of rutting would produce a female, at the end of rutting, a male. This theory had for its basic element the idea that the least ripe ovum would produce a female, and that the ripest, or oldest, a more developed ovum, would produce a male.

Stock raisers have put this law to the test sufficiently to demonstrate that the results do not justify the extra trouble which this law

imposes, and they now follow the advice of the New York councilman for the production of gondolas: "Get a male and female, and let nature take its course.

In order to test Thury's results as applied to the human subject, Schroeder obtained the assistance of young women, who were in a position to give him positive and accurate information respecting the time at which they became pregnant. The woman could name the day on which they had had sexual intercourse, and knew the date of the last menses. From careful calculation of the interval between these dates, it was possible to ascertain approximately at what stage impregnation of the ovum took place, the degree of ripeness of the impregnated ovum could also be inferred from the space of time that had elapsed since the last menstruation, and the sex of the fetus was noted. Schroeder found that on an average of twenty-six cases in which boys were born, the conception had taken place 10.08 days after menstruation; on an average of twenty-nine cases in which girls were born, 9.76 days after. Thury's theory was certainly not confirmed by this result.

As to the effect of external influences upon the determination of sex the following clippings may be of some interest:

Special Despatch to the Press

New York, Dec. 28, 1898.—If you are asking the Frau Stork to bring you a little girl baby you are apt to be disappointed. Boys will rule in the birth records from now until April, not only in one section, but throughout the entire country, unless the conclusions of anthropological scientists are awry.

Vital statistics of November and December show a great disproportion in the sex of infants born in that period, and the wise doctors, who know all things, smile and say, "War."

The month of April is placed as the time for the disproportion in births to cease. War was declared in April of 1898, and the martial spirit then aroused was kept active until victory was assured and complete, when Santiago was taken in July.

The view taken by those who have studied the psychical aspect of the subject, and their conclusions, is borne out by the comparative reasoning which the statistics of the principal cities of the Union give.

In New York the ratio of increase in male over female births in the month of December of the present year over the same month last year, is nearly eight per cent. In Atlanta the week just ended shows fifteen boys born to every eleven girls, as compared with eleven boys to twelve girls a year ago. Boston shows nearly the same proportion, and so does Philadelphia. Cleveland has been too busy with the grip epidemic to go into birth statistics, but the consensus of medical opinion is that more boys are coming into the world than girls. Providence, R. I., is a boy baby town for December, and so is Springfield, Mass., Cincinnati, and all other large cities west of the Ohio River.

Opinions of Physicians

Dr. William J. O'Sullivan, who is an accepted authority in the line of anthropological research is of the opinion that the parental influence theory of Schenk in the regulation of sex is tenable, although he holds, with all other physicians, that sex is not changeable after a certain period by any mental influence.

The Ancients believed in it, said Dr. O'Sullivan, and expectant mothers, who desired male children, as all wives of warriors did, addressed supplications to the statue of Mars.

Parental influence has been a subject of discussion in the medical profession for years. The child not infrequently is affected physically by some mental influence brought to bear on the mother.

In support of this, the books are full of instances, but there are no records of thought force on the part of either father or mother resulting in the birth of a child of one sex or the other. It may be that the martial spirit, or the spirit of peace, produces the destructor, or the regenerator.

Dr. John Vincent Sweeney, of Greenwich and Liberty Streets, who for years has enjoyed a large obstetrical practice in the lower part of the city, says his own personal experience in the last two months shows an increase of boy babies over girl babies.

Robust Parents, Robust Children

Robust parents beget robust children, said Dr. Sweeney, and men of great resolution, and with the destructive faculty well developed, are usually the fathers of boys who strongly resemble them physically and mentally.

Take a community that has lived for a generation at peace and under such conditions that the natural protector is not constantly on the alert against attack by an enemy, and the faculties of combativeness and destructiveness become inert.

Let a mother become imbued with the spirit of patriotism, which would be commonly reflected from the husband, in time of national stress, and the impress on the unborn child would be marked. Virility begets virility. Nature rarely contradicts itself by investing a female child with the attributes of the male.

Females Born During Peace

In time of great distress or grief, or when there is apprehension of danger or misfortune, it has been observed that a greater percent of the births are of females. The war spirit may, and probably does, produce the opposite result.

Dr. Charles Curtis Page, obstetrician and gynecologist, who has an office in the same building with Dr. Sweeney, has observed the phenomena with considerable interest. He has attended more cases this month in which boys were born than in any previous month in his practice.

The theory that the war spirit has had and will have something to do with determining the sex of children born between now and next Summer is an assumption that cannot successfully be controverted.

Before statistics which seem to support the above opinions can have any scientific weight, it must be shown that a large majority of the parents were actually imbued with the warlike spirit, and, on

the other hand, that the progeny of those who were opposed to the war were predominantly female. I fancy that it will be a long time before such statistics will be forthcoming.

Independent of all themes as to the determination of sex it has been shown by Oesterlin from the statistics of births representing the population of half Europe that in nearly 60,000,000 births there were 106.3 boys to every 100 girls. According to Kisch the genealogies of the Court Calendars gave 107.7 boys to 100 girls. The fact seems to be established that under the ordinary working of the law governing procreation, more males are born than females. If any design is to be inferred from this fact it is likely based on the greater exposure of males to the vicissitudes of life, hence the necessity for supplying a small surplus. While the above has no bearing on the immediate cause of sex determination, it is a matter of interesting information and furnishes a resting place for those who look no further for a determining cause than nature's fiat.

Much attention has been paid to the influence of food upon sex production, but the results have not been uniform. Wilkins laid down the principle that food must influence the embryo, the better nourishment favoring the female, the worse, the male. Dusing found this to be true of horses. But Wappaens says that in Sweden it has no effect upon the prevalence of one or the other sex. While, according to Fiquet, female calves are born if the cook is poorly fed.

Such a diversity of conclusions surely points to the need of more careful study and much wider observation.

Dr. Schenk has arrived at his conclusion only after most elaborate study, and the production of what he claims to be positive results. He gave special consideration to the excretion of sugar in the urine. With a particularly sensitive test he finds that normal urine contains sugar, and this, too, in the absence of any diseased condition of the system. The majority of sugar tests have been applied in the investigation of urine from males alone. He applied his tests to the investigation of female urine, and finds about the same proportion of sugar, but as women have less body weight than men, even the relative amount of sugar is consequently greater, and represents, therefore, a much less oxidation of the injected food, and indicates a much greater loss of heat produced by combustion. This loss, while not detrimental to the organism as a whole, is not a matter of indifference as regards her ripening ovum. In the case of those women who had a perfect combustion, and showed no sugar, he found sugar temporarily shortly before and shortly after menstruation, although no diet change had been made. When the metabolic process is perfect, and consequently normal, sugar is entirely

absent from the urine, this condition is indispensable to the ripening of the ovum, which is most highly developed in the cases where no recognizable trace of sugar is found.

Where sugar is found, "we shall have not only a less ripe ovum, but very likely also a less well-nourished ovum. An ovum of this sort has not so fully attained to all the characteristics and powers inherent in its protoplasm, and, in consequence, though fitted to develop into the future embryo, will be arranged for the growth of a female. Not only will female organs of generation be developed from it, but also the elements of the future individual will be feminine."

On the contrary, where no sugar is found, the cell products of the ovum will develop themselves into a male individual. It follows from this that the result depends upon the selection of a diet suited to the mother's organism, whether or not she will produce a male, and the influence of this diet, to be effective, must be applied not only to the fertilized ovum, but to the mother, for a considerable time before and after the fertilization of the ovum.

This, then, is Schenk's theory, and the problem resolves itself into such a food treatment of the mother as to eliminate the presence of sugar from the urine.

The application of this treatment by Schenk has been many times successful, whether his success can be secured by others remains to be seen. Perhaps Schenk has discovered only a part of the law of determination and has magnified the importance of the ovum. Other observers may do as much for the neglected spermatazoon and develop the necessity of raising it to the highest potentiality. If it be true that a poorly nourished ovum produces only females, I think most of us would rather be a boy from a stall-fed spermatazoon than a girl from a poverty-fed ovum.

Scientists hold to the axiom that everything is under the reign of law, but the grand exception is generation, if we are willing to admit as proof the prevailing opinion that more babies are the result of accident than design. Accident then becomes the law, and law is the accident.

If Schenck's theory is correct we cannot but look with additional alarm upon the operations of the Sugar Trust which have resulted in a decline in the price of sugar. This means greater consumption, and hence more females. If this continues it is not beyond the possibilities that the time may come when this great nation, so proud of its traditional morality, shall be driven into the outstretching arms of the Mormon Church. This must be the inevitable result unless it curtails the production or cheapening of sugar, or finds

for its women some other field of energy than the gratification of the desire to exercise the maternal instinct.

If the Schenck theory is true, a widespread dissemination of this truth should not be encouraged, as it will add to the already existing difficulties of courtship, the additional burden of furnishing with each engagement a registered bottle of urine, or a certified analysis of the same. A prudent suitor would not be satisfied with the usual osculatory privileges as an evidence of good faith, but would also demand positive proof of the capacity for male or female production. This proof would have to be established by the most incontestible evidence, for one can readily imagine that under certain circumstances a designing mother would as readily yield to the temptation of substitution, as does the avaricious druggist, who does not have the specified article, but some of his own make, which will answer every purpose. Such proof would prevent much confusion which might otherwise arise and inject itself into the numerous allegations of a subsequent suit for divorce.

The latest theory concerning the determination of sex is that advanced by Dr. Thomas E. Reed, of Middletown, Ohio.

Realizing the dual potentiality of the ovum, i. e., its ability to develop at one time a male, and at another a female, he surmised that the result of its action will depend on the time of its impregnation as measured by its relationship to the fluxion of the tides. He started with the assumption that copulation during the height of the incoming tide would insure the production of a male; during the acme of the outgoing tide, a female.

Now the test of a working hypothesis is its ability to work. For a number of years Dr. Reed has conducted his investigations, and has determined by observation that both human beings and animals respond to the application of his theory. No instance of a failure has occurred where the conditions have been faithfully fulfilled. All that is necessary is a tide-table, a brief mathematical computation, and a reasonable amount of self-denial, to insure the propagation of either sex. The doctor announces his conclusions without dogmatism, and they appeal strongly to the scientific mind which knows no dogma.

We have in this thing a working basis for the formation of Boy Trusts and Girl Trusts. Which sex will ultimately predominate will then depend upon the size of the trusts and their relative activity.

So far as the public is concerned, the Schenk theory, and the Reed theory are still in the experimental stage. Should their suggestions for the production of males fail, it will still be permissible

to resort to the primitive method under the guidance of the advice contained in the familiar distich,

"If at first you don't succeed,

Try, try again."

THE HEART IN CHILDREN'S DISEASES *

By H. V. HALBERT, M.D.

Chicago

IT is my desire to direct attention to the failing heart either in its relation to disease or to conditions which are not traceable to specific disease; to consider the after effects as well as the primary effects of constitutional and infectious causes; to give heed to that so-called class of functional perversions which lead to later disturbances of greater consequence; to leave for the moment the pathway of stereotyped study of pathological extremes and take up the minor features of practical experience which are too frequently overlooked. In other words, it is my intention, even over quotations from a recent paper of my own, to consider the failing heart in middle life which has its start in childhood; to see if we cannot locate the cause of our failures in treating the cardiac diseases of the man in our neglect of the primary lesion in the boy. In this age, which is justly seeking the benefit of preventive medicine in preference to the renown acquired by a brilliant cure, it is natural and right for us to look upon our past work with a fair degree of criticism. If we have a proper concern for future results we shall certainly give more thought to early and continuous treatment of every disease.

Less than two years ago I was called to a boy suffering with cardiac disease of a pronounced type. I shall never forget the agonizing remonstrance of the mother, who, in reply to my unfavorable prognosis, said that "he must be cured because her good old family doctor had told her he would surely outgrow the disease." Yet this boy, who had every other physical promise of a prolonged life, was obliged to forfeit his natural right of existence and at the same time pay the penalty of a careless diagnosis; and the error was in this matter of over-confidence and complacent satisfaction in nature's efforts alone.

The tender sapling may bend and become crooked and yet

* Read at American Institute of Homœopathy,

straighten itself sufficiently to bear fruit in later years, yet if we put a prop under it before it becomes crooked it may rear its head higher, bear more fruit and become more endurable. This simile applies directly to the cardiac conditions of youth which may become serious cardiac diseases of later life. It is possible for a child to outgrow an endocarditis, but it is the exception if he does it without help. There are, to be sure, congenital factors which cannot always be corrected, yet a majority of these will be improved, if not cured, by consistent and persistent care.

Cardiac failure from remote causes is so common that we usually overlook it. There is probably no one who has not, to a certain degree, suffered from cardiac incompetence resulting from some of the infections of children's diseases. This condition, neglected for a long time, unattended when later infections occur, overlooked in the strenuosity of life and never directly treated, some day may be the direct, though unnoticed, cause of death. It is natural enough for us to give heed to a marked endocarditis which, for instance, occurs in the course of rheumatic fever; such patients we watch with unusual caution and even go so far as to prescribe for them for some time after the acute illness. Yet those who during an acute infection and for a short time after present no conspicuous signs of heart weakness we give no treatment or precaution. Take for illustration an apparently healthy boy who has scarlet fever, diphtheria or a severe attack of measles. During his illness we probably pay no attention to the heart if he recovers from the infection in a comparatively short time. We allow him to get up when the temperature subsides, and later we prescribe no remedies for the heart and give him no caution about systematic heart rest. This boy is allowed to play as usual. He may be naturally a healthy fellow, and he works in school with a zest and plays with equal extreme. When this boy reaches maturity he is apparently strong and well, and if he is particularly robust he enters upon business or a profession with all his might. But he observes that for some unexplainable reason he is easily exhausted, he has some shortness of breath on exertion, he has a frequent headache, he does not sleep well and an apparent attack of grip seems to hang on too long and he does not get his strength back as he should. This man is a candidate for cardiac failure early in life, and we wonder why, inasmuch as we have never found a valvular lesion, if we have been wise enough to examine him.

We see such examples as this all about us: The child somehow has not properly recovered from the children's diseases; he becomes anemic, when he should have plenty of hemoglobin and

a proper number of red corpuscles; he does not properly react when he swims; he is easily tired after riding his bicycle; he takes cold easily, and because he is a mouth breather we remove his adenoids; when his teeth are crooked we send him to the dentist; we may ascribe his exhaustion to "growing pains"; if he does not gain flesh, we call in the osteopath to rub him and develop his muscles, or, perchance we send him to the country to build up, only to find that he does not endure well the ordinary calls upon a boy's physical health. We have absolutely overlooked the true cause of his exhaustion. This boy's heart has been neglected; the very source of his physical strength has had no care; the engine has been out of order, and for this reason no organ or tissue of his body has been properly nourished; his liver, stomach and bowels have suffered from a passive hyperemia because his heart did not rhythmically pump into them a sufficient amount of blood to perform their natural functions. We have given him indicated remedies, cathartics and tonics, but nothing has been done to encourage cardiac contractions or heart rest. Here is another candidate for future cardiac failure.

Follow these neglected hearts into later life and see what we find. A boy who has had typhoid fever, or, perchance, pneumonia, or possibly a serious attack of one of the ordinary children's diseases comes into an apparently healthy manhood; he may become a captain of industry, where his business demands severely tax his latent strength; he neglects himself to attend to his business, and we allow him to do this for the sake of his dollars until we persuade him to go to Europe for a rest. He is diagnosed by the great foreign experts, but nothing is done for his heart, and he returns to his work only to break down in middle life. The trouble in this case was not due to his strenuous business life, for a normal resistance would have endured this. This man failed in business because a slight endocarditis was not treated when he was a boy; he became a physical wreck at the threshold of life because his heart could not keep pace with his brain, and this was due to a neglected endocarditis which he did not outgrow. All along the pathway of life we find numerous instances of this kind. We have listened so long to the diatribes against cardiac stimulation in infectious diseases that we have often allowed the development of a general cardiac incompetency which might have been easily corrected in its incipency.

But what about the more serious cardiac diseases—the mitral insufficiencies which have been ignored? When structural valve changes exist we should not expect a cure by treatment, though

we may help nature's hypertrophic efforts decidedly. In such cases we should not desist in our remedial efforts, for it is always possible to help a lame heart perform a reasonable amount of work for a long time. There are, however, a large class of partial insufficiencies which are invariably overlooked. In these the valves are not contracted but insufficient, as a result of a slight endocarditis or a general heart weakness which attends. In fact, these valves do not approximate, though there is no pathologic reason for this inability. Judicious, early and prolonged treatment will correct this error every time. If, however, we wait until the whole heart is hypertrophied and the left ventricle is dilated we lose control, and our only hope is in palliation. Then we have a patient who will some time die as the result of cardiac failure and not mitral insufficiency.

To carry our investigation further, suppose we take up that class of cases in which the nervous system is the primary cause of cardiac excitement. In these we often show our greatest neglect. This is an age in which neurasthenia is most prevalent, and with our increased activities of life it is bound to increase. As mental strain is augmented, as the general nervous strength is depleted, the inhibitory force of nerve cells will be exhausted, and trophism will be lost; as a result the pneumogastric will lose its regulating power over cardiac activity, and these cases will baffle us because we usually ignore them until it is too late to help them. Graves' disease, with or without its cardinal symptoms of goitre and exophthalmos, is certainly on the increase in this exacting age of life, but we often fail to see it until the marked symptoms appear. We notice a child's pulsating carotids, and we may observe the excited cardiac activity without any undue concern until the tachycardia becomes pronounced and the goitre develops; then, perchance, the surgeon appears and removes part of the thyroid; but the cardinal symptoms are soon enhanced; polyuria, gastric, hepatic and intestinal crises begin to alarm us; the vasomotor perversion gives rise to copious perspiration, the goitre enlarges, exophthalmos appears, and as the tachycardia is then uncontrollable we begin our vigorous treatment only to find that we have a serious job on our hands. But our anxiety should have possessed us sooner. When the heart first showed its tendency to paroxysmal excitement from slight nervous excitement, or better, when the upper eyelid failed to follow the eyeball in its downward movements or the ocular facial expression began to assume a peculiar fixity. We should have anticipated the result; in other words, we should have then applied our ideas of preventive medicine and begun our treatment. I feel like making

unusual emphasis on this illustration, for no disease is on the increase more than this and no disease is ignored more in its incipency. With a due consideration for the inevitable sequence, it is nevertheless within our power to cure every case of Graves' disease if we recognize the early trophoneurosis. If we wait until the tachycardia has well advanced, we are bound to have upon our hands a serious case of heart failure with all of its cardinal symptoms.

And now shall our thesis end at this point? Shall we content ourselves with the mere statement of conditions? In other words, shall we be satisfied with diagnosis and preventive medicine alone? Unfortunately, this is the prevailing tendency of the times. Conspicuous achievement is what we are all after, and we too frequently forget our regular and minor duties. For this reason surgery forges to the front; for this reason we fail to take the stitch in time, and for this reason we forget our remedy. If we use our remedy, we do not use it long enough. There must be a remedy for all things; and that is not always found in the knife or the comprehensive study of pathology. Our results will depend largely upon our early recognition of conditions and in meeting these before it is too late. Of course, we must recognize the preventive principle first. But I believe in the study of internal medicine and the conscientious pursuit of this vocation. It is neglected and it is traduced too much in our own ranks. Too many of our prominent men who wield the knife and know nothing of medical possibilities too frequently express their disbelief in this agency. Yet the possibilities are there and we should not neglect them. I don't mean that the medical man is limited to the use of drugs alone, though I do claim there are times when the heart needs prompt and continuous stimulation just as a broken bone needs a splint to permit the healing process. I mean to say that the medical man has a more extensive sphere of action, His work is to manage disease, and to do this effectually he must be a student of disease.

When you come to the pith of the matter we have a guiding principle in the application of remedies. Are we not too forgetful of this? That principle, I believe, is found in the physiological study of remedies; and if we carry this measure to full fruition it means the application of remedies under the distinct law of similars. I don't urge this to the limitation of experience and specific knowledge, nor to the neglect of adjuvant specific or emergency measures; but I point this out as the only controlling influence to guide us to success. In saying this I do not infer that

we must be bound to a symptomatology which has no meaning nor to over-accentuate irrelevant expressions of our provings. I mean precisely that every disease presents a symptomatic expression and every remedy has a definite action; the relation of these two features will give us the key to our work. Along this line of study we should pursue our work, neglecting nothing which shall help us when we have thoroughly diagnosed our case. By all means let us, in every instance, take good care of the heart; by no means let us make the mistake that a failing heart will take care of itself unaided.

SANITATION OF THE MODERN SLEEPING CAR*

By SARAH M. HOBSON, M.D.

Chicago.

THE scope of sanitation of the sleeping car comprises, first, ventilation intimately connected with heating; second, cleanliness, which includes plumbing and water supply, as well as freedom from dirt—dirt either inorganic, as smoke and dust, or organic, as pathogenic germs.

During the past ten years many of these questions have been worked out through the agency of such congresses as that of the Master Car Builders, the Public Health Association, the tuberculosis societies, and the sanitary bureaus of medical associations.

Adequate ventilation is secured when pure, warm, moist, dust-free air is forced into the car as rapidly as foul air is drawn out; when the transfer of air is made with sufficient rapidity to insure a constant change without sensation of draught. Cleanliness is obtained only when the passenger is secured against obnoxious dust and soot, and freed from danger of disease organisms.

At a meeting of the American Public Health Association three years ago a paper from a neighboring American country related in all seriousness that "these pillows, or at least the pillow cases, must be disinfected and washed from time to time." A visit to the cleaning yards of any of our American railroad systems, as well as an inspection of a train ready for an all-night journey, will demonstrate that progress is undoubtedly in our midst. Indeed, the

* Read before the American Institute of Homœopathy.

railroad companies make better provision for sanitation of the traveler than the average traveler for himself.

There remains yet to be said some word touching both cleanliness and ventilation. The periodic cleaning at the end of a long run and the prompt closing of a section upon known exposure, as well as the disinfection at end of the run, have become matters of routine in the care of the modern sleeping car. In the construction of cars ornate woodwork is giving way to simplicity in finish; a minimum of unfinished wood for the harboring of bugs appears in the berth; carpets are removable and diminished in extent; toilet rooms have a better sanitary flush; cloth fabric is banished from the smoking room; smooth tapestry is being introduced tentatively as an upholstery fabric; the third sheet protects the passenger from too intimate contact with blankets which have covered many another traveler; and the porter no longer frowns when requested to leave in the window screen at night.

The most grievous unsolved problems are those of adequate ventilation of the lower berth, supervision of the ice and water supply, the instruction of employees, and the personal equation of the traveler who neither knows nor cares for personal hygiene or public weal.

The problem of ventilation and heating is the same in the modern sleeping car as in any other building, plus the increased difficulty of a limited air space; that is, from 250 to 300 cubic feet per capita in the standard sleeper, or 100 cubic feet to a berth; the same air space to one-half as many passengers in the compartment-observation car, and about 400 cubic feet to a compartment; an exit air space of less than one square foot to three berths; a window screen of less than one square foot to a lower berth. These limitations over against the 1,000 or 2,000 cubic feet to the individual in house construction, with doors and windows wide open, are very meagre. But the rapid air movement and a corresponding increase of rate in change of air is a saving feature. From actual experiment on the content of the air in a sleeping car provided with the Garland ventilator the air in the car when not in motion, as during stationary delays at night, becomes insufferably bad. And even when in motion the carbon dioxide has been found 11 to 22 parts in 10,000 over against a normal of 4 or 5. On the other hand, when the deck ventilators, the end ventilators and an occasional window have been opened, the carbon dioxide has run as low as 4 to 7. Air with 6 parts carbon dioxide to 10,000 is the limit of wholesome respirable air. The plenum system of ventilation is better than the vacuum, since the excess pressure is always

driving the air out, reducing the amount of cinders and smoke. Therefore, a plenum system of ventilation which shall apply clean, filtered, fresh air is the consummation to be desired. The ventilation should be independent of the speed of the train. The combination of heating and ventilation is practicable only during cold weather, and must be supervised by employees who have been drilled in the principles of sanitary science. In summer weather ventilation is no longer so great a problem, except as it becomes complicated with the problem of smoke and dust.

ICE AND WATER SUPPLY

A few years ago the agent of a local ice company in Chicago advanced as an argument for buying his ice that it was "nice clean ice, right out of the quarry down here." The quarry mentioned was a surface hole in the midst of a suburb of small cottages and without sewerage! The man's amazement was genuine when the ice was declined and the reasons cited. No greater single good could accrue from a National Board of Health than the supply of uniformly good water and ice, persistent supervision by the Government of the sources of supply, the maintenance of purity, and the reliability of employees. Until that time comes the ice should be near—not in—the water, and travelers should continue to acidulate unknown drinking water with lemon juice as a sanitary safeguard.

CLEANLINESS: TO GUARD AGAINST CONTAGIOUS DISEASE

The Chicago Board of Health Bulletin for May 2, 1908, reported the following: "The fourth case [smallpox] was an unvaccinated colored man, 35 years old, working as porter on a Pullman sleeping car. This man was taken sick in Los Angeles, Cal., but was allowed to remain on his car until arrival in Chicago, thus exposing passengers to the disease. The Chicago Department of Health was notified of the case before the train arrived in the city, and the sick man was taken from the train near the city limits. The man should have been taken from the train as soon as the nature of his disease was suspected. Furthermore, he should not have been allowed to work on a Pullman car without being vaccinated." Inasmuch as every conductor has authority to act in such emergency, this is a fair example of evasion of rules, of failure to enforce existing sanitary orders. Certainly no public employee who comes so closely in contact with travelers as the porter should be allowed on duty without routine inspection as to vaccination and a clean bill of health. Any ailment so obvious as a skin eruption is subject to investigation by the railroad sanitary officer, if the conductor is not efficient to meet the emergency.

Another instance is more to the credit of the railroad employe. A mother in Chicago who makes frequent trips East with her children is in the habit of going on a certain train, in order to secure the service of a particularly attentive porter. On a recent trip, quite contrary to the custom, the family was taken to the extreme end of the car with the remark, "This is yours to-night." The following day the porter made his explanation—a man suspected to be a lunger had been in their usual section the night before, and on account of the travel rush the car had not been set aside for cleaning. The porter remarked, "I knew you wouldn't want the children in that berth." In other instances, a section suspected of having carried tuberculous passengers has been ordered closed until the end of the run. Every Pullman car conductor has the authority necessary to do this in an emergency, acting upon his judgment. The question arises whether, as in the case of the porter from Los Angeles, the conductor knew the signs of contagious disease; whether he will permit the Pullman Company to suffer the loss incident to closing a section, or whether a traveler may take upon himself the responsibility of infection. In any event, the conductor should receive instruction such as is given school principals relative to the obvious diagnosis of contagious disease.

As to means of disinfection: Sunshine and free circulation of air, with exhaust removal of dust, is the primary consideration. In special cases formaldehyde in 40% solution is adequate.

Dr. J. J. Kinyoun in "The Bacterial Content of the Railway Coach," reports 14 examinations of carpet dust from a car known to have carried tuberculous patients, none of which showed tubercle bacilli; 64 examinations from upholstery without one case of tubercle bacillus, 96 examinations from the air, one case of micro-organism; 21 examinations from drinking cups with negative result. Dr. Crowder, Sanitary Superintendent of the Pullman Company, is conducting a series of experiments in order to improve whatsoever possible in the present rules which have been in force for the past three years in car cleaning. Dr. Charles Dudley, Superintendent of Sanitation for the Pennsylvania Railroad, is of the opinion that "the crusade against hangings and carpets and plush is not founded on careful experimental data." Dr. Dudley relates a series of experiments with flour paste and salt, dried to simulate sputum, and adherent to glass, carpet and plush, in order to test "the retention of infectious material by plush over that of smooth surfaces." Under ordinary conditions, one-third the material stayed on the glass, seven-eighths remained on the carpets and

plush. Dr. Dudley curiously concludes, because less came off the carpets and plush into the air breathed by passengers, therefore there is "less danger both of the material becoming dry and of its being stirred up into the air . . . than if hard, smooth surfaces were present." From this conclusion we directly differ. The finely atomized moist portions of sputum or saliva discharged in sneezing or coughing are undoubtedly more dangerous than the pulverized dried sputum exposed to light and air. Any fabric which retains this material away from light and air is to be rejected if a smooth surface may be substituted. This difference of opinion is emphasized because, clinically, there appears to be an added virulence in long-confined living germs. One car building company is experimenting with a hard twisted smooth tapestry on its furniture in the compartment-observation car. The most fastidious cannot object that this smooth tapestry diminishes the drawing-room effect in the car. The ordinary thoughtful traveler will welcome the substitution, even as now in many quarters passengers are frequently commenting on the sense of coolness and cleanliness of the wicker upholstery of the tourist car as an advantage in long-distance travel, in spite of an inferior quality of mattress and blankets, of lessened air space and cramped toilet quarters. There would be a distinct advantage won if no car traveled the second night without being sent to the cleaning yards.

Increased air circulation: The decree has gone forth in some States that the upper berth must be down, even though unoccupied. Ventilation would be better if each berth were provided with separate curtains, so that those of the unoccupied berth need not be drawn. It is particularly the ventilation of a lower berth at night which so far has defied solution. Devices for the direct adequate ventilation of this berth are now under construction. Until perfected there is nothing more practicable than the suggestion of our railroad friend, H. C. Jones, of the Burlington System: "Leave the screen in your window, turn off the light, fold back the curtains; tell the porter that if those curtains are shut during the night he gets no quarter in the morning."

Car cleaning or cleanliness during the trip: The day of the feather duster is gone. A cloth slightly moistened with furniture polish followed by a dry cloth for dusting would be an improvement on the present method. The end-journey whisk-broom brushing should follow the feather duster—it is neither sanitary or comfortable.

In the toilet room: The seat flush in the older cars is often inadequate. Facilities for teeth-cleansing have been entirely over-

looked. Travelers who brush their teeth and do not carry their own tumblers perforce use the drinking glass. With the limitations of dishwashing in the toilet room, it is disquieting for a second traveler to use the same glass either for teeth cleansing or for water drinking. An old fashioned faucet in place of the prevailing faucet bulb as a part of the toilet room plumbing would make this toilet adjunct less of a problem. A cake of Sapolio and a small scrubbing brush would enable the traveler to scour the wash-basin before using. The principles of asepsis are certainly conducive to hygiene, but scarcely to comfort when traveling in the close contact of a sleeping car toilet room. The compartment car with its individual toilet solves these problems in a tolerably fair way.

When it is furnished for the best railway trains it will eventually become the common convenience of the traveler. Altogether, the railroads are doing quite as much for the traveler as he is inclined to do for himself. Sanitation of the modern sleeping car involves a purer water and ice supply, sanitary plumbing, smooth fabrics in upholstery, a minimum of cloth furnishings, and adequate lower berth night ventilation.

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OBSTETRICS FROM THE HOMŒOPATHIC VIEWPOINT*

BY OSCAR K. RICHARDSON, M.D.,

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THIS effort refers only to one phase of obstetrics, i. e., the art of assisting women in child birth. The title of the paper, suggested by my good friend, the president, assumes that there are different aspects, and perhaps there are. My opinion is that there are not.

I cannot see how the subject of obstetrics can be considered from any standpoint of school. It is a subject by itself, not depend-

*Read before the American Institute of Homœopathy.

ent, like many others which are termed medical and surgical, upon any school, schism or pathy, therapeutic or otherwise.

It must be so. Look at the primitive obstetrics. The American Indian Squaw drops out of the march, gives birth to her offspring and catches up with the procession. There is no opportunity for any medical interference. The Indians of Alaska, the Siwash, at the present day, in civilized towns, object seriously to the presence of a physician and will positively not allow any examination, even when the physician is furnished by the church people.

In our own cities and even in the country towns, where the population is largely of foreign extraction, more women are delivered by midwives (so called) than by all the physicians. Certainly we cannot say that these cases do not get along well. We know really nothing about the majority of them; perhaps they do as well as our own patients.

Many cases are cared for by Christian Scientists, osteopaths, chiropractors and what not, and who can say that we have any better success. Certainly not so conspicuously better that the popular craze is in our direction. Our fraters in the old school have their percentage of the confinements and the death rate remains about the same year by year.

It is accordingly "up to us" to give any actual scientific evidence of there being a homœopathic aspect of obstetrics. I must confess my inability to find any proof whatsoever. Several gentlemen have rushed into print on the subject of the usefulness of the homœopathic remedies in the lying-in room. Their work, in my opinion, has been merely empirical and not necessarily homœopathic.

A homœopathic physician can be as empirical as any other, and when he is he is conspicuous.

The provings of drugs in the case mentioned would be an utter impossibility and of necessity, therefore, the application of the remedies must be clinical, and worse than that—empirical.

Temperament, mental suggestion and expectant attention set at naught the demonstrable therapeusis of the lying-in patient.

I find in the books on the subject, written by symptomatologists of our therapeutic persuasion, all the remedies from acetic acid to viscum album and metallic zinc. The symptoms under the different remedies are so intertwined and intermingled that the work reminds one of an incipient materia medica. One writer, in his preface, does admit that there is no remedy in the materia medica for "enlarging the bony structure." Still he says, "all irregularities of labor can be controlled by the remedy alone," and proceeds to give "indications" for one hundred and nine drugs as proof of his statement.

Rigidity of the os calls for fourteen different remedies. Spasmodic contractions of the os calls for sixteen drugs.

I find to my astonishment that my empirical use of cimicifuga in rigidity of the os is not endorsed except in very small type, but I console myself that my judgment is corroborated, because in the last few years I have been losing faith in it myself.

It has been said to me that Richard Hughes, the great, recommended pulsatilla in malposition. I cannot verify the statement by anything I ever read, and certainly shall not try now, because of my respect for Richard Hughes.

It is a pity that the adherents of homœopathy, the science of therapeutics, cannot let it keep its dignified and useful sphere and not expect it do the impossible. The tendency to come into our own by the absolute adoption of the recognized definition of the homœopathic physician is to bear fruitage, the glorious reality.

Scientific investigations are surely proving the truth of the homœopathic principle, and we who have essayed to stand by that principle can now feel secure in our fealty.

To-day, the present time, is the best time since Hahnemann to be a homœopath. For years we have believed, but could not prove to the satisfaction of the scientific world. Now the signs are that we will be enabled to enlist science itself to prove the truth of our belief.

At this time, and in this subject, it seems to me that we should be very particular not to try to fit everything to homœopathy or to fit homœopathy to everything.

Our law applies to the giving of drugs in conditions similar to those which the drugs will cause in the healthy. That is enough truth and all that. Why claim more for the law?

It seems to me that when we get over our fitful therapeutic fever we must realize that parturition does not require the materia medica. Similia is my law of cure and my guide in diseased conditions. I believe more firmly each year in the efficacy of the indicated remedy, but I do not believe that it has a place in the lying-in room, and we cannot expect it to work out of place. As homœopathic physicians, let us not try to make the law of similars adjust itself to all conditions, whether qualified or not, thereby belittling the law and making our whole position seem absurd; rather let us push our creed along the legitimate scientific lines in which it is applicable.

LIGHT, THE WHY OF ITS INFLUENCE OVER LIFE*

BY WILLIAM LAWRENCE WOODRUFF, M.D.,

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S UNLIGHT is the personification of light in the abstract. Science has taught us how to break up sunlight into its component parts. By spectroscopic analysis we find it to be composed of nine different light rays, and we know that all light, from whatever source, is composed of these same light waves, singly or in different combinations.

You may ask, and with reason, what is light? Science does not hesitate to answer Vibration. The next question is, how does vibration cause light? This question is probably best answered by Prof. J. J. Thomson, of Cambridge, England, as follows:

"Whenever an electron is suddenly started or stopped, or made to turn a corner, it disturbs the ether through which it has been quietly moving and excites a ripple in it. These ethereal ripples constitute radiation, and the best known variety of them we call 'light.' With this we have been familiar a long time because of our happening to possess eyes—instruments for the ready appreciation of ethereal ripples. We used not to know the reason, however, for the production of light, but we now know that it is due to the sudden change of motion, either in speed or direction of an electron, and probably to no other cause."

Remember that the electron is always in violent motion, it is never still, and that this violent motion of the electron always creates two things, namely, vibration and magnetism. Also please remember that the electron is the electrical unit and that everything in the universe is formed of electrons.

In Cleaves' "Light Energy," on pages 1 and 2, is found the following: "Throughout space all matter is vibrating from the lowest musical note to the highest pitch of the chemical rays. The various manifestations of energy known as sound, heat, light, electricity and chemical action are all vibrations of this universal, homogeneous, incomprehensible body."

The scientist teaches that light is vibration and that certain definite rates of vibrations cause or create the different light waves, in fact, that this definite period of vibration is the light wave *per se*, that according to the Polytechnic School of Paris, France, "when we have a rate of vibration sufficient to give us ten trillion vibrations per second we always have an infra-red light wave, and whenever

*Read before the California State Homœopathic Convention

the rate of vibration reaches seventy-five trillion per second we always have a visible violet light wave."

Thus in the same relative proportion whenever we have a rate of vibration from whatever source that numbers fifteen trillion per second it creates an ether wave of a certain definite length that the eye recognizes as red, and whenever the vibrations number twenty trillions per second the eye recognizes the ether wave created as orange and so on. The rate of vibration causing the yellow rays is about twenty-eight trillions per second, and the green light wave is caused by a rate of vibration about thirty-five trillions per second. Blue light is vibrating about fifty trillions per second, while the indigo has a vibration at about sixty trillions per second. Remember, each one of the light waves is produced by a given definite rate of vibration.

Cleaves says, in "Light Energy," page 69, speaking of the natural elements or atomic groups:

"They each one may be regarded as a letter in nature's alphabet. Their positions are measured with accuracy, and waves sent from iron, oxygen, sodium, titanium, helium, potassium, no matter what the substance, fall absolutely into their own and a definite place in the spectrum."

Because of these facts I have named the space on nature's vibratory scale occupied by these different rates of vibration "The Life and Light Octave." In this octave we have keys representing the nine different light waves, and corresponding to them are the fourteen natural elements or atomic groups that enter into the formation of organic life.

Spectroscopic analysis of the natural elements or atomic groups, while far from perfect, has definitely settled that these natural elements vibrate in the same octave as does sunlight; that carbon and the red light wave have the same rate of vibration because carbon in the spectroscope produces a red light wave and that sodium and yellow have the same rate of vibration for the same reason, that iron and oxygen have a corresponding rate of vibration with visible violet, for by spectroscopic analysis they throw on the screen a violet light wave.

For be it remembered that wherever a given rate of vibration is encountered, no matter from what source it may emanate, it always produces the same results, for instance, whenever or wherever a vibrating body has a rate of vibration corresponding to that of a given light wave and its vibrating force is surrounded by the ether, it always produces an ether wave that the eye recognizes as this same given light wave, and that wherever and whenever the eye

recognizes a given color or light wave there must be present this same rate of vibration to have caused this color sensation.

Nature is one harmonious whole and of necessity vibrates, if at all, in one harmonious key.

The universe is composed of the natural elements and sunlight. The province of sunlight is to quicken these natural elements into active life that have been attracted by and attached to the spiritual element which we call life, and then to regulate that life to maintain health.

Sunlight is nature's great vibrating magnetic force. Towards its own composite key of vibration it attracts or draws like a magnet all cell vibration and thus health is maintained.

Remember that all light is the same no matter what its source. A given rate of vibration causes color or light wave from whatever source it may emanate.

To understand this more perfectly we must take sunlight as an example and segregate its light into its component parts or individual light waves. We find that sunlight is divided into nine different colors or light waves, to wit: : Infra-red, red, orange, yellow, green, blue, indigo, violet, ultra-violet. All light from whatever source is composed of one or more of these several colors or light rays in combination so in studying the influence of light on life we must first study sunlight as a whole, then the different individual light waves, and lastly their different combinations as produced by artificial light.

To do this we must refer to the life and light octave of nature's vibratory scale. The nine different light waves as a whole produce what is known as a white light. This is a composite light with a composite vibration, for it is all the different light waves vibrating in one key.

The natural elements or atomic groups that enter into organic life of which the different cells of all structures are composed when combined in an organic body form a composite vibration, and the harmonious vibration of that body is in a single key. These two facts are obvious when brought to our attention.

By referring to the life and light octave it will be readily noted that the composite key of sunlight and that of organic life are relatively the same. This of necessity must be so or else sunlight could not regulate life and maintain its vibration at the normal pitch, namely, healthful life.

The composite key of vibration of sunlight and of organic life is practically the same and is located in the centre of the life and light octave.

Hydrogen	10 trillions	Infra-red
Carbon	15 "	Red
Nitrogen	20 "	Orange
Sodium	} 28 "	Yellow
Magnesium		
Silica		
Potassium		
Calcium		
Phosphorus	35 "	Green
Fluorine	50 "	Blue
Chlorine	60 "	Indigo
Iron	} 75 "	Violet
Oxygen		
Sulphur	100 "	Ultra-violet

With this a starting point the action exerted by sunlight and of light from any other source over all forms of life is a simple problem, and its use in the diseased conditions of the human body is easy of solution.

Look at the life and light octave for a minute. Were the keys arranged side by side under a pendulum the pendulum at rest would rest on the key that represents the composite vibration of sunlight, and which also represents the composite vibration of the healthy human body, that is the general normal of healthy life. Give the pendulum its full swing, it would swing from one end of the octave to the other and in its swing it would represent the reach of the action of sunlight over cell life. A vibrating body can only attract and draw cell vibration towards and to its own key of vibration, and this is the influence that sunlight exerts over organic life, animal or vegetable, that is exposed to it uncovered for a sufficiently long time. It reaches out to the highest key of the octave, it attracts the abnormally high atomic cell vibration of the high-strung, keyed-up individual, and gradually draws his cell vibration down towards and to the normal and holds it there, if it has a fair show. On the other hand, it reaches down to the lowest key of the octave, it attracts the almost quitting cell vibration of the almost moribund person and slowly raises his cell vibration towards and to its normal position on the octave. It is nature's great vibrating magnetic force that attracts all cell vibration and draws it towards and to its normal position on nature's vibratory scale. It does more, it maintains it at the normal if given a fair chance. This law applies with equal force to all organic life. We see this fact illustrated in the vegetable world. It is an object lesson ever before one's eye, and if given an equal chance it would do as much

for man. The atmosphere is only prisms through which the sun's rays are filtered, giving us from time to time different combinations of the different light rays, sometimes from one end of the spectrum and sometimes from the other. Occasionally the rays of the middle-third of the octave are thrown on the earth. On perfectly clear days we get the full effulgence of the sun, which we call white light.

The action of those light rays found located in the lower half of the life and light octave is to reach up and attract the abnormally high atomic cell vibration of plant and animal life and to draw it down towards and to the normal of composite cell vibration of its kind. This action is sedative, relaxing, depressing, quieting, soothing. In the artificially produced light the incandescent electric light corresponds to this half of the octave. This light is rich in infra and visible red light waves, orange and yellow, has some green, a very little blue and but a trace of the higher frequencies, so little, in fact, that the lower frequencies completely predominate in creating a composite key.

Thus we see that the action of the incandescent light on man is to slow down, to decrease atomic cell vibration. It lowers blood pressure, it decreases the pulse rate, it is a sedative, a depressant; it quiets and soothes the nervous, high-strung individual, it reduces temperature, it relaxes and dilates surface capillaries, thereby letting the blood gravitate to the surface, which relieves internal congestion; it promotes free perspiration, thus unloading debris, and is indicated in all diseased conditions where these results are a desideratum.

The light waves comprising the upper half of the octave have a vibration above normal atomic cell vibration, consequently their action is to reach down towards and to the lower end of the octave and pick up the very slow cell vibration of the animal or plant and draw it towards and to the normal key of vibration of its kind; this action is stimulant, excitant, tonic. It raises the cell vibration towards and to the normal. In artificially produced light the electric arc light corresponds to this part of the octave, it being very rich in the blue, indigo, violet and ultra-violet rays, having much less of the green and but little of the yellow, with only a trace of those lower down the scale. Its action on human life is to increase atomic cell vibration, to tone up, to excite, to stimulate. It is a tonic, it reaches down to the almost moribund patient, picks up his about quitting cell vibration, attracts and draws it up towards and to the normal key, and is applicable in all diseased conditions where this toning up is needed when the atomic cell vibration is below the normal.

The Cooper-Hewitt mercury vacuum lamp, with its blue-green light, occupies a position right in between these two. Its spectrum shows its light to be composed of yellow, green and blue light waves. This is the nutritional group and the group of light waves having the deepest penetration. They penetrate to the remotest corners of the deep cavities and deeper structures of the body. Their composite key of vibration is the same as sunlight, and consequently it is the same key of the scale as that of the composite cell vibration of the healthy human being, it being rich in the blue light frequencies. It is a powerful germicide, especially for the deeper structures and cavities, it influences profoundly digestion and assimilation. The swing of its pendulum covers the same ground as does that representing sunlight, but has a shorter reach. Its sphere of influence is in that line of cases where atomic cell vibration is not too far removed from the normal. In these cases it quickly restores normal cell vibration and perfect health, and probably does it better than any other modality.

The Leucodescent light for all practical intents and purposes has the same sphere of influence over disease as has sunlight. Its light shows under the spectrum all the nine light waves, but with this difference it has less of the infra and visible red and is richer in the blue violet, but this difference is not sufficient to change its composite key of vibration materially from that of sunlight, and the influence it exerts on the human body is practically the same.

PNEUMONIA—ITS INCREASE IN FREQUENCY AND MORTALITY*

BY JOSEPH PETTEE COBB, M.D.

Chicago, Ill.

THE title would indicate that it was an accepted fact that pneumonia was increasing both in its frequency and in its mortality rate. That pneumonia is increasing in frequency is not a demonstrable fact; that the mortality rate of pneumonia in proportion to the total population and in proportion to the total number of deaths has increased in certain of our States is a matter of record. Furthermore, it is a significant fact that this relative and absolute increase has taken place during a time when there has been a decrease in the total death rate.

* Read before the American Institute of Homœopathy.

This increase in the mortality from pneumonia has relegated tuberculosis to the second place in the mortuary record and placed pneumonia at the head of the list.

In 1904 Dr. A. R. Reynolds, Health Commissioner of Chicago, in discussing the city's mortuary record, stated that from 1800 to 1900, the mortality rate of pneumonia had decreased 3.26% in proportion to the population, but had increased 5.57% in proportion to the total mortality.

While the city's mortality rate had been decreasing, the mortality rate of pneumonia was increasing. From 1890 to 1900 the mortuary rate of pneumonia had increased 11% in proportion to the population, and 12.2% in proportion to the total mortality.

Since 1900, he says (for the first four years of the present decade): "Pneumonia has caused the death of one-eighth of all persons dying in Chicago, of one-third more than consumption during the same time."

In the *Illinois State Bulletin of Health*, Vol. 4, No. 2, February, 1908, Dr. J. A. Egan, Secretary of the Board, says that "the number of deaths in Illinois, to each 1,000 of population during 1907, was 11.39; in 1906 the rate was 10.7 per 1,000; in 1905, 10.8; in 1904, 11.26; in 1903, 11.80, and in 1902, 12.18. From these figures we learn that the death rate in Illinois (for 1907), population considered, was lower than in 1902 and 1903, and higher than in 1904, 1905 and 1906."

The most interesting fact brought forth in the mortuary records of 1907, is that tuberculosis has ceased to be the chief cause of death among the people, and that pneumonia has attained the record of having caused more deaths than the "Great White Plague." "During all previous years, tuberculosis has caused more deaths than any other single disease, and during 1907, it was responsible for a mortality of 7.142. There were 7,386 deaths, however, from pneumonia."

These facts are not peculiar to Chicago, but obtain also in most of our large cities and in most of our States which enclose large cities within their borders. New York, Boston, Cleveland, Pittsburg, Detroit and Milwaukee give similar statistics, in some instances more pronounced than in Chicago. In Pittsburg, for instance, the mortality rate of pneumonia is more than two and one-half times that of tuberculosis of the lungs; while the total mortality rate is only about one-fourth larger than that of Chicago. In Milwaukee, where the total mortality rate is the lowest of any of our large cities, that of pneumonia exceeds that of tuberculosis of the lungs by about one-third.

The causes of this difference in mortuary supremacy are worthy of consideration. Comparison with previous years will show us that the 1907 mortality from pneumonia is higher than in any previous year, the increase from year to year being comparatively steady and progressive. The increase in mortality from pneumonia during 1907, over that of 1906, in Chicago, was 1,250. Tuberculosis, however, is not increasing in proportion to the increase in population.

The systematic fight against tuberculosis is evidently accomplishing results in lowering the death rate; it is fair also to presume that it is decreasing the number of cases of infection though the morbidity statistics are too incomplete to furnish conclusive evidence.

The same exhaustive study of pneumonia with especial reference to its method of invasion, the formulation of means to prevent its inception and a systematic education of the profession and of the laity is as necessary, and will undoubtedly yield as beneficial results.

I find various reasons assigned by health officers and other writers for this increased pneumonia mortality. I would like briefly to present them for consideration:

MORE ACCURATE DIAGNOSIS.—The proposition has been advanced that a more accurate method of diagnosis has charged up to pneumonia many cases that formerly were listed elsewhere. It is possible that to a limited extent this may be true, but it is just as probable that as a result of more accurate diagnosis as many cases are charged to other causes which formerly were improperly charged to pneumonia.

ALCOHOLISM.—The excessive use of alcohol lowers the individual's resistance; makes him more liable to the invasion of any infection, and lessens his recuperative powers. That this applies with especial force to pneumonia, I think all will agree.

The alcoholic is always considered an unfavorable pneumonia case.

If alcoholism, however, is to be given as a cause of the relative increase in pneumonia, it must be demonstrated that alcoholism has been increasing in the districts where pneumonia has increased. I do not find any such evidence.

LACK OF HYGIENIC TREATMENT OF THE PNEUMONIA PATIENT.—I find the statement made by one health officer, that if the same precautions were thrown around the pneumonia patient to prevent the spread of the infection, that the number of cases would be very materially curtailed. Cases are cited which seem to show the direct infection from a pneumonia patient.

That this is possible, that it at times occurs, we will admit; that the opportunities, however, are any more frequent now than a decade ago, that the sanitation of the average pneumonia sick-room is more imperfect in recent years, I am not prepared to admit. On the contrary, the conditions which obtain to-day in the average sick room will lessen rather than increase this relative possibility.

The pneumococcus is with us all of the time, waiting for his opportunity; it is the change in the soil rather than the increase of the seed that modifies the crop.

PREDISPOSITION PRODUCED BY CERTAIN DISEASES.—Certain infectious diseases increase the liability of the individual to other infections, and lessen his power of resistance to the new infection.

The capability of influenza or of that ill defined group of catarrhal affections commonly called "La Grippe," to develop favorable pneumonia conditions is undisputed.

It is about twenty years now since the really severe epidemic of influenza swept over the country; at that time it was estimated that one-half of the population of all of our cities were sufferers in one season; not a city has been absolutely free from it since that time; individuals have suffered repeated attacks. The pneumonia patient often gives the history of repeated "Grippe" attacks.

I would offer the prevalence of influenza infection as one of the causes for the increased mortality of pneumonia.

ANTIFEBRILE, ANTISPASMODIC AND ANALGESIC DRUGS.—The common use by the profession and by the laity, of antifebrile, antispasmodic and analgesic remedies has an important bearing on the subject under discussion.

The insane desire of the laity to dose themselves with something that will give immediate results, especially when they have a pain; the equally insane infatuation that many of our profession possess to lower high temperatures at once, has led to the use of an astonishing amount of the different coal-tar derivatives. These coal-tar derivatives, whether analgesic or antifebrile, all depress the heart, lessen elimination, and lower our resistance. They are used indiscriminately by the majority of physicians, especially by our friends who do not recognize the value of any remedies in the treatment of pneumonia. Their debilitating influence is far more sudden and severe than that of alcohol, and to their use, especially in connection with "grippal" conditions, we must attribute in part the increased frequency of pneumonia and also its increased mortality.

BETTER VENTILATION.—During this last year, Dr. Evans, Health Commissioner of Chicago, has maintained a persistent crusade for more air; for better ventilation of cars, of public buildings,

of factories, of houses, and of sleeping rooms. The crusade has been educational, addressed to the profession through the weekly bulletin, and to the public through the daily press. It has sought to enlist the support of corporations, employers, and the managers of public buildings, theatres, halls and schools.

The records up to May 23rd, 1908, show 800 less deaths from pneumonia than in the corresponding time of 1907. More than one-half of the decrease in deaths from all causes is due to the decrease of fatal pneumonia causes. Other factors may have helped in the result, but Dr. Evans may justly claim that this result is an example of "propter hoc."

Our modern methods of heating, the grouping of large numbers of families in our large apartment buildings, the ever increasing size of our factories, the crowding of public halls and public conveyances, the demand for heat and the neglect of ventilation are potent factors in the increased mortality from diseases of respiration.

SOME RESULTS FOLLOWING THE USE OF THE MAGNETIC WAVE*

By THEO. C. WIGGINS, M.D.

Brooklyn, N. Y. City.

IN a book published in 1894, Dr. Henry McClure, of England, writes: "In certain abnormal states of the nervous system, notably in hysteria, effects of a remarkable character are produced; muscular contractions are relieved and anesthesia temporarily cured when a compound magnet is brought near the patient. This I have seen done at Charcot's clinic under the personal direction of Charcot himself. And there is no doubt that in other hands as well as his, they have been the means of even curing some neuroses."

He then adds: "At the present time, however, magnets in the treatment of disease are little used, static electricity having almost entirely superseded them."

Evidently this view was generally adopted, for later writers have had little or nothing to say of magnetism, so far as I know, illustrating the tendency in most of us to forget the old and become absorbed with the new.

Recently there has come from reliable sources reports of cures of numerous acute and chronic diseases, including constipation, chronic gastric catarrh, enuresis, retention of urine, hiccough,

* Read before the Homœo. Med. Society of the State of New York.

glaucoma, neurasthenia, insomnia, melancholia, chorea, hysteria, sciatica, nephritis, and also of marked improvement in progressive and hopeless cases, as locomotor ataxia and paresis.

These results followed the use of the Bachelet Therapeutic Co-acting Magnetic Wave Generators.

Below I incorporate some of the observations of my classmate, Dr. W. A. Wakeley, of Orange, N. J., and of my fellow townsman Dr. J. A. Vaughan, the latter having used the apparatus over two years. Dr. Wakeley began using the waves about one year ago. I visited him some weeks later and I learned that he tried the magnetic waves on a number of patients, most of them neurasthenics, with gratifying results in all but one, which was a very advanced case of locomotor ataxia. This patient bought an apparatus and used it daily at home, and now reports himself in better condition than for seven years.

The doctor had sent a young man to Monticello who was rapidly succumbing to consumption, and a week later a Bachelet apparatus reached him. After the first treatment his temperature became normal and had remained so. This young man is now back in Orange and the active process in the lungs has ceased.

Dr. Wakeley himself was a victim of insomnia. After the second night of treatment he found that by sitting in the magnetic field reading and writing for an hour or so before retiring, he would go to sleep quite readily, but if he omitted treatment, would lie awake all night.

One of his patients, an overworked business man, had his only sleep while taking the treatment in the doctor's office, and was finally cured.

Another patient of the doctor, Mary M., aged nine, had a most aggravated attack of chorea which was growing worse and had not been benefited materially by prominent New York specialists, nor by Dr. Wakeley's own prescribing, and was put on the wave treatment February 5, this year. All medicine was stopped and treatments of one hour were given daily to March 15, and then every second day for two weeks, twice a week through April and May, and once a week through June.

There was no improvement the first two weeks, but after that the gain was pronounced, though gradual. He was practically well by June 1. I saw Mary September 3 and she seemed entirely normal.

In my own practice I have found the Bachelet waves beneficial in a variety of cases.

A young woman who had been an epileptic for fifteen years

was treated by magnetism alone from February 7 to June 3. During that time general conditions much improved, attacks came at longer intervals, and a more rapid recovery after each storm.

I have a copy signed by Drs. J. A. and E. H. Vaughan of the history of a case of chronic interstitial nephritis treated at the Vaughan Institute in Brooklyn, of which I make this summary:

"G. B. B. Male, 49 years, entered institute early in June. Illness began in 1906. Saw a physician April, 1907, because of headaches in morning and eye strain. Nephritis then diagnosed. Has been going the rounds looking for help since."

June 14. Urine 84 oz., sp. gr. 1005; albumen, heavy trace. Fine granular casts. Maximum systolic blood pressure, 212.

Treatment consisted of Bachelet waves, 2 hours daily. Diet and such medicine as were indicated for bowels, etc.

June 29. Maximum systolic, 184.

July 3. Maximum systolic, 156, and remained near that figure.

July 26. Urine in 24 hours, 50 oz., sp. gr. 1012. Albumen, faint trace, no casts; no cells.

Since reading Dr. William Hanna Thomson's article on "The Nervous System and the Blood," showing that functional nervous diseases are from the blood, not the brain, I am of the opinion that these effects are brought about through changes in the blood, which can be shown by chemical and microscopic examination, and further traced to a toning up of the sympathetic system. Dr. Louis H. Warner, at a clinic lecture, stated that on investigating the effects rectal dilation had upon the blood, he discovered that by getting a specimen before the anesthetic and again after the dilating, the count showed an increase of 5% in red cells, and another specimen, after patient was put to bed, showed a further increase of 5%. Upon conferring with Dr. Warner, he kindly volunteered to test the effect of magnetic waves in a similar manner. Dr. J. A. Vaughan became interested and gave Dr. Warner privilege to make as many tests in his institute as he desired.

September 7 Dr. Warner examined the blood of five patients and on the 11th made another examination. Mrs. W., who had ten hours treatment between the two examinations, showed an increase of 2% hemoglobin and 700 white cells, the leucocytes being aged and dormant in the first instance and active in the second test. Pathological count of leucocytes showed an increase of lymphocytes 4%, mononuclear leucocytes 15% and a decrease of polynuclear cells 17%.

Mr. F. had 20 hours treatment between the first and second examinations, with a gain of hemoglobin 5%, red cells 400,000,

white cells 3,300, lymphocytes 8%, mononuclear leucocytes 15%, and a decrease of polynuclear cells 19%. Each of the other three cases on second examination gave an increase in hemoglobin, lymphocytes, and mononuclear cells. Two had ten hours and the other nine hours treatment extending over the five days.

To make sure that these effects were due to the magnetic waves alone, Dr. Warner on September 18 examined the blood of four other patients immediately before and again directly after treatment. In each, there was an increase of white cells, 500 or more, lymphocytes 1% to 6%, mononuclear leucocytes from 13% to 21%, and a decrease of polynuclear cells from 16% to 23%.

In a note explaining the findings Dr. Warner writes:

"Taking into consideration that the lymphocytes represent the youngest form of leucocytes, furthermore that their normal percentage ranges between 12% and 15%, we have as a final fact:

The wave tends to increase the number of lymphocytes. This increase may be attributed to two sources. 1st. The stimulation of the hematopoietic organs, in this instance principally the spleen and bone marrow, or 2d. by the stimulation of the aged nuclei of the older cells creating within them the faculty of karyokinesis.

The reduction of per cent. of polynuclears and subsequent increase of mononuclear cells may be considered a very favorable prognostic factor.

The latter, the mononuclears, are the particular leucocytes termed by Metchnikoff the phagocytes, whose function is so elaborately and correctly dealt with in Metchnikoff's "Theory of Phagocytosis."

These cells once called into activity by the presence of any foreign substance whatever in the circulation devour such substances, and the chemical or physio-chemical reaction in this process causes the single nucleus of the mononuclear leucocytes to divide or break up into two or more nuclei, and this morphological change places the original lymphocytes, subsequent mononuclear leucocytes, into the class of polynuclear leucocytes. At the conclusion of the cycle of polynuclear cell life, the cell either undergoes karyokinetic change or dissolves and is carried off in the various eliminating channels.

The results of these tests by Dr. Warner, together with the clinical evidence prove beyond question that the magnetic wave generators profoundly affect the human organism.

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SUBSCRIPTIONS.—In accordance with a ruling of the P. O. Department requiring a higher mailing rate for magazines sent to subscribers in arrears, the publishers of the NORTH AMERICAN JOURNAL OF HOMŒOPATHY have set the subscription price at \$3.50 per annum, but a discount of 50 cents will be allowed for payment in advance, or within four months of expiration of a former subscription.

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HOMŒOPATHY IN NEW YORK

HOMŒOPATHY in New York, as represented by its practitioners and teachers, its organizations and institutions, seems to have taken a new lease on life within the past year; and this is a matter which interests the whole country, for as Dean Copeland has said more than once, and as was also remarked by Professor Bartlett of Hahnemann, Philadelphia, at the recent alumni dinner in New York, the extinction of the New York Homœopathic Medical College would have been the beginning of the end of all the homœopathic institutions throughout America.

The Homœopathic Medical Society of the County of New York has closed a very successful year under the presidency of Dr. George F. Laidlaw. One of the notable features of his administration was the ranking of the society among the other official medical organizations by a change of meeting place to the headquarters of the medical profession in New York City, the New

York Academy of Medicine. Another was the participation of the society in the great anti-tuberculosis campaign that is engaging attention throughout the country—one of its sessions formed a sort of extension meeting of the International Tuberculosis Congress and under its auspices a mass meeting was held at the Museum of Natural History, during the continuance of the Tuberculosis Exhibition, the program including addresses by Hon. Robert W. Heberd, Commissioner of Public Charities of New York City, Hon. Eugene H. Porter, M.D., State Commissioner of Health, and Dr. H. D. Pease, Director of the State Hygienic Laboratory.

The administration of Dr. Royal S. Copeland at the New York College has made a good start, and the banquet in honor of the new dean, held during the past month, evidenced the fact that the alumni of the institution are with him heart and soul, ready to hold up his hands and support him in a campaign which will be marked by the aggressiveness characteristic of Dr. Copeland.

This banquet was an unique event. It was a happy idea to invite the deans of sister and brother colleges to join with the alumni in a formal welcome to the new dean, and it is doubtful whether any gathering, held in recent years at any rate, has been addressed by such a conclave of homœopath's protagonists as Dean H. C. Allen, of Hering, Dean Chislett of Hahnemann, Chicago, Dean Sutherland, of Boston University, Dean Hinsdale of the University of Michigan, Dean Walton of Pulte, Dean Helen Cooley Palmer of the Women's College, Dean Royal of the State University of Iowa, Prof. Clarence Bartlett, of old Hahnemann, Philadelphia, Hamilton Fisk Biggar, the bishop of homœopathy, honorary president of the American Institute of Homœopathy, and last, but not least, Dean Copeland himself.

The address of the Hon. Melbert B. Cary, president of the college corporation, was also a note-worthy contribution to the occasion, indicating that the trustees were prepared to do their utmost to build up a vigorous centre for the teaching of a science and art, a thorough knowledge of which they believe to be of the utmost importance to mankind.

With this noticeable revival of interest in things homœopathic in New York City, and the work being undertaken by the Council

on Medical Education of the A. I. H., working as a propaganda committee with Dr. W. H. Dewey as executive officer, the NORTH AMERICAN believes it self justified in expecting 1909 to be a good year for homœopathy in America.

FOOLISH REASONS FOR BEING A PATRON OF HOMOEOPATHY

AS official homœopathy is now engaged upon a campaign of propagandism, it is essential that great care should be exercised to see that so far as possible, no statements or claims are made on behalf of homœopathy and its practitioners which will not bear the test of a full examination. A false claim reacts upon those who make it. And a claim essentially true may be stated so loosely and without regard to literal exactitude as to be open to grave criticism; easily refutable sweeping changes against those who differ from us in theory or practice are also dangerous in campaign work of this character, and a charge susceptible of a *tu quoque* reply should never be made. In fine, campaign speeches, and particularly campaign literature, should be limited to the truth, the whole truth, and nothing but the truth.

The NORTH AMERICAN is moved to say the above as the result of a perusal of —“Fifty Reasons for Being a Patron of Homœopathy,” by “One Who Is,” printed in the last issue of the defunct *Medical Century*. This contribution to medical literature would be painful reading, no matter where it appeared; but it is doubly painful when published in a journal edited by the executive officer of the Committee on Propaganda of the American Institute of Homœopathy, and now the editor of the official journal of the American Institute. It is true, of course, that editors do not make themselves responsible for the views of their contributors; but this contribution is not like the ordinary run of articles appearing in medical journals in which the subject discussed can be legitimately viewed from different aspects. A homœopathic editor who admits to his columns a contribution of the nature of this under discussion is worthy of all praise for giving it to the profession

if it reflects credit upon the cause it champions by a convincing statement of facts. If, on the other hand, the contribution is full of inaccuracies, statements that cannot be substantiated, or dangerously sweeping charges, the homœopathic editor who enabled it to see the light of publicity has done his confreres a sorry service.

Of the fifty reasons given by this patron of homœopathy, there are but five to which an impartial inquirer, conversant with the subject under dispute, cannot fairly take exception. The other forty-five are either good reasons inaccurately stated, or are inaccurate statements and therefore not good reasons, or are sweeping generalizations, charges, or claims which will not bear close investigation, or are statements of facts which have no real bearing upon the patronage of homœopathy, and are therefore inconsequential.

The compiler of these alleged reasons has ignored the distinction between the ideal and the real; the homœopathic practice he has in mind is not that of a very large minority, to say the least, of homœopathic physicians. How many homœopathic physicians rely upon a homœopathic prescription for palliation in an incurable affection? (Ninth Reason) How many homœopathic physicians use homœopathic remedies to prevent the development of contagious disease after exposure to infection? (Tenth Reason) How many homœopathic physicians would give a homœopathic remedy in a case of gall stone colic in the belief that it "would either facilitate the passage of the stone or show that surgical interference was necessary"? (Reason fifteenth) How many homœopathic "physicians recognize always the good in all systems"? (Reason twenty-second) Will the average homœopathic physician subscribe to the following?—"Malignant diseases are prevented by homœopathic medication, their growth stopped, and such diseases as arise from heredity are hindered by homœopathic medication. Cancers are cured in their incipency and tuberculosis is arrested. It is in these most serious affections that the system has won many laurels." (Reason thirty-second)

On the other hand, the writer has been unfair in comparing the worst non-homœopath with the best homœopath, or at least he fails to give credit where credit is due. There are many physicians who know nothing of homœopathy, who do "not seek a

transient improvement, but a permanent cure," (Reason thirteenth); who recognize "that no two patients are the same, and that no two patients suffer from the same disease in exactly the same way," (Reason sixteenth); who recognize "that the less medicine a person takes the better it is for him both in sickness and in health," (Reason eighteenth); who recognize "that theories respecting disease can never form a basis for successful treatment," (Reason twentieth); who take "into consideration the mental condition of the patient, and" study "the influence of disease upon the mind." (Reason twenty-first)); who "dispense their own medicines, thus" avoiding "the mistakes of druggists and druggists' clerks," (Reason twenty-seventh); who pay "no attention to the problematical discoveries of laboratory medicine further than to seize upon the verified deductions thereof." Who do "not subject" their "patrons to experimentation" (Thirty-third reason); who regard "the human system as a wonderful organism and do not believe that all the medicine it can bear is necessary or safe," (Reason thirty-five); and it is a gross overstatement of fact to say "the appearance of a sick room where homœopathy is employed is in marked contra-distinction to one wherein allopathy is used." (Reason forty-ninth).

Many unsubstantiated claims are made. The ability to dispense "different strengths of medicines" does not relieve the homœopathic dispenser of "all uncertainty" as to whether he has selected the right strength. (Reason twenty-ninth) The homœopathic physician is not always "able to positively predict results and give assurance to the patient." (Reason thirty-fourth) The truth of the statement that "homœopathy has made the most wonderful progress of any system of medicine the world has ever known," (Reason forty-first) depends upon the definition of "progress" and "system of medicine." It is not historically true that "homœopathy is the only reform that has ever invaded the field of medicine," (Reason Forty-seventh).

Much more space could be used in citing statements as loose as those above.

Is it not almost beyond conception that anyone, layman or physician, could sit down for the set purpose of making a laughing stock of homœopathy and its practitioners, and succeed as

well as this would be champion, this "one who is" a patron of homœopathy? The Lord deliver us from such patrons! And the pity of it that the editor of a homœopathic journal should have weighed his responsibilities so lightly as to save the manuscript from the oblivion of the waste paper basket, where it belongs!

The "not a few" "subscribers of the eclectic and allopathic schools" (see Editorial, *Medical Century*, Dec. 1908, page 382) must surely have been duly impressed and edified by the reading of these fifty foolish reasons. Can you not hear the sigh of relief that goes up from them as they are assured by the editor that on payment of an "extra dollar a very much better periodical may be obtained?"

Notes and Comments

What is the business of the trained nurse? Is the pertinent question asked by Edith M. Rice, R.N., of Albany, N. Y., in her article headed "An Appeal" recently published in the "*Dietetic and Hygienic Gazette*." A question of ever widening interest is what shall be done for the people of moderate means, and from the standpoint of common sense there is but one answer: "What are we here for but to help them?" Miss Rice takes a decidedly humanitarian as well as practical view of the problem. Under the heading of the common people she classes our tradesmen, merchants, farmers, bookkeepers, clerks, railroad men, dressmakers, etc., as well as the trained nurses. The average wage earner probably earns from \$15 to \$25 per week and manages to live comfortably and modestly, saving but little for the proverbial "rainy day." While in health everything goes smoothly, but when sickness comes the picture is disheartening to the most courageous. At the critical moment help is sought and a trained nurse suggested, which always raises two questions, deserved or undeserved—how much will she charge, and will she have to be waited on? Usually the consensus of opinion is that her price is away beyond the reach of *their* purse, and that she requires waiting on. So they turn aside from this avenue as they would from any other luxury beyond their means, and may rely on the uncertain neighbor, perhaps find a suitable servant, or possibly procure the services of the "experienced" nurse who ignorantly but very good-naturedly does what she can, but too often the doctor's orders are not and cannot be carried out. The one member of the family who could keep up with the help is unable now from overstrain and it is unfortunate indeed if no fatalities result. This sad picture is familiar to all, and is it any wonder that a most hearty reception is accorded the seeming aid tendered by the

Emmanuel and other allied movements? However, to meet this demand, Miss Rice advocates the advancement of short term schools as a result of the pressure of the voice of the people demanding help, rather than an encroachment upon the province of the trained nurse. The people demand a voice and one would not have it otherwise in a democratic community. While state registration and the raising of educational standards serve a worthy cause and are all intended to make the nurse all she should be in her noble profession, it is rather putting things first. "While we are striving and arguing and holding meetings in the interest of prolonged hospital courses and high intellectual attainments, let us go down stairs and see how the family next door is getting along." In the homes of the masses there is a great demand for the motherly, good, common-sense, whole-hearted woman who will adapt herself to their circumstances, thus meeting a real need in the province of poor, suffering humanity.

The relation between early rising and longevity is by no means a new topic for consideration. The one-sided view familiarly expressed in most households, "The early bird catches the worm," received a slight explosion in a child's response: "It served him right; if he had not gotten up so early he would not have been caught by the bird."

The *Lancet-Clinic* of October 24, 1908, gives a more practical view of the matter and says that most persons who have lived to a good old age have been *good* sleepers rather than *long* sleepers. It is possible that a person who sleeps well may find seven hours good sleep sufficient for all needs, but it is not probable, for most men and women require at least eight hours. It is unwise for any one to remain in bed after having had sufficient sleep. By "good sleep" is meant sound, refreshing sleep without dreams, causing the body to recuperate, and those who delight in early rising are generally good sleepers, have strong wills and are in excellent health. Late risers, on the contrary, are people of indifferent health, men of bad habits, the idlers who have other vices in addition to idleness. The nervous exhaustion which keeps a man wakeful during late hours of the night—or the early hours of the morning—demands sleep after the time when the healthy men are anxious to rise. This exhaustion is usually due to one of a number of life-shortening influences, especially anxiety, indigestion, excessive indulgence in alcohol, tobacco, coffee, etc.

Early rising appears to be one result of certain favorable influences of which longevity is another result, rather than an actual cause of long life. Early rising has little to do with the time by the clock but is gaged rather by the hour of retirement in relation to the time of arising. Early rising is the same as short sleeping, which means rapid recovery from fatigue and is a sign of bodily strength. It may be cultivated by all persons in good health, constitutes an excellent moral discipline and is conducive to worldly success. The man who is an early riser will be able to enjoy a breakfast that is reasonable and be ready for the other meals of the day when they are due with a good appetite, which is itself a sign of health.

Keep a Goat.—Dr. A. Garfield Schnabel advises everybody who has a back yard to keep a goat and derive the milk therefrom. According to the doctor, goats are easily kept, they are by nature very clean animals, they are practically immune from infectious diseases and especially tuberculosis, their milk is the nearest to the human, and a goat is the only natural foster mother we have. A small dry yard, a warm shed, not more than \$1.50 per month for feed, and a good goat, and you have from two to four quarts of pure, fresh milk a day. If you want to know more about it, write for Bulletin No. 68, Bureau of Animal Industry, Washington, D. C.

Scutellaria in Hydrophobia.—In our issue of August, 1908, we referred editorially to the use of scutellaria in rabies as advocated in Lloyd's Drug Treatise on Scutellaria. Dr. Thos. F. Collins, of New Castle, Pa., reports two cases of children bitten by dogs, successfully treated with this remedy. In one case the dog was "supposedly rabid"; in the other, "pathological examination made in the laboratories of the University of Pennsylvania revealed the fact that the dog had rabies." The directions for this treatment, as given by Prof. J. U. Lloyd, are as follows: "Four ounces sp. med. scutellaria should be mixed with a quart of water and boiled until the alcohol has disappeared, this reducing the volume to about one and one-half pints. Of this one-half glass (size not mentioned—Ed. N. A. J. H.) should be administered six times a day every other day, and on the omitted days a teaspoonful of flowers of sulphur in molasses should be given in the morning, fasting; at bedtime the same amount in a little new milk. I should also apply a compress to the bite, keeping it saturated with a mixture of sp. med. scutellaria one part and water three parts." The treatment should be continued three weeks. For cattle or horses four times the amount should be given.

Tobacco Smoke.—The London *Lancet* attributes the toxicity of tobacco smoke, not to the nicotine, the greater part of which is destroyed during the process of combustion, but to carbon monoxide, which forms a considerable proportion of the fumes. An ounce of tobacco smoked as cigarettes is said to give off one to four pints of carbon monoxide; an ounce of tobacco smoked by pipe generates two and a half pints of the gas. Of the toxicity of carbon monoxide there is no doubt; 0.17 per cent. of the gas, when mixed with air, gives rise to distress, 0.2 per cent. has proved fatal to animals, and 0.4 per cent. is almost invariably a lethal proportion. It is also suggested that it is on account of the carbon monoxide that less tobacco can be consumed without giving rise to unpleasant symptoms, indoors, especially in a close room or on a smoking-car, than outdoors, where the fresh air inhaled gives better aeration and oxidation.

Cactus not Inert.—Our friends of the allopathic persuasion can't make up their minds about cactus; some say it is absolutely inert, others testify to its usefulness. In a paper read before the American Therapeutical Society, Dr. Curtin, of Philadelphia, states that those who employ it least condemn it as useless, those who

have used it beyond the experimental stage have faith in it. Dr. Curtin finds it useful in a number of heart conditions, but the homœopathic reader has better indications for its employment than the list of names of pathologic states enumerated by the essayist.

Medicine as a Cure for Disease.—Dr. I. D. Burns, (*Iowa Homœopathic Journal*) says that as the result of forty years experience it does not matter whether 80 to 90 per cent. of a physician's patients are prescribed for allopathically, antipathically, eclectically, homœopathically, or expectantly—this number will get well. He is of the opinion, however, that the physician who prescribes for the patient and not for the disease may expect from 95 to 98 per cent. of recoveries in the common run of cases; hence he is not ready to join the ranks of the medical nihilists yet.

We Too.—The successful outcome of an unpromising and apparently desperate case of marasmus is reported by Dr. Eugene Hubbell, of St. Paul, Minn., in the *American Journal of Clinical Medicine*. Quite a number of therapeutic measures, medicinal and physical, were employed as occasion seemed to warrant, and the doctor states his conviction that no one measure brought about the result. This leads him to say that "It behooves the physician to be prepared to utilize all helpful therapeutic measures. May the day soon come when the bars of prejudice are completely down and the patient's welfare the only consideration." Several thousand homœopathic physicians will join with the NORTH AMERICAN in saying "Amen" to the above prayer. And this reminds us that we recently read a review of a work on homœopathic therapeutics in a non-homœopathic medical journal, in which the reviewer gave it as his opinion that every physician needed to know something about homœopathic therapeutics and should possess such a book as that under review.

Our Apologies to "Progress."—The editor of *Progress* calls the NORTH AMERICAN'S attention to the fact that the editorial remarks *re* the new Institute journal credited to *Progress* should not be charged to it. This is so; it was the *Critique*, also of Denver, from which emanated the NORTH AMERICAN'S comment. It is understood that *Progress* and *Critique* do not speak as they pass by; hence the NORTH AMERICAN'S error has hurt the more.

Food Drunkards.—This is the somewhat misused epithet Mr. Thomas Edison applies to the average man, who eats far more than is necessary for his needs. Mr. Edison is said to be very abstemious, eating daily from a half to three-quarters of a pound of mixed food and drinking three glasses of milk. Weston the pedestrian is said to enjoy full vigor at the age of 69 as a result of regular habits and a spare diet—four slices of bread and two cups of coffee for breakfast, no lunch, and for dinner, a quarter of a pound of meat and a very moderate amount of vegetables. Eustace Miles, the amateur racquet champion, takes three meals a day, the total food consumed in the 24 hours being 12 or 15 milk-proteid biscuits, some graham bread and cheese, a few vegetables and apples, the total cost of the day's rations being about 27 cents. (Ye who attend medical banquets at \$3.00 per plate

please take notice.) Senator La Follette breakfasts off two whole wheat biscuits and milk, luncheon consists of milk, bread crust or zweibach, and a few English walnuts; for dinner he takes a dozen or two walnuts and some fresh vegetables. And the list can be extended quite indefinitely. Which all goes to show that it is possible for the average man to get along with much less food than he eats, and also indicates how wasteful we are in spending so much as the majority of us do for things to put on the table.

A Personally Conducted Baby.—Under this somewhat novel alternative title Dr. W. P. Northrup, of New York, tells the story of a baby who suffered from obstinate vomiting after each nursing. The tale is summed up in the doctor's conclusions (*Medical Record*, November 21): 1. A nursing baby may vomit because its food enters the stomach too rapidly and consequently in too great quantities. 2. The causes of this over-distension may be sought in the large quantity of breast milk, easy flow, large nipples, vigorous nursing. 3. The above conditions may be overcome by imposing mechanical obstructions, "drinking up-hill," being here suggested. In the case narrated the successful position was sprawling head-forwards and face-downwards over the mother's shoulder to the nipple, like a squirrel coming down a tree.

Tuberculosis: Some suggestions. Dr. John H. Bennet, in a paper read before the Massachusetts Homœopathic Medical Society and published in the *New England Medical Gazette*, November, 1908, calls attention to the fact that in young children the two chief times of infection appear to be during the first three months, or so-called cradle infection, and during the latter part of the first and the beginning of the second years, the so-called dirt or creeping infection, the greatest number of deaths being among the bottle-fed infants. *Apropos* to this the doctor quotes the suggestion of Dr. F. W. Forbes-Ross (*N. Y. Medical Journal*, November 9, 1907) as follows: "To deliberately and wilfully procure and use as an article of diet for tuberculous persons the raw flesh (beef) of animals known to be infected by tuberculosis, with the object of bringing about artificially that which I (he) firmly believe occurs unobserved in nature and in actual daily life among healthy persons." Dr. Bennet expresses the belief that on such a diet a patient manufactures in his own body those substances which so fortify his system as to oppose the ravages of tuberculous disease. "Most persons from time to time partake of meat from a tubercular animal and so the habitual meat-eaters (underdone) obtain toxins and antitoxins and thus keep up the opsonic index for tubercle and remain immune to both bovine and human tubercle, on the vaccine theory. This is analogous to feeding raw thyroid gland for myxedema. As secreting glands have not been known to produce or contain antitoxin, therefore infants, children, invalids and old people who live on a milk diet have not the resistance nor the toxins or antitoxins to overcome tuberculosis."

International Homeopathic Review

PATHOGENETIC AND CLINICAL STUDY OF DELPHINIUM STAPHISAGRIA

By J. MURRAY MOORE, M.D., M.R.C.S., F.R.G.S.

Journal of B. H. Society, Vol. XIII, p. 153, etc.

WHEN honored by the invitation of the secretary of the Section of Materia Medica to contribute a paper, I selected staphisagria because the development of this whilom parasiticide into a valuable internal remedy against at least three diseases is a grand proof of the practical utility of our great founder's system of proving drugs. And also, because this medicine has not been exploited to its full capacity.

The plant which supplies our staphisagria is the Delphinium Staphisagria or "Stavesacre," the palmated larkspur, which grows in the south of Europe, and belongs to the Natural Order Ranunculaceæ.

We homœopaths owe much to this precious order—Aconite, pulsatilla, cimicifuga, ranunculus bulbosus and sceleratus, helleborus, hydrastis, clematis, and staphisagria.

The medicinal energy of this plant resides in the ripe seeds. Those are dried for the chemist; they are blackish-brown in color, deeply pitted on the outside, and their inside is whitish, soft and oily; the taste is bitter, nauseous, and acrid. From a fancied resemblance of the seeds to raisins, the Greeks named this plant "staphis agria," that is, "wild raisin."

ALLOPATHIC PHARMACEUTICS

The crushed seeds yield an essential oil called "oleum staphisagriæ" which is made into an ointment with lard, and used as a parasiticide in scabies and phtheiriasis. An older form of ointment, composed of the macerated seeds, benzoated lard, beeswax, etc., is said to be rather irritating to the skin.

Balmanno Squire's analysis has revealed the existence of two alkaloids named delphinia or delphinine ($C_{24}H_{35}NO_2$) and staphisagrine, which together give to the seeds their peculiar properties.

Delphinia, of which I hand round a specimen, is an amorphous, resinous alkaloid of yellowish color. It is a poison to the amphibia and lower mammalia, like aconitine causing slowing down of the pulse and respiration, paralysis of the spinal cord, and death by asphyxia.

Staphisagrine—probably the cutaneous irritant, perhaps the parasiticide constituent of the seeds—is analogous to veratrine and curarine, paralyzing the motor nerves in frogs, and killing mammals, without convulsion, by paralyzing the respiration.

HOMŒOPATHIC PHARMACEUTICS

Our matrix tincture, prepared by maceration and percolation with S. V. R., is transparent, or faintly straw-colored, and forms a cloudy precipitate when dropped into water, which is quickly re-dissolved.

As these seeds are very oily—here are some entire, and some powdered—and as I find the tincture of staph. varies in color as supplied by different chemists, I suggest that a stronger and more uniform tincture could be made by using ether as a menstruum, as in the case of lycopodium, the ethereal preparation of lyc. being, I find more energetic than the triturations.

The old English name, "stavesacre" is an imitation of the French form (staphisaigre) of its Greek appellation in the ancient *Materia Medica* of Dioscorides. Thus the plant can claim a very respectable antiquity. The interest to us of its classical reputation lies in the probability that it was the experiment made by Dr. Schultze of chewing the seeds to relieve toothache, as recommended by Dioscorides, and the agonizing exacerbation of all his pains that followed, which first drew Hahnemann's attention to the drug. The Master foresaw much value in staphisagria as a homœopathic remedy. He took it up with his usual energy, and assisted by his daughters and 12 faithful disciples, produced a body of provings the full significance of which has not yet been recognized by his successors. The "Cyclopædia of Drug Pathogenesis" has omitted this Hahnemannian legacy, giving, under the word Staphisagria, only a few experiments on animals with Delphinine, summarised by von Boek, Lauder Brunton, and C. D. F. Phillips, together with 19 symptoms derived from varying doses taken by S. Schroff, Turnball, Falk, and Rohrig; and by a patient of Albers. We, however, as homœopaths, learn nothing from these records that we did not already possess in aconitine.

But why were the 721 symptoms of staphisagria omitted? Because, it seems, the compilers of the *Cyclopædia of Drug Pathogenesis* were instructed (see preface) not to *reprint*, but only to *refer* to the pathogeneses of Hahnemann, inasmuch as "we have no means of verifying, correcting, illuminating them, or of reforming their order, the day-books of the provers not being extant."

The earnest student of homœopathy must go to Allen's huge work if he desires to know all the Hahnemannian medicines. And even here, in staphisagria, there are translations in Allen that do not agree with Teste's rendering of the original; as, in symptom 43 in Head where Teste writes "Vertigo when sitting, as if things were turning round, decreasing by walking in a circle;" whereas Allen's is "whirling vertigo, especially while sitting, relieved (Blackley says diminished) by walking about."

Teste classifies staphisagria in his causticum (No. 7). Group along with cocculus, coffea, corallium, nux vomica, and arsenicum. He selects a large number of symptoms out of the provings, and asserts that staph. is curative in all those conditions of disease, but gives no cases.

Now I propose to bring before you the leading symptoms of Hahnemann's provings, arranged in schema order, and to illustrate each section by recorded cases of cure. In this plan I follow the lucid arrangement of kali bichromium by Dr. W. T. Ord, printed in 1899—after which pattern I think all our chief medicines should be drawn out for study.

The careful search I have made through the British and American homœopathic literature of the last 35 years, has not been as fruitful in clinical illustrations of staphisagria as I had hoped, but still, some useful facts and practical suggestions have been collected, some of them, perhaps, new to my colleagues.

Hahnemann's enthusiastic praise of this remedy has hitherto not been repeated by any of his followers, but staphisagria, though not a polychrest, will I am convinced, prove of value in more diseases than the three to which it is already accredited, viz., toothache, spermatorrhea, and recurrent styes.

In his *Materia Medica Pura*, Hahnemann records 283 symptoms produced on himself and his relatives, and 438 reported by his followers: Cubitz, Franz, Gross, Gutmann, Hartmann, Haynel, Herrmann, Hornburg, Kummer, Langhammer, Stapf, and Teut-horn. If anyone wishes to know something of the personalty of these provers, Dr. T. Linsley Bradford, in the pages of the *Homœopathic Recorder* for 1895-6, has published what is known of them. Beginning with the first section I will mark the "starred" and "full-faced type" symptoms.

I.—MIND AND EMOTIONS

*Disinclination for mental work. Thoughts disappear whenever he attempts to think, or speak of any subject; and if interrupted, he forgets, and cannot collect his thoughts. *Weakness of memory. A few minutes after reading anything, he can recollect it only dimly, etc. Fretful and peevish all day. *Very peevish in the morning; wishes to throw from him everything which he takes in his hand. Alternation of mood, at first joyous, then anxious, at last quiet and contented.

The mental symptoms have determined Dr. C. Hering's choice of this remedy in several instances. He considers *extreme impressionability* of mind, and the effects of indignation or wounded pride, to be characteristic of staph. Majumdar, of Calcutta, strongly recommends staph. 30 in cases of loss or weakness of memory afflicting students who have been weakened by sexual excesses, or by masturbation. He has cured several such cases by staph.

The effects on the brain of a sensitive person of either sex of anger and indignation at unfounded charges have been removed by staph., as this case shows:

Case I. G. M., aged 60, had been for 15 years subject to epileptic fits every month, or every two months, originated by the mental shock of being falsely accused of infidelity to his wife. Allopathic treatment had completely failed to cure, so he came to Dr. Cigliano, of Naples. Guided by the cause of the mental disturbance, al-

though so remote in time, Dr. C. chose staph, 30, giving it every morning for a period not specified, and cured him so completely, that 5 years had passed, by the time this case was reported, without any return of the fits.

Adolph Lippe regards this symptom, *"Very peevish in the morning, wants to throw away anything he takes up," as unique, and therefore a key-note for staphisagria.

II.—HEAD

Confusion—vertigo symptoms six times. Whirling vertigo especially when sitting, relieved by walking about (walking in a circle, Teste).

*Headache, as if the brain were compressed, with roaring in the ears, etc. Heaviness of the head, relieved by resting it on the hand. Three provers felt pressive, stupefying headaches; four experienced compressive or pressing pains in the occiput. Stapf records a striking sensation: "Pain in the head, as if everything would come out at the forehead on stooping." Compare this with S. 32 of *coffea*, S. 92 of *laurocerasus* (Allen). The most remarkable subjective sensation, which may possibly prove to be a second key-note of staph., is S. 67 (Hahnemann)—*"On shaking the head there is a sensation in a small spot in the middle of the forehead, as if there were something heavy, like a ball of lead in the brain, which would not loosen." I am unaware of another symptom of any drug exactly like this, though there are some analogous to it. Dr. T. S. Hoyne writes (Clinical Therapeutics, p. 509, vol. 1) "we find staph. useful when there is a sensation as of a round ball in the forehead, etc."—but gives no cases.

Case 2.—Dr. A. C. Clifton (M. H. R., Aug. 1877) narrates a case cured by staph. 30, after trying in vain the 3rd and 6th dilutions, of a literary man who had taken mercury for liver disease, and was in a debilitated condition. He suffered from a dull, stupefying pain in the head, producing a muddled feeling in the brain, or as if a hard substance were pressing on the skull. All mental work was a trouble, ideas were slow in coming, and he could not find the right word to express a thought.

Next as to the scalp, or external head, we find 3 provers had twitching, or biting, or burning needle stitches in the scalp; 2 had falling of the hair; itching, scurfy, dry, but sometimes moist eruptions, the itching being *aggravated* by scratching or rubbing. The most peculiar symptom was III,* "biting and itching on the upper part of the occiput, with sore pain recurring in the same place about the same time in the evening."

Case 3.—A cure of *porrigo capitis* by staph. 12 is reported by Dr. Ussher in the *Hom. World* for Dec. 1893. The patient was an apparently healthy flaxen-haired boy, but the patches of eruption were offensive in odor, "smelled like mice-dirt." "For months I gave him staph. 12 *ter die*, and whenever I stopped it the head got worse, but by perseverance it removed every patch over scalp and behind the left ear."

I cannot find this condition of fetor in any of the skin symptoms of staphisagria, but Dr. U. selected it for this case upon a "tip" from Dr. Drury, "Dry eruption of scalp, hepar; moist, rhus; stinking, staphis."

III.—EYES AND EYELIDS

There are 37 separate symptoms, of which 10 are starred, and one, "itch of the margins of the lids," in full-faced type. I can only quote a few. First, we have the general symptom, "nervous exhaustion." The eyes lie excessively deep, with blue raised rings around them, as after great excesses; lasting four days. Second, the eyes soon begin to ache when reading; the eyes are dim and hot; phosphenes at night; a halo round the candle; scotomata when reading, or looking into the open air. Third, dryness of the eyes in the morning; dryness in the evening; morning agglutination of the inner canthi; biting, smarting of the inner canthi; pain as if a hard substance were lying beneath the left upper lid, etc.,

There seems to be a consensus among homœopaths that staph. is one of the best remedies for chronic blepharitis with morning agglutination, and for hordeoleum ("stye").

Drs. Baehr, D. A. Strickler, C. A. Bacon, Allen, Norton and Vilas have printed cases showing the power of staph. both to cure and to prevent the recurrence of styes. It shares this honor with puls.

Case 4.—Dr. C. H. Vilas cured in three weeks by staph. 3x Miss D., a brunette who had suffered for many months from a succession of styes, more than twenty in number.

Case 5.—Dr. Koch (Hoyne, p. 510) cleared away by staph. I a steatoma, the size of a lentil, growing upon the inside of the lower eyelid of a lady (Mrs. B.), aged 32, who had been twice operated on for the removal of similar tumors before she consulted Dr. Koch—six and two years previously.

Dr. W. Bayes (who, I remember, bore a wonderful likeness to the late Prof. Max Muller) found staph. 12 curative in weakness of the optic nerve, and in smarting pains in the eyelids, coming on in the evening, and preventing the patient from using the eyes by artificial light.

The experience of Schott, of St. Louis, U. S., confirmed by C. A. Bacon (*Hom. Recorder* November, 1896) shows that staph. "relieves almost entirely the severe bursting pain in the eyeballs, temple and side of face, worse from the evening to the morning, and upon using the eyes by artificial light—of syphilitic iritis."

Bojanus, of Moscow, recommends staph. in fistula lacrymalis.

The foolish habit of reading in bed, by gas or candle-light, in which many young people indulge, is a fruitful source of styes and of chronic redness of the eyelids. I shall now, with an enlarged knowledge of staphisagria, use it in these cases.

IV.—EAR AND NOSE SYMPTOMS

These are not remarkable, nor distinctive. The chief are: Tensive stitch in the left ear; ringing in one or other ear on mov-

ing the head, which disappears during rest (S. 160). Sensation of coldness streaming into right meatus like a cool breath.

Nine provers had coryza, three having "violent coryza," and two provers had soreness of nasal sore pain in the septum and nares. I have not seen any nasal cases recorded as cured by staphisagria.

V.—FACE, MOUTH, TEETH AND GUMS

Symptom 182, given by Stapf, is striking: "He looks as hollow-eyed and haggard and as sick and pinched in the face as after a night's watching, or as after a disagreeable mental shock." We have also, "throbbing and pressive pain in the whole of the face, extending from the teeth into the eye; swelling of the cheek over the lower jaw; pressive tearing in the left cheek-bone; then cutting, drawing, swelling and hardness of sub-mental glands, painful on swallowing or when touched or when rubbed by the neck-band.

Case 6.—An old lady, who for years had suffered from excruciating neuralgia of both sides of face and forehead, came to Dr. Bayes in a deplorable state. Mastication was impossible from the pain it induced, and the patient had to live upon sops put into her mouth by her fingers, for the least contact with spoon, fork or anything metallic always brought on an attack. The relief afforded by staph. 30 and 12 was remarkable and made life bearable for her until she passed away. Sympt. 202 is "sensation of fine cutting in the lip, as if it were cracked"; this lady's sensations were expressed as "fine cuts with a very sharp knife, beginning at the lips and extending to the eyes and above the orbits." This is an example of a simillimum; and it effected as near a cure as was possible under the circumstances.

Case 7.—An attack of neuralgia of the inside of the right cheek, between the lower gum and the cheek, and also in the gum itself, but not in the teeth, intensified by blowing the nose, was cured in two days by staph. 6 (J. W. Carter).

Case 8.—Dr. Edmund Hughes, son of our great author, Dr. Richard Hughes, has kindly sent me the following case:

Mary M., aged 23, shortly after an attack of influenza, began to suffer from facial neuralgia. Shooting pains started from the upper molars on both sides and darted into the ears and orbits, especially on the right side. The pains came on at irregular hours of the day or of the night and were relieved only by local warmth. It had lasted five weeks. After arsen. 2 and magnes. phos. 2 had failed staph. "tinct," one drop every two hours was given. The second dose gave much relief; there was no pain next day, and the relief was permanent, although three molars and the stump of a bicuspis were found to be carious and were not extracted for some time afterwards.

Dr. Bayes himself obtained striking relief in "tic-douloureux" from staphis.

We now come to that part of the human organism which the whole homœopathic world, lay as well as professional, know by a century of experience, to be quickly, beneficially and selectively affected by staphisagria. Nowhere in Allen's grand collection of

provings is the law *similia similibus* better illustrated than in the teeth, gum and mouth symptoms of this good old remedy. Out of 33 well-defined pathogenetic symptoms no less than 14 are starred and italicized, showing that these, at least, have been all clinically verified.

It is worth noting that seven provers suffered from pathogenetically-induced toothache, and caries, from spongy or pale and retracted gums.

With even the array of remedies for this distressing though every-day ailment presented by Jahr to the number of 36; by the Repertory to the Cyclopædia of Drug Pathogenesis to the amount of 52; and by my old friend Lilienthal to the total of 70; it is not easy to cure every case of genuine toothache.

I here present the guiding symptoms of the three principal "toothache remedies," viz, plantago, staphisagria, and rhododendron.

My own field of observation of this ailment, as sole medical officer to a large tobacco factory employing 2,000 hands, has been pretty extensive. Out of 1,145 patients treated at the surgery (which is free to all employees) during the year 1904, I noted 99 cases of toothache, 18 of faceache, and 25 of conjoined toothache and faceache. *Every single case* of all these diseases was *relieved*, and a *large proportion cured*. Staph. was used in 90 of the cases of toothache; plantago, kreosote, merc. sol., or puls. being employed in the remaining nine. Rhododendron was not available, not being then in stock; and plantago was used only from the beginning of December. In order of merit I should place these remedies thus: Staph., plantago, rhododendron. In this Synoptical Chart I have placed the type-remedy, staphisagria, in the centre, so that the eye may the more readily catch both the resemblances and the differences between it and its analogues.

SYNOPTICAL CHART OF DENTAL SYMPTOMS

PLANTAGO

Teeth feel elongated in the morning, and then ache from 2.30 to 4 p. m. each day: the pain is sharp, stabbing,—Toothache on the left side, before and after breakfast, went off in the forenoon, returned after dinner. Teeth of left side feel elongated and sore; violent pains in the sound upper molars of left side, excessive boring, digging pain with profuse flow of saliva aggravated by contact, by cold air, and by great heat; and by lying on that side. Soreness and elongation of the sound teeth: cold feeling in front teeth. Pain in a carious molar with swelling of cheek, which remained after the pain had ceased. Grinding of the teeth while asleep. Rapid decay.

STAPHISAGRIA

The teeth soon become black-streaked. Caries is hastened. Tearing pain after eating and chewing; also after drinking anything cold. The hollow teeth are sensitive to the slightest touch, and if after eating, the slightest food remains in the cavities, there

is violent pain, extending to the roots of the sound teeth, and the gums become painfully sore. Pain aggravated by motion in the open air; by drawing cold air into the mouth; at night; early in the morning; and during menstruation. The gum bleeds when pressed upon, and on cleaning the teeth. The gum becomes pale and white. Ulcer on the inner side of the gum.

RHODODENDRON

Violent drawing pain in right lower jaw disappearing by eating. Drawing, aching and cutting toothache, preceding the approach of thunderstorms, or of cloudy or windy weather: the pain in one prover (Helbig) commenced in the ear of same side. Toothache accompanied with ear-ache all night in left lower jaw and teeth. Pressure sometimes relieved, sometimes increased the pain; warmth of bed had no influence. Grumbling and tearing in molars, now in upper, now in lower jaw, sometimes right, sometimes left. Transient pain in single teeth in damp weather and before a storm. Saliva increased and has a sour taste.

It will be useful to narrate typical cases of each remedy.

TWO STAPHISAGRIA CASES

Case 9.—Mary T. aged 18, tobacco operative, came Jan. 19, suffering from severe toothache in the left upper molars, for a month past. Dreading a visit to the dentist, she had endured the pain until it became incessant for the last two nights and days. Only one molar was carious, but the pain, described as “tearing and pulling,” i. e., the “drawing” of our pathogenesis, spread to the sound teeth in its neighbourhood (this symptom staph. has in common with plant.) was worse after eating; by exposure to cold air; and by drinking any cold liquid; is not affected by changes of weather; gums are sore and inclined to bleed. I gave her minimum doses of staph. to be taken every two hours. In two days she returned to state that the pain had ceased after the 2nd dose. On Jan. 26, having continued the staph. thrice daily, she reported herself well, and that the pain had never returned.

It is sometimes an aid to plug a hollow aching tooth with cotton-wool, soaked in the oleum staphisagriæ.

Case 10.—From the N. A. J. H., Sept. 1893, is worth citing on account of its exact corroboration of the “caries and black-streaked appearance of the teeth; (Sympt. No. 208). A girl, 20 had scarcely been free from toothache for 2 years. Her teeth were blackened, and decayed rapidly; they were sensitive to touch, and painful; they also felt elongated. Staph. 3 every 2 hours gave immediate relief to the pain, and, continued for several weeks, actually arrested the decay! The toothache never returned. Her dentist remarked upon the much greater hardness and healthier condition of her teeth than before taking the staphisagria.

A PLANTAGO CASE

Case 11.—My factory practice well illustrates the differential selection and prompt action of plantago major.

Alice P., clerk, aged 21, dark-haired, pallid, slightly anemic, came to me crying, from intense toothache on Jan. 20. The pain was in the left upper molars, one of which had a carious spot, not visible without a mirror; they were white and sound externally. The pains were of a dragging, pulling character; going off after breakfast, they returned after dinner, being worst from about 2.30 onward till tea-time; worse by holding hot water in the mouth, and by going into a warm room, from the open air. She had endured this pain for 3 weeks, but, as it kept her awake all the night of Jan. 19, and the left cheek was now swelled, she sought my aid. Guided by the conditions of aggravation, I gave her plantago, 2-drop doses every two hours. Next day she returned quite cheerful, stating that the third dose had stopped the pain: continue, half the dose, *ter die*. On the 25th she was still free from pain, and on the 31st, eleven days from the first dose, she was dismissed cured.

A RHODODENDRON CASE

Case 12.—Is from the practice of Dr. Hirschel of Prague, reported in the *British Journal of Homœopathy*, vol. xxvii, p. 149. The patient, Baron H., had for a long time suffered from violent faceache, the pain spreading over to the right side of the face, from the teeth and gums. The pains were drawing, tearing, or jerking, equally intense by day as by night; aggravated by wind and changes of weather, relieved by warmth, and disappearing while eating, and for some time afterwards. He suffered most in spring and autumn, which are the most changeable seasons for weather of all the year. All his decayed teeth had been extracted in Vienna, *without any relief*. Dr. H. chose rhod. ix from the symptom, (168 in Allen,) "violent drawing pain disappearing by eating." After the first dose of two drops the patient was so much better that he had a tranquil night—the first for several weeks, and by the third day all pain had gone.

Case 13.—Is also a good instance of the leading characteristic of rhod. viz. "change of weather or storm aggravation."

Dr. Budd, of Los Angeles, California, had a patient, Mrs.—aged 44, a spare, anemic lady of highly nervous temperament, who had suffered for three years from faceache, when she wrote to him for medicine, May 11, 1896, from her home in Kansas City. The pain is greatest in the right lower jaw, and is sometimes made easier by eating or chewing gum. Usually an attack is brought on by high winds, damp weather, or an approaching storm. This lady is particularly afraid of thunder. The pain is increased by movement, and by hot applications. Rhod. 15x was sent. Ten days afterwards Mrs.— wrote saying that each of the first four doses so aggravated the pain that she stopped the medicine, but the next morning the pain had gone. Some days later she wrote that "she was so free from pain that she had forgotten that she had ever suffered." A slight twinge on June 7, was quickly stopped by rhod. 1000, and it never returned.

VI.—THROAT SYMPTOMS

These are only 9 in number, and not distinctive. Scraping sensation in the fauces, etc., the sub-maxillary glands are painful, as if swollen and bruised. The only starred symptom is 268,—*“Throat rough, as if painfully sore, when talking and swallowing.”

Dr. J. H. Clarke, arranging for clinical purposes a synthesis of the ear and throat symptoms, derives a key-note for staphisagria (H. W. Jan. 1890), which he gives thus: “when the patient, in a case of enlarged tonsils, complains of stitches flying into the ear, especially the left ear, on swallowing (symptoms 165,166) the remedy is staph.”

Case 14.—Frank S. aged 23, on March 23rd, 1889, came to the hospital with the following symptoms, which he had had for a month, after a cold: Pain in throat and chest, worse in the morning; gets up thick stringy phlegm; tonsils rather large, the left sore to the touch; *slight stitch flies to the left ear on swallowing*. He was cured by staphis. 30.

Dr. Clifton has seen benefit from staph. 3, and upwards, given to young persons of either sex for chronically enlarged tonsils, when there also exists an unhealthy condition of mouth and gums, and a general herpetic dyscrasia.

VII.—STOMACH, APPETITE, DIGESTION, ETC.

Ravenous hunger, even after a hearty meal, thirstlessness, scraping heartburn, frequent hiccough, qualmishness (thrice repeated); water collects in the mouth, with short isolated eructations, as from an emetic which would not act; nausea, even to vomiting every morning.

Dr. Teste adds a symptom which I do not find in Allen: “long lasting vertigo, accompanied by continual nausea, as in sea-sickness.” He says, in a foot-note: “From this symptom, which I experienced several times on myself, I inferred that staphisagria might be a good remedy for sea-sickness.” Teste tried to interest 100 of his patients in this remedy. He supplied each traveller with one dose of staph. 6, instructed them to take it at the first sensation of discomfort, viz., vertigo and nausea, before actual vomiting began.

Out of 20 who gave him any report at all, seven, who were bad sailors, and who had on previous trips taken cocculus and arsenicum unsuccessfully, were prevented from being sick; eight were strikingly relieved; and five were unaffected. He notes also that staph. always helped nervous persons, not over fat, and disposed to sadness, Surely we may add this to our remedies for sea-sickness the chief of which is the good old nux vomica. One of the symptoms above quoted indicates staph. as appropriate. Teste asserts it to be of all drugs the best remedy for this reflex disorder, and C. D. F. Phillips corroborates the recommendation from clinical experience.

Teste, an original and observant clinician, had a strong belief in staph. as an antidote to the effects of excessive use of tobacco. Other physicians have not endorsed this; but the sufferings of

Captain C. who had for years recurrent, very severe, attacks of gastritis—due, it was afterwards found, to excessive smoking, was quickly cured by staph. 12. Before he came to try homœopathy his case had been diagnosed by three eminent medical men of France as cancer of the pylorus or duodenum. When, at length, he dropped smoking, he had no recurrence of these attacks. But it is clear that mere abstinence from tobacco would not have reinstated him in perfect health.

In his *Materia Medica*. pub. 1853, Teste states that staph. will cure "old gastralgias caused either by coffee, or by the oriental custom of swallowing the tobacco smoke." My own experience satisfies me that *nux vom.* is the antidote to nicotinism; and next *ars.*, *ign.*, *puls.*, in this order.

VIII.—ABDOMEN, RECTUM, ANUS, ETC.

The leading symptoms include colic, borborygmi, bruised pain in the abdominal walls, incarcerated flatus, which, when passed is hot, or offensive; constipation for several days, followed by thin, slimy diarrhea; a smarting sore pain in the rectum for a long time after stool; itching in the anus while sitting; long delay of stool on account of lack of peristaltic action of the large intestine.

Dr. Oehme, in the *American Homœopath* of 1882, reports his experience that many cases of chronic constipation can be cured by 2-drop doses of staph. tinct., taken twice daily.

J. B. Bell, in his classic work on Diarrhea, after giving a good summary of this section of provings, remarks: "Staph. is too often neglected. It is a valuable remedy for chronic diarrhea, or even dysentery of weak, sickly children, resembling cham. and merc. in many symptoms, but also showing marked and distinctive differences. A humid fetid eruption is almost always present, and furnishes a strong additional indication."

Case 15.—Dr. Preston reported a case thus in *Hoyne's Clin. Therapeutics*, vol. 1 p. 512; "A case of hemorrhoids, with intense pain in the back, and through the whole pelvis, and enlargement of the prostate gland, was cured by staph. 200, the pain ceasing after the first dose."

Personally I can testify that staph. 3x cures itching of the anus, due to hemorrhoids.

IX.—GENITO-URINARY ORGANS

KIDNEYS AND BLADDER.—Pressure upon the bladder on awaking from sleep; a burning in the whole of the urethra with every micturition; frequent urging to urinate, with much discharge; urging to urinate; scarcely a spoonful was passed, mostly of a dark yellow-red color, in a thin stream; at times dribbling of urine, always followed by a sensation as if the bladder were not yet empty, for some dribbling continued; on coughing the urine involuntarily spurted from her (*compare sausticum*) more frequent micturition of very scanty, dark colored urine for 3 days.

Here we have a plain picture of a drug-eneuresis. Accord-

ingly, Dr. Clifton used staph. for years in the enuresis of both sexes with success.

Case 16.—Dr. G. W. Homsher reports this case: Mrs. F. aged 23, has enuresis for 6 months after her first confinement, in which instruments were used. The urine had become so acrid as to excoriate all the adjacent parts, and to cause severe burning pain, aggravated by movement. A stool only every 2 or 3 days was passed, with straining and pressure on the bladder. Staph. 1 and 30 produced no improvement, but staph. 3 cured her completely in 9 weeks.

Under the Surgical I shall notice E. T. Blake's treatment of this distressing complaint in females.

FEMALE GENITALS.—Painful sensitiveness of the pudenda; on sitting down it hurts; itching, biting, or spasmodic pain in the vagina; the menses, which had ceased for a year, reappeared, with cutting colic, violent rumbling, &c. Dr. G. W. Homsher (*Med. Gleaner*, Dec. 1877), gives as special indications for staph. in female bladder complaints, "disturbances in nerve-centres, neuralgic pains in the pelvic organs, restlessness at night, hysterical excitement, and when the patient is subject to dysmenorrhœa."

MALE GENITALS.—The primary action of staph. causes great sexual desire; in the secondary effect, or reaction of the organism (after 5 or 6 days), there follows indifference and total lack of sexual desire, both in the sexual organs and in the emotions. This is Hahnemann's lucid summing-up.

We may also notice the frequency of the seminal emissions, with or without dreams, on three, and on five nights in succession. Also this starred symptom, 402: *"Pressive pain in left testis while walking, as also after rubbing; still more violent when touched."

I believe that the value of staphis. in treating the form of spermatorrhea described by Lallemand, as pointed out by Hughes in his "Pharmacodynamics," is now generally recognized by homœopaths. In this disease the chronic inflammatory irritation of the prostatic portion of the urethra extends into the ejaculatory canals, and the seminal ducts.

Dr. Bonjean writes in Hoyne that staph. is the most efficacious remedy for masturbation, particularly in cases of long standing, where there is hypochondria, with great taciturnity; constant uneasiness as to health; queer notions that expose the patient to the suspicion of being thought crazy; where there is hypochondria with great deficiency of animal heat; the eyes are deep sunken and lustreless; gnawing toothache with caries of the teeth, indigestion, constipation, continual loss of the prostatic fluid, etc.

I have done much good by staph. in cases not so advanced as Bonjean's foregoing type; that is, I have reduced the number of emissions to the normal, which I assume to be one in 3 weeks; but never have I cured the vile habit which causes them, nor the erotic dreams which excite them. Phosphoric acid and eryngium have given me better results than staph. in such extreme and sad weakly cases.

Dr. Clifton strongly recommends staph. in chronic inflammation

and enlargement of the prostate gland in old men, and in that distressing perineal pain which is excited by riding or driving in a carriage. "In one case, associated with piles and constipation, where nux, sulphur, aesculus, and others had failed to relieve, staph. 3 was given with curative effect."

In its influence on the male genital organs, staph. resembles clematis erecta, also a member of the ranunculaceæ.

X.—THE RESPIRATORY ORGANS

The 12 cough symptoms which sum up the experiences of four provers: Hahnemann, Franz, Gross, and Kummer.—are undoubtedly pharyngeal. A case of toothache, accompanied by cough described as sharp, or violent, or tickling, with usually tenacious, scanty, or difficult expectoration, would lead us to prescribe staph. in the full hope that it would clear away all these symptoms. The chest symptoms abound in the expressions "stitches" "sticking," "sharp stitches," etc., all in the muscular walls of the chest, where-by one is reminded of the relationship with the ranunculi of staphis. If anyone compares symptoms, 436-453 of staph. with symptoms, 175, 188, 192, 204, to 206 of ranunculus bulbosus, he will perceive a close resemblance. It seems to me that in this section we have a practical keynote in symptom 449. "violent stitch in the right side of the chest while sitting, on bending the upper part of the body obliquely forward, and to the right side." I shall try staph. in my next case of pleurodynia on the right side.

XI.—THE HEART SYMPTOMS

Are not distinctive.—Palpitation after the afternoon nap, on slight motion, while walking, and when listening to music, were all that were elicited. Compare acon., cactus, and iberis amara.

XII.—NECK, BACK, AND EXTREMITIES

These may be taken together in one section. For staph. produces pains of rheumatic, or gouty, or neuralgic character in all these regions of the body. We lack here, in these old-fashioned provings, the analysis and estimation by weight of the solids of the urine, as in some modern provings. Therefore we prescribe staph. on a symptomatic, not a pathological basis, as exemplified in the next four cases I quote.

Dr. Edward Blake tells us that his father, Mr. J. D. Blake of Taunton, first in Britain used staph. (successfully) in the sciatica of old men, whether gouty or rheumatic-gouty in its nature.

Case 17.—Dr. Clifton records a good cure of sciatica of the right leg, in a lady who had previously suffered from intercostal neuralgia, followed by herpes zoster. The pain was worse early in the morning, on rising, or on sitting down, and was better by standing and by warmth. After failure of other remedies staph. cured, and a slight relapse 3 months later, was quickly removed by the same medicine.

Case 18.—Dr. E. Blake's case of myalgia of the left deltoid muscle, narrated in his paper on staphisagria, of May 7, 1891,

vol. 35, M. H. R., p. 370, is a good one. After 6 months of suffering staph. 12 and 1 absolutely removed the pain in 7 days.

Dr. Bayes has cured neuralgia of the shoulder-joint and arms by staph. 6 and 12.

Case 19.—Dr. Hesse (*Allgem. Hom. Zeit*, No. 128) describes an interesting cure of writer's cramp, in a lady of 30, with staph. 6. Having treated her for 18 months with very little success, one day he was told that she had suffered from scorbutus shortly before her cramps began, and that since then she had frequently had bleeding and ulceration of the gums. Thereupon he ordered staph. 6, in frequent doses with permanent good results to both gums and hands. She has now (1894) been a year without any need to take more medicine.

Those of my colleagues who know how wearisome real writer's cramp is to cure by medicines alone will appreciate this excellent result.

Case 20.—Dr. M. Preston's case of cure of chronic neuralgia of 6 years duration, affecting the right anterior crural nerve is worth mentioning, although its pathology is not very clear. Mrs. A. aged 30, never pregnant, had always suffered from irregular, late, and painful menstruation. Ten days previously to the due period sharp pains, worse on motion, extending down the whole length of the crural nerve, used to torment her. This pain passed into a partial paralysis of the right leg until the catamenia fully appeared, when all these sensations passed off. There were night-sweats, general prostration, and amelioration of all the pains during rest at night. Staphisagria cured in three months;—dilutions not given.

XIII.—THE SKIN

The action of this drug on the cutaneous system is unmistakable, and decided, but there is but one symptom (No. 646) which might be considered unique, and therefore a key-note. "Itching over the head and whole body, especially in the morning; a creeping, itching and crawling, as from the creeping of an insect which goes from place to place" (Hahnemann). Let us prove the value of this, where the case corresponds.

Itching, papular eruptions on face, behind the ears, on the neck, hands, abdomen, thighs, around the joints—all characterised by burning after scratching. Existing ulcers on the leg became worse, and painful, with biting and burning. I cannot find any moist eruption produced purely and primarily by this drug, unless, indeed "tetter" means a vesicular eruption.

Case 21.—Dr. F. Preston reports the cure of dry tinea capitis in a child of 10, which had lasted *eight years*, by staph. 30, effected in the short time of two months. The choice of the remedy was determined by blepharitis which the child also had (*Hahn. Monthly*, February, 1880).

Case 22.—Dr. M. Macfarlan, of the U. S., cured a papular itching eruption on the face and behind the ears, the skin of which was rough and dry, in a three-months-old infant, with staph. 200, in thirty days.

XIV.—GENERALITIES, FEVER, SLEEP. ETC.

The most notable symptoms are these: *Weariness and weakness of the body in the morning. *In the morning in bed she is very weary without sleepiness. *All the limbs are sore, as if bruised, and as if there were no strength in them, for an hour* (full faced type). *Great weariness and sleepiness after eating; feels the need of lying down, &c. Sleep disturbed with vivid disagreeable dreams. Amorous dreams with emissions. Spasmodic jerking, though painless, of arms and legs frequently in the night for several nights. Violent yawning fits. Rigors without subsequent heats and without thirst. Rigor about 3 p. m., several days. Profuse night sweat. Sweat of the odor of bad eggs towards midnight.

Trinks quotes Hartmann (one of the provers) as recommending staph. in the first stage of typhus fever, when there is blackening and rapid destruction of the teeth.

The *Journal of Practical Medicine* (No. IX, 1897) of the old school, states that staph. has been used most successfully in night sweats, in doses of two or three drops of the tincture in 2 oz., of water, a teaspoonful every two hours, surely a very minute dose for an allopathic practitioner!

XV.—LOCAL AND SURGICAL USES OF STAPHISAGRIA

It is not very well known to the homœopathic body that staph. ranks with calendula and hydrastis in the healing of wounds.

Case 23.—Dr. E. C. Franklin, a first-class surgeon among our American colleagues, applied staph. lotion to the wound after an operation for hypertrophy of the metatarso-phalangeal portion of the foot, and it healed by first intention.

Case 24.—Dr. M. Macfarlan reports a case of gunshot wound of the chest of a serious nature; the ball, entering between the fifth and sixth ribs, passed out between the eighth and ninth, detaching a spicula of bone as it passed along the ribs. Per-sulphate of iron arrested the hemorrhage, and staph. was given internally. He was able to attend to his business in fourteen days.

Dr. Clifton used it as a lotion for strumous ulcers, and the ulcers of bone disease. in the strength of ʒj of the tincture to 10 oz. of water, with success. He gave staph. 1 to 12 internally, to these cases.

Case 25.—Dr. J. G. Gilchrist, U. S., records a case of rapid healing of a wound in the cornea from a chip of wood, involving prolapse of the iris. The eyelids were closed by plaister; acon. 30 was given every two hours for two days, followed by staph. 200, four doses per day. In ten days the eye was well, the iris replaced, and not the slightest cut noticeable.

Dr. Douglas Mitchell writes in the *Southern Journal of Homœopathy*, September, 1895: "This medicine, from 2x to C. M., will alleviate incised wounds in almost every case, whether from accident or operation. It is especially indicated after abdominal incisions where the patients complain of sharp, biting pains.

Dr. Constantine Hering relieved promptly with staph. the

colic of a patient who had just been operated on for lithotomy, and thereby probably saved a life, for this symptom after lithotomy is of very grave import. Probably staph. would be excellent if given after the operation for appendicitis.

The local tampon of animal wool soaked in glycerole of staph. tinct. by Dr. E. T. Blake merits mention here. In cases of pouched or prolapsed bladder, consequent upon rupture of the perineum, Dr. Blake introduces about six of these tampons, strung upon string like a kite-tail, and packs them round the cervix uteri during forced expiration; then fills the whole vagina with wool, and applies a T bandage. The tampons are to be worn all day, and taken out at night. This method has often so improved the patient's comfort as to do away with the necessity for perineorrhaphy.

I have no space left to discuss delphinin, the therapeutic qualities of which have yet to be tested. Probably it will act in neuralgia just as aconitine does, but it will be found a milder remedy.

GENERAL SUMMARY

Staphisagria is not a polychrest, but comes near to being one, if we can trust the genuineness of all the provings. It affects the skin with papular itching eruptions, and with subjective nerve-sensations. It produces amblyopia and inflammation of the eyelids; weariness and stiffness of all the limbs and joints, with pain, as if bruised, of the muscles; colic, nausea, vomiting, and an imitation of sea-sickness; inflammation of the bladder and irritation of the sexual organs in both sexes, but especially the male sex; sprained pain of the back; night-sweats, sometimes fetid; an afternoon fever; toothache, faceache, and other neuralgias; mental languor, depression, and temporary loss of memory.

It is best suited to very sensitive and impressionable persons, and is more successful in chronic than in acute diseases, except prosopalgia and odontalgia.

I hope that, from the twenty-two clinical cases cured by staph. here collected, and the many therapeutic suggestions offered, some small addition may have been made to our knowledge of and interest in delphinium staphisagria, which will bear fruit in practice, in further extending relief to suffering humanity.

Aortic Atheroma: Tabacum. In the *Clinica Medica Italiana*, Dr. Boveri publishes the results of his experiments with tobacco made upon rabbits to which he administered a 10 per cent infusion (10—40 cc. daily) which on the fourteenth day (autopsy) showed distinct atheromatous lesions; dilation of the aorta, thickening of its walls and the characteristic plaques of atheroma. The experiments, revealing as they do, the action of tabacum upon the vascular system will serve the homœopath well according to the law of similars. *Annale de Med Homœopathica*, (Brazil.)

Medical and Surgical Review

Conducted by - - - WALTER SANDS MILLS, A.B., M.D.

Etherization.—A ready method of dropping ether from the original can is described by Dr. Joseph E. Lumbard, anesthesiologist to the Harlem Hospital, in the *Medical Record* of October 24, 1908, as follows:

1. A circular incision is made through the soft part of the metal cap four-fifths of the way around, so as to leave the central or flap portion attached to the can for the remaining one-fifth of the circumference.

2. The flap is turned back carefully so as not to crack its connection with the can. The flap may possibly be used for a second anesthesia, therefore all unnecessary to and fro motion of it should be avoided.

3. A small pledget of cotton which has been previously twisted into a sort of wick is inserted into the neck of the can and as far up into one angle of the incision as possible; then the flap is turned down to its original position, thus holding the wick tightly in place.

4. The can is now ready for use and should be so held that the detached side of the flap is uppermost. Then drops of ether will fall from the end of the wick, rapidly or slowly, as the can is tilted. The size of the drop can also be regulated by manipulation of the wick. If the cotton is twisted to a fine point the drops will be small. If the end of the wick be made blunt the drops will be large. If it is desirable to pour ether from the can, the top need not be disturbed, but the can simply rotated so as to bring the middle part of the incision downward, that is, the part not plugged by the wick.

5. To preserve any ether that may be remaining in the can, the flap can be folded back and a cork put into the neck. The advantages of the method are availability, simplicity, cleanliness. It costs nothing, leaves the purity and strength of the ether undisturbed and if it is properly managed it will not be possible to deluge the mask or the patient's face.

Another method commends itself for simplicity and availability: Puncture the soft cap with a fine needle or pin and upon tilting the can the ether will appear in drops or a fine stream, according to the size of the puncture. A small piece of adhesive plaster applied over the puncture will preserve the remaining contents for future use. It is worth trying.

A Syllabus for the School Nurse.—The *British Journal of Nursing* gives a syllabus of the subjects covered by the examination conducted under the authority of the Royal Sanitary Institute for Women Health Visitors and School Nurses. It looks as if the examinees were expected to know enough and not too much; at least, as far as the syllabus indicates, there is no encouragement to encroach far on the medical curriculum. The syllabus is as follows:

GENERAL STRUCTURE OF THE BODY.—Locomotion, Nutrition, Secretion, and Excretion—Waste and repair—The systems and organs: Circulatory, Respiratory, Digestive, Lymphatic, Urinary, Nervous, and Cutaneous—The general structure and arrangement of the eye and ear.

PERSONAL HYGIENE.—Importance of Cleanliness—Dangers of dirt—Importance of attention to the action of bowels and skin—Objects and use of soap—Washing and bathing—Cold baths—Sea bathing—Habits—Exercise—Rest and sleep.

AIR.—Natural and artificial ventilation—Principles and methods—Examination of sufficiency of ventilation—Overcrowding on space and in buildings and its effects—Cubic space and superficial area—Warming—Open fires—Closed stoves and gas fires—Effect of respiration and combustion upon composition of air—Lighting—Windows—Gas—Electric light.

WATER.—Its composition and uses—Sources of water—Sources of contamination and protective precautions—Collection and storage of domestic supplies—Methods of filtration and purification—Effects of impure and insufficient water supplies—Special arrangements as regards children in schools.

FOOD.—Classification of food substances—General principles of diet—Quantity of each class required—Relative value of food substances—Their digestibility—Method of storage—Preparing and cooking food—Cooking apparatus, etc.—Diseases due to improper foods—Infants' food—Alcohol, its use and abuse.

CLOTHING.—Materials of clothing—Body clothing—Head gear—Foot covering—Bed clothing.

THE DWELLING.—Conditions of soil affecting health—Aspect and elevation—General sanitary construction of houses—Causes and prevention of damp—Removal of waste and impurities—Soil pipes—Water and earth closets, privies and latrines—Ash-pits—Drains and traps.

The supervision of domestic arrangements—Cleansing, sweeping and dusting.

General arrangement and construction of school buildings.

ELEMENTS OF HOME NURSING.

CARE OF INFANTS AND YOUNG CHILDREN.

PREVENTION OF COMMUNICABLE DISEASE.—Micro-organisms in relation to disease—Their modes of attack—Resistance of the body—Notifiable infectious diseases—Small-pox—Scarlet fever—Diphtheria—Enteric fever—Puerperal fever—Other infectious diseases—Tuberculosis—Mumps—Whooping cough—Measles—Chicken-pox—Ophthalmia—Incubation periods of the infectious diseases—Isolation of infectious persons—Disinfection—Disinfectants.

Parasitic disease—Ringworm—Favus—Lice—Pediculosis—Itch—Impetigo—Intestinal worms.

FIRST AID, TREATMENT OF INJURIES, AILMENTS, AND ACCIDENTS.—Cuts, burns, scalds, bleeding, fits, drowning, suffocation, poisoning, bites, and stings.

STATISTICS.—An elementary knowledge of the meaning of the terms: Birth-rate—Death-rate—Zymotic Death-rate—Rate of infant mortality.

A few Remarks on Cancer.—As far "as the memory of man goeth back" it has been the opinion of many of the profession that cancer was a local disease. Acting upon that theory it has been the common practice to cut out everything that looked like a cancer, but statistics will abundantly prove that a surgical operation not only does not cure cancer but actually hastens the death of the victim. Personally, I have seen cases of cancer of the breast where the cancer had been operated on from two to eight times and the cancer kept on doing business at the old stand. In one case the cancer had been operated on three times; the third time a microscope was used to make sure that all of the cancer was removed, and the surgeon said he would guarantee that the cancer would never return. Six months after the cancer was still there in the breast. I have seen a large number of cases of cancer of the uterus where the

patient had been operated on from one to three times, but the cancer was still there and very much alive. About 90 per cent. of the cases of cancer I have seen for the past forty years have been cut and the cancer returned.

Following out the idea that cancer was a local disease electricity in various forms has been used, but has proved a failure as a permanent cure for cancer. The X-ray has been lauded as a cure, but within the past four years I have seen 200 cases of cancer where the X-ray has been tried and left the patient worse than before. failed just as any form of purely local treatment of this disease will fail.

In 1869 I treated my first case of cancer and I treated it as a blood or constitutional disease. Since then I have treated a great many cases of all forms, probably more than any other physician in this country, and my experience with the disease has only confirmed my belief that it is a blood disease. As a result of my method of treatment I have cured 80 per cent. of my cases for the past twenty years; this includes both external and internal cancer and cases that have tried X-ray, been cut out or burned out with caustic. It has been said that a cancer may be cured but it will return. Allow me to say, that I have cases of genuine cancer. I cured sixteen twenty-four years ago and the cancer has never returned; therefore, we may consider it cured. Some would-be critics have said that I "have been deceived; that all these cases I cured were not cancer at all." In reply to this my books show that 75 per cent. of the cases of cancer are sent to me by physicians, diagnosed as cancer before I ever saw them. I have cases of cancer brought by physicians from as far North as Maine and as far West as Colorado, because they had confidence in my judgment. Some of my cases of cancer were examined under X-ray and they had the opinion of professors in medical colleges of Baltimore, Philadelphia and New York; these men had diagnosed the cases cancer before I saw them. I have at different times reported cases of cancer cured to the medical journals; I have lectured on treatment of cancer before the Medical Society to get physicians interested in the medical treatment of cancer.

The caustic application for the local treatment of cancer was first used by Dr. Fell, of Landon; he used chloride of zinc and blood root; this is the basis of most of the cancer plasters. Later on Dr. Marsden, of London, used a paste of arsenic and mucilage acacia.

The caustic treatment of cancer is a relic of past ages; it is a crude method—some improvement on the knife, but in ten years from now the doctor who claims to treat cancer by such means will be a "back number," the keynote of the future is internal remedies of the different caustics that have been used. Chloride of chromium is the least painful, but it does not go deep enough. Arsenic is too painful, so is caustic potash. Carbolic acid, 25 per cent. solution forms the basis of some cancer pastes, but it is too painful and it leaves a scar, which makes it objectionable. Chloride of zinc goes deeper into the diseased masses than any form of caustic.

Of the internal remedies that do have a curative effect upon

cancer in some of its forms I would place lime first on the list, either the carbonate or the fluoride, second on the list comes phytolacca decandra (poke root) fluid extract or tincture green root, the dry root worthless. Hydrastis comes third in the painful tumors of the breast. Chloride potassium in the soft tumors. Thuja is the remedy we think of in cancer following vaccination. Baptisia in the last stages of cancer when the blood is saturated with cancer germs. Corydallis (turkey corn) is the remedy in cases complicated by syphilis.

95 per cent. of cases of cancer in this country can be cured if treated before an operation or the use of the X-ray. It is useless to try to cure a case of cancer if the patient is an opium or morphine fiend, or uses alcoholic liquors. Alcohol in any form only adds fuel to the flame of cancer. About fifteen cases out of 100 are hereditary. Cancer is not contagious and it is foolish for any physician to make any such claim. Cancer is on the increase in every civilized country and it behooves us to be up and doing to try and stem the tide. Over 50,000 die of cancer in America. Over the tombstone of many of them it might be engraved "Butchered in the name of science."

I am thankful that I have been the means of helping many physicians during the past fourteen years to find out a better way of treating cancer than cutting it out. Let me close this article with the words of Dr. James Wood before the Royal College, London, England: "Gentlemen, I have operated on some thousand cases of cancer and they all returned but six—and they were not cancer." Dr. E. G. Jones. *Therapeutic Record*.

Public Health and Conservation.—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 contain not only these figures but similar data on the economic loss to the country from all other preventable diseases.

Prof. 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 Prof. 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 Yale 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 Mr. Fisher, so that his report ought to be the most thorough-going and complete summary of the situation ever made.

At the Tuberculosis Congress, Prof. 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 Governors' Conference 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.

Practical Hints.—The indication for the local ophthalmic use of silver nitrate is the discharge, more or less profuse, of a mucous or muco-purulent character, the mucous membrane having a soft, soggy appearance. The necessity may be emphasized of not relying in purulent inflammation upon such remedies as argyrol and protargol. No matter in what solution used, they do not take the place of the old reliable nitrate. They have, however, a useful place, especially argyrol in catarrhal inflammation, and in purulent inflammation for frequent home use between the treatments given by the oculist.

Persistent odors in bottles, such as iodoform, asafetida, ichthyol, valerian, should be treated by pouring fresh powdered mustard into the bottle, then cold water, shake, stand awhile and rinse with cold water.

The inhaled fumes of nitric acid may be fatal at the end of 24 hours, although no ill effects appear during the first three hours. The convulsions are reflex from irritation by the nitrous vapor of the motor nerve endings in the respiratory organs; the heart, lungs and diaphragm are convulsed. Chloroform prevents or diminishes this, and in such cases 3 to 5 drops of chloroform in a glass of water should be given every ten minutes.

Nasal injections of paraffin are dangerous. Pulmonary embolism, sudden monocular blindness, even death by cerebral infarct have followed.

The thyroid body is a powerful governing factor in sleep, its degeneration produces sleepiness, its hyperactivity sleeplessness. Sleepiness can be produced with the serum of a thyroidectomized animal, and sleeplessness with the thyroid extract.—*Eye, Ear and Throat Journal*.

Treatment in Acute Psychoses.—When the treatment of such a case is undertaken, the condition of the mouth and alimentary canal is almost uniformly found bad. Elimination of waste products has generally been entirely neglected, and a literal cleaning of the Augean stables is necessary. Two or three grains of calomel will best begin this beneficent work, followed by saline. Then should follow, as long as the patient is under active medical treatment, and especially as long as the feeding is being pushed, regular daily doses of cascara sagrada, sufficient to cause two loose movements of the bowels daily. While the patient is in a critical condition, and until the mouth is clean and elimination well established, the patient should receive a draught of water every hour. All this may seem trite, and perhaps some of it unimportant; but, it is of the highest importance, and unless it is attended to carefully, many perfectly recoverable cases will die. In the infection psychosis where the whole organism is clogged with effete matter, in exhaustion cases, where the heart action has become weak, and in cases of senile dementia, where the mechanism for elimination has become permanently crippled, further measures must be taken. The simplest and most effective method of stimulating the kidneys to relieve the system of the toxic agents that are threatening its existence, is a high injection of the hot normal saline solution. Either by means of the rectal tube or with an ordinary Davidson or fountain syringe, introduce as much of the normal saline solution at a temperature of about 105 degrees F. as can be retained. It is desirable that as much as possible be absorbed, and the remainder will wash out the bowel. It may be necessary to do this once or twice a day. In many cases, however, good effects from the normal saline solution may be obtained, giving it hot by the mouth, on an empty stomach, several glasses a day. In some of the most desperate of the infection and exhaustion psychoses, the normal saline solution should be used by hypodermoclysis, and from half a pint to a pint can slowly be introduced into the areolar tissue by means of an aspiration needle, rubber tubing and a syringe, but it is better to employ an apparatus made for the purpose, by the instrument makers.—Dr. O. M. Dewing, *Brooklyn Medical Journal*.

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Contributed Articles

THE CONTROL OF OPHTHALMIA NEONATORUM*

By the Late JOHN T. WHEELER, M. D.

Director of the Division of Communicable Diseases, N. Y. State Dep't of Health.

WITHIN the period of thirty years which has elapsed since Neisser put the pathology of gonorrhœa on a sound pathological basis by the discovery of the specific gonococcus, contributions to the exact knowledge of that disease of the very highest importance have been made from the fields of gynecology, bacteriology, and sanitary science.

From being commonly regarded as a relatively unimportant disorder, from which the majority of the profession was free to turn away with indifference and disgust, it has come to take rank among the most important of human infirmities, the wide range of whose power for harm is a matter for concern to every intelligent physician.

The bacteriologist has traced gonorrhœa to every portion of the genito-urinary tract of both sexes; and on occasion to the blood, the vascular system, the lymphatics, the joints, the endocardium, the meninges, and the eye.

He has given it a longevity of years, lying latent, without gross symptoms, in the seminal vesicles of the male, only to waken into renewed activity upon some unusual provocation, most commonly following marriage, and lurking similarly in the genital tract of an innocent and unsuspecting mother, to make in turn a victim of her innocent new-born babe.

But it is the gynecologist who makes the most astounding

* Read before the Homœo. Med. Soc. of the State of New York.

revelations of the extent of the devastating power of gonorrhoea upon the pelvic and abdominal organs of women, and particularly of the results of the introduction of the disease into marriage. With perfect unanimity they testify to its spoiliative and incurable character, only to be met by mutilating and unsexing, if life saving surgery. Joseph Tabor Johnson, in discussing gonorrhoea as the most potent of all factors in the depopulation of the human race, says: "while the oft-repeated statement that at least one half of the abdominal operations of the world are necessitated on account of gonorrhoeal infection is startlingly true, the sad part of it is that it falls far short of the actual facts." Pozzi and Frederick state that their experience put the proportion at 75 per cent. Hummeston states that 90 per cent of his operations are attributable to this cause. Price declares that "in 1000 abdominal sections for pelvic inflammation 95 per cent were attributable to gonorrhoea."

Having taken so much of your time, to invest my subject with the dignity to which it is entitled, I shall ask you to consider with me to-day a single one of the calamitous results of gonorrhoeal infection, namely, the ophthalmia of the new-born and also its possible control, and in doing so I shall ask you to regard the problem, for it is a problem, though I am optimistic enough to believe, one of possible solution, from the point of view of both the physician and the sanitarian.

The doctor is a man who naturally thinks of men as individuals; he is not accustomed to think of men in masses, and he readily falls into errors of observation and clings to them tenaciously from the unavoidable limitation of his range of view. The student of sanitary science with his genius for mathematics and statistics, studies communities at large, and while he lacks the knowledge gained from intimate contact with cases, sees broadly things beyond the individual doctor's perspective. The two professions admirably supplement one another.

Now in regard to ophthalmia neonatorum, the sanitarian who has never seen a case, nor attended a confinement, has nevertheless collected and compiled the statistics of blindness as they are offered by the various asylums and institutions for the blind, and he presents the startling fact that nearly thirty per cent of all the blindness of children in the world is due to gonorrhoeal infection of the child's eyes by its own mother in the act of confinement. Furthermore he presents the fact and supports it by evidence not to be disputed, that the blindness of ophthalmia neonatorum is a preventable blindness and that

by the employment of a very simple procedure it may be wholly prevented: that Crede's method of prevention has been known to the profession for many years, and that its efficiency is established beyond dispute.

From these two facts he deduces a corollary the logic of which it seems hard to escape, namely, that the practice of midwifery is responsible for one-third of all the blindness of children and one-eighth of all the blindness from all causes in the world. It is this proposition which I want to bring home to your minds and consciences to-day, and I take the liberty of speaking plainly, because my criticisms have the merit of being constructive and remedial.

Now nothing is ever gained for an argument by an overstatement and so let us on the start examine the statement carefully and decide as accurately and as fairly as possible what share of the responsibility for the blindness due to ophthalmia neonatorum can be fastened on the medical profession, and not only when we consider the profession as a whole, but also how far the responsibility extends to each individual member, to each one of us here present; let us say, to you and to me.

I fancy that there are a good many physicians, perhaps some here present, who have gone all their lives without ever having used Crede's method, or even having encountered a serious case of ophthalmia neonatorum, who after a careful self-examination will resent this imputation and will stoutly disclaim any individual responsibility for a result to which their experience convinces them they have made no contribution whatsoever. To them I appeal to regard the problem for a moment, not from the narrow view of the individual doctor, but from the broader view of the sanitarian.

How frequently does ophthalmia neonatorum occur? The individual doctor cannot tell. But the statistician can and does. Comparing the total number of births for a given period in any community of considerable size with the total number of cases of ophthalmia neonatorum for that period we get a ratio of one to the other. In the city of Buffalo, several years ago, the births were 8,500 and the cases of ophthalmia neonatorum were 102 making a ratio of rather more than one case of the disease to every hundred births. Following these 102 cases of ophthalmia neonatorum out, it appeared that about one in twenty resulted in blindness, in other words, the ratio of blindness from ophthalmia neonatorum to births is as 1 to 2,000. London statistics on a large scale are to this effect.

Now there are very few doctors who have 2,000 cases of confinement during their professional career, and consequently very few who with average experience have had a case of blindness chargeable to neglect. Let us say that the average doctor has 500 confinements during his life. That would mean that of every four such doctors, three would escape the gravamen of the charge, and the other one would have to confess judgment. But what is the gravamen of the charge. Nobody pretends that this one doctor has stuck his finger into the eye of that one babe and blinded it for life. All that he has done is to fail to make use of the preventive for ophthalmia neonatorum precisely as the other three have. He and the others have been guilty of the same sin of omission, he alone has demonstrated the frightful result. The difference between him and his fellows is not a difference in criminal responsibility, it is purely a matter of luck; all four are equally guilty. So we may establish our first proposition; that the risk of blindness from ophthalmia neonatorum is so remote that it is not deducible from individual experience. Every doctor who neglects to prevent ophthalmia neonatorum in every case must accept his share of culpability for this crime of causing human blindness.

What is the degree of culpability? How small would it have to be to be negligible? Again we must turn away from the misleading individual experience. There are 60,000 births reported at Albany yearly for 4,000,000 up state population, not including New York, Buffalo, Albany and Yonkers. The reports are far from complete and it is probable that the number of births is nearer 100,000. With the ratio of one case of blindness for every 2,000 births, that means that in one-half of the State of New York alone the neglect of the accoucheurs to employ the Crede methods indicts them of the monstrous crime of causing fifty cases of lifelong blindness every year. And every individual doctor who habitually or occasionally neglects the Crede method has a proportionate undivided interest in the perpetration of that crime.

It is difficult to get the statistics of ophthalmia neonatorum. The veil of secrecy which is drawn so closely over all the frightful results of the ravages of venereal diseases influences accoucheurs and parents alike to conceal the cases. Undoubtedly the largest proportion of them come from the lower classes and the practice of midwives. On the other hand a very large proportion of the profession, particularly among

the younger men, invariably use the preventive. The actual gross share of the profession in the results of criminal neglect is not determinable. We hardly need to seek to determine it closely. We may be sure that it is considerable.

The significance of a single case of unnecessary blindness is so great that it will not lend itself to mathematical computation. To the individual thus injured, the damage by the loss of a lifetime of vision brought about by the neglect on the part of one whose calling and mission it is to save life and all its functions, is so great that it is not computable, is not measurable by our ordinary standards of value. We ought not to try to cast it into an equation. A profession cannot compromise thus with its honor. Ten thousand treatments by Crede's method are a myriad of trifles that taken as they occur involve an outlay of neither time, trouble nor expense. As acts of commission they are the negligible quantity. As acts of omission, however, with their possible consequences to the victim of almost complete catastrophe, and to the perpetration of an inexcusable crime, each one is immeasurably large.

Two thousand years ago one who is still called the Great Physician laid down the rule of practice in this matter which must obtain: "Inasmuch as ye have done it to the least of these my brethren, ye have done it unto me." So then we may establish our second proposition. The remoteness of the risk of ophthalmia neonatorum is never an excuse for a failure to employ a preventive.

The implacable gynecologist has shown us that latent unsuspected gonorrhoea exists far oftener than the profession has had occasion to believe. It is to be feared that this idea has not permeated the profession to the extent that it should. Gonorrhoea exists so often under conditions in which a priori we would be loathe to suspect its presence, that I think we may agree upon a third proposition that in practice there is no safe line for discrimination between cases which seem by reason of a venereal history to require the preventive, and those which do not. We must use the preventive in all cases.

So far, I have spoken as if gonorrhoea was the sole cause of ophthalmia neonatorum, but as a matter of fact it is responsible for only about 60 per cent. of all cases. Other infections, but mainly the streptococcus, make up the rest. This fact furnishes an additional reason for never omitting prophylaxis.

It is important from another point of view. It makes it

possible to bring the matter to public attention without an inevitable implication of disgrace to the parents.

What then in the name of humanity and for the honor of the profession can we do to blot out this opprobrium medici?

The problem has been made the subject of careful study and consideration among thoughtful men within the profession and leaders of organized charities and social reforms, and the outcome of their deliberations is that the control of ophthalmia neonatorum can only be attained through an organized movement of the entire body of the medical profession supported by a thoroughly aroused and educated public sentiment. It is believed that the time is ripe for the big movement in which every member of the medical profession is expected to do his share and toward which intelligent lovers of humanity are looking with eager interest.

It is my privilege to form a small part of the machinery of this propaganda and my duty as a member of the State Department of Health to present to this society for consideration an outline, still tentative, of the proposed plan of campaign looking toward such an organized movement as has been proposed.

It gives me great pleasure to be able to appeal to the Homœopathic Society of the State of New York to take the initiative among the medical societies in the launching of this movement. The medical organizations, made up as they are of the leading members of the profession, are able by the stamp of their authority to give an impressive momentum to a movement of this kind. To them the remainder of the profession look for light and leading. I feel quite confident that the members of this society will be pleased to have an opportunity thus to put itself on record.

I read from an office memorandum the details of the proposed plan.

THE SUPPRESSION OF OPHTHALMIA NEONATORUM

The State Department of Health, in co-operation with a committee of the American Medical Association, will undertake, during the coming year, to interest the profession of the State in a movement looking toward the suppression, as complete as possible, of the disease, ophthalmia neonatorum, the ultimate aim being the prevention of blindness. Its methods will be: Agitation, and organization with the profession.

Its plan will be somewhat as follows:

To issue a circular of information either prepared by the committee or approved by it, as to its scientific features, covering the groundwork of fact upon which the thesis of the committee is established, viz., that the adoption by the entire profession of the practice of instillation of a solution of a silver salt into the eyes of the new-born child would reduce the cases of blindness occurring every year by one-third. This circular is to be sent directly to every legalized practitioner in the State who practices midwifery, to every professional nurse and to every midwife, so far as they may be accessible. In addition to the argument, and the direct personal appeal to the consciences and the humane instincts of the members of the profession, the circular will make two important announcements: First, that hereafter all birth returns will contain the inquiry, did you employ a preventive for ophthalmia neonatorum? It not, why not? And secondly, that to facilitate the procedure, all health officers (in number 1,260) will be supplied for distribution to the profession with small containers of silver solution, of suitable strength, for use in the toilet of the new-born, for free distribution among doctors and midwives.

At the same time the circular will point out the personal responsibility of the doctor, for negligence, after having been thus forewarned and forearmed, in the event of a case of blindness resulting from failure to employ the preventive.

Finally, the circular will request of the doctor addressed, that he signify on a return post-card, furnished for the purpose, his intention to hereafter adopt (or otherwise) this practice. It might be of service to insert in the enclosure to such physicians as are health officers an instruction that they make a personal canvass of the profession in each municipality.

For purposes of further agitation and education, a variety of expedients are available.

Co-operation will be sought (1) from the various State and county organizations of the profession; (2) from the medical press; (3) from leading and representative men in the profession, and (4) from the public press in general, the subject being one admitting of a popular style of handling.

Blank forms for the procurement of signatures will be presented at the meetings of State, district branch or county societies, the subject being presented to the attention of the meeting by presiding officer or other designated for the purpose. This is a branch of the work which the committee of the A. M. A. should be able to handle.

As fast as recruits come their names should be enrolled, and lists of the names of such as are members of State societies should be published in the several organs of these societies. It may be assumed that the more progressive and intelligent part of the profession would be first to endorse a procedure which they have already adopted, and that others will be induced to follow where they lead.

There are some serious obstacles in the way of the very general adoption of this procedure which can best be met by the arguments and persuasion of the medical press. A hearty endorsement by the medical press would make the move popular. But convincing editorial work is needed. We have to meet the experience of a large number of doctors who by good fortune have escaped the calamitous consequences that may at any time follow the neglect of the practice.

We have to supply imagination to many men to help them simply to conceive how far the calamity of a single lifetime of blindness due to a single neglect of this trifling procedure would outweigh in importance the labor involved in a thousand observances of it.

There must be many practitioners who are ignorant how common latent gonorrhoea is in the female, how many years the infection retains its virulence unsuspected, how the sobering years following marriage help to obscure an early history of a venereal disorder, and how long delayed is the visitation of this iniquity of the father upon his children. All this kind of education the medical press should and would be glad to give us when once a new interest is involved.

CASE OF INTESTINAL OBSTRUCTION CAUSED BY AN ENTEROLITH—RECOVERY *

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THE patient was a woman sixty-two years of age, but "didn't look it." Her normal weight was 180 pounds, plus. Has always been in excellent health, rarely having any of the ordinary ailments to which most persons are more or less subject. Although the medical adviser of the family for over thirty years, professional services were very seldom required for her. She has never been troubled with constipation.

* Read before the Brooklyn Clinical Society.

During the last year or two she has had occasional digestive disturbance, which sometimes caused diarrhea for a day or more, commonly taking the form of flatulent dyspepsia.

On the sixteenth of May, 1908, she had an illness which seemed like acute gastric catarrh. The attack was quite intense, and was attended with pain, diarrhea, vomiting and fever, with a temperature of 102.+, which subsided so gradually that it was ten days in reaching normal. Her convalescence was unsatisfactory, and her friends remarked her changed personal appearance even after she had discontinued treatment, and had located at a well known summer resort on Long Island, where she tried to believe she was receiving benefit from the change of air and scene.

On the seventh of August she had an attack of diarrhea—painless—but not of sufficient severity to prevent her from being about the hotel as usual. The following day—feeling much better, she took a ride of thirty-six miles in an automobile, over a road that was quite rough in some portions.

The diarrhea returned on the ninth, and was reported as having been "much worse than before". On the next day there was no action of the bowels, but she considered it wise to take only scalded milk, and remain in her own room until evening.

On the eleventh, she had two loose movements before breakfast, and complained of "sour stomach" occasionally during the day. Ate three light meals, and vomited food at one A. M.

She remained in her room until evening on the twelfth. Her dinner consisted of a shredded wheat biscuit. There was no movement of the bowels, but she vomited once in the afternoon and again at night.

There was a natural action of the bowels on the morning of the thirteenth, but the nausea continued and patient felt very ill. The local physician was called, and prescribed "white pills" (calomel) to be taken every fifteen minutes until gone, then "pink tablets" (?) to be taken in the same manner. Three "black tablets" to be given every two hours. Three pints of a yellow fluid, without odor, were vomited at three P. M. Two ounces of Hunyadi were given at five P. M. The vomiting was repeated at seven P. M. at which hour twelve more "white pills" were prescribed, to be given at intervals of five minutes, and three more "black tablets". Only ate two small slices of watered toast.

Patient slept very well, and was not disturbed during the night.

On the fourteenth there was vomiting three or four times during the day, the color changing from yellow to green and

then again to almost black. "White pills" and "black tablets" again prescribed. No food taken.

Early in the morning of the fifteenth, "fully two quarts" of black odorless fluid were vomited, and a cupful of the same character about two hours later. A Seidlitz powder was ordered, to be given in thirds, at intervals of twenty minutes, also "bismuth powders," and laxol.

Hot turpentine stupes were applied to the abdomen, and an enema given of olive oil, castor oil and glycerine, one ounce each and alum half ounce in a pint of warm water.

Vomiting continued at intervals during the day and bad odor was first noticed in the evening. There was "a small partly formed stool" at ten P. M. Pain in the abdomen developed and occasional hiccough.

Abdominal pain and stercoraceous vomiting continued during the night, so an immediate operation was advised on the morning of the sixteenth. The family refused their consent until the arrival of their family physician, which, as it was Sunday, was delayed until six P. M. In the meantime Dr. Malcolm McLean, surgeon, had been called in consultation, and advised delay. Volvulus was suspected as the cause of the obstruction. The synopsis of the case up to this time has been made from the nurse's record, and information obtained from members of the family.

The condition of the patient on August seventeenth was found to be as follows: frequent vomiting of a yellow fluid with fecal odor—twenty-six times in twelve hours. Abdominal pain, which was paroxysmal, meteorism moderate, tongue dry, incessant thirst, pulse from 90 to 100, temperature 98 to 99.4, respiration 24 to 28, urine in 24 hours 51 ounces.

The sequence of gastric, bilious and finally stercoraceous vomiting, with constipation, was diagnostic of acute intestinal obstruction. The slight tympanites was considered as an indication that the occlusion was probably in the small intestines.

The small partly formed stool at ten P. M. on the fifteenth, undoubtedly came from below the obstruction.

At the earnest request of the patient and her family, I consented to remain and take charge of her case, the physician in attendance retiring. He disapproved of the postponement of an operation.

Dr. McLean was again called in consultation. The outlook was grave, and prognosis very unfavorable. All the conditions were prohibitive to an abdominal section. The age and size of the patient, the seriousness of the operation, with probable death

from shock, the unsanitary conditions of a summer hotel, the impossibility of removal—to say nothing of the heat and humidity of mid-summer.

Our decision against operative measures was submitted to the family and accepted, with full knowledge of the fact that there was very little hope of recovery from either alternative.

The following treatment was outlined, and continued with very little variation: Saline rectal irrigations, at a temperature of 110°, two gallons every four hours, followed by an enema of two ounces of albumin water; which was usually retained. Eight ounces of saline solution also given by mouth every four hours. A remedy every two hours, which was usually *nux vomica*. A stupe of turpentine one third and camphorated oil two thirds, was applied to the abdomen.

Conditions were unchanged on the eighteenth. The saline solution by mouth was grateful, and to some degree seemed to allay the intense thirst, and for an interval afford some relief from the vomiting. There was evident increase of distension in the lower abdomen.

On the nineteenth the saline solution was discontinued sufficiently long to allow of the administration of five doses of magnesium sulph. half a dram at a dose. No result.

The patient had a very restless night, sleeping at intervals from three to fifteen minutes. At ten A. M. on the twentieth she vomited three pints of fluid with fecal odor, after which there was relief for two or three hours. She slept better, and more, but vomited frequently again on the twenty-first, about half an ounce at a time, of dark brown, watery bad smelling fluid. Temperature 100.6, pulse 88, respiration 30. The vomiting of three pints in the afternoon, again afforded temporary relief. The meteorism had increased on the twenty-second and pain in the abdomen was more frequently complained of. Both discomforts were temporarily alleviated by the ejection, once or twice in twenty-four hours, of the accumulation of the saline solution by mouth, which would be in quantities of three and four pints. It was always of a dark brown color and with a fecal odor. Peritonitis feared. Half an ounce of whiskey added to the nutritive enema.

The saline solution by mouth was refused on the twenty-third. Orange juice was given and gratefully received. The evening temperature, by rectum, was now 100.4, pulse 102, respiration 28.

The tympanites was much increased on the twenty-fourth, and patient complained much of "feeling of tightness and distress" in lower part of stomach. For the first time some flatus was ex-

pelled per rectum. Vomiting continued as usual—about an ounce at a time, of strong fecal odor—until relief came by the ejection of four pints. There was no additional evidence of peritoneal invasion. Three ounces of malted milk given every four hours, in place of the saline solution by mouth. Orange juice continued. On the twenty-fifth, after the expelling of flatus per rectum, twice, a rectal irrigation brought away many pieces of sloughed matter. The nutritive enema (albumin water and whiskey) was retained, but gas passed whenever the tube was introduced. The patient was much depressed and exhausted from the persistent vomiting. Rectal Temperature 99°, pulse 104, respiration 32.

At two thirty A. M. on the twenty-sixth, with flatus and considerable straining, two pints of watery fluid, with fecal matter passed per rectum. Two hours later there were six ounces more—eight ounces at ten o'clock—the same at twelve, and ten actions of the bowels between that hour and midnight about half of which were involuntary.

The patient complained of feeling "all gone", but was stimulated by the evident enthusiasm of the physician, nurses, and family.

It should have been mentioned, that after the fifth day—at which time death from volvulus would ordinarily take place—the diagnosis was intussusception, and the correctness of the diagnosis seemed now confirmed—the invaginated portion having sloughed away and union taking place between the outer intestinal walls.

On the following day there were six evacuations of the bowels at intervals of two or three hours, with considerable flatus. There was no nausea nor vomiting. The patient was given Maggi's beef, malted milk, whiskey and nux vomica, all of which were retained.

During the next week the bowels moved four or five times a day—generally fluid—and sometimes involuntary. The stomach was tolerant.

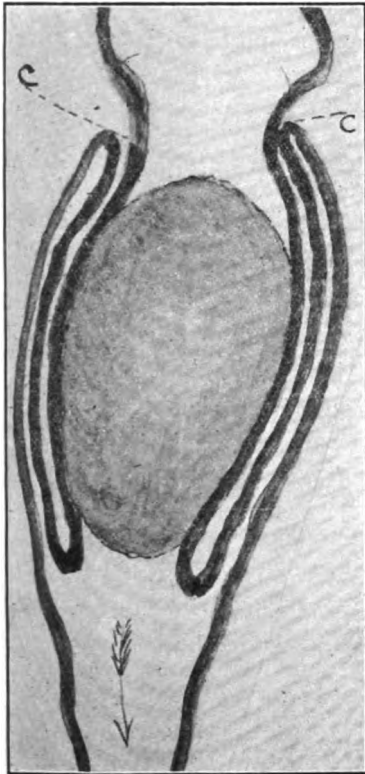
On the eleventh of September the patient was removed to her home in Brooklyn on a stretcher, by the service of the "Bennett Coach" and a private car.

In a general way, improvement continued after her return, but the condition of the bowels was unsatisfactory. None of the movements were formed, and four or five loose actions a day would be followed by no movement for two or three days. Her appetite had returned, and she had a desire for solid food, but permission was refused and a liquid diet rigidly adhered to. She was kept in a horizontal position until September thirtieth, when she was allowed to sit in a chair for a few minutes. Returning to bed, there was so much discomfort in the rectum as to call for the inter-

ference of the nurse, who with considerable difficulty was successful in delivering the enterolith exhibited this evening.

The patient has made rapid improvement since, is on a liberal diet, gaining in weight, and practically well.

Dr. McLean was in daily consultation until the crisis on August twenty-sixth, and I am much indebted for his skilful advice and kindly courtesy. In reply to my letter informing him of the enterolith, he said, that "its presence did not to any extent qualify or refute our diagnosis, or call for any other treatment, under the circumstances, than that which we employed. It was quite possible that the intussusception was induced by the enterolith—the lower section of the gut swallowing the stone, with its enveloping intestinal fold, then after the sloughing away of the latter fold, the calculus was slowly urged along until it reached the safer regions of the large intestine. See diagram.



Ileum with Enterolith Forming an Intussusception.

The dark invaginated portion carried down with the enterolith in its grasp.

This dark section of the gut sloughing away (about the tenth day) released the enterolith—and allowed it to be washed through into the large intestine.

Plastic union of the portion "C" at the neck of the intussusception established an unbroken continuity of the intestinal walls thus preventing escape of contents into peritoneum.

The enterolith is two inches long—three and three quarter inches in circumference at the fundus—and three and a quarter inches at the neck.

Dr. Henry A. Higley, of the "Brooklyn Diagnosis and Research Laboratory", reports upon it as follows:

"The examination of the body passed, per rectum, by Mrs. A. W. E., shows that it is composed of inspissated feces, bile, epithelial cells and various salts of lime (principally carbonate and triple phosphate). The just mentioned composition is of very nearly even disposition from the periphery to the center of the body, so it does

not appear that any foreign body formed the nucleus. The body should be considered as an enterolith—since enteroliths are frequently formed without having a foreign body as a nucleus. The examination of the body does not permit me to say in what portion of the intestinal tract the body was formed.”

Genuine enteroliths are very rare, and are said to cause “less than two per cent of all cases of intestinal obstruction.” Very few physicians have ever seen one. In recent literature, the articles on the subject are very meagre. Geschtenstern says: “the concretions increase in size very slowly, and seldom become larger than a chestnut. Only in very rare cases do enteroliths occlude the intestine suddenly, without having given rise to premonitory symptoms. This happens only with the stones which are formed in diverticles of the small intestine, and then suddenly make their way into the intestine and occlude it.”

In this case, the thirty-six mile automobile ride, was probably the proximate cause of the displacement.

MEDORRHINUM IN CHILDREN'S DISORDERS *

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STUDY of medorrhinum and of the children whose condition calls for this remedy impresses upon the physician that “the sins of the fathers are visited upon the children to the third and fourth generation.” Such study forces upon our attention the very wide-spread results of what Hahnemann described as the miasm, sycosis, impoverishing the very vitality of the best intentioned people, living and blighting the homes of the most virtuous.

Much as we may attempt to ignore or to ridicule the idea of regulating the treatment of our patients for what has come to them through inheritance, much as any one of you may scorn the suggestion that a constitutional disturbance underlies the many ailments of the patients brought to you for treatment, however ridiculous it may appear to talk about a constitutional remedy for an individual, that will be required to clear out the variety of disturbances which he may suffer, study of the nosodes and the patients requiring them reveals that if we would do for our patients what is expected of physicians, if we would free them of recurrent disturbances we must recognize just that fact which Hahne-

* Read before the Pennsylvania Homœopathic Medical Society.

mann learned after twelve years of careful research. When he succeeded repeatedly in dispelling acute troubles but found them recurring and finally failed with remedies that had previously proved beneficial in the same disorders, he sought an underlying, chronic disturbance and from his study, revealed to all, the three chronic miasms.

Medorrhinum is one of the remedies to be considered when apparently homœopathic remedies do not give proper results or do not hold results gained, or the same sort of disorder takes different forms in successive recurrences in the same individual; when convalescence fails to occur after acute disorders or no definite image can be formed, in children of gouty, rheumatic or catarrhal parents. In such constitutions compare the symptom image with the provings of medorrhinum.

CONSTITUTIONAL AND CHARACTERISTIC SYMPTOMS

The following are symptoms of medorrhinum provings which occur in children's disorders. These have been observed in the children. Many symptoms belonging to the remedy have not been included as the *children* only are under consideration in this presentation:

Head, disproportionate size for the body, in infants. Child cross during day, exhilarated, wants to play, at night; irritable over trifles, impatient. Fretty, moaning, crying, good only when asleep; mental anxiety evidenced in fretty restlessness and expression of discomfort and unhappiness, even in infants. Sensitive to criticism and correction, imagines has been harshly treated, morbidly over-conscientious over trifles. Weeping disposition, can scarcely speak without weeping. Fear of dark.

Skin colorless, marked pallor, transparent appearance, waxy; finger-nails pale, sclerotics blue. Anemia, leukemia, blood whitish from excessive leucocytes; mucous membranes and gums pale. Eruption of single, white, desquamating spots, often on red base, clustering at edge of scalp, on front or back of thorax, on thighs; superficial raw spots on infants' faces or bodies as if a sharp finger-nail had dug out the cuticle, moisture oozes, scabs over but the child picks at them repeatedly, and they may continue for years. Perspiration copious, especially on head, especially on exertion and during sleep. Sensitive to drafts; disposition to effects from cold; aggravation from bathing, also at sea-shore, in cold damp weather, also in spring. Dwarfed in development, dentition, locomotion and speech delayed. Enlarged lymphatics, glands swollen, painless, especially hardened, cervical, jugular, axillary and inguinal. Catarrhal condition with greenish discharge. Bone affections through periosteum and soft parts, with repair of tissue, not destructive caries, rachitic condition. Hungry even after eating. Weakness, too weak to stir; infants, many months old, carried on pillows; lazy, averse to motion and activity. Awkward

legs; restless legs; restlessness at night, travels all over the bed, from the head to the foot. Sleeps with hands over head, reclining on back; sleeps with knees drawn up, back hunched up and face in pillow. This has been observed in no other remedy. Cough and other symptoms ameliorated in the position. Emaciation, marasmus. Digestive and nervous disorders. Lack of reaction to carefully selected remedies.

Coryza with constant white, watery discharge; recurrent coryza; nostrils sensitive to inhaled air; post-nasal obstruction, mucus thick white, yellow or greenish. Adenoid development. Laryngeal disorders; dryness of larynx occasions spasms of glottis and cough on beginning sleep. Cough dry, rattling in thorax, almost incessant; aggravation at night; on beginning sleep; reclining; amelioration reclining on abdomen or forward with knees drawn up. Thorax sore to touch, worse from motion of respiration.

Diarrhea, evacuations of mucus and serum, jelly form of mucus, mostly mucus, bilious, greenish yellow, thin cream colored, often becoming green after evacuated, as of chopped greens, or chopped boiled potatoes and greens, offensive odor as of old cheese, decayed meat or eggs, scanty or copious; involuntary evacuations; oozing of thin, watery, green discharge, odor of fish-brine. Diarrhea and vomiting with intense emaciation. Desperate condition in intestinal disorders; cholera infantum with opisthotonus, rolling head on pillow.

Constipation with dry, round, hard lumps; masses resembling clay; much straining to evacuate rectum. Leans back to strain.

Mouth ulcers; offensive odor; offensive odor of mouth in morning; teeth serrated. Thirst. Vomiting mucus and bile, sour, bitter, retching; vomiting without nausea. Stomach pains intense. Urine frequent; copious, offensive, dark color, cuticle on surface. Leucorrhœa acrid in small girls. Extremities thin and weak; abdomen may be large.

ILLUSTRATIVE CASES

The following cases, treated during the past year, serve to illustrate how these symptoms are grouped in individuals, also illustrate the action of the remedy in actual use.

CASE 3. Girl, 2½ years old. Head large, in proportion to body since birth. In early months, much digestive disturbance, intestinal pain, lack of nutrition, general anemia, pallid, transparent skin, blue-white sclerotics, face sometimes gray with red eyelids and lachrymation, especially in open air. Head drawn back during sleep, in early weeks, rolling head on pillow and generally restless when awake. Later, restless during sleep, all over bed from head to foot. Perspiration copious over entire body, during sleep, pillow soaked from it. Weight at birth between eight and nine pounds. At five months had gained but two pounds. At

age of one year, anterior fontanelle open to length of one inch, no teeth erupted, no efforts to use feet, even to press upon them, flesh flabby. Eruption about buttocks of clusters of red rash, at times dry and scaly. Cervical glands in jugular region enlarged. Respiration obstructed by adenoid development. Fed at that time on cow's milk modified with malted milk. Mentally alert and inclined to be precocious. Sensitive paroxysms of nervous weeping. In this first year there was no practical, continued improvement in her condition, carefully observed and treated with what appeared to be homœopathically indicated remedies. The cervical glands increased on both sides of the neck. In July, 1907, medorrhinum was administered. This was followed by diarrhea of yellow, mushy, offensive evacuations and later, eruption in large blotches, spread from head over entire body. These led to an error in prescribing, when the action should have been permitted to continue. After calc. ost. and silica, the gland on right side of neck suppurated, discharging thin green and thick curdy masses without pain. The tumor on left side of neck continued to increase to the size of $2\frac{3}{4}$ inches x $3\frac{3}{8}$ inches x $\frac{3}{4}$ inches protrusion from surface of neck. At this time, January, she had six teeth in front of mouth, four back teeth on left side, and no teeth on right side. She weighed 25 pounds, was able to stand but fearful about walking alone, chattered much unintelligibly, speaking a few words clearly and presented a very irritable, fretty disposition. The mother reported at that time, that she reclined much on the abdomen and frequently with knees drawn up and face in the pillow. Review of the record revealed that the first real reaction occurred after medorrhinum and this was repeated. Decided activity in the glandular tumors followed, accompanied by improvement in the child. By softening, absorption and suppurative discharge of greenish yellow, offensive, partly bloody, fluid and white curdy masses the entire mass was reduced so that no swelling was observed by inspection; in May, some slight swelling revealed by palpation. An irregular, dull red scar gradually fading in color marks the site on each side of the neck. On the right side there is a small, softer enlargement posterior to the old one, though not increasing now. The child is far from complete restoration to health but vastly improved. In May brain manifestations led to the use of lycopodium, which proved beneficial as an intercurrent. The mother of this child was under observation and treatment all during, and at times before her pregnancy. Both parents are especially fastidious. Careful investigation into the family history reveals no evidence of sycotic infection in either of the parents nor in the grandparents on one side. From all that could be learned,

the conclusion was drawn that the miasm was transmitted in this case through three generations. The nosode has changed the physical condition of the child, which presented anything but a hopeful prognosis for her future life.

CASE 2. A sister of the first, has presented less defined image of disorder, having profited by the lessons gleaned from the older child. She has suffered from the intestinal disorder, having had one serious siege of cholera infantum in her second summer, and presents general slow development. She has afforded an opportunity to observe a variation in the characteristic posture of medorrhinum, when too young to assume that. Her characteristic sleeping pose, in infancy was on the back with legs flexed at thighs, feet high in the air and legs erect. This position was maintained in spite of all efforts of her mother to induce her to change. Many of the characteristics of the sister exist, but less of disorder manifestations.

CASE 3. A boy, who was two and a half years old in March when he first received medorrhinum. All winter he had suffered from cough, scarcely recovering from one siege of tracheal or bronchial catarrh before a fresh one developed. Twice during the winter there were serious sieges of capillary bronchitis, promptly responding to ant. tart. In March his mother reported that he always prefers to sleep on knees and face, even if he reclines on back on first going to bed. Review of his record revealed the following features which are consistent with this peculiar posture. In the first weeks of life he suffered much from intense flatulent intestinal disturbances. Scurfy eruption on scalp and face persisted for months and clusters of white and red rash spotted the buttocks. He was of nervous temperament, mentally precocious, fretful and irritable, often screaming much at night. Diarrhea much during the first year, and in its last month occurred a desperate siege of cholera infantum with green, mushy, mucous evacuations. Urine acrid, ammoniacal odor, chafing the skin wherever it touched. Perspiration copious always, awake or asleep on slightest exertion, soaking the pillow in sleep. Catarrhal tendency, developing acute exacerbations without apparent provocation. Tendency to green, mushy, mucous diarrhea. This child has pale anemic skin with often highly flushed cheeks. There has been the same unsatisfactory result from treatment usually found when the underlying disturber is not reached. Positive knowledge of the parents both of whom were under observation and treatment before the child's conception, reveals absence of sycotic infection in the parents. Family history leads to suspicion that it probably

occurred three generations before the child under consideration, evidences of inherited miasm existing in the intervening ones. After medorrhinum this child enjoyed a longer freedom from any cough than he had previously experienced (through the entire winter.

CASE 4. A boy of eight years, whose father suffered sycotic infection in early life and supposed himself cured through palliative measures. In his first year, this child was the victim of intense marasmus and had tendency to diarrhea since, aggravated by eating fruit. Evacuations part watery, part formed, yellow, offensive. Subject to enlarged tonsils since five years old. Every effect of cold manifested in tonsils which are enlarged and slightly reddened between times. Sometimes cervical glands are swollen at same time. Perspiration copious on neck and head. Weeping disposition, at times irritable; conjunctivæ reddened; appetite poor. After pertussis, cough continued for months. Child, thin, spindling with pale, anemic skin. After medorrhinum, cough disappeared, tonsils, appetite, diarrhea, sleep, disposition, eyes, all improved during the next two months, so that he was quite altered.

CASE 5. A girl of three years, whose father supposed himself cured of sycosis before marriage. Eruption of small vesicles in clusters on red base on back, neck, shoulders, and upper arms, more prominent in afternoon and night, after bathing and at times after sleep, itching; skin, rough, scurfy, mottled after bathing. Face often milk white, always pale. Conjunctivitis with lachrymation, thick, yellow discharge in morning. Coryza, with greenish-yellow, thick, discharge. Hands cold in morning and lips bluish; neck glands swollen temporarily at times with cold effects. Walking and dentition delayed. After medorrhinum, improvement was decided and even a seige of pertussis occasioned no interference in progress.

CASE 6. A girl, at three years, presented the history of diarrhea during early infancy, during many trials with artificial foods. Constipation followed and persisted: straining to evacuate large masses of agglomerated balls of various colors. Appetite variable. Preferred milk, deglutition of solid food appeared impossible after it was masticated. Covers kicked off at night, appeared too warm when covered. Eruption on red base, on nates; at times successive crops of furuncles on nates. Urination in first sleep, ammoniacal odor. Dentition delayed until eleven or twelve months old, then suffered meningitis during dentition. Disposition whiny, fretty, inconsolable, sensitive, screaming when irritated. When not in disorder has a sweet temper. Tired, cannot be induced

to play outdoors, remains indoors from choice. *Sepia* improved this child for a few months, then its action ceased. She was peaked, tired, cold in summer. Then *medorrhinum* carried on the work and in every way improvement was marked. This was given after considering the father's early life. During a siege of pertussis, *cuprum* and later *nux. vom.* were very beneficial, the constitutional following with excellent results.

CASE 7. A boy was presented at the age of four months, weighing sixteen and a quarter pounds. There was much to suggest *calc. ost.* in him in the next five months in appearance and perspiration and late dentition. The chief complaint was constipation; irregular evacuations, two days at a time without any, then two or three a day of light yellow, watery, offensive evacuations with white curds, sometimes with green streaks or mucus, voided with straining and pain. Vomiting of curdled milk. Jerking on beginning sleep, throwing arms and legs during sleep, taking only short day naps, waking in fright. *Calc. ost.*, *pulsatilla* and *silica* were used in succession with temporary relief. Because of absence on a visit, he was not seen for many months until he was eighteen months old. Slight change from the previous history was observed. Diarrhea continued for a month, evacuations similar to those described with acrid nature, and lumbricoid worms. At length the peculiar posture of *medorrhinum* was reported, the father adding to the evidence that he remembered having slept that way himself in boyhood. In his boyhood, he was so weak and prostrated by least exertion that he was expected to leave this world at any time. By determination, he trained himself into a walker and thus forced himself to exercise in open air until he became robust. General improvement followed the use of the remedy, the evacuations assuming form and normal color within two weeks. The position in sleep was also changed. At twenty-two months, began evidence of inco-ordination of lower extremities, followed by actual innervation loss in them. This progressed to a very serious internal hydrocephalus, during which he was powerless to sustain any exertion, unable to open the eyes and manifesting absolute indifference to all surroundings. *Cina* at length delivered him from this and all functions were regained, locomotion being the last, this having been the first manifestation. Since that time *cina* and *medorrhinum* have been of benefit to him, the chief complaints being his very erratic temper and frequent, often involuntary, urination, day and night.

Inquiry of the physician who formerly treated the father and all that family for many years revealed no knowledge of sycotic

infection in the two preceding generations to this child, though the father presented the medorrhinum evidences above mentioned in his youth.

CASE 8. A sister of the last, now five months old, who has been exhibiting diarrhea, of yellow, watery, acrid, evacuations, or yellow, mushy, becoming green after evacuated, or green, watery, with white curds and clear lumps of mucus, copious or scant, sometimes only a stain. At first there was much painful straining, later this was absent. She is at times fretful, uneasy, indefinitely restless, though much less troublesome to attend than was her brother. She weighed sixteen pounds at three months. At first it appeared that nat. sulph. was her best friend in remedies but this held control only for a short time. Ten days ago she was given medorrhinum, with improvement following, manifested first in her disposition.

CASE 9. This child weighed four pounds and a quarter at birth and during her first week lost a quarter pound. As you see her to-day she weighs seventeen pounds in her first summer. Last year she required constant care as a marasmus child. Feeding was a problem for, deprived of her natural food through lack of quality and quantity in the supply, she very cheerfully but persistently refused cow's milk prepared in the usual way for infants. When she was starving apparently she refused to permit the nipple to be placed in her mouth to take milk. She was always satisfied for a while after taking one of her sugar powders and found water comfortable. One day, after a period of more than an hour spent in persistent, continued crying, with the most appealing look of hunger in her eyes and refusal of everything offered in the way of food: pap, milk, water, salt, a taste of ordinary sugar was given. This supplied the craving and instantly her crying ceased and did not resume for an hour. Bovinine was then received with pleasure and this with Eskay's food milk served her for months. Although restless and uneasy, she was disposed to be cheerful and playful when in the least comfortable. She was a mental precocity, alert and active. Constipation was her constant ailment and source of sorrow to the household, who considered that feature the cause of all her troubles. After two or three days without an evacuation, there would be one of hard, green mass or mushy, watery, with flatus of offensive odor. Such flatus also was passed without other evacuation. Study of the leading features through many changes resulted in her having many remedies, one after another. Improvement was temporary and she gained very slowly, her interest in feeding being very variable. From time to time symp-

toms of brain disturbance were present, rubbing head, rolling it, crying out in sleep and jerking in sleep. Perspiration was copious in sleep. Disposition sensitive, changeable, easily offended, usually gay and playful in evening, late beginning sleep. When not gay, very irritable and appealing in her cries. During January of this year she survived a siege of capillary bronchitis, measles and on the last day of the month, in the midst of play, surprised her mother with a convulsion. This was repeated next day at intervals of from one to two hours, finally yielding to cicuta. Five weeks later, on the day she was one year old, convulsions began again and after a night's cessation continued the next day every hour or less almost without variation. Careful study, this time revealed the image of opium in the spasms. This remedy appeared so similar and yet so slow to bring results that it was decided, with Doctor Gladwin in consultation, that something underlying the apparent condition was interfering with the apparent homœopathic remedy. Tuberculinum was administered after further study, though one interval was extended beyond the usual time of the spasms return. Since that no spasm has appeared. For a week everything progressed beautifully, then the old constipation returned. Large masses just within the anus slipped back instead of being evacuated, in the efforts of hard straining. At this time attention was also directed to the posture in sleep, which was on the back with arms above the head and feet in the air, the legs flexed only at the hips. Use of medorrhinum in this case ended the story of terrible straining with hard fecal masses, which had been heard not only of this child but of her mother and grandmother. Continued improvement has followed. Cina, for nervous manifestation, and cham. for earache once, have been beneficial. Her first tooth was erupted after she was thirteen months old. Her creeping began after her fifteenth month and only last month did she walk with any certainty and confidence. In her humorous antics she is a constant circus performance to her family, but she does not talk in our language.

The parents of this child and a brother of her mother were marasmic babies. Careful inquiry reveals no suspicion of infection in her parents but family history leads to suspicion that it occurred three generations ago. Both parents are excessively nervous and anxious and disposed to fret and were particularly solicitous because the first child born two years before this, weighing over eight pounds, had died at four months after beginning life similarly to this one.

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All these cases are in good families where every known attention has been given to the rearing of the children and on the surface there appears no reason why the children should not thrive easily.. Acquaintance with remedies and transmitted miasms reveals much below the surface and will be of value in dealing with hundreds of children whose complaints rest on just such obscure bases as do these.

FULGURATION DISCHARGES IN MEDICINE AND SURGERY*

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THE term fulguration discharge is applied to the monopolar discharge from a metal point of a Tesla transformer, or from an Oudin resonator. My own experience has been confined to the former, and I believe the discharge from this apparatus can be better regulated than that from an Oudin resonator. The discharge differs in no respect from that used to energize a glass vacuum or condenser electrode, but when concentrated on a small metal point it differs very greatly in action.

High frequency metallic discharges is another name that has been given to this form of electrical manifestation, and while perhaps not as scientific, it is more accurately descriptive of their character.

Two methods of applying these fulguration discharges are in vogue. One is the wet or moist method, and the other the dry method. The Keating-Hart, commonly called the French method, uses water, as it is the desire here to eliminate as much of the heat as possible. By this method it is possible to keep a current of water flowing through the electrode without interruption during the entire application. With the other method, there is not only an absence of applied moisture, but the part treated is wiped thoroughly dry previous to making the application.

Before discussing the merits of these two methods of application it should be stated that there is a primary and a secondary action of fulguration discharges depending upon the duration and severity of the application. Now it is possible to produce a blanching of the parts ionized, causing destruction of certain cells, chang-

*Read before the Homœo. Med. Society of the County of New York,

ing the color of pigmented spots and stimulating new growth, without producing any appreciable necrosis of tissue. On the other hand, it is a very easy matter to produce necrosis of tissue; in fact it is oftentimes difficult to prevent this. The necrosed tissue becomes a dry, hard mass, without any ulceration or pus; the dry incrustation remains for a time and when it comes off leaves a smooth healed surface. With the blanching or primary action there is never any scar tissue remaining and when necrosis is produced the scar remaining is so slight that oftentimes a magnifying glass is required to detect it.

The writer had for four years a small X-ray ulcer on one of his fingers. Every effort was made to heal it but without avail. At times a heavy, dark incrustation would form over it and when this came off an open, bleeding, ulcerating sore was left. In January last it was treated with fulguration discharges, the action being carried to a slight degree of perceptible necrosis although that was not intended. In three weeks time the incrustation, which was the result of the treatment, came off, leaving a perfectly healed surface, and it is now impossible by ordinary means to detect the place where the ulcer was. An X-ray wart, which was exceedingly sensitive and painful on one knuckle and which before had resisted all means of destruction, was destroyed by simply blanching, a term I here use to denote the primary action; and it is impossible even with a magnifying glass to find where this wart was located. Another feature regarding the treatment of this wart was that in twenty-four hours after the application had been made all sensitiveness and pain had disappeared.

Now to return to the respective merits of the wet and the dry method of application. When the application to produce a blanching effect is made and is not carried to the point of necrosis the result is more easily accomplished by the wet method. The wet method also takes in a wider range in its action and there will be a more gradual shading off. Therefore for a pure blanching effect or primary action I like best the Keating-Hart or wet method. For actual destruction by necrosis, however, I prefer the dry method with its attending heat, as the line of destruction and the depth to which the action is carried are under better observation.

I am not prepared to make any conclusive statement at present as to the method of action of this discharge; but that it is not electrolysis I am certain. Perhaps the necrosis is due to a combination of heat, ionization and ozonization. That the discharge is aseptic in action is proved by the fact that there is an entire absence of pus no matter how great the area of destroyed tissue

may be. In many ways it is different from electrolysis; its action is greater, more rapid and much wider in scope and the tissues treated by it have altogether a different appearance. The blanching application has power to destroy certain cells, being selective in character. Its power to destroy abnormal deposits of pigment, as *innævus*, without apparent destruction of the surface and at the same time its wonderful stimulating qualities, as for example in the healing of the most intractable ulcers, is a combination of qualities for which it is hard to account, and in explanation of which pages might be written from a theoretical standpoint; but I think I am safe in saying that it has not yet been solved. Fulguration discharges have a very broad field of usefulness. In fact, no single modality has developed in electro-therapeutics, in recent years which, in my judgment, will have so wide a field of usefulness.

Keating-Hart has reported several cases of epithelioma and even deep seated cancer, operated on under an anesthetic, by fulguration discharges. I have, however, never treated a case of true cancer in this manner and cannot speak of it in this connection. I have, however, treated one case of rodent ulcer and five cases of lupus vulgaris and all have been rapidly and perfectly healed. The method is, I believe, certain to supercede the violet-ray, X-ray and radium in the treatment of these dreaded maladies. If the lupus is not on the face or other exposed parts, where scars are to be avoided, it is possible with one treatment, by producing a degree of necrosis with a slight attending scar, to entirely eradicate it. It is, however, possible, with two or three treatments, by producing a blanching of the parts, to leave no perceptible scar save when there is already cicatricial tissue present, the result of the progress of the disease, and even that may be very much reduced.

This brings us to another point, the removal of scars. It is possible, by giving several treatments over the scar, to reduce the cicatricial tissue to a minimum. Acne vulgaris can not only be thoroughly removed by this treatment, each pustule being treated separately to the point of blanching, which renders its contents an inert mass, but the brown pigmentary spots left by these pustules can also be made to disappear. I advise that after the pustules and brown spots have been treated by fulguration discharges, a few general treatments be given over the entire face with a glass vacuum electrode, thus increasing the nutrition to the part and preventing the spread of the disease.

Fulguration discharges offer far greater prospects for the relief of acne rosacea than any other method of treatment with

which I am acquainted. Here it is possible to entirely destroy the abnormal tissue with the attending enlarged vessels. Cook claims that it is necessary to produce slight necrosis, but I do not believe this is always true for I have had one striking success—not in a particularly bad case, however—by only blanching the part. The applications were made four days apart, eight in all. It is possible that in a particularly bad case slight necrosis may be necessary.

For the removal of *nævi* of various kinds this method far surpasses electrolysis or any other method of application with which I am acquainted. Here it is that striking results are secured in the removal of pigmentary deposits. A young girl about sixteen years of age and a sister of a homœopathic physician in this city has been afflicted with a number of the worst *nævi* that I have ever seen. At the time she consulted me they were elevated above the surrounding tissue, contained in spots many fine hairs, were roughened on the surface and were of such a very dark brown color that they might almost be described as black. The electrodes I first used in treating this case were very imperfect and a long time was required to secure results. By the newer electrodes, however, progress has been very much more rapid. Applications are made for not more than five seconds to one spot. No perceptible necrosis of tissue has been produced by the later treatments and the whitening and leveling effect is very marked. This girl has been under treatment for some time. I have proceeded very cautiously and intend to continue in this way and try so to change the character of these abnormal spots that they will hardly be perceptible. Many other forms of skin disease are amenable to treatment by fulguration discharge, but I have not time here to mention them all.

Several cases of adenoids have been reported successfully treated by fulguration discharges. I have, however, never treated a case of adenoids, but for the removal of enlarged tonsils I can recommend the method highly. One case I treated was that of a young lady who had had several attacks of tonsillitis, who was very much reduced in health, who suffered greatly from catarrh, and who had enlarged tonsils, the right one being exceedingly large and nodular. I gave in all eight treatments, not intending to produce a perceptible necrosis, but unfortunately did so on two occasions. The current was not applied for more than thirty seconds at one sitting, and the length of spark was not more than one thirty-second of an inch in length. The tonsil was reduced, the catarrhal symptoms disappeared, the woman's general health improved and she gained several pounds in weight. Here I might say that the general improvement in this case led me to think that

many cases of ill defined poor health may be due to enlarged tonsils, for I have seldom seen a more marked general improvement than followed the reduction of these tonsils.

The field for application of fulguration discharges is broad, but as my time is limited I can call your attention to but one other condition in which the method seems to me to be paramount in its action; and this is in hemorrhoids. I have treated in all eight cases, two of them very aggravated. The method of treatment of the first was to produce a slight necrosis near the base of the hemorrhoid making a circle around it; a slight phlebitis was set up but this was so slight that it did not produce discomfort sufficient to oblige the patient to lay up for a single hour. In these cases several applications lasting for about thirty seconds were made to each hemorrhoid, the discharge being moderately severe and the length of the spark about one thirty-second of an inch. In two recent cases which, however, have not been severe, only three treatments were given each hemorrhoid and those only to the point of blanching; and I have been gratified by seeing the hemorrhoids disappear. When necrosis occurred there was a slight incrustation formed which came off from the tenth to the twenty-first day leaving a perfectly healed surface. I wish to add that I have apparently stopped a carbuncle in its early stage by producing a blanching effect over the inflamed area.

One word more regarding the technic of the application. There should be an arrangement whereby the electrode can be placed in position before the current is turned on; this may be best done by means of a foot press, placed in the primary circuit, or as with some machines, by a hand switch; but the former is the more convenient. The length of the discharge should be carefully gauged by the withdrawal of the metal point the distance required within the tube. I imagine the length of the spark required will differ somewhat with the form of the apparatus used. For blanching purposes about one thirty-second of an inch will be required, for necrosis a sixteenth of an inch, and when very deep action is required one-eighth to one-quarter of an inch will be necessary. The applications are of very short duration, often not more than three or four seconds and in my own experience never more than thirty seconds.

I have tried to give a slight idea of these fulguration discharges and their field of usefulness but the subject is so comprehensive and the technic is developing so rapidly that in a few months time I believe the field of usefulness will be very greatly enlarged.

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CHOLELITHIASIS

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THE word Cholelithiasis is derived from two Greek words kola—bile, lithos—a stone and signifies the formation of calculi within the gall bladder and biliary passages.

Gall stones have been observed in man and most other vertebrates and also in common molluscs. The stones may be found in any of the biliary passages, are most often in the gall bladder, common and cystic duct, rarely in the hepatic duct and its branches in the liver. They vary in size from fine gravel to concretions five inches long. Their chief chemical constituent is cholesterin, but some contain bile salts or carbonate and phosphate of lime. They are heavier than water, but will usually float after drying.

Age and sex are important factors in the production of gallstones. They are rarely found in infancy or childhood, but are most common in middle life and old age and among women. Some statisticians say they are most common between the ages of thirty and sixty. The exact cause (or causes) of these formations is uncertain. Of unquestionable influence are all conditions of the liver and bile ducts, which interfere with the normal flow and discharge of the bile, thus bringing about stagnation and separation of the constituents usually held in solution. Recent experiments on animals point to bacteria in the gall bladder and biliary passages with a resulting inflammation as at least one contributing cause. Other causes are obesity, tight lacing, diseases of heart, lungs or liver, movable kidney (through compression of the bile ducts), pregnancy, typhoid fever, etc.

The presence of gallstones does not necessarily produce symptoms and we have all been present at autopsies where the gall bladder was filled with stones, and yet nothing had led to a suspicion of their existence. The pains are caused by the overdistention of the inflamed gall bladder and ducts, and the spasmodic efforts of the organs to empty themselves. These pains are described as shooting, grinding, stabbing or burning, and extend into the epigastrium, the right shoulder and (rarely) into the back or left hypochondrium. In severe cases there is vomiting, the face is either pale or flushed and is bathed in a cold sweat, and there may be delirium and even death. Following the attack there is great soreness over the biliary region and jaundice for a few days.

The stone, instead of slipping back into its gall bladder or passing on through the ducts into the intestine may become im-

packed in the common duct when we have another line of symptoms. There are repeated attacks of violent inflammation which extend to the smaller hepatic ducts, the liver becomes swollen and tender, symptoms of septic absorption follow such as chills, fever and sweat with great prostration, and if the condition is not relieved by drugs or an operation, death follows, after years of suffering.

If the stones remain long in the duct, its caliber is enlarged and as the stone is thus enabled to shift its position from time to time, the obstruction to the flow of the bile is partially relieved and there may be periods of marked amelioration in the symptoms. The quantity of bile in the stools changes, their color varying from white to nearly normal. Loss of flesh and strength are two prominent symptoms of gall stone impaction.

In a typical case of cholelithiasis the diagnosis is comparatively easy and it is not likely to be taken for anything else. The excruciating pain extending to the epigastrium and the right shoulder with nausea and vomiting, the sudden cessation of the pain, the jaundice and soreness over the biliary region which follow the attack—all point to the presence of gall stones, but the only positive proof of their presence is finding the stone in the feces. Diseases with which this is liable to be confounded are gastralgia, intestinal colic, neuralgia of the hepatic subdivision of the cœliac plexus, pleurisy and pleurodynia, but a careful attention to the history of the case will usually settle the diagnosis. The passage of the gallstones is not invariably painful and the passage or impaction of a calculus with jaundice may take place (as in the second case reported at the close of my paper) and the true nature of the trouble not be understood.

Death may occur during a paroxysm, but this is exceedingly rare. When it does occur it is in elderly or feeble individuals, and is due to the failure of a weak heart or rupture of the gall duct and subsequent peritonitis. In impaction of the stone a general infection may take place and the patient die from general poisoning with bile and impaired nutrition. Though there are comparatively few deaths from cholelithiasis, yet the presence of gallstones is always a menace to life and the possibility of the case becoming a surgical one should always be borne in mind by the attending physician.

In the treatment of an acute attack, the allopathic physician gives morphine or whiffs of chloroform till the pain is relieved. Many of the homœopathic physicians follow his example considering the condition one of "mechanical violence to the tender parts" and denying the possibility of relief from the indicated remedy. On

the other hand some of our best prescribers like Dunham, Nash and H. C. Allen claim quickest relief from the potentized remedy. It is probable that the truth lies midway between these two classes. If we can get our indications clearly—not always an easy task with a patient writhing in agony and declaring that “something must be done”—the remedy will give relief very quickly; but if unable to do this, no physician should hesitate to give hypodermics of morphine, till the stone has passed the duct or has slipped back into the bladder. An eighth of a grain is usually sufficient, but in severe cases larger doses may be required. Hot fomentations to the liver, large draughts of hot water and injections of the same, the hot bath—all will help in the passage of the stone.

Among drugs calc. carb. stands first, and Hughes claims that he has never had it fail him. The patient is inclined to obesity, perspires easily, there are stitches and pressure in the hepatic region, also a feeling of fullness and great dislike to clothing about the waist.

Belladonna is called for by the hot and fiery throbbing carotids, sensitiveness to light and noise or jar, and pains that come on quickly and leave as quickly.

Nux vomica is highly recommended by Hempel and Arndt in this affliction on these indications:—

“Hepatic colic characterized by the sudden invasion of the most excruciating pain in the epigastric region and right hypochondrium, nausea and vomiting, sapsmodic contraction of the abdominal muscles, coldness of the extremities, profuse cold perspiration.” The pain is more severe than that calling for belladonna. It may be necessary to give the nux in large doses in five drops of the tincture.

Berberis will sometimes give relief, particularly if the pains extend down the track of the right ureter. Dr. Arschagouni, of New York speaks highly in its favor.

To prevent a recurrence of attacks, a careful inquiry should be made into the general health of the patient. If there is chronic obstruction, heart or lung disease it should be corrected as far as possible. A prolapsed kidney should be replaced. The diet should be carefully regulated, the elimination of starches, fats and sugar being often followed by marked improvement. Alcoholic drinks should be strictly prohibited and copious draughts of pure spring water or alkaline mineral water insisted upon. Dr. Goodno (System of Medicine) orders one to three drachms of Carlsbad Sprudel salt dissolved in a quart of water, this amount to be taken each twenty-four hours. Olive oil is also highly spoken of.

In the dominant school various remedies are recommended for thinning the bile or preventing its stagnation in the biliary passages. In addition to the usual cholagogue laxative, Bartholow and Pepper each recommend phos. of soda (ten gr. three times a day) for a long time. Pepper also prescribes turpentine and ether (5 gtts. turpentine to 20 gtts. ether, four times a day), and Rockhill, probilin with which he claims to have had uniformly good success. Other authorities recommend salicylic acid and its compounds. In the homœopathic school remedies are given rather for the digestive and hepatic disorders that are known to underlie biliary lithiasis than with a view to dissolving the stones. The leading remedies are cinchona, nux vomica, calcarea carbonica, chelidonium, lycopodium, sulphur, etc., prescribed on the general indications.

When the attack increases in frequency and there are symptoms of obstruction of the common duct the advisability of surgical interference should be considered.

In closing I would cite three cases from my own practice: No. 1. Miss M——, unmarried, a trained nurse, in good health aside from a mitral insufficiency of the heart with some enlargement and dilatation. Was suddenly taken with a severe pain in the right hypochondrium. The physician called, diagnosed it as "incarcerated flatulence," and gave her something that induced sleep and when she awoke the pain was gone, but it left considerable soreness in the side. About six months after she had a similar attack with a similar diagnosis and treatment. About three months later I was called to her in a third attack. I found a tall, rather plump woman of thirty-two years. Her face was flushed, there were frequent eructations of tasteless gas, which gave momentary relief and there was nausea but no vomiting. She complained of a severe pain that had started under the lower angle of the right scapula and had extended around the right side along the lower border of the ribs and was now located a little to the right of the epigastric region. Her most marked symptom was a dislike to clothing about the waist, and a marked relief when the clothing was loosened, even though the pain still continued. I gave her calcarea carbonica 3x every ten minutes, and after the second dose, the pain entirely ceased though some soreness remained for twenty-four hours over the common duct. Her face was quite sallow for several days after the attack. I diagnosed the case as gallstone colic, and the heart trouble as at least a contributing cause. I gave her treatment for the heart for a time—gelsemium being her chief remedy. The heart improved rapidly under the influence of this drug, and though she had several more slight attacks of the colic, they readily yielded to a

single dose of *calcareo carbonica* 3x. Now she has been for over two years without an attack, and the mitral murmur is only perceptible when she is very tired.

CASE 2. Mrs. A——, married, had two children, but one died when small. When passing through the climateric had some form of uterine trouble with severe attacks of flooding, the true causes of which do not seem to have been recognized by her physician. The flowing ceased finally and for a time she seemed to have been in fairly good health, except for what she called a "vaginal irritation," that at times drove her nearly frantic. Then one day she was taken with a chill, followed with some fever and soreness over the entire body. In about a month another chill came on and they continued to come at irregular intervals. The attending physician diagnosed it as some form of liver trouble, but failed to check the chills.

I was called to attend her in May, 1894. The chills had continued to come on about once a month, and were growing more severe, and there were a few days of jaundice after each one. There was never any history of pain in the right hypochondrium, but muscular soreness over the whole body. I used various remedies—*bryonia*, *china*, *mercury*, etc., as I seemed to get indications for them—but the chills continued and the case went into other hands. An exploratory incision had been advised but was refused.

In February, 1900, I was called to her in an attack of *La Grippe*. Following it was a severe bronchial cough that finally yielded to *kali carb.* and an occasional dose of *silica*. She seemed much better for a time after this and had no chills from March until September. A chronic diarrhea with white stools was checked by *calcareo carbonica*. In September she caught cold, the chills returned and resisted all remedies, the body became deeply jaundiced and so sore, that it was about impossible to move her, and for some months before her death a severe pain in the small of the back accompanied the chills. She died April 4, 1902.

At the autopsy the common duct was found greatly enlarged and contained some very large stones, and the inner lining of that as well as the gall bladder and other biliary passages was inflamed and bathed in pus. The liver was softened and contained many foci of pus. There were several small fibroids in the fundus of the uterus that had undergone calcareous degeneration.

CASE 3. Mrs. S., 31, schoolteacher, married but no children. Was called to her one stormy winter's night at 10 P. M. Found a short fleshy woman suffering from severe pain in the right side, the pain radiating to the epigastric and right shoulder. Her face



was deeply flushed, pupils of eyes dilated and sensitive to light and there was nausea and vomiting. I had heat applied to the painful region and gave bell. 3x, but without relief, so I gave a hyperdermic of an eighth grain of morphine, which quieted the pain though it did not induce sleep. On examination a few days after the attack found soreness over the gall bladder and cystic duct, also over the vermiform appendix. The flesh was soft and flabby, her feet were cold and sweaty, tight clothing about the waist was endurable, and she was very fond of soft boiled eggs. I prescribed calc. carb. and she passed a year without an attack. Then one came on that was checked by berberi 3x, but the next day she took a long ride over a rough road and the pains came on very severely and I was obliged to use morphine to relieve her. Now she takes a few doses of calc. carb. or sepia occasionally, as her symptoms call for them, and has been three years without a serious attack, but is she cured?

SPINA BIFIDA, WITH REPORT OF A CASE *

By LOUIS RENE KAUFMAN, M.D.

New York City.

SPINA bifida may be defined as a congenital sessile or pedunculated tumor which consists of a sac formed by the spinal membranes, covered by integument, in the interior of which are found cerebro-spinal fluid and a shell of nerve tissue, the remains of the cord. The skin covering is usually centrally deficient. The tumor is a protrusion through a congenital defect of the laminae and spinous processes of the vertebrae or more rarely through the intervertebral foramina. The spinal cord may be normal or bifurcated or split into fragments. These fragments are found attached or suspended free in the walls of the sac. The condition is the result of a lack of development and fundamental defect in the embryonic construction of the spinal column, rather than in the development of the cord. The central nervous system develops as early as the fourth week from medullary folds which ultimately form the neural canal and cranial ventricles; around this neural canal the cord and brain with their coverings, both soft and bony, are formed by the continuous folding of another embryonic layer. A defective development in the osseous covering or lack of union of the neural arches will produce a fissure and this is more likely to occur in the cervical, lumbar or sacral regions

* Read before the Academy of Pathological Sciences.

because the dorsal spine is formed first and is therefore least likely affected.

When we speak of spina bifida we refer, therefore, really to a defect of the bony column rather than that of the cord, and we should designate the condition as rachischisis. A cranial defect is usually associated with it (cranio-rachischisis). There is also, as a rule, some other congenital malformation such as imperforate anus or lordosis. From the nature of the condition one may therefore classify these cases among the monsters, although they are not so rare as the more hideously deformed fetuses. In frequency it belongs to that borderline of cases which are sufficiently uncommon to be rare. Dana gives the French statistics of one case in every 1,200 children born. Yet these figures are high in the average experience of a number of practitioners of large experience whom I have interviewed. One prominent surgeon of our school has seen, either in his early practice or as consultant, eight cases; three men of more than average experience have seen twenty-eight cases in the combined aggregate of their experience. The records of the Flower Hospital from 1893 to 1906 show only three cases recorded in detail, although allowance must be made for cases brought for expert advice which are not entered in the files.

The aperture of the spinal column is covered by the three membranes of the cord, but usually not by the integument, as the skin is adherent to the bony brim of the cavity in the affected vertebræ and does not extend over the tumor. Within the tumor is found the remains of the cord with the spinal nerves of the affected region which lie on the posterior or median surface. This membranous covering of the cleft is red, soft and liable to ulceration. We distinguish three varieties, according as whether one or two or three of the membranes are present, and whether the cord is involved in the formation of the tumor.

The first variety is called meningocele. In this, the dura forms the sac, the fluid being external to the pia and arachnoid which invest the cord as it runs normally through the spinal canal. This form has a globular sac with a slender pedicle, the base of the skin partially covering it, being richly supplied with downy hair, and contains now and then one or more loops of spinal nerves. It occurs through a small cleft involving one or more vertebræ, usually to one or the other side of the median line. In this condition few symptoms may be present, and it is one of the most benign forms of spina bifida.

The second variety is the myelomeningocele, the case presented being of this variety. Here the sac is formed by the pia and arachnoid, the dura ceasing at the bony margins to which it is adherent. Various fibres of nerve and connective tissues are often found attached to the sac. This produces an irregularity in the sac and an appearance of partitions in it filled with fluid. The base of the tumor is broad, and it is covered by a thin, greyish-blue membrane of the delicate pia and arachnoid. The tumor may be soft and flush with the surface or tense and elastic. The prognosis is particularly bad.

The case presented occurred in the service of Dr. Sophie B. Scheel, to whom I am indebted for the privilege of reporting it. It illustrates the second form of spina bifida. The history of the fetus may be briefly summarized as follows: Born in the eighth month of pregnancy, it died just two weeks after birth. The mother is 19 and the father 20 and their history presents only one fact of interest; a brother of the father died of meningitis; otherwise it is negative. It is interesting to note the youth of the parents. The mother was delivered by an educated midwife, who sent mother and child after delivery to the hospital. All functions were performed normally; there was no abnormality of either rectal or vesical sphincter. The child never swallowed, and it was fed by gavage but failed steadily to profit from its feedings. It averaged four stools daily, dark in color. The temperature varied from 96 to 93.4 rectally. Edema slowly developed in various parts and its face was puffy. Three days before its death it manifested intense pain and hyperesthesia when it was handled and was visibly disturbed from its perfect calm. Its respiration was wheezy, and just before death cyanosis developed about the mouth and dependent parts.

The autopsy was performed by me on January 3d, 15 days after its birth and 36 hours after death. Fetus weighed about six pounds, ecchymosis over base of body and base of extremities. Knees and thighs flexed and rigid, arms, forearms and fingers flexed and rigid, adducted and rotated inward. Bones of skull at left occipito-parietal and parieto-temporal sutures are deficient, the deficiency being the size of a silver dollar. Anterior fontanelle is normal; the posterior larger in all diameters. Face and mouth normal; no squint present. The thorax and abdomen with viscera are all normal. The fetal circulatory vessels (foramen ovale, etc.) are present.

The right kidney is markedly lobulated, and both kidneys contain abundant, bright yellow concretions.

In the median line posteriorly, is an elliptical depression beginning at the second lumbar vertebra, extending upward one and one-half inches and transversely one inch, surrounded by rough, bony edges covered with integument. Over the center is an area of ulceration the size of a dime. A total deficiency of the spinous processes and laminæ of the upper two lumbar and the last four dorsal vertebræ forms this cavity. Within the cavity is felt a rounded, cord-like object. On dissecting away the membranous covering, I found about 5 c. c. of amber fluid. The dura ceased abruptly at the upper limit of the cavity and binding the membrane to the contiguous structures were a number of bluish bands forming interlacing partitions in the cavity. Above, a number of nerve-fibres seemed to form the lumbar and sacral plexuses of nerves, given off from two cords which were found running through the central cavity of the dorsal spine. They ceased abruptly in the ramifying fibres at the upper limit of the cavity, and therefore, except for these, there was no cord below the eighth dorsal vertebra, and no equina at all. I found on opening the spinal column that the cord divided at the eighth dorsal vertebra into distinct cords, which were found running through the central cavity, invested in a common dura, and each surrounded by a separate pia and arachnoid which forming partitions invested the nerve-fibres in the cavity. The whole spine showed marked lordosis to the left. The bodies of the vertebræ were normal anteriorly.

The third variety is the rarest and is called the myelocystocele. This form is produced by a dilatation of the central cavity of the spinal canal by the spinal cord which forms a more or less club-shaped mass and protrudes through a bony aperture in the spinal column. The covering is formed by the cord tissue itself and the aponeurosis formed by it as it fills the cavity. The tumor is translucent and lacks nerve fibres and its cavity is smooth and glistening.

The diagnosis is easy. It is made on finding a more or less central spinal tumor of congenital origin, usually in the lumbo-sacral or cervical spine, reduced by pressure, which causes bulging of the fontanelle, stupor, or even convulsions, enlarging or becoming tense on the child's crying, the margin of the tumor formed by a bony deficiency easily palpable.

Of the treatment I have little to say. It must be remem-

bered that cure may be spontaneous in certain cases. Two possible courses are open for the radical treatment of the condition: First by operation, second by the injection of irritants. The operative treatment is the only active treatment offering any hope. Our results at the Flower and the personal results of various men with whom I have spoken have all been very unsatisfactory. In 229 cases reported by one operator, 82 were fatal or 35.8 per cent., and in 87 cases reported by another observer, 23 were fatal or 26.4 per cent. In these two series we are not told anything as to the result of the cases which lived, so that the figures are of little positive value. The injection treatment was warmly recommended in the days when the extract of the white oak bark (*Spiritus glandi querci*)¹ was so indiscriminately used. Injection of Morton's fluid has been tried, but I cannot recommend it either from what the books say or from the principle underlying the injection treatment. In these cases the injection treatment seems wicked, since the majority of these patients are feeble infants, incapable of reacting normally to powerful irritants, and one wonders how it is hoped to remedy by it a congenital development defect always in the bony and usually in the membranous coverings of the cord, which, it is well known, cannot accommodate itself to sudden variations in its fluid pressure. And so the treatment thus far remains largely hygienic and palliative by the application of protective dressings to prevent injury to the coverings of the tumor or infection, and passive acquiescence in the inevitable fate of the patient.

INFANT FEEDING*

By Dr. I. N. PALMER, M. D.

Newark, Ohio.

PRELIMINARY to the discussion of this subject, it must be understood that the commercial foods furnishing sustenance to our infants are various, all possessing most of the necessary elements, and all deficient in one or more of them.

The elements of mother's milk should furnish the formula for ideal infant feeding, for in this is found all the products for the development and perfection of a healthful and vigorous body.

*Read before the Miami Valley Homœopathic Medical Society, Dayton,

And were it not for the constant shifting of ratios of the elements, the production of a perfect substitute for mother's nurse would be a simple matter, but chemical analysis shows not only shifting of the ratios from samples of different mothers, but at different times the ratios shift in samples from the same mother. This fact renders it impossible to formulate any universal rule for the preparation of a perfect artificial food. All commercial products, to be safe from their becoming rancid, are made deficient in fats, which fact renders them objectionable.

The average formula of fat 4%, sugar 7%, proteids $1\frac{1}{2}\%$ should be closely adhered to, but it must not be forgotten that many babies flourish on mother's milk which is far below or far above these percentages. This necessitates the study of each individual case, preferably by an experienced medical man, but certainly by one who is able to recognize the excess or deficiency of the elements in cases of inanition, narasmus, rachitis, etc.

But the infant robbed of its natural food is the one demanding our greatest skill and consideration, for any of us who have been compelled to resort to artificial feeding can testify of the difficulties encountered.

Great effort has been expended in the production of an artificial food capable to act as a substitute for mother's milk and volumes have been written descriptive of them, extolling their many virtues, etc., etc., but being commercial products nothing is said of their deficiencies.

That these foods have been of considerable value to babies no one doubts, but institutions where they have been given a thorough test, and where results can be observed closely, give unfavorable reports. They say that children fed upon them show low powers of resistance and readily succumb to diseases incident to childhood if contracted during this period of nutrition. Indeed, some of these foods in ordinary use and recommended by some of our best physicians are especially ill proportioned. As an instance of this we cite condensed milk, a commercial product over rich in sugar and proteids and containing but a trace of fat. As expected because of its sugar and proteids, this article produces fat, plump babies, and hence is very popular with mothers, but being deficient in one of the essential elements of sturdy babyhood, it produces results which are least questionable.

It is now conceded that cow's, mare's or goat's milk properly modified furnish food nearest mother's of any substance yet discovered, and since cow's milk is most accessible, it has become the leader. Experience, however, has taught us that no uniform milk

formula can be made to serve as a perfect substitute for mother's milk and intelligent students of this problem have ceased to search for one, but great advances have been made, so great indeed that cholera infantum and kindred diseases of infancy which are largely due to infection errors in metabolism, and ill proportioned food elements are seeking shelter upon the shelves of oblivion, and will be known to the future only as medical curiosities.

Much stress is now given to the proper percentages of fat, sugar and proteids, and they deserve consideration, but in our eagerness to secure these exact ratios, I fear that we fail to give due importance to quantities. Then, too, the "Healthy Infant" is constantly held before us as a guide. We are too apt to forget that this individual can digest anything. We see most of him when he is "unhealthy," when overfeeding, dentition or the hot, sultry days of summer have disturbed his vital forces. Then his digestion yields and we no longer have the "healthy infant" for whom food formulæ are found in profusion. True, we should be mindful of the formula for the healthy baby, but now our ingenuity and resources are severely taxed to find any food that can be tolerated and yet nourish.

More digestive troubles are caused by overfeeding than any other one cause. Babies are nursed or fed when they cry and generally the more they are fed the more they cry and vice versa. Unless spoiled by too much care, healthful babies do not cry, and it can safely be asserted that a crying baby is suffering from some error of digestion.

It has been shown that food remains in a normal infant stomach 2 to 3 hours. From this then it is evident that food supplies should not be repeated oftener than every 3 hours and this time should be increased to 4 hours as age and circumstances permit.

The fat baby is popular, but not so safe as one of average nutrition. Excessive accumulation of fat is the first evidence of overfeeding. This is often followed by large, dry, chalky stools, and skin eruptions ranging from small pimples to the severest forms of infantile eczema. Suddenly this chronic condition changes to an acute attack of indigestion, known by a score of different names to suit the fancy of individual writers. But most of us, however, agree in the use of the term auto-infection and all of us recognize the errors of metabolism as manifested by the spasm, nervous phenomena, etc. So, care of quantity of food should be given attention equally with that of proper ratios.

The variety of methods for the dilution of cow's milk is great. In the early nineties the Walker Gordon method assumed great

proportions and gave promise of having solved the problem of milk modification. Without doubt it accomplished great good, particularly in the technique of sanitation, but as a general method it is not practical because of the expense and the difficulty of distribution. In some of our larger cities it is still doing excellent service but as a general measure we hear but little of it.

About the same date "sterilization" became the slogan of progress and was logical in view of the discoveries in the field of bacteriology. It was thought that with the destruction of the "bug" our troubles would end. Now we know that the so-called bugs are a necessity, and that sterilization destroys necessary properties if not elements, for children fed upon sterilized milk soon become rachitic. We now think sterilization 1, renders the proteids less digestible, 2, alters the emulsion normal to milk, and 3, destroys its natural ferments. Of both these latter we have yet much to learn, but of the emulsion we know it to be impossible to break up the elements and restore them to their normal relations and we further know now that we destroy bacteria which are necessary for the production of natural ferments.

Pasteurization is not so harmful, but its efficacy is doubtful. If found necessary, as it sometimes is, the heat should not exceed 150° F.

Alkaline water is sometimes used to render the reaction the same as mother's milk, but recent and more delicate chemical tests announce the same reaction for both. Hence many have discarded lime water as a diluent.

Milk from a well-kept herd is preferable to that from a single cow, because of greater uniformity and should be delivered to the consumer as free of bacteria as possible. This problem of sanitation is now receiving care from boards of health which demands our heartiest commendation.

Instruction for the care of barns, grooming of cows, dress of milkers, and care of milk, should be furnished all dairymen and their permits to sell based on the strict adherence to them. Particularly should all dairy barns be kept clean and the udders of the cows washed and dried thoroughly before milking. The milkers should be dressed in clean, washable suits, have clean hands, milk into sterilized vessels through sterilized gauze, and it should be seen that the milk is kept clean in its passage to the consumer.

Gastric juices act very differently upon cow's and mother's milk. The former when vomited is a thick, heavy, leathery curd, while the latter is thin and flaky. This fact gives us a cue in the preparation of cow's milk. Some means should be adopted to

break up the curd and this is now successfully done with the cereal gruels, barley, oats or beans, but here again we are met with the difficulty of converting the starch granules, for it is well known that nature has made no provision for this in the digestive mechanism of early infancy.

For a normal baby three months old, capable of digesting foods consisting of fat 4, proteids $1\frac{1}{2}$, sugar 7, I would use the following formula: Secure milk of good quality, let it stand in a well-stopped bottle for 8 hours. With Chapin's dipper take off 12 oz. of the top and put it in a sterile vessel. Boil two tablespoonfuls of barley flour in 20 oz. of water 20 minutes. While cooking, stir in 2 level tablespoonfuls of granulated sugar and a pinch of salt. Strain into a clean vessel and cool for 3 or 4 minutes, or until you can taste without burning. Restore the original quantity with sterilized water. Add 1 teaspoonful of cereo, which liquifies the pasty diluent, and mix thoroughly with your 12 oz. top milk. This is enough for 24 hours' feedings and should be put in 6 to 8 feeding bottles, well stoppered and on ice. Before using, let a bottle stand in warm water to obtain the required temperature. As already stated, this is for the proverbial healthy baby, which we seldom see, but for whom we can instruct. When called, we usually find him unable to digest any food, in which case, I use boiled water, followed by albumen water and after bowels are cleared the barley diluent, adding milk as digestion will permit, and increasing or decreasing as occasion demands.

In early infancy and for those suffering from proteid indigestion, this element should be low, say $\frac{1}{4}$ to $\frac{1}{2}\%$. If fat is the irritant, this order should be reversed and my experience teaches me that this latter prevails equally as often as the former.

The greatest cause for the necessity of artificial feeding lies in the neglect of the baby and mother the first ten days. The breasts should be thoroughly cleansed before and after each nursing.

Cracked and sore nipples are full of bacteria and cause digestive disturbances by infecting the stomach contents which are difficult to control, and the necessary withdrawal of nurse to correct this condition alters the breast secretions, thereby increasing the difficulties.

In all cases, temporary expedients should be withdrawn and normal feeding restored at the earliest possible moment consistent with safety.

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HAVE YOU TAKEN THE O. N. PLEDGE?

SI monumentum quæris, circumspice.”

Dr. John T. Wheeler has gone to his rest, but the work which he initiated, as Director of the Division of Communicable Diseases of the New York State Department of Health, for the prevention of blindness among the new-born in the state of New York, will, we feel confident, perpetuate the memory of the wise and constructive administration of his important office. A life-long friend of Commissioner Porter, it was, he said, a real pleasure to be permitted to outline his plans for the co-operation of the medical profession with the Department in this humanitarian effort, first to the state organization of homœopathic physicians; and the reception he met at the Elmira meeting of this body was a matter of much gratification to him, and a stimulus to the work among other medical societies throughout the state.

His analysis of the situation with regard to ophthalmia of the new-born, his logical conclusion as to the personal responsibility of every individual accoucheur, and his simple appeal to the profession were really masterpieces, and the NORTH AMERICAN counts itself fortunate to be able to print the same in this issue for the benefit of all of its readers. For the calamities which Dr. Wheeler aimed to prevent, occur in every state of the Union, and the work planned by him for the accoucheurs of New York State was to be in co-operation with the national movement against ophthalmia of the new-born, now being directed by a committee of the American Medical Association, of which Dr. F. Park Lewis, of Buffalo, also a member of the Homœopathic Medical Society of the State of New York and of the American Institute of Homœopathy, is chairman.

If statistics were available they might show very few cases of ophthalmia neonatorum in the families under the care of homœopathic physicians. But who would dare to prophecy that not a single case of preventable blindness could not justly be charged up to failure on the part of some homœopathic physician to use a simple prophylactic measure in the lying-in room. If this be granted, Dr. Wheeler's clear logic shows that the responsibility should be shared by all.

This is the situation which, not only individual homœopathic physicians, but particularly local, state, and national homœopathic organizations, should frankly face, and take measures accordingly.

There are prophylactic measures approved by the vast majority of medical men to which a small majority of homœopathic physicians are strongly opposed, even if they do not absolutely refuse to observe them. It does not seem, however, that the local use of a solution of a silver salt could be one of these. Certainly the burden of proof of its harmfulness would rest upon the objector; and moreover, he must couple his objections with the substitute of some "just-as-good" method of prophylaxis; and here again the burden of proof of its efficiency must lie with him.

"The Written Word Remains" runs the old motto. Let us not idly promise ourselves to adopt this prophylaxis, but let us seriously; "for the honor of the profession and for the sake of

humanity," put ourselves on record by registering a formal pledge. On the last advertising page of this issue is printed the simple form of pledge which is being used in New York State. The slogan at medical gatherings is: "Have you taken the O. N. pledge?" It was part of Dr. Wheeler's excellent plan to print from time to time the names of the physicians whose pledges were sent in to the New York State Department of Health. Adapting this idea to a national need, and anxious that the homœopathic profession should be in the van in this beneficent movement, the editors invite the readers of the *NORTH AMERICAN* to sign the "O. N. Pledge and forward it to the office of the Journal, 1748 Broadway, New York, so that lists of signatures may be published from time to time. Duplicates for use among professional associates and at meetings of medical societies will be gladly furnished.

PUBLIC HEALTH.

IN a "Salutatory" addressed to its readers at the opening of the New Year, the *Medical Times* says: "One of the most notable of the medical events of the past year has been the arranging of a course in Sanitary Science and Public Health, at Cornell University, under the combined auspices of the New York State Department of Health, and that magnificent university. In other institutions this example will certainly be followed. All scientific hygienists agree upon the enormous importance of this step; for only by the education of local health officers and of the public in general can the health of the body politic, and especially its freedom from dire infections, be preserved."

The *Medical Times's* prophecy as to the result of Commissioner Dr. Eugene H. Porter's pioneer work is already being fulfilled. It is stated that the medical department of Columbia University has under consideration the organization of a course in sanitary science and public health.

But it is gratifying to see that the faculty of the New York

Homœopathic Medical College has taken advantage of the relationship existing between the institution and the State Commissioner of Health, who is both an alumnus and an ex-member of the teaching faculty of the New York College, and has obtained his co-operation in securing for the institution the distinction of announcing an advanced course of lectures such as probably has never been offered before by any medical college in this country. This course will be given under the auspices of the State Department of Health, and with one exception the lecturers all bear some official relation to that department.

The subjects to be covered are: "Public Health Administration," "Problems in Immunity in Relation to Public Health," "The Transmission and Prevention of Some Infectious Diseases," "Public Health Milk Problems," "The Public Health Laws," "Problems in Sewage Disposal," "Problems Relating to Water Supplies," "Voluntary Organizations in Public Health Work" and "Military Hygiene".

Dr. Porter's work as State Commissioner of Health has attracted the favorable attention of sanitarians throughout the country, as well as the appreciation of the people of New York State, and his recent re-appointment by Governor Charles E. Hughes for a second term of four years will be pleasing but not unexpected news to the readers of the *NORTH AMERICAN*. The State Senate paid the Commissioner the compliment of immediately confirming the appointment without the customary reference to a committee.

The problems that confront health departments and boards of health deal with the welfare of communities, the "public" health. But the public is an aggregation of individuals, and it is often the individual who proves the weakest link in the chain, and determines the strength or efficiency of public health work. We need the public official, adequately paid and properly trained (the two qualifications are very closely related), to supervise the sanitation, using the words in its widest sense, of the home and accessories, churches and public buildings, factories, stores and offices, the establishments of retail and wholesale purveyors of food supplies, means of transportation, etc., and to control by

isolation, quarantine or disinfection the spread of communicable diseases. But we also need the active efforts of the family physician to maintain the individual at the highest pitch of health efficiency. Certainly, in the so-called germ diseases it is true that soil is as necessary as seed.

This highest efficiency of the individual cannot be expected, however, from the present relations of the family to the physician. Doctor and patient must work together for the maintenance, and not only for the restoration of health, as is the rule at present. This idea needs to be brought home to a family, and the medical fraternity must establish a table of fees for this preventive work, as it has put into operation tables of fees for remedial services.

THE NORTH AMERICAN believes that the intelligent laity will quickly grasp the advantages of this innovation, and will be willing to pay a reasonable fee for such service. The business man to-day pays his lawyer a retainer to keep him out of litigation, and hires the expert inspector or mechanic to keep an eye on the machinery all the time and does not wait for the crash before availing himself of the latter's services.

Serious ailments are not, as a rule, over-night developments, and the trained eye of the physcan can read the signs of the oncoming storm. A periodical examination of the business man and the members of his household, every two or three months perhaps, would be worth a reasonable fee. As it is now, men pride themselves on their health, and then suddenly realize they need the services of a physician. The life and usefulness of a man could often be prolonged for the benefit of his family, his business associates and the community if the heart or kidney lesion had been detected, or the nervous breakdown foreseen, months before it had reached serious proportions.

Such periodical examinations of individuals or households should not be limited to physical or laboratory examinations, but the physician should seize the opportunity of the periodical examination to offer words of advice on personal and household hygiene. Suggestions could be made with regard to adequate ventilation, simple food, rational hours for retiring and arising, the

due proportion of work and play, the hygiene of the sex functions, etc.

To make the work complete due provision would have to be made by the community or the state for the rendering of such a service to those unable to pay the smallest fees charged.

The inauguration of such a system of periodical inspection and counsel would help wonderfully toward the perfection of the human race.

Notes and Comments

Our International Homœopathic Review—It is with great pleasure that the *NORTH AMERICAN* announces the consent of Dr. Rudolph F. Rabe to join its editorial staff and to take charge of the department of the Journal devoted to homœopathic materia medica and therapeutics under the title of "International Homœopathic Review." Dr. Rabe needs no introduction to the North American homœopathic practitioner, although one of the younger members of the profession, he has already made his mark—witness his selection for the chairmanship of the bureau of materia medica of the American Institute of Homœopathy last year, his election to the presidency of the International Hahnemannian Association, and his present appointment as head of the department of materia medica at the New York Homœopathic Medical College. It is Dr. Rabe's intention to include in his department reprints of articles which have appeared in foreign or out-of-print journals, summaries of articles in current homœopathic literature, and such observations and hints from his own pen as he believes will be helpful to and appreciated by the readers of the *NORTH AMERICAN*.

What Is Medicine.—That must have been a very interesting session of the Boston Homœopathic Medical Society reported in our last issue by our New England correspondent. The subject for discussion was "What Is Medicine?" and those asked to state their view on the question represented varying points of view. Apilogists for the Emmanuel Movement and Osteopathy had their say along with the representatives of the bulk of the medical profession demanding that education in the fundamental medical sciences must be a prerequisite to permission to practice the healing art, and the representatives of the old Massachusetts view that the public can protect themselves and that all barriers can be safely let down. Dr. Richard C. Cabot, professor of clinical medicine, Harvard University, was the chief exponent of the liberal view, giving it as his opinion that every one who wishes should be absolutely free to practice, and that the public has an equal right to employ any sort of practitioner. To put such liberal views into practice would seem a step backward to the great majority

in the medical profession; at any rate there would need to be an adjustment of this individualistic position that would properly safeguard the interests of the community, as for instance in the control of communicable diseases and the proper record of vital, morbidity and mortality statistics. On the other hand, it must be admitted that the present situation is far from perfect, and also needs adjustment; since without protecting the public from quacks and pretenders, we are hampering the freedom of the trained medical man, and putting a premium upon book learning instead of upon successful practical experience.

System in the Physician's Office.—Dr. Leonard K. Hirshberg, of Baltimore, believes in doing things systematically. In an article in the *Medical Record* (Dec. 26, '08) he tells how he uses a card index for case records, a cross reference of current medical literature kept on cards, his professional library has a card catalog, and all accounts are kept on cards. Dr. Hirshberg claims that the simplicity and regularity of his system of accounts is responsible for a loss of less than 5 per cent. in collections. He believes that every physician's office should have its stenographer and typewriter. All of the card records are kept in metal boxes which fit nicely into compartments in a fire-proof safe. A distinctly novel plan is followed for the purpose of keeping records up to date. A personal letter is sent once a year to patients who have not called on the doctor for twelve months, asking for the subsequent course of the trouble for which professional assistance was last sought. This not only enables him to keep the histories up to date but at the same time indicates if the patient has drifted into other hands.

Another Aid to the Diagnosis of Pregnancy—Another sign of pregnancy has been recently called to the attention of the medical profession by Hertzell, consisting of a growth of fine downy lanugo hair over the entire body, and a general stimulation of the hair follicles, leading to a rapid growth on all the hairy part of the body. The "why" of this phenomenon has yet to be determined.

Makropsia.—If you don't know what it means, look up the word in a medical dictionary. For those who do not happen to have such an authority handy the following quotations from the editorial pages of the new *Journal of the American Institute of Homœopathy* will serve to establish its meaning:

"It is a comfortable thought that the *Journal* is launched with a larger circulation than ever a homœopathic periodical has had in the history of homœopathy."

"The *Medical Century*, which it supersedes, stood in the front rank of our journals, and was looked upon as the only periodical in the school not representative of a special locality or section of the country."

The reason for the first of these remarkable observations is given as: "since it combines the American Institute membership, and the circulation of the *Medical Century*." Non sequitur. But what's the use, the logic of the one is on a par with the accuracy of the other statement.

International Homœopathic Review

Conducted by

R. F. RABE, M. D.

PROVINGS, THERAPEUTIC PROPERTIES AND CLINICAL VERIFICATIONS OF JUSTICIA ADHATODA.

SARAT CHANDRA GHOSE, M.D., *Indian Homœo. Review.*

IN Sanskrit it is called Vaidyamata, Singhee, Vasika, Aturoosha, etc.; in Hindi and Bengali, Bakus or Basuk; in Tamil, Adharorah.

DESCRIPTION OF THE PLANT

This is a small tree or large shrub found in India. It flowers in the cold season. Its leaves are broad-lanceolate; spikes short, long-peduncled and the corolla ringent, upper lip vaulted, and emarginate. The trunk is straight, the bark somewhat smooth and ash-colored. The branches are sub-erect, with bark resembling that of the trunk, but smoother. The leaves are opposite, short-petioled, broad-lanceolate, long, taper-pointed, smooth on both sides, about five or six inches long, and one and a half broad. The spikes from the exterior axills, solitary, long-peduncled, the whole end of the branchlet forming a leafy panicle, flower-bearing point short, and enveloped with large bracts. The flowers are opposite, large with small ferruginous dots; the lower part of both lips is streaked with purple. The bracts are three-fold, opposite, one flowered. Exterior one of the three, large, ovate, obscurely five-nerved. Interior pair, much smaller, end sub-lanceolate; all are permanent. Calyx five-parted to the base; divisions nearly equal. Corolla ringent. Tube short; throat ample; upper lip vaulted, emarginate; lower lip broad and deeply three-parted; both streaked with purple. Filaments long, resting under the vault of the upper lip. Anthers twin.

PARTS EMPLOYED.—Fresh leaves.

LEADING USES.—The Ayurvedic physicians of India prize it very much. They are so very sure of its efficacy that they call it *baidyamata*, i. e., mother of physicians.

They confidently proclaim that no death can occur from cough of any kind if *Vasaka* can play its role and find time to display its healing virtues.

It is cooling, destroyer of hoarseness and a sure and strong arrester of blood. It is highly efficacious in cold, coryza, cough, bronchitis, pneumonia, phthisis, spitting of blood, fever, jaundice, vomiting, thirst, loss of appetite, and constipation.

PROVING NO. I.

NAME OF THE PROVER.—Bama Charan Roy, aged 32.

On May 10, 1903, at 8 a. m., I gave him three (3) drops of the tincture of *Justicia adhotoda*. He took *Justicia* in three-drop doses five times that day. No symptom of poisoning was marked that day.

May 11.—He continued to take *Justicia* in three-drop doses from 8 a. m., of this day also.

He had an attack of a mild catarrh at 4 p. m., this day; there was tickling sensation at the root of the nose.

No more doses of *Justicia* were given this day.

May 12. At 8 a. m.—A dose of three drops of the tincture was given.

At 10 a. m.—Another dose was given.

The catarrh became very fluent and profuse this time; there was also sneezing present.

At 4 p. m.—Another dose was given.

No new symptom was marked.

At 10 p. m.—Another dose was administered.

No more doses were given this night.

May 13. At 8 a. m.—A dose of three drops was given.

At 10 a. m.—Another dose was taken.

At 11 a. m.—There was a perceptible aggravation of the symptoms.

At 1 p. m.—The following violent symptoms were marked by me personally.

MIND.—He grew anxious and discouraged; he felt a decided aversion to conversation and was inclined to be angry.

HEAD.—The head appeared to be full and heavy with pressure towards the forehead; he experienced heat of the head; there was pulsation in both sides of the forehead.

EYES.—There was watering from the eyes; burning pain in the eyes existed; eyes seemed to be confused and swimming in tears.

EARS.—All noise was unbearable to the ears.

NOSE.—There was fluent and profuse coryza from the nose, with constant sneezing; there was swelling of the nose, with painful sensibility to touch and obstruction of the nose; the fluent coryza was accompanied by shooting and aching in the forehead; the nostrils were ulcerated; there was loss of smell and of taste; there was sometimes dryness of the nose and when the dryness was experienced obstruction of the nose was the result.

FACE.—The face was red and burning, and was hot. There were gnawing pains in the face, mitigated by external pressure.

TEETH.—There were shooting pains in the teeth which extended to the cheek.

MOUTH.—There was dryness of the mouth with thirst; the mouth, throat and tongue were all dry; the tongue was enveloped with a white coating.

THROAT.—There was a sensation of dryness in the throat; there was pain, as of excoriation in the throat, during empty

deglutition; there was tenacious mucus in the throat, which could not be detached without repeated coughing.

APPETITE.—There was total loss of appetite; the taste was insipid and putrid; there was repugnance and disgust for food.

NAUSEA AND VOMITING.—There was nausea; vomiting took place while coughing; there was vomiting of mucus; there were exhaustion and paleness of face after vomiting.

ABDOMEN.—Pains were felt in the hepatic region, mostly shooting and gnawing pains; there was abundant production of flatus, with gurgling; there was sometimes escape of flatus.

STOOL.—There were loose evacuations, mixed with mucus and slight colic, ameliorated after stool.

RESPIRATORY ORGANS.—There was hoarseness, cough and rattling in the chest; there was painful tenderness of the larynx when touched; there were frequent fits of coughing, associated with suffocative obstruction of respiration; sometimes vomiting took place while coughing; the cough was accompanied by sneezing, stitches in the chest and red face; there were some paroxysms of cough, with expectoration of bloody, slimy matter, or of tough, yellowish mucus; there was a marked aggravation of these coughing fits at night.

GENERALITIES.—There was a marked over-sensitiveness to external impressions.

FEVER.—The pulse became quick and hard; the temperature of the body was found to be 102.2; he felt chilly every now and then.

PROVING NO. II.

PROVER.—Durga Pado Mookherjee, a homœopathic practitioner.

AGE.—He was 27 years of age.

On the 12th of June, 1903, he took three drops of the tincture of *Justicia* at 10 a. m. Another dose was taken by him at 1 p. m. The third dose was administered to him at 4 p. m., and the fourth dose at 8 p. m. He did not feel any discomfort that day.

June 13, 10 a. m.—He took three drops of the tincture.

At 1 p. m.—He took another dose.

At 4 p. m.—He took three drops.

At 8 p. m., He took another dose.

At 10 p. m.—He experienced a tickling sensation in the nostrils; there was also burning sensation in the nostrils.

At 10.30 p. m.—Premonitory indications of coryza were marked.

At 11 p. m.—The catarrh grew very profuse and fluent; there was also sneezing present; there was watering from the eyes.

At 5 a. m.—Another dose was taken.

June 14, at 7 a. m.—The head seemed to be heavy; there were burning pains in the eyes; there was fluent coryza which streamed down the cheek, accompanied by violent, almost constant sneezing; there was total loss of smell and appetite; there was dryness of the mouth, with thirst; there was white coating on the tongue; there were hoarseness and cough, with rattling in the chest; fre-

quent paroxysms of cough came on, with sneezing and obstruction of the nose; there was cough, with expectoration of tough, yellowish mucus which could be expelled after repeated hawking; the pulse became quick and full; he felt chilly and feverish, but there was no rising of the temperature. I had a mind to give two or three doses more; but he was very unwilling to take any more. I believe that the rest of the symptoms marked in the first proving would have surely appeared if he could have taken a few more doses of *Justicia*.

These two provings will, however, suffice to demonstrate that *Justicia* will turn out grand homœopathic remedy in coryza, cough, bronchitis, etc.

PROVING NO. III.

NAME OF THE PROVER.—*Srish Chandra Ghose*. Aged 32 years.

On the 10th of August, he took 3 (three) drops of *Justicia Adhatoda* at 10 a. m.—The second dose was given at 4 p. m., and the 3rd dose at 10 p. m. (

He did not feel any uneasiness that day.

11th August at 8 p. m.—He took 3 drops of *Justicia*.

12 o'clock noon. He took another dose of 3 drops.

6 p. m.—He experienced a tickling sensation in the nostrils.

10 p. m.—There were well marked symptoms of coryza; there was watering from the eyes; there was also sneezing present.

13 August.—Two more doses of *Justicia* were taken in three drop doses at 8 a. m., and 11 a. m.

The following symptoms were marked:—

HEAD.—Dull headache was present with fulness and pressure towards the forehead.

EYES.—There was watering from the eyes; burning sensation in the eyes was also present.

NOSE.—There was fluent and profuse coryza from the nose, with constant sneezing; there was also swelling of the nose; there was total loss of smell and of taste.

FACE.—The face was puffy.

TEETH.—There existed shooting pains in the teeth which extended to the cheek.

MOUTH.—Dryness of the mouth was present with thirst; the mouth, throat and tongue were all dry.

THROAT.—The throat seemed to be dry and it was very sore; there was pain, as of excoriation in the throat.

APPETITE.—The appetite was totally lost; the taste was putrid.

RESPIRATORY ORGANS.—There were some paroxysms of cough with stitches in the chest.

GENERALITIES.—There was a well developed symptom of oversensitiveness to external impressions.

PULSE.—The pulse was found to be quick and accelerated; the temperature was 100.2; creeping sensation of chilliness was present.

PROVING NO. IV.

Mr. J. D. W. C., of Richmond Va., published an accidental proving of *Justicia Adhatoda* in the *Homœopathic Recorder* of 15th July, 1905.

As the article seems so very interesting, I cannot but quote and publish it.

"I expect Dr. S. C. Ghose, of Calutta, India, would be delighted to learn that this p. m.—about 12 o'clock—I had a first class sneezing fit and a genuine coryza, with other suffusions and troubles succeeding, until now—about 6 p. m.—I am very glad business matters are dismissed and I get a chance to sit down and meditate.

How all this and much more came about is somewhat as follows:—

Yesterday, March 25th, A.D., I undertook to search out some of the things relating to "*Justicia Adhatoda*"—(I shall not now be at a loss as to the orthography of the word "*Adhatoda*"—for one of its syllables, "*tod*"—means, in German language, nightmare, death!)

In the May issue of that interesting repository—the *Homœopathic Recorder*—I read and reread the doctor's account of that East Indian plant. *Justicia Adhatoda*; and as I and some other members of our family had "disturbances" that seemed to harmonize with doctor's exhibit it was a simple matter and a good time to test the thing—so out of a handful of cut loaf sugar cubes I selected six, of about uniform dimensions, and as nearly as I could control matters put about three drops of mother tincture (B. and T. Brand) of the aforesaid plant on each cube, and from 1 to 4 o'clock p. m., the entire 6 cubes, were devoured, one by one with about half-hour intervals, so as to give myself a chance to cut off the experiment in case some of those occult, East Indian vagaries should develop. But everything was quiet and tranquil up to about 7 p. m., of the same 25th, when I had ceased to have expectations and sat down to a small bowl of soup and rye bread, the first spoonful of which caused the silent remark: "what under the sun can be the matter with my throat?" In as much as I live entirely solitaire I had to discuss the matter as best as I could in monologue and in silence, but went on with the frugal evening meal, and was glad to drop into bed about 8 p. m., with a sore throat, suffused eyes, stuffy, stupid feeling head, and this morning (May 26th, 1905) got up about 7 a. m., with all those symptoms in good working order!—supplemented by a very queer sort of headache, seeming to arise from a displaced brain, and which disappeared on attaining the erect position, when the brain seemed to flop over into its normal position. And now, about 7 p. m., May 26th, my throat is still sore, head and eyes suffused, hands puffy and swollen, feet and legs swollen and quite puffy and I hope very soon to be in bed.

Richmond, Va.

J. D. W. C.

CLINICAL VERIFICATIONS

CASE NO. I. WHOOPING COUGH.—A grandson of Dr. Nundo Lal Ghose, of Tallygunze, aged two years, was suffering from whooping cough. Whooping cough was, at that time, raging epidemically in that locality. Two deaths occurred in the family a few days before. I was called in to see the patient on Sept. 10th, 1903. The boy had been under the treatment of a homœopathic practitioner of the locality.

I marked the following symptoms when the boy was placed under my treatment.

The boy coughed immediately after eating and drinking, and vomited what he had eaten; convulsions appeared during the course of cough, spasms of flexors predominated; the paroxysms of cough went on without any interruption for a long time and which lingered till the breath was nearly exhausted; the body became stiff and rigid; there was rattling of mucus in the chest; the cough became sometimes dry and sometimes moist; any change of air produced the fits of coughing; the fits were marked to appear every thirty or forty minutes; there was no appetite; tough, ropy mucus came on with vomiting; there was obstinate constipation and the bowels did not move for the last five days.

I heard that the physician in attendance had given him cuprum, corallum rubr., drosera, bryonia; but nothing had been found efficacious.

I prescribed my new remedy, *Justicia Adhatoda*, ix every hour.

September 11.—I went to see him at 10 a. m. I heard that the boy was somewhat better than before. He passed almost a quiet night. There was only one fit of coughing last night, which lasted for only ten minutes; but there was no convulsion; I also heard that there was a motion in the morning at 8 a. m., which consisted of hard dry balls mixed with ropy mucus. I gave the patient one ounce of barley water in my presence, but he did not throw it off.

I prescribed *Justicia Adhatoda* 3x to be given every two hours.

September 12.—I saw the boy at about 11 a. m. The bowels were moving regularly; there was no rattling of mucus in the chest; there was no coughing-fit last night; the patient had appetite now; the boy appeared to be cheerful.

I prescribed *Justicia* 3x every four hours. The boy took this medicine for four days more and regained his former vigor and strength within a week.

CASE NO. II. WHOOPING COUGH.—The youngest son of Babu Annada Prasad Kundu, of Bhowanipore, aged three years, had been suffering from a severe attack of whooping cough for the last twelve days.

He was placed under my treatment on August 10th, 1903, when I marked the following symptoms:

The whooping-cough returned periodically in spasms which lasted for a long time and produced extreme exhaustion; the boy held each hypochondrium during cough; there was yellow expectoration which the boy had to swallow; the cough induced the

vomiting of food and the boy threw off everything as soon as it was taken; the patient was very restless and totally sleepless; there were sometimes paroxysms of severe spasmodic cough which continued with uninterrupted crowing inspirations till the boy grew purple and blue in face and was quite exhausted; the patient was worse in the latter part of the night; the bowels had not moved in the last two days.

I at first prescribed *drosera 6x*, and afterwards *corallium rub. 30*; but none of them could do any good. I then gave him *Justicia adhatoda*, mother tincture, one drop every three hours.

August 11.—I saw the patient at about 9 a. m., when I was astonished at hearing that a violent aggravation had taken place as soon as the third dose of my remedy was administered. I thought that this aggravation was due to the strength of the dose and so I gave him *Justicia* in ix potency and ordered that one dose of it should be given after each fit of coughing.

August 12.—I went to see the boy at 8 a. m. I was very glad to hear that the boy was somewhat better than before; the bowels moved this morning; the boy slept for nearly five hours last night; there was only one fit of coughing during last night; the boy vomited up to 11 p. m., last night, but since then no vomiting took place although the patient had barley-water for four times. The news made me happy and I prescribed *Justicia 3x* to be given every four hours.

Suffice it to say that *Justicia* alone cured the patient perfectly within a short period of five days.

CASE No. III. BRONCHITIS.—Babu Hari Das Roy, aged 28, had a severe attack of cold which eventually turned into bronchitis. I saw the patient on the seventh day of the attack. I saw him on January 10th, 1904. The following symptoms were prominently marked:

MIND.—The patient was extremely irritable; everything put him out of humour.

HEAD.—There was faintness on rising.

MOUTH.—The mouth, tongue and throat were very dry, with violent thirst; there was a heavy, yellowish coating on the tongue; the taste was bitter.

ABDOMEN.—The liver region was sore, worse on pressure and coughing.

STOOL.—There was obstinate constipation; the patient had been suffering from habitual constipation for the last five years; the stools were dry, hard and seemed too large.

RESPIRATORY SYSTEM.—There was difficult, quick respiration; the cough was dry, from the sternal region all over the chest, as if it would burst, with scanty, yellowish expectoration; tough mucus in trachea, loosened only with repeated hawking.

FEVER.—The temperature of the body was found to be 104.6 at 9 a. m.

All the above symptoms pointed out *Bryonia* as the true remedy; but still I prescribed *Justicia 3x* every four hours.

January 11.—The morning temperature indicated 101.4; there

was easy expectoration of yellowish mucus; the mucus grew moist; the patient had one stool in the morning which was not so dry and hard; there was less thirst and the tongue was moist.

The same medicine was continued.

January 12.—The temperature was found to be normal; there was no rising of the temperature last evening; the patient had a natural, soft stool in the morning; there was no thirst; the cough was almost absent and there was no pain over the chest; the patient did not experience faintness on rising; there was great appetite for food.

The same medicine was given every six hours.

January 14.—The patient did not complain of anything this morning. The habitual constipation, from which the patient suffered so much, was cured as well by the administration of this drug.

This was, no doubt, a glorious cure wrought by *Justicia*.

CASE NO. IV. BRONCHO-PNEUMONIA.—The second son, aged four years, of Babu Gispati Choudhuri, of Bhowanipore, was seized with an attack of broncho-pneumonia on November 28th, 1903. The mucous rales were heard distinctly over the chest, with great difficulty in breathing; there was considerable rattling of mucus and the chest was full of mucus, but the boy was not, at all, able to bring it up; there was rapid, short, difficult breathing and the patient seemed as if he would die of suffocation; the eyes were congested, staring, dull; the face was pale and somewhat bloated; the tongue was dry and brown there was excessive thirst; there was great drowsiness prevailing; the temperature of the body was found to be 104.8.

I heard that antimonium tart. in both 6th and 30th potency was given before; but, unfortunately, it did not bring any good at all. I prescribed *Justicia* 3x every two hours, according to the emergency of the case.

November 29.—The oppression of breathing was almost gone; bronchial tubes were almost clear; the cough was still present, but not so troublesome as before; the tongue was moist; the temperature was 101.6 at 9.30 a. m.

I prescribed *Justicia* 3x every four hours.

November 30.—The coughing fits were less frequent; the bronchial tubes were now perfectly clear and there was no rattling of mucus; the patient had two motions last night with which mucus was mixed; the temperature was 100 in the morning.

The same medicine was continued.

December 1.—The temperature was found to be normal this morning; the bowels were now moving regularly; the boy slept soundly last evening and was better than before.

The same medicine was given.

December 2.—I found the boy to be very jolly this morning. He wanted to eat boiled rice. No other complaints could be marked. I gave him milk and loaf to-day.

The same medicine was given every six hours.

The boy was cured perfectly within five days more.

CASE NO. V. PHTHISIS.—Babu Rajani Kant Roy, of Hat Khola, Calcutta, called me to see his son, aged thirty-one years, who was suffering from the first stage of phthisis. The patient had an attack of bronchitis six months before, and since that time he had been suffering from chronic bronchitis. He did not take any care to take proper medicine for this cough; but when the attending physician diagnosed the disease as nothing but phthisis, Rajani Babu grew very anxious.

I saw the patient on November, 12th, 1904. The following symptoms were marked:

MIND.—Lowness of spirits; he was over-sensitive to external impressions.

HEAD.—Burning sensation on the forehead.

FACE.—The face was very pale; there were blue rings around eyes.

MOUTH.—The tongue was very dry, and there was excessive thirst for cold water.

ABDOMEN.—There was obstinate constipation.

RESPIRATORY SYSTEM.—There was constrictive pain in the lungs; there was also tightness across the chest; the whole body was seen to tremble while coughing; there were frequent fits of coughing with hœmoptysis, after which severe dyspnea and short breathing appeared; the expectoration was dry, rusty, blood-colored; the patient grew worse while lying on the left side.

FEVER.—The patient felt chilly every evening; there were also night-sweats.

I prescribed *Justicia adhatoda* 3x to be given every four hours.

November 14th.—I heard a good report of the patient this morning; the bowels moved last night; the cough was still present, but the expectoration was moist and easy, and there was no spitting of blood, since yesterday.

November 16th.—A decided improvement was wrought by *Justicia*. There was no fever last evening; the cough did not trouble the patient, only now and then; there was no spitting of blood; there was no difficulty in breathing. The patient was experiencing greater relief than before.

The same medicine was continued.

November 20th.—The paleness of the face was nearly gone; there was great appetite for food; there were only three or four negligible attacks of cough during twenty-four hours; there was no fever; no night-sweats appeared; the bowels were moving freely and regularly.

The patient was fully cured of this dreadful disease by taking *Justicia* alone for a month more.

The success of this typical case will forcibly and conclusively illustrate the usefulness and curative virtues of this drug. It is my firm conviction that it will be recognized as a valuable homœopathic drug in the near future. This drug is producing magical results in the hands of our Indian Ayurvedic practitioners, and I don't know why it will not do the same service as a homœopathic remedy.

CASE No. VI. CORYZA.—The son of Bubu Bhupati Choudhuri, of Bhowanipore, was suffering from a severe attack of cold.

There was copious fluent coryza, accompanied by violent coughing; the eyes were somewhat swollen and watered all the time; he was feverish.

I prescribed *Justicia* 1x every three hours, and he was fully cured within two days.

CASE No. VII. CORYZA.—My son had an attack of cold. He had fluent coryza, with constant sneezing; there was hoarseness with swollen nose; there was stoppage of nose at night; there was also thirst; no appetite existed; there were occasional coughing fits, but no expectoration ensued. I prescribed *Justicia* 1x every three hours. After the administration of the third dose he fell asleep.

He came around within three days. From the second day there was no hoarseness.

CASE No. VIII. CATARRH.—The son of Babu Hari Roy, Deputy Magistrate, aged three years, was suffering from a severe attack of catarrh of the head and nose. There were excoriating discharges from the nose which made the nostrils raw and sore. There was a creeping sensation of chilliness; there was fluent coryza with abundant tears and cough; there was frequent sneezing; painful heaviness of the forehead, and great thirst existed; the bowels of the boy had not moved for the last four days.

I prescribed *Justicia* 1x every three hours. I saw a decided improvement of his condition when I went to see the boy the next morning; there was no sneezing; heaviness of the forehead disappeared; there was less discharge from the nose; the boy passed one healthy stool in the morning. The medicine was given every six hours. All the sufferings of the boy vanished within two days more.

CASE No. IX. WHOOPING COUGH.—The grand-son of Bapu Umapado Roy, of Kalighat, who was three years of age, had an attack of whooping cough and had been suffering from this obstinate malady for more than one month. The boy was, from the beginning of the attack, placed under the treatment of several eminent homœopathic practitioners of Calcutta, and they did their utmost to arrest the further progress of the disease, but in spite of their endeavours the disease was seen to increase by leaps and bounds and to catch hold of the body with firm grasp. The homœopaths treated the boy for eleven days and then the boy was treated by some allopaths, who were equally unsuccessful in curing, or rather mitigating the sufferings of the boy. On the nineteenth day of their treatment the condition of the boy grew serious and created serious misgivings as to the result of the case.

On the 2nd of November, 1904, the boy had some coughing fits which appeared to last longer than before. At 10 a. m., of that day the boy had a fit which lingered for more than twenty minutes, after which the little patient became stiff, and there was not the least sign of animation. The relatives of the boy thought him to be dying and began to cry; but the attending physician

sent a messenger in hot haste to me. I went there at 11.40 a. m., and examined the boy minutely. There was still no animation. However, I gathered the following information from the physician in charge: The boy had an obstinate constipation and the bowels did not move until mechanical measures were taken; the fits of cough were very violent and appeared almost hourly; extreme prostration came on after the fits; there was generally vomiting while coughing; there was rattling of mucus in the chest and fine rales were audible; there was no fever; the boy was very restless and always crying; there was no appetite and he was very unwilling to take even the mother's milk; cough was seen to be worse after crying.

These particulars led me to prescribe three small globules medicated with *Justicia* 1x. I watched the effect of this remedy and waited for ten minutes. I gave the second dose after ten minutes and yet another dose was administered after ten minutes. As soon as the third dose was given, the boy, to my intense joy and utter amazement of the spectators, displayed unmistakable signs of vitality with sharp cries; but there was no cough. This was, no doubt, a hopeful indication of its action.

I left three powders of *Justicia* ix and instructed the attending physician to give one powder every three hours.

I went to see the boy again at 11 p. m., that night. The grandfather of the boy thanked me very much for the medicine which had, no doubt, done, yeoman's service in the mitigation of the disease so long resisting almost every kind of medicine. I heard a good report of the boy. The bowels moved at 10 p. m., naturally for the first time and the stool consisted of hard, dry balls, mixed with tough and purulent mucus. The boy was given two ounces of milk and took it eagerly, but there was no vomiting at all.

Justicia 3x was given every five hours.

November 4.—There was more improvement this day. The bowels had been moving naturally and there were only five fits of coughing during twenty-four hours. The boy had been drinking milk with an amount of eagerness which could not be found a month before. The same medicine was continued.

November 6.—The cough had totally disappeared and the boy appeared to be jolly.

The same medicine was given every six hours. The boy regained his former vigor and strength within a fortnight.

CASE NO. X. WHOOPING COUGH.—My grandchild, aged seven months, had an attack of whooping cough, and was suffering from the same for about one month, and notwithstanding my application of *ip.*, *drosera*, *coral*, *r.*, *coccus cact.*, *scilla*, *trifolium*, the gamut closing with *ammon. brom.*, I could do nothing to diminish either the intensity or the frequency of the paroxysms, and the little, otherwise healthy, child was going from bad to worse. On the 7th of May, Saturday, I consulted Dr. S. C. Ghose, and on informing him of what I had done for my dear little grandson and the result I had met with, he very kindly handed a one-dram phial

of his new preparation of *Justicia adhatoda* and asked me to administer the same in water in half-drop doses, every three hours, adding that he had used the remedy successfully in many cases of infantile bronchitis and cough, especially when, as in the case of my grandson, there was constipation of the bowels in the bargain. I came home with the remedy with some doubt in my mind as to the success of the remedy, but like a drowning man, catching at a straw, I without any delay stopped all other medicines and prepared and marked a two-ounce phial of the remedy in water, the dose being half a drop in one dram of water.

May 8th, 1904.—There was appreciable diminution in the frequency though not yet in the intensity of the paroxysms.

As I found there was some mucus in the larger bronchii and fine rales were audible throughout the chest, I thought it inadvisable to give the remedy in cold water. I immediately had brought to me some boiled water and gave my grandson a dose in the same while it was yet hot. Another similar dose at noon and yet another at bedtime, and, to my great joy and astonishment, there were no attacks of the severe cough during the whole of the 9th instant. Since that day the bowels have been moving regularly and there was a negligible attack or two of coughing, not more, in every twenty-four hours.

CASE XI. COUGH.—May 15th, 1904.—Mrs. Ghose, the wife of Babu Moumotha Nath Ghose, of Bokoolbagan, Bhowanipore, Calcutta, was suffering from a very severe attack of cough—the paroxysm giving her neither rest nor respite, whether by day or night. The fits were suffocative and most exhausting. On the strength of what I had found *Justicia adhatoda* had done in the case of my grandchild, I prescribed that remedy in the mother tincture in two drop doses in hot water—as hot as she could drink.

May 16th.—It was reported to me that the fits had much lessened both in frequency and intensity. The same remedy to be continued.

May 20th.—The cough had totally disappeared and had left in its place an appetite for food the like of which the young lady had not experienced since she had those distressing coughing fits.

CASE NO. XII. BRONCHITIS.—September 13th, 1904.—I was called to attend the infant child of Mr. S. C. Sen, aged a year and a half, who was suffering from a bad attack of bronchitis. Examination brought out the fact that the larger bronchial tubes were loaded with a tough, viscid, slightly yellowish mucus, which the child could not, with its best efforts, dislodge. The cough was hard and racking and the child suffered extremely from embarrassed breathing. Small, moist rales could be heard all over the chest. The temperature was 103.5 when I saw the child for the first time at 5 p. m. The tongue was coated thickly white and everything pointed to ant. tart. as the simile and this remedy I prescribed in the 30th centesimal potency every six hours.

September 16.—The oppression of breathing had almost disappeared and the temperature was normal from the morning of the 14th. The mucus in the tubes had become much reduced but

was still tough and stringy. The cough was still very troublesome and frequent. The coating on the tongue was entirely gone. There had been only two stools in the last three days. After much consideration, I next prescribed *Justicia adhatoda* in the strong tincture, a drop every two hours in a quarter of an ounce of tepid water.

Sept. 17.—The coughing fits had much abated both in intensity and frequency and every now and then the child vomited large quantities of a whitish gelatinous mucus. The bowels were now moving much more freely, I was told, than ever during the last two or three months. The child had slept a natural sleep last night and was better in all other respects.

Justicia adhatoda mother tincture every four hours; dose as before.

Sept. 20.—The breathing was now quite free and easy, the rales had disappeared and the child now took its milk with quite an appetite, and, what was more welcome, retained the same which he had not done since he was first attackd with the cough. Cough there was none now.

CASE NO. XIII. A LIVER CASE.—December 1st, 1904.—The son of Babu P. C. Ghosal, the second brother of my landlord, aged only six months, was taken ill about a fortnight ago. The liver was congested and the child cried when pressed upon ever so lightly on the hepatic region. The temperature varied from normal to 103° at night. With this was associated a slight tickling cough that prevented the child from sleeping at night. The little patient was at first placed under the care of an allopath of Bhowanipore, who treated the boy for about two weeks, but, in spite of all his endeavours the child became worse every day and the cough gradually developed a "whoop." It was in the morning of the above date that I was asked to treat the boy and I at once prescribed *chelidon*, 6x every three hours, the above symptoms as well as the color of the stools and urine all pointing to the remedy.

December 4.—The child was better in all respects excepting the cough, the urine and stool both having almost resumed their natural color and consistency. The pain in the liver was not at all apparent now. It was now only the cough that had assumed graver proportions, both as regarded intensity and frequency. The oppression of breathing was painful to witness. The respiration was sawing and the cough dry, barking, croupy, but the child now and then vomited a tough white mucus, which appeared to relieve the boy somewhat. I at once prescribed *spongia* 6 every hour, promising to call the next morning.

December 5.—The oppression of breathing had almost gone and the loud sibilant rales audible yesterday were not apparent. The condition of the child had, on the whole, much improved, but the bowels had become a little constipated and the cough was as frequent and severe as ever. *Spongia* 30 every six hours.

December 7.—The improvement was stationary since I last saw the child and the bowels had moved only once yesterday and not at all to-day up to 4 p. m., when I saw him.

I now thought of what Dr. S. C. Ghose's new remedy—*Justicia adhatoda*—had done in my hands in the case of my own grandson in May last and directed a drop of the mother tincture to be taken in a quarter ounce of tepid water every two hours.

December 8.—The effect of four doses of the above remedy was beyond my most sanguine expectations and my patient had improved all round. The bowels had moved thrice within the last twenty-four hours, thus eliminating from the bowels a large quantity of purulent mucus that had accumulated there. The cough had much abated in frequency and the intensity was far less painful than previously.

December 13.—The improvement had been steady and rapid since the 8th. The boy was now sleeping quite soundly without any disturbance whatever from his cough. The bowels were moving regularly three times every twenty-four hours and the mucus was coming away quite freely. The breathing was easy. There had been only three paroxysms of cough during the last twenty-four hours, as far as the mother could remember, and that even very slight.

December 16.—No cough at all. The appetite of the child had much improved and the color had returned to his cheeks.

December 20.—Pronounced cured, both of the cough and the liver trouble.

The cases Nos. X, XI, XII and XIII were reported by N. N. Sircar, a homœopathic practitioner of Bhowanipore.

The above cases will convincingly prove that *Justicia adhatoda* is truly homœopathic in its *modus operandi*. It should play an important part in the disorders of the respiratory system. In coryza it will be found highly curative where sneezing will trouble the patient. In whooping cough I have the greatest confidence in it as long as, or whenever, catarrhal symptoms are marked. The cough of *Justicia* is incessant and severe. The chest seems pregnant with phlegm, and there is audible rattling of mucus, but very little is expectorated or it is loosened only with repeated hawking. The expectoration consists of tough, yellowish mucus.

The cough of *Justicia* is sometimes dry, spasmodic, constricted. There is a violent degree of dyspnea associated with the cough. So much so that there is great fear of threatened suffocation. In whooping cough the child loses breath, turns purple, stiff, and blue, and there is rigidity of the body. There is usually vomiting with the cough and no food or drink is retained by the stomach. It has also great loss of appetite and there is also obstinate constipation in the bargain.

Justicia has some influence upon the hepatic system. In functional derangements of the liver it is certainly an excellent remedy.

In the first stage of phthisis it will surely be found to be a valuable remedy. In this complaint there is usually spitting of blood. The mucous membranes are dry, especially those of the mouth and throat. The mouth, throat and tongue are dry and there is thirst present.

The characteristic mental symptom of *Justicia* is irritability. The patient is easily angered. The patient is not in good humor and is very averse to holding any conversation.

The above lines will suffice for the present.

It is not possible for a single man to collect all possible data in the proving of a drug. I hope some other colleagues of mine will take up the subject and devote their attention to it.

I can assure them that *Justicia* will pass the criterion of usefulness with flying colours and will fall nothing short of their expectations. I earnestly request them to try its efficacy and to publish the failures to the world.

The Library of Homœopathic Classics—The seeker after homœopathic culture will find obstacles in his course. One of the most serious difficulties lies in the fact that many of the choicest and most valuable gems of homœopathic literature are all but inaccessible to the majority. They are buried in books which are scarce and out of print, in rare and almost forgotten journals, in pamphlets and untranslated foreign archives. With few exceptions, they are privately owned. It is a standing reproach to the homœopathic school that it has so long suffered the works of many of its best men to remain scattered through its periodical literature, treasured only by the few who know of their existence, and who have been wise enough and fortunate enough to search them out and secure them. What nuggets of pure gold are contained in the old *American Homœopathic Review*, in the early volumes of the *North American Journal of Homœopathy*, the *Philadelphia Homœopathic Journal*, the *American Journal of Homœopathic Materia Medica*, the *Medical Investigator*, the *American Homœopathic Observer*, the *Homœopathic Physician*, the *Medical Advance*, the *Organon*, the first fifteen volumes of the *Hahnemannian Monthly*, and many others, to say nothing of the many volumes of early homœopathic books published from 1836 to 1860, most of which are long out of print and scarce. Of inestimable value to the cause would it be if a classified collection of the most valuable articles which have appeared in periodicals were to be made, edited by competent hands and republished in permanent form as a Library of Homœopathic Classics. Many of the authors' names would be unknown to the present generation, but their works, when thus made accessible, would help to rear and adorn the great homœopathic temple of learning, and give the contemporary profession a new sense of the unity and dignity of the school.

Fortunate, indeed, are the men of to-day who possess all or any of these works in their original form, and appreciate them at their true worth. May they be moved to share them with their less fortunate brethren.—Dr. Stuart Close. *Medical Advance*.

Dr. Close and others are invited to put the editor of this department in touch with good articles of this character for reprint in the NORTH AMERICAN.

An Indication for Graphites.—Dr. Frederick D. Keppel, Cazenovia, N. Y., calls attention to an indication for graphites not mentioned in Dr. Vaunier's article in the September number of the NORTH AMERICAN. This indication, found in Gentry's Concordance, is: Great quantities of gas in the abdomen causing pain on the opposite side from which the patient lies. As the patient rolls around, the pain will always be on top. Dr. Keppel believes that graphites is the only drug having this indication.

Arsenicum in Burns—This drug was considered as a specific in burns by that master in materia medica, Boenninghausen, and in Volume I of his interesting "Causeries Cliniques," the elder Dr. Gallavardin, by a comparison between the various degrees of burns and the action of arsenic upon the healthy human body, proved that the medicament corresponded admirably to all degrees of the lesion and to its different periods. Clinical usage confirms the pathogenic indications. Arsenicum is the great producer and healer of the sensation of "burning," which is found in all parts of its pathogenesis. The sensations of internal and external burning, as from live coals. Erythemas, phlyctenulæ, ulcerations, eschars, with burning pain. General prostration with anguish and anxiety, as found in burns of some degree of gravity. Gastro-intestinal inflammation. Albuminuria, a frequent complication of deep and extensive burns. Such a group of symptoms will call for arsenic.—Dr. H. Duprat. *Le Propagateur de l'Homœopathie.*

Sabal—Dr. Ernest P. Mills, of Ogden, Utah, has sent to the NORTH AMERICAN the following note on sabal serrulata:

It was my fortune recently to prescribe, with excellent results, sabal serrulata (saw palmetto) for a deficient lacteal secretion in a mother nursing her first child.

The patient was a very intelligent young woman and one who knows homœopathy; so, when some very peculiar head and mental symptoms developed, she wrote concerning them. Upon request she wrote out her sensations in a very clear cut style.

Thinking that such data from an intelligent source might be of interest to others, it is herewith given in the patient's own words.

"Headache. It commenced above the left eye and floated down all over my forehead like a cobweb. Sometimes it seemed as if it did not quite touch my head and many times I tried to brush it away as if it were something outside.

"It ached in the morning when I waked up, then by noon was better, went away after dinner and came back about bedtime; ached when I waked in the night.

"I was dizzy the days when it ached all day long.

"I wanted to spank the baby when she cried and felt very angry with nothing to be angry about.

"Sleep seemed to be the only thing that helped and I could not seem to get sleep though I was sleepy and quiet. Nothing I did seemed to make it any worse.

"Two days I tried going without the medicine. I think my head ached worse those days and it stopped when I commenced again."

The remedy was given in ten-drop doses of the tincture four times a day.

Department of Physical Therapeutics

Conducted by - - - WILLIAM H. DIEFFENBACH, M.D.

RESUME OF THE NINTH ANNUAL MEETING OF THE AMERICAN ROENTGEN RAY SOCIETY held at N. Y. Academy of Medicine December 28-30, 1908.

The growing importance of the Roentgen Ray in diagnosis and therapeutics was shown by the interesting array of papers on this subject.

Pfahler (Philadelphia) read a paper on "Roentgen Rays as an Aid in the Diagnosis of Carcinoma of the Stomach and Esophagus," which he illustrated with a number of lantern slides. The well-known methods of Rieder and Holzknacht were reviewed and the importance of verifying the bismuth meal diagnoses after autopsy insisted upon. The danger from nitrate poisoning after the bismuth meal of subnitrate was pointed out and bismuth subcarbonate is now employed in its place. (The writer has, for the past year, used bismuth oxid hydrated, which after ingestion is converted into bismuth and water and is absolutely innocuous, while the carbonate of bismuth liberates carbonic acid which, if excessive, produces vaso-motor paresis.) Dr. Pfahler's favorite bismuth meal consists of its mixture with kefir which forms an intimate mixture and furnishes a good Roentgen shadow. Stenosis of the pylorus can be readily determined after bismuth ingestion and irregularities of the mucosa sufficient to produce abnormal shadows point to probably hyperplasia of carcinomatous etiology. The use of the fluoroscope is advocated to note the motility of the stomach and its relation to adjoining organs by changing the position of the patient while under observation. In the use of the fluoroscope adequate protection for the operator must be provided or its use had best be omitted.

Pancoast (Philadelphia) read a paper on "Radiographic Examination of the Gastro-Intestinal Tract, Especially in Connection with the Diagnosis and Treatment of Gastro-Enteroptosis." This paper was also illustrated by a large number of excellent roentgenograms showing abnormalities in position of the stomach, colon and small intestines, verifying the frequency of Glénard's disease. Pancoast pointed out that any case of so-called dyspepsia or enteritis which did not readily respond to treatment should be rayed to determine if ptosis was not the underlying cause of distress.

Crane (Kalamazoo, Mich.) exhibited about one hundred plates showing normal and abnormal conditions of the alimentary tract and claimed to be able to detect evidences of gastric ulcers by circumscribed shadows upon the plate after bismuth ingestion.

Leonard (Philadelphia) showed a number of slides illustrating the "Roentgenographic Study of Motion in the Viscera." By means of improved apparatus, exposures of viscera can be made in $\frac{1}{4}$ to $\frac{1}{2}$ seconds and the peristaltic wave of the intestines was clearly shown to the surprise of many of the auditors.

Boggs (Pittsburg) discussed "The Value of the Roentgen Rays in the Diagnosis of Thoracic Lesions." The early diagnosis of pulmonary tuberculosis was shown, the hilum being usually the primary point of attack and the value of graphic portrayal of lesions in preference to auscultation and percussion was emphasized. In spite of denials of its value by diagnosticians, *Boggs* insisted upon the necessity of the Roentgen ray examination as part of the general examination. Aneurism of the aorta now presents no difficulty in recognition and all cases of asthma should be rayed to exclude aneurism as the basic cause. The position and size of the heart can also be clearly defined by means of roentgenography.

Osgood (New York) read a paper on "The Roentgen Rays in the Diagnosis of Urinary Calculi." A number of excellent slides were shown illustrating kidney, pelvic and ureteral calculi and the accuracy of roentgenology in these locations was admitted. A large uric acid calculus was passed around which had been extracted from the bladder after several roentgenograms had given a negative shadow. The author therefore questioned the reliability of the rays in bladder calculi and advocated cystoscopy in preference to the ray in bladder cases. The light shadow exhibited by uric acid calculi might be held accountable for failure—fortunately few stones are unmixed—phosphates and oxalate of lime usually being present and giving a dark, clear shadow. Positive diagnoses in bladder cases are therefore reliable but a *negative* diagnosis in suspected cases must be avoided.

The subject of "Urinary Calculus Diagnosis" was further discussed by *Eastmond* (Brooklyn), *Leonard* (Philadelphia), *Baetger* (Baltimore), *Dieffenbach* (New York), and errors in diagnosis pointed out. Thus fecal concretions, calcareous glands or fibroids, phleboliths and moles on the skin are apt to furnish shadows which may be interpreted as calculi. A thorough preparation of the patient by cathartics and a low enema a short time before exposure must be insisted upon for good work and interpretation must be made after careful study.

Holding (Albany) read a paper on "Exploration and Treatment of Old Sinuses with the Aids of Bismuth, X Rays and Electricity." The ramifications of sinuses in the hip and rectum were shown and the great aid to surgery of the bismuth picture clearly demonstrated. The therapeutic results after vaseline and bismuth injections as pointed out by *Beck* (Chicago) were corroborated by *Holding*, who, in addition to the injections, uses positive galvanism—applied by means of a copper wire—10-15 m. a., and claims to have cured a large number of chronic sinus cases by this combination.

Hulst (Grand Rapids) made a strong presentation for "Roentgen Examination of the Lungs." He showed its value in pulmonary tuberculosis, central pneumonia, empyema and tumors and emphasized the necessity of having roentgenology thoroughly taught in all colleges. He deprecated making roentgenology an appendix to dermatology or a foot-stool to the chair of neurology.

A complete and thorough course in this important study should be insisted upon by all students and practitioners.

Johnston (Pittsburg) illustrated his remarks on "The Roentgen Ray in Therapeutics" with a large number of lantern-slides showing lesions before and after treatment. His experiences were corroborated and added to by *Pusey* (Chicago) and its value in the hands of experienced operators confirmed in the following lesions; lupus, acne, lichen, eczema, psoriasis, mycosis, keloids, epithelioma, recurrent carcinoma; palliative in sarcoma, exophthalmic goitre, leukemia and Hodgkin's disease.

Dieffenbach (New York) read a paper on the "Roentgen Ray and the Etiology of Cancer," showing the relationship of changed cell morphology to trauma, inflammations and chronic irritations with the following conclusions: "Neoplasms are due to interference with normal cell production induced through trauma, pressure, severe inflammations or constant irritations; these factors act upon cell proliferation by producing abnormal cells, which, in turn, if the original irritating status is maintained, again generate cells of their own kind. If trophic nerve impulses are not interfered with, normal conditions may supervene when the irritation or inflammation subsides. If involvement of the trophic nerve takes place so that efferent and afferent impulses are interfered with or inhibited, riotous development of the new progeny of cells will be invited. If the trophic nerve supplying the part is severed or permanently inhibited, ulceration will supervene." These deductions are based on examinations of many urinary lesions in which the genesis of the cancer cell was noted and the general conclusions were corroborated by the recent report of the "British Imperial Cancer Research Fund."

A large number of new appliances for Roentgen work were shown including the Snook current rectifier, a new compression diaphragm and several new Roentgen tables.

Dr. Hulst showed photographs of his new fifty plate static machine which is constructed in a vertical position, the plates being of mica and having the ability to revolve 1,800 times per minute, giving off a thick, yellow spark and an output of over 12 amperes. The enormous voltage and the amperage gives a *unidirectional* current of sufficient power to ray a kidney stone in one second, the lungs in one-half second and permits soft tissue radiation. After the many improvements made in the past ten years in the Ruhmkorff coil, the revival of the static currents for Roentgen purposes is interesting to say the least. Roentgen operators who have had trouble with interrupters will look upon the new rectifier and possibly the giant static machine as a way out of their difficulties.

Medical and Surgical Review

Conducted by - - - WALTER SANDS MILLS, A.B., M.D.

Fat Indigestion in Infants.—Lowenburg states that an excess of fat may not infrequently be a source of indigestion. These infants vomit from half to an hour after feeding. The vomited material is sour, and has an odor of butyric acid. Diarrhea is a frequent symptom; although contrary to the prevailing opinion, constipation is not an uncommon feature. The stools are greasy, and respond to the osmic acid test for fat, and oil globules are seen with the microscope. The fat may appear in the stools as lumps not unlike those of casein. The stools are sour and usually acid in reaction. A progressive loss in weight is sooner or later associated with this condition, as in proteid indigestion. Fat indigestion is best prevented by starting the infant on low fat percentages, say 1 per cent. The increase should be gradual, and never reach above 4 per cent. It is advisable never to exceed 4 per cent. in the majority of such cases.—*Treatment* (London).
creases that of suppuration.

Pointers—Heat relieves the pain of inflammation, but in Gonorrhœal peritonitis is often mistaken for appendicitis. Many cases recover under medical treatment.

In placing an infant in a mustard bath to secure relaxation, do not fail to support the head on cloths dipped in the coldest water obtainable. It tends to prevent the augmentation of the hyperemia of the brain already present.

Many so-called rheumatic pains are in reality the lancinating pains of early tabetic manifestation.

For ingrowing toe-nail apply KOH, 3 drams to 1 ounce of water, twice daily until the granulations recede; then raise the nail and insert a wedge of cork.—*Ex.*

The Vital Point in Christian Science.—There is one central point in the book (Mrs. Eddy's) for everyone who wishes to do anything in the way of influencing a mental patient, namely, the inspiration of a faith in a monistic interpretation of the universe as distinct from an atomistic. The tendency of science is towards an atomistic interpretation, *i. e.*, the splitting up of everything into fragments, but the effect of the Christian scientist's idea is to inspire confidence in the monistic interpretation. Running through the book there is the notion of one God, and that is really the central idea, and the successful idea, because if a patient can be inspired with confidence in union or oneness between the doctor and himself, as universally or infinitely true, a note is struck in his experience which is practically certain to have a great influence on his subsequent mental tone and anticipation. That is really the root principle of Christian science. It is not Christian except in so far as it is inspired by Christian benevolence. Whenever the Christian scientist comes on to the field he inspires a confidence by his Christian benevolence, placing himself on a level with the

patient, allowing the patient to identify himself with the stronger mind, which at once gives the necessary confidence.

"It is a stretch of the imagination to say on that basis that the patient is sure to recover; that is beyond actual knowledge, but it works in a great many instances, as it did in the case under discussion. But there is a great deal more in this than suggestion. The principle of suggestion is similar, but even for suggestion to work there must be some positive truth to lay before the person under treatment. In the emphasis of this positive truth lies the difference between Christian science and mere suggestion. When any one is mesmerised, they can be influenced to a very large extent by suggestion, but, in this case, intelligence is merged in loss of memory, which is a different thing from curing by a positive principle when the latter is brought into play.

"Another principle involved in Christian science is that directly confidence is inspired, a negative absence of anxiety takes hold of the patient, causing a rest of the whole functions, whereby the patient may fall asleep more readily; at any rate, he becomes contented for the time being, and contentment strongly predisposes to recovery from illness.

"The two principles of positive unity and a negative absence of anxiety lie at the root of the Christian scientist's principles. There is no reason why doctors should not adopt these principles if they believe in them. Of course, if they take up the atomistic view they can not, but if they believe in the monistic they can. There is nothing to prevent the homœopath, who, above all persons, believes in a single principle for the use of drugs, believing also in a single principle for the influence of the mind."—Dr. G. F. Goldsborough, *Jour. British Hom. Med. Society*.

Hints.—Ammonia is a ready antidote in formaldehyde poisoning. In syphilitic alopecia apply a 5 per cent. ungt. of oleate of mercury. Hiccough in infants can be cured by fastening a bandage tight around the stomach, restraining the diaphragm. In varicose veins lift up the vein with a fold of the skin and inject gtt. xx of tincture of hamamelis behind, under the vein, one injection often curing. Olive oil is of value in the treatment of sprained, bruised or contused parts, applied warm on absorbent cotton and kept hot, acting nutritionally, diffusing the heat, and is a marked soothing agent. Half a dram of chloroform in an ounce of ether is a good local anesthetic for spraying abscesses before lancing. Do not physic in pneumonia; constipation is a decided advantage; diarrhea, spontaneous or induced, is disastrous. For thirst in surgical operations one oz. of glycerine and 30 grs. citric acid to a pint of water is often very grateful (Semmola). Thuja is a valuable antiseptic application in all varieties of cancer where there is sloughing. If the baby vomits, give him water only, for four hours. Do not remove warts in elderly persons with a mild caustic like silver nitrate, unless you desire an epithelioma. Eradicate by curette, strong caustic, electrolysis, or if they are large, by excision.

Diagnostic Ocular Points.—**SCLERA:** An icteroid coloration of the sclera, not hepatic, is suggestive of Addison's disease. Rheumatism and syphilis are the most common causes of scleritis and episcleritis. Tuberculous nodules and syphilitic gummata may develop in the sclera.

CORNEA: The cornea readily reveals a constitutional dyscrasia. Ulcers, abscesses, phlyctenules of the cornea and cornea-scleral margin are frequent manifestations of scrofula. A parenchymatous inflammation of the cornea characterized by a diffuse infiltration in the deeper layers of the membrane, giving the appearance of ground glass, which might be mistaken for a cataract by a careless or inexperienced observer, denotes inherited lues. It most frequently occurs between the sixth and fourteenth year. Occasionally there is a relation of cause and effect between corneal affections and dental caries. Ulceration is not infrequent in diabetes, and is an indication of debility. Slight corneal injuries in feeble seniles are very apt to break down into necrotic, suppurating processes and hence demand special care. Corneal anesthesia occurs in locomotor ataxia, or, there may be false localization of sensation so that a touch upon the cornea is referred to the external or internal canthus. A malarial cachexia may manifest itself by a keratitis.

IRIS:—Iritis always arouses suspicion of syphilis—probably specific in one-half the cases. The gummatous, condylomatous or papulous iris with the development of yellow or dirty orange-colored nodules, surrounded by a narrow red zone, 2-3 mm. in diameter warrants a positive diagnosis of lues. Rheumatism or rather exposure in persons predisposed to rheumatism, is perhaps, the next most frequent cause of iritis, and when both of these causes can be eliminated, diabetes, albuminuria and tuberculosis should be thought of. —Dr. E. H. Linnell, *Eye, Ear and Throat Journal*.

Diaber. Dyspepsia.—Sawyer holds that there is a distinct relationship between disorders of the stomach and diabetes mellitus. From the stomach, or at least in association with gastric digestion, is exerted a powerful influence upon the clinical course of diabetes, expressing itself in many cases in a heightening of the errors of metabolism, which we recognize in the increased elimination of sugar and urea, with the clinical symptoms of thirst, hunger, polyuria, muscular weakness and emaciation. Of 19 recorded cases, 14 gave evident histories of previous dyspeptic troubles, 1 of alcoholism without dyspepsia, 3 of slight indigestion, and only 2 stated a complete freedom from dyspeptic disturbances. Sawyer believes that much may be accomplished for the comfort and relief of many diabetics by direct attention to the gastric condition. The use of alkaline water such as vichy and carlsbad probably have their beneficial effect brought about in this way also.—*American Medicine*.

NORTH AMERICAN JOURNAL OF HOMŒOPATHY

Contributed Articles

OUR DIFFERENCES, CAN THEY BE HEALED?*

BY WALTER WESSELHOEFT, M.D.

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BEFORE entering upon the subject I propose for your consideration this evening, let me thank you for the pleasure it gives me to speak before a body of physicians organized mainly, if not wholly, for the discussion of matters purely homœopathic. It is an opportunity for which I had hardly ventured to hope, and for which I shall try to show my sincere appreciation by my earnest effort to aid in bringing the wide chasm which separates yourselves from that faction within our school with which, for the reasons to be set forth, I have felt impelled to ally myself.

Since in what I shall have to say my own opinions alone are to find expression, shared though they may be in some measure by those among my colleagues who still believe in the need of proving drugs before applying them, in the smallest practicable dose and the single remedy, I accept responsibility for nothing beyond my own conclusions. In a field as wide and complex as that of medicine it is impossible to hope for unity of opinion and practice, but every consideration of duty towards our profession and, what in the last analysis is the same, towards those who seek our aid, bids us to weigh well the reasons for our differences.

Now I cannot think the paths on which you and those of us who stand outside of your organization have set out to be abso-

*Read before the Boston Society of Homœopaths.

lutely divergent. Yours may be the straight and thorny path, but ours is certainly not the broad and flowery one. We know that they do not run parallel, but, if we will set aside all party feeling, I trust it will be seen that they start from the same basic principle and aim for the same goal, the best attainable results at the bedside.

If we look our differences squarely in the face we shall find them to proceed from our respective conceptions of the nature, the possibilities and the limitations of the homœopathic principles, and consequently from the separate constructions we put upon Hahnemann's language. It is the language of a century ago, archaic in many of its expressions, and yet so pregnant, so succinct, but so inclusive of all the available knowledge of its time that to-day it cannot fail to bear varying interpretations, despite the fact that it propounds the most abiding therapeutic principles. You, I am led to believe, hold strictly to the letter of his later writings, while we translate these into the terms of modern methods of inquiry by means of which they gain for us a new value and a more intelligible meaning.

You, unless I am much in error, conceive homœopathy to be a medical system of universal application, sprung fully armed and equipped from Hahnemann's brain, and only elaborated in some of its details by his disciples and followers. We, on the contrary, conceive his great merit to lie in the fact that he laid the foundation for a therapeutic method, to be modified and perfected, in part by the principles and rules so clearly defined by himself, and in part by the new knowledge evolved from the labors and experience of successive generations in the whole wide field of medical science.

Out of your conception follows your staunch adherence to every word of the master, while out of ours has followed that laxness in the application of his rules which leads to their infraction wherever in our wisdom, or unwisdom, we consider them inadequate in the countless exigencies of practice. I frankly confess that in our eagerness to preserve our liberty of private judgment, of unrestricted and, shall I say, of unprejudiced inquiry, we have in far too large a measure come to look upon our method as no more than one among many others, which latter so engross our time and efforts that we have but little energy left to devote to the study and true advancement of the one for the defence and development of which all our societies exist. At least this may be partly inferred from the transactions of these societies and

from so much of our periodical literature. All this is much to be deplored; but since it is the invariable course in the adoption and growth of all reforms that there should be the parties of conservatism and liberalism, we are warranted in the hope that the forces which have brought forth the great reform in which we are engaged will bring it to a final triumph, despite all our human shortcomings.

That our differences are wide in principle and practice is but too true, but it is plain that they cannot remain forever irreconcilable. Wherever the truth may lie it will most assuredly appear in time, but it cannot be made to do so to our generation if we persist in holding apart. The question is where to find a common ground unless we reach it by the discussion of basic principles. So far we differ in our views on the nature of our law; on its relation to the vital process of health and disease; on the value we place upon the manifestations of pathological processes; on the mode of action, the effects and the preparation of medicinal substances; on the immediate and remote causes of disease, and on the local and constitutional elements of individual cases. These are differences grave enough to open a breach between us, but unluckily others, on which it is needless to dwell, have grown out of them to widen this breach and to make its healing more difficult.

If it were possible to discuss these questions exhaustively by bringing to the support of our respective contentions all the evidences to be derived from observation, experiment and reason—I do not care in how eager a spirit—I believe we should be able to remove the obstacles to harmony. And here, I am free to confess, the reasons for holding our differences in that abeyance which means unending stagnation do not rest with you. Your whole attitude is a constant challenge to us to give up dealing in our societies at second, third and fourth hand with subjects of surgery, the specialties, bacteriology, etc., and to come fairly out into the open for persistent trials of strength on homœopathic subjects, instead of conducting our warfare in the ancient Chinese fashion.

We *must* reach conclusions on fundamental points. Is the homœopathic law an absolute and universal law, decreed by a higher power, binding upon us under all circumstances and postulating an offense against an ethical principle when disregarded; or is it no more than an observed uniformity among certain natural phenomena, formulated by man out of these correspond-

ences between a limited class of observations and framed to aid us in our difficulties with an overwhelming mass of experiences?¹

A very able and conciliatory article by your president in a last year's number of the *Advance*, of which I cannot recall the date, suggests a nearer approach to harmony on this disputed point. But your conclusion, as set forth in this and other journals, are very positive on this question, while ours are more tentative. You declare at once that since our law is an ultimate and universal law its application is limited only by our imperfect knowledge of the correspondences between disease and remedy, while we, accepting it as a special and restricted law, hold its limitations to lie not alone in our imperfect knowledge of how to apply it, but also, and very largely, in the varying origin and nature of disease, that is, in the conditions under which it is applicable or to be disregarded, or, I should say, set aside in favor of other methods. Ours, you will note, is the more modern interpretation of a fundamental point, for which we have high authority.²

Again, could we not work towards some form of agreement by following the methods of modern science in dealing, for example, with the abstruse subjects of the dynamics and dynamization? They are matters still in the experimental and speculative stages, and as such still too foreign to the immediate problems facing the medical practitioner in his daily duties. Present as we are constantly before danger, disability, suffering and increasing complaints, it is not for us to attempt elaborate experiments. These should properly be left in the hands of biologists whose results we may utilize clinically. But we shall find advantage in adopting the method of thought of scientific research, and in clothing our ideas in its language. Instead of the vague and meaningless term "vital force," about which cluster so many misleading, mystical and semi-religious associations, shall we not get farther on our road if we translate the old term into the new one, now generally accepted, of "energy," with its fuller meaning of a force pervading, conserving and transforming all things, both organic and inorganic? It does not, of course, actually explain the primal source and nature of vital activities, as no one has more clearly pointed out than Hahnemann; but it brings us one step nearer to a comprehension of those processes, still to be called vital, in which are displayed those physical, chemical, radi-

1. See W. Ostwald, *Naturphilosophie*, Leipzig 1902, p 79.

2. See Baine *Logic* p. 332 ff. Also Jevons *Principles of Science*, p. 737.

ating, electric and other molecular forces with which we are, in fact, dealing either scientifically or empirically as therapists, and the mode of action and the effects of which we are able to some extent to observe and control.

But something reminds me here that at the mention of the words science and scientific you shrink and look coldly. They call to your minds too forcibly all the shattered hopes and broken promises, all the fallacies, all the fruitless efforts and all the pretences parading in the garb of science, with leaders claiming authority over the things to be taught and to be done. And yet, whenever science brings forward any discovery, any theory or hypothesis to be construed as evidence in favor of your views, you seize upon them eagerly and feel that all things are coming your way. I need mention only those results of modern inquiry so triumphantly expounded of late in support of your views of the divisibility of matter. We, too, accept these results, but in a more conservative spirit, which we hold to be the scientific one.

If we adopt the methods of science in our observations and reasoning at the bedside, if we strive to support our inferences from daily experience by careful clinical experimentation, and the comparison and analysis of many cases, we shall not only slough off readily whatever may remain of mysticism and idle speculation, but raise the philosophy of medicine far above the level of those caricatures of science, now so popular in the forms of Eddyism and osteopathy, and also far above that of the backward theory underlying the current practices of the dominant school, so wholly out of harmony with the advanced thought of science.

As homœopaths we may take to ourselves credit for having embodied among the basic principles of our therapeutics many of the most important advances in the sciences, but the inferences we draw from them lead our two factions in different paths. Your reasoning leads you to accept the great majority of diseases (I use the term merely for convenience sake) as of dynamic origin and spirit-like nature, and as arising from causes not perceptible to our senses. Your conclusion therefor is that their remedies must be of a like nature, spirit-like and impalpable. Our reasoning, too, leads us to accept much of a dynamic nature in the pathological process, more particularly in its inception and mode of origin. In certain nervous affections and psychic disorders, too, in which the derangement of thoughts and sensations constitutes the disease throughout, which have their origin

in causes mainly emotional, and in which the cure consists mainly in restoring the normal flow of thoughts, we can see the operation of no other than dynamic influences. But for the mass of all remaining internal diseases, even those of which the cause is as yet unknown, we cannot accept the pathological process as merely a derangement of the vital force, or its cause as either unknowable or purely dynamic.

We share the concept of vitalism with you. However materialistic men's philosophy may be, there is no escape from the idea of vital force in some form. Whether we call it "energy" or "will" or "first cause" or "the sum of physical forces," the body is dead without it. But our conception of the mode of action of a "vital force" is no longer the Hahnemannian conception. We too believe "the organism to be the material instrument of life" (Org. § 15), but we see in it the derangements to be remedied, not in the *force* which animates it. This force we hold to be indestructible and cannot conceive it as subject to morbid changes within itself. If it is conceivable as sick, it is conceivable as dying and dead. Its extinction in the individual organism is not its cessation, but the conversion into new forms of activity. Our principle of life is forever changing and manifesting itself in new phenomena, but during the integrity of the organism unceasingly tending to preserve this, though too often against insuperable obstacles, and in the end making for higher development.

To our minds that which we are able to trace in organic action and with which we have to deal in therapeutics, is primarily the disturbed metabolism with its molecular processes deranged by material causes, its cellular changes, structural and functional, accumulating ever new obstacles to the free exercise of that automatic mechanism by which the balance of all the forces within the organism is maintained, and that exchange of tissue is effected which is the essential part of all life. We cannot see the vital force, but we can note the working of that mechanism which regulates all reactions, liberates and inhibits many forces, nervous, chemical and physical, establishes compensations and controls the distribution both of nerve force and material in obedience to local demands. We see that it is a mechanism so sensitive that it responds to a thought, an emotion, or the slightest and most transient outward stimulus. This, I judge, is your dominating thought in relation to pathogenic and therapeutic action and reaction. But we also see quite as clearly that this regulative mechanism is of so robust a nature that it enables the organism

to withstand not only great extremes of heat and cold, of privation, abuse, the impact, for instance, of the Yale-Harvard football squads and similar destructive influences, but also the more pernicious effects of composite prescriptions and combination tablets. At the same time it is so delicately poised and discriminating that in health a thousand stimuli, both harsh and subtle, daily and hourly assail it without disturbing its operation, while under the altered conditions of disease a single one of these may produce a profound derangement in all its complex processes. And this great power of resistance with its liability to specific reactions is the practical thought uppermost in our minds in relation to those agencies by which we hope to influence the action of this material and complex mechanism.

It is with the organism, then, as an instrument that we feel ourselves constrained to deal. Therapeutically, I repeat, we are concerned with the material side of the derangements of its complex mechanism, manifesting themselves in observable changes, not alone as derangements of sensation and function (Org. § 29), but in alterations of its metabolism as shown in changes of heat production and working power, of excretions and secretions, of spasm and paralysis, of the manifold tissue changes observable by means of physical diagnosis, all of which we hold to be *symptoms* traceable to material causes, and material processes. In these processes there is now less of mystery since we recognize in them the interaction of many known forces, chemical, electrical, catalytic, all bound inseparably to matter and acting upon it and through it. While our knowledge of them still penetrates only to the surface of life it affords much practical explanation to give direction to our views and our actions. It confines our methods of inquiry within the limits of nearer probabilities, and to those methods which can deal only with matter, and what is more, with matter in familiar, observable and controllable forms. Beyond this we inevitably drift into the unfathomable, or into subjects too closely allied with psycho-therapy, which, however serviceable in their own sphere, are precisely the ones to be ruled out of the present discussion. Our problems are those of pharmacotherapy, and our aims and duties to determine when, and if possible, how medicinal substances act.

While we agree that symptoms must be our guide in determining the relationship between medicine and diseased conditions, we are far from united on the nature and value of symptoms, of what, in fact, constitutes a legitimate symptom. Would it not help

us to an understanding and to a clarification of the question of indications for remedies if we could define with more exactness the manner in which symptoms are produced, how they follow in their successive stages from out of scarcely perceptible changes in the metabolism, through functional and structural changes to the full development of the totality of the picture so essential to the selection of the remedy. As yet we take them far too superficially, empirically, in fact disregarding in too great measure the physiological factors in their production, those which throw light on the manner of their coming and going and the conditions influencing their great irregularity. It is not enough to pile up symptoms, we must know their relative value and their mode of origin in order to utilize them with any degree of exactness in practice. To distinguish between the essential and characteristic features of a drug pathogenesis and its non-essentials presents problems on which we seem hopelessly divided. They can be solved by no other means than the most careful experiment and the most circumspect clinical observation, the same methods by means of which the origin, nature and course of diseases are made known to us.

The application of such methods would enable us to reduce to a sound and approximately exact basis many symptoms and changed conditions still surrounded by great uncertainties. Let us take for example the modalities, on which you justly lay so much stress. I shall not hesitate to touch upon this vexed question, difficult as it is, and far too important to be treated in a cursory manner among so many other weighty subjects.

Am I warranted in judging from so many reported cases and from certain directions for the use of repertories that the modalities have been raised by many among your authorities to the rank of symptoms, to serve as indications by themselves, that is, dissociated from the symptoms with which they occur? And yet you all recognize them to be the manifestations of the conditions out of which symptoms arise and by which they are modified. As such their study is of the utmost importance, both therapeutically and pathologically. Here, I believe, we are in full accord; but should we not study them from two distinct points of view? Since we all hold them to represent conditions, either transient or enduring, of the organism, is it not necessary in framing our indications to consider them as inseparable from the symptoms they modify? To accept, for example, a *particular form* of headache worse in the evening as an indication seems to me to be

individualizing scientifically, but to accept *any form* of headache worse in the evening as a guide to the simillimum appears to me to be generalizing far too loosely. In the first case we are connecting the modality with the special symptoms of the headache; in the latter we are dissociating the modality from the sum of the reactions constituting the clinical picture or totality of the symptoms. This is to my mind a short cut to the selection of a remedy finding little support from the fundamental principles of homœopathic prescribing, and still less warrantable when the aggravation of any modality alone, irrespective of all attending symptoms, is chosen as the indication.

I recognize this to be a most knotty question involving others of much complexity. Its discussion might well occupy more than one evening. To dwell upon it longer here would lead too far into the consideration of the mechanical, bio-physical, bio-chemical and other physiological nature of those conditions of the organism by which the reactions we call symptoms are modified. What I have brought forward may serve, I hope, to indicate one point of view from which to study symptoms and conditions, that is, to study them in all the relations of their origin, persistence and departure, not in relation to one feature alone that may attract our attention.

The other point leads me a step further, viz., to the consideration of the variability of symptoms and conditions growing out of that borderland between health and disease in which so many subjects are found in consequence of predispositions, hereditary and acquired. Should we not bear in mind that the character of symptoms is determined not alone by the nature of the causes producing them, but also by the conditions on which these causes act. Both the causes of disease and drugs find present in the organism not only the more stable physiological conditions typical of the human family, but those also peculiar to the individual, and implanted within him by some non-physiological agency. Out of the first arise those reactions seen in the more unvarying clinical pictures of disease and of drug pathogenesis, while out of the second follow those features or symptoms of a case by which it is seen to differ from all others of its class.

That these constitutional peculiarities reside in the molecular structure and function of the cell, or if you will, in the atoms composing the molecules of the cell, there can be no doubt. Not of sufficiently disintegrating force to destroy the organism, they yet constitute obstacles to the normal operation of that vital energy by which the organism is held together and its action de-

terminated under the influence of both external and internal stimuli. It is out of this constitution of the molecule that it reacts promptly to a stimulus in one individual, and tardily or not at all in another, in other words the same causes produce different reactions in *similar* but not *like* constitutional conditions.

I have ventured on this most intricate subject partly because I believe that here lies one of our most vulnerable spots, and partly because I want to raise the point whether in acute diseases we are able so to alter the constitutional peculiarities of the individual case as to aid in its restoration, or whether we must endeavor, by taking the symptoms of the disease as our guide, to cause the favorable reaction by arousing the defensive or resisting processes common to all organisms. In the case of an extensive and fatal epidemic we must assume either a peculiar virulence of the contagion or a wide-spread predisposition to the disease, from internal causes unknown or from outward circumstances of an unfavorable character, unhygienic local conditions, climatic, atmospheric or other influences. Here we are able to affect, by means of medicine, neither the cause nor the constitutional peculiarity underlying the liability to the disease. From the homœopathic point of view we must expect the system to react in obedience to the relationship determined by the symptom complex, independently of the etiological factors. I think it will be admitted that in certain epidemics one remedy has been found more efficacious in a large proportion of cases than others bearing an equally marked resemblance to the general clinical picture of the disease. This applies, of course, to the so-called normal cases, and here we have an approach to the action of specifics in the ordinary sense of the term and, what is more, a partial warrant for a practicable routine. In a certain proportion of typical cases, irrespective of those caused by mixed infections and other external agencies, we must attribute the irregular course to pre-existing constitutional weaknesses or tendencies calling for special study. And here it is not improbable that weight should be given to the modalities indicating aggravations and ameliorations independent of mere physical causes.

The disregard of the constitutional substratum of symptoms would, from the point of view indicated, apply to all acute affections in which the changes are rapid and the processes of great intensity. In chronic cases, however, in which neither danger nor suffering is urgent, where it is clear that some slowly acting or remote cause is present together with some predisposition,

diathesis or dyscrasia, a different rule must prevail. Here our aim is to find constitutional remedies. Of these we already have a goodly number; in fact, it is held that any remedy of which the relationship to the case can be established by close correspondence of the symptoms may affect the system profoundly. But is such a profound effect possible, is it curative or more than transient without reaching the constitutional peculiarities of the patient? And here the further question forces itself upon us, how to find the correspondence, how to establish the relationship between the remedy and the individual constitution? We know it to lie somewhere in the mass of our symptom-records, gathered from provings on any available prover regardless of his or her constitutional imperfections, but to make it manifest is so difficult as to be almost impracticable. Neither the "Organon" nor the "Chronic Diseases" are sufficiently clear on this point. Hering in his "American Provings" touches cursorily upon the subject, but takes far too much for granted. Neither Jahr nor Bönninghausen permit themselves any doubts on this knotty matter. Like Hahnemann himself and all his immediate followers, they take refuge in recording the clinical symptoms, those which have occasionally been seen to change or disappear on the exhibition of certain remedies.

Against this course we must protest emphatically as a departure from the fundamental principles of homœopathy, one opening wide the door for the most uncontrolled and uncontrollable empiricism. That the gradual and successive disappearance of *groups of symptoms* in a case under treatment may be attributed to certain drug-treatment is not to be denied. But to attribute every change, every amelioration, even every aggravation to the medicine given is surely going too far. This, we believe, argues a claim not only to perfection in the knowledge of materia medica, but also in a discriminating observation not to be conceded by the most tolerant rationalist.

Of all human faculties that of observation is the most untrustworthy. If among fifty trained observers no two can agree in their accounts of plain everyday occurrences, if in courts of law witnesses, with every intention of stating the truth, offer most conflicting evidence on matters of fact distinctly observable, how can we accept unchallenged the assertions of even the most earnest observers on matters as complex and varying as the phenomena occurring in the course of disease. In 99 out of every 100 instances of such "observations" the statements concerning

them are not statements of fact, but statements of inferences. If a symptom disappears it is the subjective opinion of the observer that it has done so as the direct effect of the remedy given, an opinion which can have weight only if supported by the results of the most exact methods of inquiry. And where in all therapeutics can we boast the application of such methods to clinical observation? And yet we must accept symptoms as facts and use them as best we may to guide us in the selection of our remedies,—but you too must admit the great difficulty in following the many directions in which they lead and the inevitable confusion their diversity brings. We shall have made no progress toward unity of opinion, or in the science of homœopathy and its practical application, until these symptoms are analyzed and reduced to their proper value as primary and secondary effects of drug action, and as reactions attributable, on the one hand, to the physiological laws of the organism, and on the other, to these laws acting under the changed conditions caused by latent or partially active constitutional predispositions.

To gain the knowledge of these latter should we not go so far as to prove the medicinal substances we now class as constitutional remedies on subjects in fair health but clearly possessing the marks of those predispositions we still recognize in the scrofulous, the gouty, the neurotic, psychopathic, apoplectic and other "habit." In these individuals whose remaining vital energy has enabled them to adapt themselves measurably to an inherited or some acquired diathesis, we shall certainly find differences in reaction to provings, since we know them to act differently to the causes of disease. Such a course would tend to bring us nearer to an exactness in individualization, the desideratum to be striven after in all therapeutics, more especially in our own. In the absence of such distinctive provings we are driven to all manner of assumptions and theories in which lies the great danger of being carried back again to that generalizing out of which Hahnemann labored to drag the healing art.

Here it is that so much of homœopathic imperfection and uncertainty lie. Here we bring up against the vagueness and inconclusiveness out of which have sprung not only the encyclopedic repositories of symptoms, but as well the abridged reportories with their arbitrary and one-sided eliminations. Scientific exactness is no more attainable in therapeutics than positive prevision, but we must labor unceasingly for a nearer approach to it unless we prefer to stand still. In order to progress we have not only

to widen our knowledge by the accumulation of facts, but, chiefly at this stage, when we are almost overwhelmed by their mass, by verifying our conclusions regarding them and by reducing our knowledge to a teachable and practically applicable form. To this end a process of elimination is essential, but not one dictated by individual experience or by subjective opinions. We must follow the slow method of scientific research, that of carefully controlled experimentation and clinical observation. No other will serve to settle our differences. For its pursuit we now have the means in our hospitals, which sooner or later must be brought to turn their material to better account than they now can show.

When we shall have these under proper control and organized for the main purpose of the application and study of homœopathic principles, we shall be called upon to consider seriously the need of defining our respective attitudes towards the fundamentals I have so hastily passed in review. We shall no longer be permitted to drift along divided and antagonistic, but will be forced to come together in an amicable struggle for supremacy on a common ground. We shall find it expedient to reach a satisfactory agreement on the nature of our law, and equally on an interpretation of vitalism based on the probabilities evolved out of biological research rather than from traditional and abstract speculations. We shall have to unite on a conception of matter and its divisibility as one of the essential factors in our therapeutic inquiry, to be observed under the changing conditions produced by the action of many forces. We must then be led to study symptoms as observable reactions through the successive stages of their development, and finally, to distinguish between symptoms arising from causes acting on normal conditions and, on conditions altered by abnormal agencies.

With these points disposed of the many others dividing us will offer no obstacle to a happy agreement and united labor. If we fail to reach an understanding by the discussion of principles we may still work side by side in the peaceful endeavor to support our respective views by success at the bedside.

It would be presumptuous on my part to suppose for a moment that anything I have brought forward could change your opinions. That has been far from my thought. My aim has been no other than to induce you to consider that a man may be a sincere homœopath though differing from you in his endeavor to reconcile the principles of homœopathy with the underlying principles of modern science.

THE SPHERE OF HOMŒOPATHY.*

By OLIVER S. HAINES, M. D.,

Philadelphia, Pa.

ASIDE from their purely personal aims and purposes, I believe that the wish uppermost in the mind of every consistent member of the homœopathic school, is to see our particular therapeutic art, accepted by the medical body universal; to see it a part of the armament of every man who fights disease and who strives, by every means within his reach, to retard that inevitable earthly final-dissolution.

If there ever can be an absolutely altruistic desire, this is one. The benefit which its universal acceptance and practice would confer upon sick humanity, surpasses man's ability to estimate. That is how I feel about it. My own convictions came late; they came only when the evidence was overwhelming. When I received my diploma, I thought homœopathy a trifle; and the homœopathic profession, weavers of gossamer. Consequently I have been quite busy apologizing ever since.

To the accurate observer, it is really marvelous how much the practice of medicine in our school, has improved during the past twenty-five years. Our practitioners, to-day surmise so much less; and know so much more than they did. Still we cannot take all the credit for this general improvement ourselves. The change, for the better, that one observes in the homœopathic school, is largely a part of that steady growth in intelligence, knowledge and in culture, that has stimulated the medical profession the world over, without regard to school or to therapeutic predilection.

And it is a matter for great rejoicing that the progress of our school, has been steady; and that whatever of narrowness or bigotry there may have once been in us, has been left far behind us, because ours has been a true progress, and true progress admits of no retreat.

Man learns much from experience. The experiences of a century have broadened us where we were narrowest, and, have made our practitioners liberal, tolerant and even magnanimous.

In every quarter, one sees to-day our men striving for that fine balance in their attitude towards the case; so that, in the endeavor to make thorough examinations and correct diagnoses, the full therapeutic needs of each patient shall not be misjudged; nor, on the other hand, that in their eagerness to make accurate medi-

*Read before the Homœopathic Medical Society of the County of New York.

cial prescriptions, they may not overlook hidden dangers, nor strictly mechanical needs.

And this is as it should be. Every case of illness must be viewed from every possible standpoint, its own peculiarities noted, its own particular therapeutic needs carefully scrutinized. Homœopathy has taught us that generalization is fatal to success in the practice of any therapeutic art.

Disclaiming any attempt at authoritative statement, it is my own belief that homœopathy is just beginning to be thoroughly understood and appreciated at its true value. The belief in the undoubted efficacy of the similar remedy, grows, extends, widens and is strengthened, as the years come and go; and the man who rises to pessimize, to-day, is regarded as one oblivious to the facts, or as one who has declared an amnesty to truth.

What notional views some few men still hold regarding the homœopathic school! Some time since, the writer was asked to see a case of appendicitis. The physician, in attendance, met him at the bedside. Never have I seen a countenance more glum, nor, grasped a flabbier hand than his. After palpating the mass, we adjourned to the library. "Have you sent for the ambulance?" said I. With a smile of great enlightenment, my colleague replied: "Why I thought you were one of those queer homœopaths." This concluded our consultation. The simple fact that I reasoned as he did; and, talked in hospital vernacular, broke the ice and the hand he offered, at parting, expressed more than any words could have expressed, his appreciation of a closer view of things. Homœopathy and homœopathic practitioners no longer appear "queer," save to those who view them from afar. The more you look into them, the more rational and humane they appear.

Neither is it characteristic of our practitioners that we flaunt, to-day, the banner of any particular school of physic, with boisterous enthusiasm and loud huzzas. Ours is a quieter, deeper, more intense purpose. We are seeking for the truth, the whole truth.

Those practitioners who have included in their armamentaria, the homœopathic method of using drugs, have never realized as they do to-day, the full intent of that splendid first paragraph of the *Organon*, which reads:—"The physician's high and only mission, is to restore the sick to health."

That was a most natural way to begin the exposition of a new method of using drugs to assist Nature's curative efforts. If its author had added the thought that was doubtless in his mind, he would probably have added the statement that no matter how much a new plan of therapeutic procedure jars upon conventional ideas

of drug prescribing, the true physician will not be prejudiced; but will avail himself of everything that really promises to assist him in this noble aim, the restoration of the sick to health.

Hahnemann's idea of perfection in curative methods was the removal and annihilation of disease in its whole extent, by assisting Nature, in the shortest, safest and most harmless way, on easily comprehensible principles.

Does it not now appear that practitioners of our school have, at last, gotten this idea firmly fixed in their minds? One can observe, everywhere, the complete and thorough manner in which the patient is interrogated and investigated by every physical method known to science. One may observe the active search for the causative factor of the illness. One may observe the thoughtful contemplation of the full therapeutic needs of every case, before treatment is begun. One may note the increasing regard for what is true in hygienic and dietetic principles. Nothing impresses one more than these features of our progress during the last quarter of a century. And, it makes a man proud of his school, and proud to be numbered among its practitioners.

These things had to come. Homœopathy was erected upon such sound basic principles:—The superiority of facts over hypotheses; the removal of every ascertainable causative factor of disease; the treatment of the whole morbid entity, not the lopping off nor suppression of isolated symptoms; the prescription of every medicament, according to well defined principles; not hap-hazard; the assisting of Nature, in her efforts at cure, not an antagonistic attitude towards her efforts; the study of each patient, as a distinct morbid entity; and, if you will not object to the expression, a personally conducted method of treatment.

Homœopathy teaches us that sometimes the sole factor in determining a recovery, is the properly selected medicament; sometimes, and indeed more often that it is only one factor; but, that in either case it is always an important factor, not to be viewed lightly, not to be selected hap-hazard.

Perhaps you will wish me to admit that a reasonable mental attitude towards disease and towards medicinal therapeutics, is a striking universal characteristic of the medical man of to-day. I think that it is particularly to be observed among the practitioners of the homœopathic school; and it leads one to the conclusion that the acceptance of the principles and practice of homœopathy is compatible with the truest progress; and that they neither limit nor curtail the scientific freedom of their possessor, nor lessen his responsibilities to medical science generally.

Notwithstanding this, if one observes carefully the work of our general practitioners who are not dwellers in urban America, one may see something that is mighty interesting. The rural general practitioner—he is the man who is up against problems day after day that are enough to try the metal he is made of. The anxieties and perplexities which he, of necessity, must often bear alone and unaided, surely make him a man who would not entertain any visionary medical theory, nor practice any therapeutic method that was impracticable or uncertain in its results. Yet these men are the very champions of our faith. They must know whereof they speak when they exclaim, as one did recently in my presence, “If it were not for my knowledge of the method of similia, I should often feel that precision in medicinal therapeutics, was impossible.”

What has been aptly termed the dual-action of drugs, must have been a fact observed and commented upon for a long time. In almost every treatise upon the physiological action of drugs, one may find numerous instances of this. Thus when one reads in the National Dispensatory that podophyllum produces copious watery stools, attended by severe gripings; and, then immediately following, the clinical observation that properly reduced doses will “often” cure the summer diarrheas of children, when all other remedies have failed one might feel inclined to believe that some sort of a principle must be involved, when one may use the same drug either to cause or to cure a diarrhea.

The word, “often” is used correctly here, because podophyllum will not invariably prove curative under these circumstances. Now, if one should strive to discover the principle involved; and if one should succeed in perfecting a certain method of using podophyllum, so that it would invariably prove curative, it would seem as if that might be considered a creditable and praiseworthy effort.

It is probable that the entire medical profession does, at least occasionally, use drugs very successfully to-day, according to what we may term—the index of similarity. That it has not yet become a common method of drug selection, throughout the entire profession may probably be attributed either to disinclination or to variability in results. And, as the medical profession would naturally pursue a policy consistent with public good; and would be unwilling to neglect any method, the omission of which might work against the interests of the sick, we may conclude that variability in results explains the general neglect of this particular method of using drugs.

I think you must have heard it said that the giving of a drug in this way—podophyllum for a diarrhea, because it can cause a diarrhea, for example was homœopathy. Just as we have heard

it said that modern serum therapy was homœopathy; that Bier's hyperemic therapy was homœopathy; and much else of a similar sort. That is not so. It is not pleasant to think that no man may make an original investigation along therapeutic lines, but that his new series of established facts shall be at once claimed and dubbed homœopathy in her latest guise. It is reasonable to think that such things suggest a certain principle in therapeutics however. A something that is acting continuously and uniformly to produce certain results.

But there is no excuse for homœopathy squatting upon every newly opened vista. She has no need to do this. The word homœopathy is used too often in a figurative sense.

Homœopathy has to do with that department of medical science that we term therapeutics. It therefore has to do solely with the action of remedial agents upon the human organism, both in health and in disease. It started really with the recognition of this double action of drugs—this dual-action. To appreciate how thoroughly Dr. Hahnemann went into this matter, one must read his essay upon "A new principle for ascertaining the curative powers of drugs," first published in 1796, and now to be found in Dudgeon's translation of his Lesser Writings.

It has been generally believed that the first observation made, was that cinchona bark given in large doses to sensitive, yet healthy individuals, produced an attack of fever very similar to the intermittent fever which it was capable of curing. But to this fact were added many other facts of a similar kind, relating to most of the usual drugs. Then came the suspicion of the possibility that this disease-producing power, in some way accounted for the disease-curing power of the same drug.

The next step was the establishment of a principle—the inherent truth that explained these constantly recurring, more or less uniform results. Does it not seem quite natural that these two series of phenomena which were under scrutiny, should have been explained by saying that their relationship, one to the other, was in the direction of similarity; that their relationship was, at least, not antagonistic.

Thus was opened up to the medical profession an entirely new line of therapeutic investigation, because the old plan of using drugs was distinctly upon the principle of antagonism; unless the cause could be removed. As thus far developed, this new plan of using drugs taught that one should combat a diarrhea from intestinal irritation, with a drug capable of irritating the healthy intestinal tract and producing a diarrhea. If nothing more had been done, we may venture to say that physicians following such an

imperfect plan, would have met with as many failures as successes; and they would have been justified in denying the utility if not the truth of this principle of similarity. They might then have said with truth:—Either the underlying principle in this new method is false; or the rules for its application at the bedside are too crude, imperfect, incomplete, unscientific.

Suppose that just at this juncture, one should take upon himself the onus of proving its principle to be true, and should so assemble his facts, and should so harmonize his facts and principles, and, after years of arduous toil, during which it was even necessary to build a new pathogenetic record of drug effects in health, should present to us a complete, rational, reasonable, scientific system by which we could use drugs in this new and better way, and with uniform results; ought not the response of our hearts to such a man, to be a gratitude approaching veneration?

That is the reason why the memory of Hahnemann will always be revered by our school; not for what he did for us alone, but for what he has enabled us to do for others. He provided the medical world with a perfect system of using drugs according to the index of similarity, the practical merit and utility of which lie in its indubitable reliability.

Why, we could rest the claims of homœopathy for universal recognition and adoption, simply upon the perfection of her plan of procedure, the definiteness of her essential rules, the uniformity of her results.

There is nothing transcendental about homœopathy. Our recommendation of it we back up by a vast array of facts accumulated in the clinical experiences of thousands of qualified practitioners. It is not simply that we wish to make homœopathy supersede all other principles of medical practice. We simply ask:—How can any physician refuse to avail himself of the added power which homœopathy would give to his therapeutic effort! And in conclusion:—There is but one feature of the technique of our school, in which the most precise observer can discover no improvement during the years. That one feature is the practical application of the principle of similarity at the bedside.

There must have been much strenuous endeavor directed to this end, but nothing has been accomplished. There has been much gratuitous criticism by those who have momentarily forgotten that it is much easier to criticise, than to create, much easier to pull down, than to construct. Pathology has been substituted for pathogenesis; two or more similar remedies have been prescribed in alternation; several similar remedies have been administered in combination; we have gone all the way back to the beginning, to

the dual-action of drugs for the key to the situation; but it has invariably proven to be, not progress, not improvement but retrogression.

The plan of procedure, as it was offered to the medical world in the *Organon*, remains the one perfect and dependable plan. It takes a long time for some of us to find this out; but every sincere and honest practitioner of homœopathy finally reaches that conclusion, and abides by it. No man could have performed his part more nobly than did Dr. Hahnemann. As far as he could, he avoided error and strove for perfection. Above everything else he was typical of the honest, sincere, scientific investigator.

We may rest content if a man accepts homœopathy merely as a new and accurate method of drug selection of great practical utility. For without doubt, if he applies it at the bedside, in strict harmony with the plan formulated by him who laid the corner stone of the science of pathogenesis, the final estimate of homœopathy will not be expressed by "a method of drug selection" alone.

Some one said recently:—"Your plan of procedure is too exacting, the convert trained in simpler, cruder, easier methods, will not make the effort." He did make the effort in the earlier days of homœopathy. Indeed if it had not been for such, there would be no homœopathic practitioners to-day. He will do it again, if he can be convinced that the effort is worth while.

Practitioners of the homœopathic school, we owe it to homœopathy, to our patient, to ourselves, and to those who now are looking at us askance, to prove by our results, based upon the correct practice of homœopathy—that it is worth while.

APPLIED PSYCHO-THERAPY

By EDWIN HALLAM RING, M.D.

Ahlington Heights, Mass.

"Blest are those whose blood and judgment
Are so commingled that they are not a pipe
For Fortune's fingers to sound what stops she pleases."

—Hamlet.

MEDICINE has always been an art. The advance of the past fifty years has in many of its different departments made it a science, but even in these the art with which our scientific knowledge is applied oft-times determines the degree of success. Dr. F. C. Shattuck, of Boston, in an address before a graduating class at Yale said "Those of us who are engaged in what is ordinarily termed the practice of medicine, that is, in dealing mainly with individual cases of disease, find that there is a gap between science

and the concrete case. This gap is of varying width, but must usually be bridged by the art of medicine. The practitioner soon learns that disease is one thing, and the person diseased is another. He finds, indeed, that in very many persons demanding his services there is no disease in the sense which this word has come to convey, no definite and appreciable change of structure. Dis-ease, discomfort there is, due to impaired or disordered function, behind which may be a more or less obviously faulty mode of life, a false attitude toward life, or a mental or moral maladjustment to surroundings," and later he says "Success in practice of medicine lies in a happy marriage between science and art."

This art, under the name of psycho-therapy has itself lately been the subject of much careful study and research and it is to some of the practical results of this work that I desire to invite your attention.

It has often been said it is not what we say, but what we do, that counts. However true this may be in other walks of life, it certainly is false of the physician. He wields no more potent instrument than his tongue, and performs no more successful operation than when in close communion with a heart-sore and weary patient he plays the part of father confessor and from his great knowledge of human nature offers in kindly and well considered conversation those poignant suggestions which readjust the false point of view and bring hope and courage to his fearful, sleepless confidant.

We are all familiar with the nervous wreck, who pours out his every feeling, laying prolonged emphasis upon the most trivial incidents and sensations, the state of his emotions manifesting itself in tears and anger, as he tells of the slights he has suffered or the senseless fears that have caused him days of worry and nights of insomnia. And we have all seen these unfortunates brighten up when fears were dispelled and leave the office hopeful with new courage. Could any scientific operation yield a more gratifying result than the art here exhibited by the physician

You have doubtless, many of you, spent dubious hours wondering whether or not the patient who threatened to kill himself and family, should be laughed at or sent to the hospital. Whether his frantic out-breaks are hysterical (i.e. anesthasias or hyperesthesias of some cortical association fibers affecting some synthetized thought system, or whether you must attribute them to more profound changes in the fundamental centres lower down, i.e., in the sensory-motor arcs. And here again comes in, of course, the new science of abnormal psychology to help our art.

Time forbids me going into the scientific explanation of much

that I have to say. But my studies in normal physiological psychology have convinced me that all of the peculiar phenomena, which we see in abnormal mental life will be explained as we gain a better knowledge of brain physiology. In the meantime, we can but study the phenomena themselves and apply this knowledge as best we may to the benefit of our patients.

Dr. F. C. Richardson has stated how he views the various popular psychical movements of the day and I most heartily agree with most of what he says. I believe it is more dangerous for people ignorant of anatomy, physiology and disease to play with psychic influences than for one equally unskilled to do an appendectomy. In the latter case but few will be the victim and they will happily die, in the former, multitudes may be led astray to the tolerance of miseries, which are far worse than death itself, to which death would be a blessing. I have seen patients with advanced heart and kidney lesions leading the most miserable of lives, and refusing all medical aid, because of their faith in one of these pseudo-psychic cults. In this connection there has lately been developed in Boston a psycho-therapeutic movement in connection with one of the leading churches. In referring to this medico-psychic, religious undertaking, Dr. Morton Prince, in an address last week voiced exactly my own sentiment, he said, "It is my belief, then, that if the church, whether in co-operation with the medical profession or not, is to take up this work of relieving humanity of its multifold nervous ills, its disciples must qualify themselves by thoroughly mastering the psycho-pathological principles of disease; they must familiarize themselves with the results of pathological research, they must learn to diagnose as well as treat. In other words, they must first undergo the experiences of the hospital and laboratory."

In this paper I will briefly discuss (1) psycho-analysis as advanced principally by Freud and modified by Putnam and illustrate its application, (2) next refer to some diseases as obsessions dissociations, insomnia, worry, hay fever, asthma, diarrhea, etc., which we may expect to help by psychotherapy, and (3) finally give you an outline of some methods now in vogue. If I seem to neglect other valuable methods of cure, you will understand that it is not because I deem them less valuable or important, for the truth is rather the contrary, but solely because they are outside the scope of this paper.

PSYCHO-ANALYSIS.

This method was early suggested by Breuer and worked out in detail by Janet and Freud. It is based on the simple facts of

association ideas. We know now, that all memory depends upon association and that this process is quite as often sub-conscious as conscious. That in certain pathological states of the brain, systems of neurons, which have formed a synthetized thought group may become simply irritable or anesthetic or hyperesthetic.

When anesthetic or amnesic as Janet has pointed out, they form the starting point of what he has described as the somnambulisms, where in its most typical form we get a splitting off of the synthetized neuron system resulting in multiple personality. In its lesser forms we see the various tactile anesthetics, amnesias, and paralyses of hysteria.

As in organic lesions of the cord we get one side of the body anesthetic with a sharp dividing line beyond which there is hyperesthesia, so in these anesthetic neural systems in the higher cerebral centers, or, as Morat calls them the superior systems, we get a secondary hyperesthesia, which may account for the peculiar objective states which we see in these neuroses, i.e., the bizarre eccentricities, obsessions, etc., these may be the evidence of psychic hyperesthesia consequent upon an anesthesia of some co-ordinate neural system.

Now it has been shown by Freud and Janet and in this country by Prince and others, that the peculiar symptoms which many neurotics manifest are due to the living over again some unpleasant episode of earlier life. The memory of this episode having vanished from the patient's super-consciousness, he does not in the least connect the two incidents, i.e., the present discomfort and the past experience and so fears that he has some serious malady, which perhaps is incurable or that will require operation. We may assume now from our knowledge of brain physiology, that this is due to a hyperesthesia or at least an irritable, unstable state of some of the neural thought systems. In any case the outward result is that the patient is incapacitated for his usual duties and lives in a state of fear, is usually sleepless and according to the character of the dominant fears or as the French say, phobias, may maintain good nourishment or become pale and emaciated. Usually, however, these patients do not lose weight, and herein the medical mind is struck by an inconsistency between the subjective seriousness of the malady and the lack of objective evidences.

Freud built up his system on the basis that fears always have their origin in some sexual experience, it would seem that a broader interpretation of our basic feeling tones in consciousness would lead to placing the instinctive emotions, love, fear and anger on an

equal etiological footing. However, this may be, it is certain that the majority of the patients that one meets in daily work more frequently manifest fear than any other symptom. If then it is true that the psychic illness is merely the living over of an old and forgotten unhappiness, the acting out of the previous life drama with prompter hidden in the co-consciousness of the actor, it is plain that if this fact can be proved to the actor's satisfaction, he will see himself no longer as a leading artist, but merely as a mimic, and will forthwith retire from the stage, and this is what psycho-analysis seeks to do. By a careful and prolonged search through the life history of the patient (Freud's cathartic method) it seeks to find explanation in some early experience for the present disease manifestations, and then to point out the channel by which through association, this experience has been again called into being, and has had added to it all the later similar experience, thus building it into a thought system, which forms a large part of his present mental content guiding his ideas and lending them emotional color. The most characteristic thing about these reproduced thought systems is the accompaniment of the original feeling tone or emotion, which went with the primary experience. In fact, it frequently happens that this is the only tangible symptom at first. The patient comes to us because of the presence subjectively of a vague and peculiar mood which is out of proportion or irrelevant to his environment, and which interferes with his daily vocation. Or it may be more than a mood, it may be a fit of some kind or a stupor, in any case, the object of psycho-analysis is to dig out the experience, if any, which the patient is reproducing, and then to place the patient in a passive and receptive mood and carry him back in memory to this part of his existence, and give him a new set of associations of a healthy and happy nature from which to build a new thought system about his central idea. James points out in his psychology that it is as important to forget as to remember, and that the real foundation of a good mind rests on the judgment we use in selecting the important and forgetting the irrelevant, and allowing the attention to dwell upon the former with sufficient force and frequency to fix it in memory. Unhealthy minds frequently reverse this process and accentuate the trivial or painful, dwelling upon it until all other thoughts are displaced. Let me cite some cases which will illustrate psycho-analysis.

CASE I:—Miss F., age 40. A neurotic from birth, has been a nervous invalid for ten years as the result of prolonged strain and worry incident upon some illness and death in the family. During

the first of her illness she had great difficulty in swallowing, even milk choked her badly, when she came under my care she had regained a fair degree of health and could eat almost anything. Meat, however, had to be put through a fine mincer, and she had to eat alone, and would sit from one to two hours over each meal counting the number of times she chewed each morsel, if surprised she would choke and strangle. On careful questioning she finally remembered that when she was five years old she had had a very severe choking fit from a fish bone. It caused much commotion at the table and left a deep impression upon her. A year later she had a similar experience with a bolus of meat. She had forgotten these experiences, but when it was pointed out to her that her fear dated back to then, she decided to overcome it, and has since eaten quite naturally and with others. She has never quite overcome her habit of slow eating, however.

CASE 2:—Miss B., age 41. For five years has been worrying about her bowels, has had a vague discomfort in the right side, never very distinctly located, and profuse perspiration of abdomen from any emotion. She has had some gas and alternate diarrhea and constipation, upon which she has dwelt much, and for which she has consulted many doctors and tried many forms of treatment. For a year before coming under treatment, her mind was so constantly upon her bowels, that finally, she literally had to give up work to attend to them. She had peculiar fainting spells when everything seemed to recede and elongate. She finally discovered some mucus in her stools, which seemed to justify her worst fears and she went to bed with serious bowel trouble. She felt sure that she had appendicitis and would have to undergo an operation, indeed she convinced her physician that this was a possibility and was sent to the hospital for observation. There her peculiar mood convinced the physicians of the psychic nature of the disease and she was sent out to my private hospital. I finally learned that she had had typhoid when twenty-one years old, while living with a step-mother with whom she was constantly at war. She was delirious throughout the entire attack and professes to remember nothing of it, except that it was terrible. Five years ago she began to run down and have some bowel discomfort and a peculiar worrying mood. Not knowing from whence it came and hearing much of appendicitis she attributed her discomfort to this and gradually built it into a thought system, accompanied by the emotional fear which she had previously felt for her step-mother, during a similar

discomfort twenty years before. This was explained to her and she made an excellent recovery after three months. I do not doubt but that this patient would have remained an invalid much longer had we not been able to give her some feasible explanation of her fears, she is highly negatively suggestible.

CASE 3:—Miss D., aged 21. Came under treatment for epilepsy. After observing her closely it was found that her attacks always occurred in the front hall and usually after dinner. The attacks too, were not typical. Physical examination showed anesthetic zones over the body. Mentally the patient was a bright college girl. In a hypnoid state she remembered that when a girl of fourteen, she had been to a theatre in a small city with her parents, and had greatly admired the leading lady, after the show they went to the hotel and had some refreshments, and while in the dining room, the theatrical company came in and sat down and she saw again her heroine. Suddenly, however, the heroine jumped up and ran into the hall, when she fell into an epileptic fit. The child ran to her and saw her carried up stairs. Here was the experience which our patient was living over in her run down state. She made a good recovery and has now been well for five years.

Freud claims that it is a simple matter to make the patient recall the primary experience. He places his thumb on the nasion and pressing there commands them to remember. Some of us do not find it so easy. Personally, I have often felt that it required some straining of the imagination to join up the links, but there will be found a certain number of patients who will give a pretty clear history from which deductions are fairly easy. It must not be thought that all of these cases get well even after one has satisfied himself of the relation between cause and effect. It is often difficult to put the matter in an intelligent light to the patient. Again in cases of very long standing, habits have been formed which may require long and patient reduction.

Dr. J. J. Putnam has well pointed out that it may at times be harmful to require patients to recall unhappy episodes, especially if they are connected with unfortunate sexual experiences and shows that the same end may be accomplished by getting the patient's main train of thought and then, by discussion, substituting another train of associations starting from the same point but having a happy feeling tone for its accompaniment. And after all is not this just what we do every time we explain away an unhappy mood, substitute another train of associations?

There are certain symptoms that the medical man fre-

quently meets, some of which have an undoubted psychic origin, such as obsessions and amnesia and others that may or may not be psychic, as insomnia, rose cold, asthma, dyspepsia, bowel disturbances, bladder trouble, etc.

OBSESSIONS

One frequently meets with the patient who is possessed by an idea which dominates him. He tells you of it, discusses it and is conscious of its foolishness, yet it obsesses him and he must comply with its dictates. I recall such a patient who could not retire at night until she had looked under the bed. It came out in her history that when eight years old she visited a friend. When she retired that night, she found a man's arm protruding from beneath the bed. She screamed and ran out and though it was shown later to be a stuffed man placed there as a practical joke, she could not be persuaded to sleep in the room. She had almost forgotten the incident, but the fearful emotion caused by it had fixed upon her this harmless obsession. Most of us can find in our own lives similar experiences and results. Here it took but slight knowledge of psycho-analysis to discover the "post hoc propter hoc." It is the belief of students of abnormal psychology that most obsessions will be found to have their origin in some early experience.

Dr. J. W. Courtney (1) has pointed out that obsessions constitute the essential symptom of all types of psychasthenia and has skilfully rounded up many heretofore vague and confusing states under this name—such as the obsessions of sacrilege, crime, disease, shame of self, shame of the body, compulsory ideation and activity, extremists, manias of reparation, and compromise, the various phobias and emotional agitations. All of these are characterized he says by a peculiar idea which "is neither voluntary nor practical, it is not concrete and does not lead to useful and satisfactory achievement, it cannot be submerged to the level of sub-consciousness like an ordinary idea." "On the contrary, it is vague, abstract, insistent, monotonous; it is an incubus, an obsession which fastens on the mind of its victim and goads it to a peculiar type of frenzy." The psychasthenic as thus defined has a brain which psychologically is but feebly synthesized and whose personality readily becomes dissociated under the domination of an obsession. This obsession in turn consists in the raising above the threshold of con-

1. Psychasthenia: Its semeiology and nosology status among mental disorders. *Jour. A. M. A.* Feb. 29, 1908.

sciousness of some old fear which probably had its origin in childhood, indeed, as Courtney points out, in psychasthenia there is a partial reversion of consciousness to the child type, a condition in which the will and judgment are unable to overcome the obsessing idea.

If this is all true, what is more reasonable than to expect to help these unfortunate and usually unhappy patients through educational psychic methods.

INSOMNIA

Whether or not sleeplessness in a given case is due to some perversion of the physiological functions as indigestion or is the result of some error in the psychic factors is often most difficult to decide. Until very lately we have been in a deplorable state of ignorance regarding the cause of normal sleep, so that much of our advice on this subject has necessarily savored of the experimental. It has for some years been known that waking consciousness is the result of the sum of all stimuli reaching the brain from the various sense channels. What then could be more reasonable than to suppose that by reducing these stimuli to a minimum the tension of the mind can be let down till each sensation reaches its threshold value when sleep would naturally ensue? Yet it is only within the last few months that this simple deduction has been backed up by experimental proof by Boris Sidis, M.D., (1) of Brookline, Mass. Now whether the persistent incoming stimuli which cause insomnia in a given case are the result of some disturbed bodily organ, or whether they are due to the fixation of attention upon the sufferer's own fears and worries, is the question to be first decided in the treatment of these cases. In the former then proper medicinal and other treatments should be prescribed. If due to a mal-adjustment of the mental factors, then psychotherapy is in order. Sidis finds that the shutting out of all stimuli, together with limitation of motion, relaxation of attention and monotony (as from the tick of a clock or the murmur of the wind) form the essential conditions of sleep. In this connection he made the interesting observation as a medical student that if he was listening to a monotonous uninteresting speaker he became drowsy during the speaking and was kept awake by the lecturer's pauses.

1. An Experimental Study of Sleep.—*Jour. of Abnormal Psychology*, April, 1908.

PSYCHO-PHORADIC DISTURBANCES.

Under this heading I would include all respiratory and cardiac disturbances which have heretofore been called functional, as rose cold, nervous asthma, emotional palpitation of the heart and perhaps even functional murmurs due to relaxed nervous tone.

As an example of what actual tissue changes may be produced by an idea, I would remind you of the authentic case reported by a well-known rhinologist. It was that of a lady who always had a severe rose cold with violent coryza and lachrymation if she chanced to be where there was a rose. She called upon her physician one day and he found the nasal mucous membrane in a healthy condition. He then took from behind a screen a bunch of roses. Immediately the patient began to sneeze and have all the symptoms of coryza. He examined the nose and found the mucous membrane congested and the turbinates turgescient. He then explained to her that the flowers were artificial and the next time she came to his office she was able to bury her face in a bunch of roses which were upon the table.

We have all seen nervous asthma. I need not describe it here. In one of his letters on psycho-therapeutics, Prof. Oppenheim describes with his usual clearness the mechanism of psychic palpitation as follows. Speaking of the power of attention and introspection to originate and develop such conditions he says: "This is most easily perceived in regard to the action of the heart. Even a healthy man may be aware of the throbbing in the region of his heart and the pulsation in his ears after a quick run or climbing a hill, or when in the stillness of the night he lies on his left side, with his attention on the alert; and this will most easily happen if, as the result of physical over-exertion, excitement, the use of alcohol or a heavy meal, the action of his heart is exaggerated and unusually strong. Indeed every one is aware of this fact. For the healthy person there is nothing disturbing in it; he ignores it, goes to sleep over it, and in the morning has forgotten it. Very different is it with the anxious listener who, suspecting that his heart is affected, now fixes all his attention upon it. Very soon the inevitable consequence of constant repetition makes itself felt. Finer and finer grows his mental hearing; more and more conscious is he of the throbbing and pulsing. Soon the silence of the night or a certain posture of his body

cease to be requisite; he is always conscious of the pulsation, and now not merely in the region of his heart; he may become painfully aware of it in various parts of his body. And as a rule, it does not end with these distressing sensations; a new factor appears, a real functional disturbance of the heart; the heart rebels as it were against this surveillance, which not only accelerates, but may even inhibit its action and render it irregular.

PSYCHO-ABDOMINAL DISTURBANCES.

It is well-known that the gastro-intestinal tract is often the plaything of emotions. Nervous dyspepsia, diarrhea and more often constipation may all be the direct result of too much attention to these organs. This is well-known among the mind curists and mental healers so-called, who frequently gain an entré into the patient's confidence by suggesting away these troubles, especially constipation. Most of us have felt the "call of nature" when about to perform some unusual ordeal as a public speech or an unaccustomed operation. Persistent urinary disturbance especially irritable bladder is quite common. I have just learned of a case of persistent bladder trouble treated all last winter by a New York specialist who neglected the evident fact that the patient was in a most disturbed state of mind. She came to Boston and placed herself under one of our most competent psycho-therapists, who was himself surprised to learn on his second visit that the bladder trouble had so far improved that the lady could walk out upon the street for the first time in several months.

METHODS OF APPLICATION.

Since the time of Mesmer many methods have been brought forward for the purpose of introducing ideas into the patient's mind and giving them more permanent lodgment there than they would receive in the normal waking state. However, I will not speak historically but turn at once to that which we have learned is of greatest usefulness. As practiced to-day psycho-therapy may be broadly divided into:

- (1) Psycho-analysis in its broadest sense and including the use of association test and the galvanometer.
- (2) Suggestion in various forms.
- (3) Education through explanation and an appeal to the intelligence of the patient.

Of psycho-analysis I have already given sufficient examples

and for the two tests I must refer you to the work done in this country by Munsterburg, Peterson, Prince, Coriat, Sidis and others. Suffice it here to say that in their sphere these tests are quite as important as is the widal serum reaction or auscultation of the heart in theirs. They give a relatively accurate and simple means of determining the psychic factors with which we have to deal.

SUGGESTION

Under this heading may be grouped all methods which seek to plant in the mind ideas which are opposed to the present train of thought of the subject, i.e., to supplant his conviction of weakness, or inability, of pessimism by those of strength, self-confidence and optimism. Psychologists have shown beyond doubt that we are all open to suggestion; that like bacteria, thousands of the suggestions received are innocuous, some highly beneficial and a few malignant, and to carry the simile further, in order that infection should occur, that the idea should take, it is quite as necessary in both cases that the soil should be ready for the seed. We may well compare the injection of the right idea into a diseased consciousness with the injection of autogenous serum. In both cases the opsonic index is, so to speak, raised to a point of normal resistance though sometimes preceded by a negative phase.

All degrees of consciousness from the normal waking state to deep hypnosis have been used as the mental soil upon which to plant this psychic seed, the new corrective idea. The preponderance of opinion at present favors so-called waking suggestion, and this may be given directly as a command, but it will usually be found better to apply it indirectly, introducing the ideas into more or less indifferent conversation. The subtleness of this form of suggestion makes it difficult and one must often use great tact in its application. It is usually quicker and more satisfactory to use the hypnoidal method described by Sidis. He has the patient close his eyes and keep as quiet as possible without making any effort. He is then asked to attend to some stimulus such as reading or singing or the monotonous beats of a watch or metronome. The patient soon passes into a quiet, passive state favorable to the reception of therapeutic suggestion though in entire command of his senses and perfectly oriented. Sidis points out that it is simply the state which precedes sleep and in which one may pass either into sleep or hypnosis. The deeper degrees

of hypnosis are less and less used as we come to know more of psychology, but there are cases such as alcoholism and certain cases of hysteria and psychasthenia where it may serve as an excellent splint to the weakened will.

EDUCATIONAL METHODS.

Perhaps the most important advance of all in psycho-therapy has come in the realization of the importance of an appeal to the intellect of the patient, explaining to him the real significance of his symptoms and giving him frank and sincere encouragement. Probably no modern book has had a more far-reaching influence upon the medical world than that of Dubois, who champions this method and from whom I take the following remarks. "Many patients owe the persistency of their functional troubles to the physician, who, by imprudent words, has given them a fixed idea." "It is necessary to believe in the reality of their pains and to show them full sympathy, and if little by little, we can prove to them that the symptoms have a psychic origin it must be done in a loud friendly conversation." "One must study the mentality of the subject, detect his lack of logic, his exaggerated susceptibility and in the daily conversations, modify his natural mentality; for it is to this mentality that one must look for the first cause of the trouble." "In serious and obstinate cases a prolonged treatment is required to continue the moral influence. I have adapted for this end the treatment of Weir Mitchell who, as every one knows, recommends rest in bed, isolation and over-feeding and various less important measures.

In brief, we should by explanation, persuasion, encouragement and a fixed and unswerving confidence in ultimate success, so alter the patient's point of view that he sees the error of his deductions and voluntarily corrects them. Herein it differs from suggestion, for it leaves the patient a free moral agent while suggestion is apt to leave him, even when cured, with a feeling of dependence upon his benefactor. This educational work is then by far the most desirable method.

Dubois would go so far as to extend its usefulness to benefiting organic diseases by its moral effect.

Is this not after all what we always have meant by the art in medicine? He is indeed a true physician who can grasp the delicate elusive interplay between body and mind and in his ministrations so judge and adjust each factor as to bring harmony, purpose and usefulness to the chaotic mind.

Not mean, nor base,
But of heaven's best upbuilding is this House
Fashioned for man; the city of nine gates—
Wonderful, subtle, sacred—to be kept
Fair and well garnished;
Graced with ornament
Outside and in, and wardened worthily,
That, in its ordered precincts, angels' wings
May float and fold, and Body help Soul,
As Soul helps Body.

—Edwin Arnold.

THE GROWING DISTRICT OF DRUGS*

BY DR. E. A. DARBY

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THE propensity of the people to embrace drugless systems, such as osteopathy, christian science, mental healing, mechanical or thermal therapeutics, has become so wide-spread as to force the conclusion that the laity is losing faith in the efficacy of internal medication.

That this distrust of drugs is growing is so obvious that an attempt to present proofs appears to be superfluous.

The malady has been working in the body politic for many years, but its chief eruption has occurred since the advent of those two gigantic delusions, christian science and osteopathy.

It is an unfortunate condition because it does not discriminate between that which is worthy and unworthy in medicine, but condemns equally, as poisons, all remedies taken internally.

It illustrates the furthestmost swing of the pendulum from the over-medication of the past to that of no medication.

But between extremes there is a safer and saner ground than either of them. Because a man has repeatedly gorged himself with food, thereby producing dire distress and symptoms resembling systematic poisoning, it is not reasonable, or safe, for him to suddenly fly to the other extreme; that of denying himself ALL food.

A little of the right kind is undoubtedly good, but a great deal is not often better, either in food or medicine.

Among the causes which have been instrumental in producing this attitude of the laity toward drugs, we find, (1st.) In most of

*Read before the Colorado Homœo. Med. Soc.

the schools and colleges where physicians and athletic trainers are employed the athletes are taught to avoid internal medicines; thus energetic bodies of young men, leaders of thought and activity, are annually going out into the world carrying this prejudicial teaching. (2nd.) Every drugless method of healing is continually being advertised in the public press and, prominently of late, psychological healing has even been taught by preaching in churches. (3rd.) The well known fact that drugs have done much harm in the past and, doubtless, are still doing harm in some quarters. (4th.) The marked advance made in modern surgery and the fact that many conditions are quickly remedied by the knife which, in the past, were less promptly helped, if at all, by medicines, thus the glamor of surgery and the usual attitude of indifference, or even prejudice, on the part of surgeons toward the remedial effects of drugs have aided materially in bringing the latter into disrepute. As confidence in surgery, and admiration of surgical skill, increase, reliance upon the use of medicines wanes. (5th.) The inconsistent attitude of some doctors, themselves, towards medicine; expressions on the part of many old practitioners to the effect that they have no confidence in the practice of medicine. Specialists too often assume an attitude of superiority towards remedies, if not toward those who prescribe them. Skepticism in medical ranks engenders rank skepticism in the laity.

PATHOLOGY.

More or less extensive hyperemia of the medical convulsion, while the financial circulation of the noblest profession is obstructed,

Hyperacidity of the inward parts and enlargement of the disgestatory nerves.

The biliary secretion is increased, gall abundant in some places and worm wood and gall in others.

The common Doc is most affected.

The parenchyma is exceedingly liable to degenerative changes, patches, yes, patches everywhere. Excoriations, too, are prevalent.

Calculi occupy the pancreas (stones for sweet bread).

On the other hand, exudation of basic substance, resulting in bloated pockets of poltroon readers and healers.

Drugless disorganization of the sympathetic and atrophy of the heart. Gangrene of deluded devotees.

Also, proliferation of plethoric pullers with effusions of efronterry, organizing by coalition or the formation of bands, threatening to remain permanently.

The prognosis is grave. The treatment is without utility unless the more serious causes can be removed.

It is not a baseless spirit of pessimism which sees the time fast approaching when the title of "M.D." may as well mean "mule driver" as any thing else, so far as honor in a title is concerned. Already some are using other letters to signify the assumption of loftier attainments. The surgeon or specialist, of Europe, feels affronted when addressed as "Doctor".

TREATMENT.

It is doubtful whether any effort to bring about resolution in the parts affected can be successful, but the extension of the area may be checked by the removal of the morbid causes or the rendering of them inoperative, the correction of abnormal actions and the production of more favorable conditions. First, the fountains of the profession should be kept purer. Everyone who does not prove to have character and is not by nature "a born doctor" should be discouraged from the study of medicine.

Paracelsus, a prominent physician of original ideas 400 years ago, said: "Neither emperors nor popes, neither colleges nor high-schools, can create physicians. They can confer special privileges and thus enable a person to appear as if he were one; but for all that they cannot make of him what he is not. They can give him permission to kill but they cannot enable him to cure the sick. Medical science may be acquired by learning but medical wisdom is the gift of God."

Such a lofty conception in the profession would produce discoverers rather than doubters and the God-given powers of healing in materia medica would not be lightly held or flippantly thrown aside.

The next thing to be prescribed is the postural treatment, of which the knee position is especially recommended.

Let the profession, in particular, pray for forgiveness, quit its meanness and work in unison; "A house divided against itself cannot stand."

Surgery and the specialists have a duty to perform in this matter, but not with the knife. It is an earnest consultation duty and a readjustment that is needed. From being the hand maid of medicine, surgery has become too independent and, flushed with her victories, too negligent of the claims and achievements of medicine and too intimate with non-medical systems. It is undeniable that surgery has impaired the field of medicine, but she should not plume herself too much upon that fact, for long after appendices and diverticuli cease to exist, by reason of evolution, the virtues of medicine will be in demand.

Surgery has said to medicine: "Recognize your limitations," "Call in the surgeon early," "Don't wait!" These words alone are not caustic, but the evident assumption of advanced standing in the profession. Does it take less intelligence or learning to make a correct medical diagnosis or to handle a case medically? The branch of service one chooses depends upon a natural adaptability more than a different degree of knowledge. Medicine has its limitations when it asks the court to pass upon the mental soundness of a patient. It also has its limitations when it asks the blacksmith to care for its lame horse. But neither the one nor the other should claim superior wisdom.

Why not call in the physician early? A surgeon treats a suppurating hand with all modern skill, the hand is like a ham in size, discharging through six openings, having three drainage tubes, an antiseptic solution bathing the parts, and yet the patient grows worse and worse. Finally the friends lose hope and the surgeon can offer no encouragement. He is dismissed and a physician is called in who says, frankly: "The surgical work could not be improved upon, but the man is sick." He notes the thickly coated tongue, the extreme prostration, the sordes, the delirium, prescribes baptisia, and the life is saved.

The fact is, we need each other and the modern malady needs the earnest, appreciative recognition of medicine on the part of surgeons and specialists.

If physicians are jealous, I submit, there are reasons for it. In a recent anti-medical book, from Chicago, osteopathy claims intimacy with surgery. It says: "Osteopathy and surgery go hand in hand." "Osteopathy is demanded both before and after an operation."

Compliments on the other hand, from surgeons make it appear that "Barkis is willin," Osteopathy may be a profitable partner for surgery, certainly not a worthy one.

The osteopath, quoted above, describes the foundation principles of osteopathy as follows: "The power of the artery must be *absolute*, universal and unobstructed or disease will result. The moment of its disturbance means the period when disease begins to sow the seeds of destruction in the human body; and in no case can it be done without a broken or suspended current of arterial blood."

"The epoch-making *discovery* of the cause of this interrupted flow of the blood stream is the *theory* of obstruction by *anatomical displacement*." "And thus,," he says, it should always be emphasized that the *mechanical* re-adjustment of the component parts of the,

vital body is the eternal key note of the Osteopathic school of healing."

The author's clearness of expression is to be commended. But what an absurdly fallacious foundation for a system of healing!

Obstruction of the *veins* (portal and others), or the capillaries, is a frequent cause of disease. What is the anatomical displacement that causes phlebitis, leprosy, consumption, syphilis, gonorrhoea, pneumonia, typhoid fever, small-pox, or any of the contagious diseases, appendicitis, or influenza. More illness results from worry than from dislocations. More prevention comes from boiling the drinking water than from *all* osteopathic adjustments. And yet, the author above quoted says: "Osteopathy is greater than surgery because capable of preventing surgical conditions."

All of the benefits of osteopathy may easily result from vibration and Swedish movements, sans information, sans boasting, sans unethical behavior. Another quotation from the same author shows the animus of the movement. He says: "At no period of medical history have physicians of the older school felt more keenly the futility of medical methods and the lack of an all-embracing principle of medicine than at the present." With equal untruthfulness, he might have said: At no time has the scientific world been so discouraged about synthetic processes as at the present, because many of the best chemists are occupying their time exclusively in the search for new catalyzers. Studiousness, energy and discovery certainly do not indicate hopelessness.

The medical profession was never so well equipped as it is to-day; nor so successful in preventing and treating diseases. If its victories were advertised as are the claims of its enemies, the world would applaud.

Of all the offenders in the matter of advertising, the cult of the absent treatment is the worst. The various medical legislative committees would do well to give it some attention.

Before any christian science demonstrator should be allowed to practice and proclaim marvels, he should be compelled, by law, to study anatomy, pathology and diagnosis for a period sufficiently long to enable him to know what the conditions are which he is trying to conjure.

Three weeks ago, a stranger entered my office and asked me to examine her fore-arm to ascertain the condition of the bones which, she claimed, were fractured four days previously. I assured her that both bones were intact, in fact had not been fractured. She asked: "What then is that bunch?" I replied: "That swelling is evidently from a bruise and will disappear entirely." "Yes," she

said, "I know it will; for I am a christian scientist and have been demonstrating upon that arm ever since I broke it four days ago when I fell from a buggy."

I repeated that the bones had not been injured. But the woman, when going away, still claimed a victory over broken bones by the power of personal demonstrating.

Over against Eddyism and kindred delusions there is a science based on knowledge duly arranged; the one science of medicine, with its several departments, ever seeking for and testing facts with reference to events or phenomena. Like other departments of the great scientific world, the medical science is growing in alertness, tolerance and openness to conviction. To-day, there are things seriously discussed in scientific circles which a decade or two ago would have branded one eccentric, or insane. For instance: the divisibility of the atom and the identity, in essence, of universal ether, electricity and matter.

But science in general is not so much occupied with the questions, "What is it?" or, "How does it work?" as in the question, "What does it do?"

A visitor goes through the vast works of the General Electric Co., then, at the gate of exit, voices that old chestnut, viz, "After all you don't know what electricity is!" "No," replies the attendant, "and you don't know what wood is, or iron, or sunshine, or, in fact, what anything is. I do know this, as one of the forces of nature, electricity obeys its own laws."

WHAT IT DOES, is the essential thing about a remedy, as well as of a force of nature. This has been the chief quest of that newer branch of the medical science which in comparison with the older is like the postage-stamp to the envelope, both in size and importance; for the envelope did not seem to be getting anywhere until the stamp was attached.

Theories as to how the remedies act have been many and doubtless will be more, perhaps better, but may never satisfy the reason.

But scientifically observed facts as to what they do, in reference to drug action on the one hand and disease on the other, must eventually establish faith. It was the refusal, on the part of the larger body in the medical world, to scientifically test the claims of homœopathy, that for years provoked deserved criticism.

Nothing less than the experimental test is scientific. More recently, research is being conducted by the larger branch of the profession, as to the action of drugs upon the healthy, also, as to the different effects of large and small doses. Dependence upon

authorities is not what it was; apothecary doses are being slowly abandoned and imponderable ones advised.

The discovery of Radium (the greatest discovery of the century) and its results have established, beyond cavil, the power of the infinitesimal. Another interesting fact, from the most scientific sources, is that the amount of the catalytic agent in a given process has no relationship to the results obtained; the most imponderable amount bringing amazing results. To the same effect is an item from the French Academy, stating that twenty-five experiments on animals show, each time, that poisoned blood is active even after dilution a thousand million times; i.e., in the proportion of a tea-spoonful to 976,562,500 gallons. A clipping from a French paper says that this demonstrates that those who say that there is no medicine in the homœopathic dose betray ignorance. But natural prejudice is strong and the habits of life are stronger. Nearly everyone seems to have inherited a prejudice against the imponderable in medicine. When, in the course of his medical observations, the student reaches a point where he admits that a homœopathic remedy actually does something, he is a hopeful case. When, later, he throws away his treasured "cholera drops" and physic, and questions the reliability of the big four, viz., calomel, quinine, morphine and whiskey, he has made great advancement. But only when he proves that common salt, in imponderable doses, has a curative action may he be said to be upon safe ground; having a mind open to the truth wherever found and willing to test a matter scientifically.

The greatest difference between practitioners of the older school and the homœopathic lies in the fact that the longer the former follows his traditions and authorities, the less his confidence in internal medicine, while the longer one studiously practices homœopathy the greater his confidence in the curative action of drugs.

Dr. Cabot, a Massachusetts physician of the old school, says: "We, many of us, use but one drug at a time. When I turn to some of the older books, some still used in our school, and see how the frail human stomach is expected to bear not only the drug but an adjuvant, a corrective, a flavor and perhaps more ingredients, I rejoice that we no longer practice what some of our text books still preach." In another place, Dr. Cabot says: "We sometimes follow the maxim, 'similia similibus curantur,' but not often. We have come round to your minute doses in some cases and there is no telling how much further we may go." He goes on to say: "One of the things that has impressed me in my friendly and

pleasant contact with homœopaths during the past year has been the studious care with which my friends in your school endeavor to select remedies according to the law of similars and the unfeigned confidence which they place in these remedies."

It would be a pity, indeed, if in the face of such generous and encouraging words, any homœopath should be found lacking in fidelity, or bringing discredit upon our school by lazy or slovenly prescribing.

In spite of criticism, merited or unjust, the science and profession of medicine has no superior in unselfish labor in the interests of the people.

It is not a money-making profession. The majority of the doctors die poor. But they have given their time by night and by day, yes, their heart's blood, in relieving suffering, prolonging life, ridding the land of plagues, protecting the people from contagion and proclaiming the law of sanitation and clean living.

The doctor is the confessor of the home, the faithful friend in trouble, the earliest helper of man and his ally in the last fight. Beloved in distress, belabored in health, without elation he receives the praise and with grim patience he bears the persecutions, and—takes his medicine.

HABITS AND TRAINING IN INFANCY AND CHILDHOOD

By LINCOLN PHILLIPS, M. D.

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WHAT we do and what we know is the result largely of habit and training.

The infant's plastic brain, may be likened to a fair and fertile country which is as yet an untraversed wilderness. Paths, byways, streets roadways and clearings must be made. Unfortunately they are too often the result of chance.

Instinct beckons and I am not so sure but the pathways were straighter ofttimes, if teacher and parent did not interfere.

The trail once started, no matter how crooked it may be, soon comes to be a path, a roadway, and then a street traversed daily. How important then is the starting of the trail! In large wealthy cities, are crooked, distorted, inconvenient streets, that were started as mere paths. To straighten them now, were to destroy property worth millions, and a herculean task besides.

* Read before Miami Valley Homœopathic Medical Society.

How little we realize habits, or trails cannot be effaced from the brain! How many a man is there saying, "Would to God I could wipe the slate clean and start all over again," but no: there's the trail. The oftener it is used, the more indelible it becomes and the harder to be quit of it.

One may say, "I'll go through this dangerous forest or along this alluring lake or water-way, but this once and the trail may become indistinct and grass-grown, but it is there, and years after when almost forgotten, may suddenly loom up with hellish suggestions and become a much traversed pathway. Any man who says "I can quit this habit whenever I choose," little reckons with the least known of all uncertainties—himself.

To start with the infant, it seems to me it is just a little harder to establish good habits than bad. As to whether this is due to the "Old Nick" being inherent in parent and nurse or in the infant himself, I am not sure. The more I think of it the more am I convinced, the fault lies with the caretakers. The youngster didn't know sleep was to be wooed by a gas light, a lullaby, and a rocked cradle until it was taught him. The point I wish to urge is, that training the infant in regular and good habits is not only absolutely best for the child's health, but is entirely feasible. I do not mean that training shall be made a fetich or that it shall consist of puritanical, inflexible, hateful laws.

"Having a place for everything and putting everything in its place," adds much to one's comfort and peace of mind. So also does training to regular habits, and besides adds to the store of health.

Punishment is needed occasionally for the child's good, but if it has been properly trained early, the occasion is rare. The fact of the matter is, the majority of punishments are administered for the correction of things taught the child by the authority administering the punishment.

It is amazing what an immense amount of lying to children is done by parent and nurse:—promising a whipping for every little offense committed, with no idea of carrying out the threat; promising the child to give it something or take it somewhere providing it will be good, and with no idea of fulfilling the promise.

As to the form of punishment when needed, it depends upon the temperament of the child. What is good for one is not for another. In the majority of cases the good old thorough spanking is most efficacious. Some children can be appealed to through their sense of pride or shame. However, there is one form of punishment that I am unalterably and everlastingly opposed to,

and I think we as physicians, are entirely too lax in impressing it upon parents, viz., punishment through fear.

To my mind there is nothing so cowardly, so brutal and so cruel, as telling a sensitive, nervous child the rag man, or the policeman will carry it off, or worse still locking it in a cellar or dark closet. A parent who will do this is either woefully ignorant or else a cowardly brute.

Telling a child the doctor will come and cut off its ears if it doesn't behave, is another form of cheerful idiocy.

The frightful agony endured through the long dark hours of the night, by a nervous sensitive child, so threatened, surely would be enough to melt a heart of stone if once appreciated. I long for the days of the old family doctor. The man who looked upon a baby as soon as it was born as his patient so long as both of them lived. He could study and know—yes, and advise for the child's good. But now there is such a swarm of specialists that the physician called in at birth, doesn't know how long he will be retained as the medical adviser, and as a result the little one grows up, either without any advice or with a hopeless multiplicity of it.

If ever I am arrested for assault and battery, it will be for clubbing some brute of a parent over the head for punishing a child by frightening it.

I appeal to physicians, for the little innocent, whose night, instead of being filled with peaceful, healthful sleep, is made one of torture, filled with fearful hob-goblins, and frightful dreams. Have pity enough, that you teach parents, the error of their ways. It may not pay in money but it will in consciousness of duty done.

The Opiate Habit.—Dr. W. F. Waugh of Chicago (*Medical Record*, Dec. 26, 1908) says gelseminine is the most useful drug to cure the opium habit.

new nursing wing. Last month the first ground was turned for a hospital at Southport.

The British Homœopathic Association, composed of physicians and laymen, is responsible for much of the activity in Great Britain, and this co-operative endeavor is commended to those having charge of the propagandist movement recently started in America.

Under the auspices of the B. H. A. some first-class research work on acidosis, on homœopathic remedies as opsonic stimuli and on phosphoric output has been carried out.

The excellent educational work carried on by the association, the traveling scholarships and the Honeyman-Gillespie lectures have been referred to before by the NORTH AMERICAN.

British homœopathy seeks to be of use to the state, and the Right Hon. the Lord Mayor of London, himself a patron of homœopathy, has consented to preside at a public meeting of national scope, which will consider how such service can best be rendered.

From Australia comes word that the Launceston Homœopathic Hospital has a record of seventy cases of enteric (typhoid) fever with only one death, and this fatal case was admitted to the hospital in a moribund condition with intestinal perforation. It would be perfectly fair, therefore, to credit this admirable institution with 100 per cent. recoveries in a malady having a fatality of at least 7.5 per cent. when homœopathy is not employed.

At Utrecht in Holland, Dr. van Roijen, physician to the local homœopathic hospital, by request, gave a lecture on homœopathy to the "medical faculty" of the Utrecht "steudentencorps." At the conclusion of the lecture, the heads of the faculty, the professors and the lecturer met together in a very friendly spirit. Professor Talma, who has the credit of being a stubborn and outspoken opponent of homœopathy, thanked Dr. van Roijen for his lecture and congratulated him on his success; and on a later occasion, lecturing before the same body on the "Limits of Therapeutics," gave great credit and praise to his predecessor and said that while he doubted the accuracy of certain parts of the previous lecture, he was quite in accord with it as far as the groundwork of therapeutics was concerned.

THE GENIUS OF THE REMEDY

THE genius of a remedy is expressed in its personality and for the homœopath this has great significance and much interest. To properly grasp the spirit of a remedy as expressed in its personality means the welfare of the patient and his successful cure in many instances. To attain this grasp means more than a mere perfunctory reading of the *materia medica*. That which is curable in disease as well as that which is curative in medicine must be known to the prescriber. This knowledge therefore, presupposes, not only a knowledge of drug pathogenesis in its purity, but also a knowledge of diagnosis and pathology in the widest sense. Hence the homœopath is one who recognizes the value of modern scientific achievement in the broad field of medicine and by virtue of such recognition is better able to bring to bear the medieval implements of his armamentarium upon the inroads of disease.

The personality of a remedy, its genius, means those characteristics which typify and distinguish it from any other remedy. Thus e. g. the depressed mentality even to the point of suicide, the intestinal flatulence and yellowish loose alvine discharges, the general aggravation mornings and in wet weather of *natrum sulph*, give to this otherwise commonplace drug a characteristic personality all its own, and not to be matched by that of any other remedy. It is true that many remedies have a wet weather aggravation and that a number have a mental depression even to the point of suicide, such as *arsenicum* and *aurum*, but the picture in its entirety is not met in any other drug.

For the prescriber the interest lies in the fact that a knowledge of these few characteristics of a drug, in a word the practical conception of its genius, enables him to prescribe with precision without the burden of attempting to memorize a cast and often meaningless mass of apparently unrelated symptoms.

Such prescribing is perhaps nothing more or less than so-called keynote prescribing, but it is keynote prescribing based upon thoughtful intelligent conception and raised far above the plain of routine symptom matching.

Notes and Comments

Tuberculosis Among the Jews:—Dr. Maurice Fishberg of New York read a paper on this topic at the recent International Congress on Tuberculosis which was published in the *Medical Record* of December 26. As certain features of it have received large publicity in the lay press it may not be amiss to notice it here. Fishberg quotes many authorities and gives figures to prove that the incidence of tuberculosis among Jews is less than among other races. He claims this immunity to be due to the long centuries of living in cities which has in some way made Jews less susceptible. Actual observation in New York at the Tuberculosis Infirmary of the Metropolitan Hospital, and in Philadelphia at the Phipps Institute for Tuberculosis would seem to show the Jews of those cities to-day are not immune. Fishberg recognizes the loss of immunity—if such loss is new—in the last paragraph of his paper which is quoted here in full:

“There are indications that this advantage of the Jews is not permanent. It appears that in Eastern Europe tuberculosis has been on the increase during recent years, and the same has been reported from London. In New York City the number of applicants to the United Hebrew Charities who suffer from tuberculosis has exceeded 1,000 during 1907, while six years ago only one-half that number applied. The total number of applications for relief has not increased materially during these years. It seems that, adapted as they are to indoor life, they still cannot resist infection when their economic conditions become very unfavorable.”

The Law of Immunity and Homœopathy.—Dr. W. H. Watters of Boston University has a very valuable paper with the above title in the *Hahnemannian Monthly of December*. He has been able to influence the opsonic index with the indicated homœopathic remedy given in the usual way, by mouth. He also quotes similar results with other remedies used by Drs. Wheeler and Neatby of London, and by Dr. Burnett of Ann Arbor. The experiments all give a scientific value that cannot be controverted to the homœopathic prescription. Dr. Watters paper should be read by every homœopathic physician. It is to be hoped that more experiments of the same kind will be carried out and reported.

An International Office of Public Hygiene.—There was ratified by the United States Senate on February 10th, 1908, an arrangement between the governments of Belgium, Brazil, Spain, the United States, the French Republic, Great Britain and Ireland, Italy, the Netherlands, Portugal, Russia, Switzerland, and the Government of His Highness, the Khedive of Egypt, organizing an International Office of Public Hygiene, with headquarters at Paris. This office shall be under the control and supervision of a committee composed of delegates of the contracting government. The cost of installing and maintaining this office, shall be divided amongst

the contracting powers, according to the class in which they may be placed.

The office cannot, in any way, meddle in the administration of the several states. It is independent of the authorities of the country in which it is placed. It corresponds directly with the highest health authorities of the several countries and with the Boards of Health.

A Bulletin of information shall be issued monthly, or oftener, and special information shall be sent to the different governments, either at their request or as deemed expedient.

The Bulletin shall include especially:

(1) The laws and general or local regulations promulgated in the several countries in regard to contagious diseases.

(2) Information concerning the progress of infectious diseases.

(3) Information concerning the work done or measures taken toward the sanitation of localities.

(4) Statistics concerning public health.

(5) Notice of publications.

The official language of the office and Bulletin shall be French. The committee may order parts of the Bulletin to be published in other languages.

The present arrangement shall go into effect as soon as ratified, and shall last seven years and may be renewed for similar periods.

The Early Recognition of Tuberculosis.—The N. Y. State Charities Aid Association is prosecuting a vigorous anti-tuberculosis campaign, not the least important factor in which is newspaper publicity. Among the pieces of copy sent out to editors recently was one entitled: "How May the Layman Often Recognize the Early Symptoms of Pulmonary Tuberculosis (Consumption)?" It read as follows:

"Any of the following symptoms should lead one to consult his physician and have his lungs examined and sputum (spit) tested:

1. A cough lasting a month, except whooping cough.
2. Poor appetite (especially in the morning), and indigestion, loss of weight and strength and pallor (generally "run down").
3. Hoarseness, lasting several weeks.
4. Spitting, especially in the morning.
5. Night sweats.
6. Spitting blood.
7. Fever in the afternoon, shown by flushed face and tired feeling.

Any, several, or all of these symptoms coming after a severe cold, grippe, bronchitis, whooping cough, measles, typhoid fever, or any other acute disease, may indicate tuberculosis.

Two or three or more examinations should be made. The germs may not be found the first time the sputum is examined, and it is a very difficult disease to diagnose even in a physical examination."

Postural Treatment of Pulmonary Tuberculosis.—One of the desirable things to do in the conduct of a case of advanced tuberculosis is to aid the patient, as far as possible, in getting rid of the secretions which gather within the lungs, and Dr. Wise, in the *London Lancet*, has made a suggestion which ought to prove of considerable benefit to this end. He uses pictures to illustrate how a patient can be made to lie with comfort upon an inclined plane, either a bamboo or wicker sofa, which is elevated in the center six or eight inches above the ends. The patient lies face downward, the feet are a little lower than the head but the buttocks are considerably higher than the head. The result is that the bronchi readily drain into the larger bronchial tubes, and so on into the trachea, thereby very materially aiding the patient in bringing up from the lung the sputum which must be discharged. This plan is not applicable in some instances but when the sputum is copious and is brought up with some effort, there is much to commend in the method. It also produces a comforting sense of support to the chest and tends to relieve pains in the lungs and chest walls.

Tuberculosis Among School Teachers.—Inasmuch as education is compulsory in this country, it is of the highest importance that everything should be done to protect the children and teachers from contracting disease. It is a somewhat astonishing fact that school teachers are particularly subject to tuberculosis. This has been found true in Canada and also in the United States. In the Transactions of the International Congress of School Hygiene, London, 1907, Prof. Wm. Oldright, of the University of Toronto, states that the causes are to be found in foul air and chalk dust. From 1881 to 1883 an analysis of the returns in Canada showed that teaching is one of the occupations most frequently attacked. In the United States recent census figures are significant, showing the following ratio of deaths from consumption in 1,000 deaths: Of all males engaged in all occupations, 154; of all male teachers, 184; of all females engaged in all occupations, 215; of all female teachers, 256.

Patient to Have a Secondary Choice.—Dr. C. C. Meade, in his address at the last meeting of the McDowell Medical Society (Northside), according to the *Lancet-Clinic* of October 31st, says it always pays to be kind and courteous to all and that a plain statement of the facts in a mild case does no harm; that the idea of our patients persisting in having no one else to attend them is all wrong. "You want your vacations, you want and should have a little time at least once a week to yourself and family. The average man has a day and a half each week at his disposal. The doctor has none. Teach your patient to have a secondary choice under these circumstances, and conform yourself to kindly act in the capacity of second choice to your colleague. I am only too glad to attend any of your patients as a compliment to you during your illness or enforced brief absence."

That is not the whole of the difficulty, however, as a great many doctors discourage the idea of secondary choice because it means a possibility of less of bread and butter on their own account.

International Homœopathic Review

Conducted by

R. F. RABE, M. D.

Ammonium Carbonicum—This remedy has a very definite sphere of action, to arouse ready reaction in failing vitality. In scrofulous constitutions; in stout women of sedentary habits; in many aged persons, suffering erysipelas or bronchitis; in many hysterical patients, whose symptoms simulate organic cardiac disorder; in cases of exanthemata when the eruption fails to develop and the disorder is expressed in symptoms of more internal affection; in cases of acute abnormal conditions when, instead of convalescence, at the termination of the active course, the heart fails and collapse ensues; in cases of simple enfeeblement of the heart with lack of guiding symptoms or lack of response to remedies selected according to the symptom images and finally, in lack of internal improvement, in severe disorders upon the development of eruptions; this remedy is found indicated.

The blood is altered from normal condition. It is too fluid, there is hemorrhagic tendency and the blood does not coagulate easily. Tissues, in consequence, develop ulceration and gangrenous degeneration. The skin is mottled, especially after bathing. There is aversion to bathing; also an aggravation of thoracic symptoms after it. The patient is averse to walking in the open air and all conditions are aggravated by wet weather.

Mental depression and weeping are associated with exhaustion from motion and from talking of other people. Sleep is disturbed by heart pulsations and suffocative respiration. Respiration appears almost to cease during sleep, at the beginning of which the patient is awakened by dyspnœa.

In asthmatic cases, dyspnœa, palpitation with anxiety and sensation as if dying are worse from every exertion, even walking a few steps. Palpitation is violent, audible, with sensations of ebullition as if heart and veins would burst. Cold perspiration, anxiety, œdema, even paralysis from imperfect oxidation of blood may accompany it.

Cough, in bronchitis or asthma, also palpitation, have decided aggravation at 3 a. m., when the patient, cold, pale and anxious, is aroused from sleep.—Dr. Julia C. Loos. *The Critique*.

Lupus vulgaris—A letter-carrier had on the left face a lupus which had been there for years. He had been in various clinics in Greifswald and Berlin, and had been treated with caustics, caustic pastes and the cautery, which succeeded only in halting the progress of the disease, with no sign of improvement. He came for consultation because of its onward march, and particularly because it was eating into the ala nasi. He was given aurum iodatum without result. and then, after having consulted Farrington, a book which for homœopaths should be as the Bible to Christians, graphites was administered, at first in the 3x, then the 4x, up to the 8x, and back again, two or three doses daily. The ulceration visibly

decreased, began to granulate from below upwards, and new skin formed at the edges. In time it had lessened from the size of a fifty-cent piece to that of a dime, notwithstanding that his business exposed him to all sorts of weather. The scar was smooth and clean, but the remnant of the wound would not heal, so he was sent to Berlin where the insolation rays brought about perfect healing. A new outbreak of the affection within the nose, a year later, was subdued by the sun's rays as before. The case is cited on account of the great results obtained from graphites, and because it is a source of comfort to the homœopath to gain from his literature that a certain remedy has specific influence in this or that grave condition.—Dr. Doege. *Leipziger Zeitschrift für Homœopathie*.

Adenoids: A Specialist's Opinion—Enlarged adenoid tissue. I am sure nothing is so frequently indulged in as curettage of the nasopharynx. The child who has reached the age of fifteen without having had it done is quite a rare specimen. It is amazing how readily a decision to operate is reached. One, and only one, symptom is necessary for it with most men. Mouth breathing means an operation. I admit that adenoids that require operation do cause mouth breathing, but I deny that every case of mouth breathing is caused by adenoids that require operation. A congestion, temporary or chronic, of the pharyngeal tonsil and nasopharyngeal mucous membrane will cause mouth breathing every time. But this does not prove that we have hyperplasia or other surgical conditions to deal with. From a number of constitutional diseases we get this congestion. The calc. carb. child is a mouth-breather much of the time, and simply because the tissues are relaxed, flabby, and prone to congestion and distension. Children subject to colds are mouth-breathers when not a sign of hyperplasia is present in the nasopharynx. The adenoid region in non-operable conditions, and these far outnumber the operable ones, is swollen, soft and spongy and embraces a much greater area than the actual tonsillar region.

The excuse offered by some for so frequently operating is that with the adenoid forceps they have never failed to get something. This may be strong evidence for some, but it is not for me. It is possible with these forceps to get something from the naso-pharynx of every human being; especially when the membrane is congested and swollen. What does require surgical treatment is enlargement due to hyperplasia, and absolutely nothing else. This applies to the faucial tonsil also. I have seen tonsils so enlarged, and chronically enlarged, as to almost meet, disappear in from two to four weeks entirely under the influence of the homœopathic remedy. Tonsils of this character are large, red, smooth, quite regular in shape, and soft to the touch. They fluctuate more or less according to the general physical state. Enlargement of a part does not always mean abnormal growth, and should not always mean a surgical operation. The assumption that it does is faulty in theory and disastrous in practice. In conjunction with a few other faults of like character it does much to cause hundreds and even thousands to seek aid from Christian Science and other similar cults and fads.—Dr. Philip Rice, *Pacific Coast Journal of Homœopathy*.

Remedies in Chlorosis—Prof. Grawitz considers chlorosis as a neurosis belonging to the hysteria class, and the treatment chiefly in the line of general care and dietetics. Iron, in his opinion, is no specific, although in certain cases a valuable supporting agent. The action of iron, and here all authors are agreed, is not that it builds up hemoglobin, but that it arouses the hemogenic organs, as elucidated in Schade's investigations whose conclusions are: "Hemoglobin acts as catalytic agent in the blood, and apparently it is the iron in the red cells which specially exhibits the catalytic power of oxygen transference. When the blood is lacking in this oxydase, no better substitute can be offered than a substance most similar in action to hemoglobin. The activity of an iron preparation is dependent, then, after its resorption, upon whether it be found in a form accelerating oxidative processes. Hence, iron therapy depends not upon the quantity of iron but upon its quality. The action of iron is limited to the blood and the hemogenic organs, since the system holds it within these organs." What form of iron exhibits this accelerative action in oxidation, Schade, unfortunately, does not say.

Turning from theory to practice, and reviewing the chlorotic cases of the last year, it is noticeable that but few of them found their remedial agent in iron. Most presented syndromes dissimilar to the ferrum reaction; they were of the more or less chronic type, had been repeatedly treated with iron, with either no result or an aggravation. In such cases, arsenicum, in rare doses, had favorable action, particularly in the gastric sphere, in the burning in the stomach, sensitivity to pressure, vomiting of food, all of which were soon relieved, and the appetite increased. Even with symptoms of deeper stomach lesions: colicky pains, hematemesis, black stools, arsenicum 30 was often of striking benefit. With circulatory disturbances prominent, e. g., anxiety, pain in the cardiac region, accelerated cardiac action with small pulse, increased area of cardiac dulness and blowing systolic murmur at the base of the heart, edema of the legs, arsenicum 6 was used, which, mostly alone or followed by spigelia 6 or cactus 3, relieved the complaints.

Sepia is another remedy often correspondent to the chlorosis syndrome, and one of our best hemic drugs. In these cases, also, was present the gastric pressure after eating, but sensitivity to pressure was usually absent, and never so marked as in arsenic. Sensation of weakness after eating, tendency to yawning, headaches, particularly occipital and vertical, also one-sided, and aggravated by the least noise, change of disposition, irritability, inclination to solitude, indifference were characteristic. The menses were commonly too early but not profuse, and generally followed by leucorrhœa. Sacral and back pains often completed the picture. In such conditions sepia 15 habitually caused speedy improvement.

Natrum muriaticum 6 succeeded in patients of particularly pallid but puffy appearance, with marked chilliness and excessive lassitude, with constipation, stomach pressure, pyrosis, dizziness, pains in the frontal region, and the menses absent or colorless.

Pulsatilla 6 was efficacious when its characteristic mental

symptoms were present: quick alterations of mood, lachrymose tendency, etc.; when in spite of the chilliness, the complaints were better in the open air; when bluish discoloration of various parts showed a venous stasis; when nausea and coated tongue were in evidence and the gastric symptoms were particularly aggravated by fat foods.

Phosphorus 6 rendered good service in cases distinguished by a certain irritable weakness of the nervous system; in those where the hyperirritability of the nervous system had been preceded by excessive work and excitement. If the nervous weakness were more limited to the genital tract, platina 6 acted well, which, like phosphorus, holds excessive menstrual hemorrhage within bounds. Under certain conditions, the action of these drugs was reinforced by china 1—3.

Calcarea 6 was almost invariably helpful when the menses were too early and copious; with complaints of sour stomach; with partial sweats, cold feet and hot head, and difficulty in falling to sleep at night.

If the circulatory organs exhibited marked excitement, indicated by nocturnal palpitation, cardiac pains, anxious sensations, vertiginous attacks, sense of pressure on back and sacrum, kali carbonicum proved helpful.

Vanadium, thuja and ferrum iodatum may also be called for.—Dr. Lorenz. *Homœopathische Monatsblätter*.

Temperament and Prescribing.—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, *e. g.*—

Calcarea carbonica: here we have the lymphatic temperament, blonde hair, light complexion, blue eyes, a tendency to obesity in youth, and slowness of action.

Kali bichromicum 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 respect 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 crud. 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 is the thin, irritable person of nervous temperament, as is also *Argentum nitricum*

Aurum metallicum has the sanguine, lymphatic temperament, with ruddy cheeks, black hair and eyes, lively, and muscular.

Bromium, like *Kali bichromicum*, 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 *Coca* 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 *Calcarea 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 disposition, nervous and sensitive; while *Sabadilla* has light hair, fair complexion, with a relaxed muscular system.

Selenium has also light complexion, with a tendency toward emaciation.

Picric 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 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*.

Hysocyamus 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*.

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 hysteric temperament over-sensitive to light noise, odors and touch.

Nitric acid is especially suited to thin persons of rigid fiber, dark complexion, black hair and eyes, with the nervous temperament; just the opposite of the mercury 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 best adapted to persons of light hair, phlegmatic temperament, and irresolute.

Magnesia phosphorica best suits thin, emaciated persons of a mild nervous organization, with dark complexions. It is similar in its temperament to *magnesia carb.*, but in the latter the fibers are lax instead of rigid.

Lycopodium has the nervous temperament, and the patient is thin and physically weak.

Lobelia patients have light hair, blue eyes, fair complexion, and are inclined to be fleshy.

Anacardium 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, very different from phosphorus patients with their quick, excitable natures and light hair.

Hepar is a real lymphatic remedy. Persons with light hair and eyes, slow to act, with soft flabby muscles, are especially susceptible to its influence.

Helleborus is a real nervous remedy, with symptoms tending to brain trouble; patient is irritable, easily angered, and does not wish to be disturbed.

Graphates is a lymphatic remedy, best suited to women inclined to obesity.

Glonoïn is for nervous, sensitive, plethoric women with florid complexion, 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. Dr. G. H. Martin. *Pacific Coast Jour. of Homœopathy.*

Medorrhinum.—A specific is a remedy that possesses a peculiar curative power over an individual disease. Physicians were always and are still looking for a remedy for cancer, for tuberculosis, and they ask you what the best remedy is for epilepsy or for insanity. They are always looking for a specific. What could be more antagonistic to the principles of homœopathy?

Who ever saw two cases of poisoning exactly alike, who ever saw two cases of scarlatina exactly alike, who ever saw two well persons exactly alike, who ever saw two sick persons exactly alike and lastly, who ever saw two persons sick with the same disease who were affected exactly alike by any one drug? No one.

There is a class of remedies that is most often indicated in gonorrhœa by the totality of the symptoms and medorrhinum is one of the most important of this class, but there is no remedy for any class of diseases or for any individual disease in homœopathy. Among this class of some fifty remedies the most important are medorrhinum, natrum sulph., nitric ac., sepia, staphysagria, and thuja.

In treating this class of diseases (gonorrhœa) we must compare the totality of the symptoms of the patient suffering with this particular case of this disease with the totality of the symptoms of all of the remedies of this class and even then we sometimes have to go outside of these remedies and prescribe anything from aconite to zincum. We may find all of the general symptoms of a remedy that was never known to cure a case of gonorrhœa, but, with the symptoms we cannot be conscientious, and neglect to prescribe this remedy, and if we have taken our case well we shall cure our patient.

To prescribe medorrhinum for gonorrhœa just because it is gonorrhœa is just as unhomœopathic as to prescribe syphilinum for syphilis just because it is syphilis, or to prescribe nux vomica for over drugging just because the patient has been over drugged.—Dr. C. C. Rowlev, *The Critique.*

Colchicum.—Colchicum patients never seem to want to move about much; they are prostrated at once; seem to have no muscular strength. They are almost paralyzed with pains or stomach or bowel troubles, and do actually have paralysis if sweat is suppressed by getting wet. Cold wet weather does not agree with them at all; in the damp days of spring they are likely to have rheumatism or the rheumatic or gouty pains grow worse, and in the autumn comes dysentery. Then prepare to be particular in their presence for, when colchicum has rheumatism it is hard for him and not easy for others—joints are terribly painful, sometimes

swollen but not always. There are tearing pains in the bones and paralytic pains in the muscles, shooting drawing, tearing pains, which may flit from joint to joint or from limb to limb, while he sits by the stove and complains of chilliness. Acute rheumatism or acute exacerbations of chronic rheumatism are especially in his program. With the pains is the paralytic weakness which prevents his holding things firmly or walking steadily, gives a stumbling gait and always worse from motion. There may be stiffened and enlarged joints, gouty arthritis. If not carefully treated the rheumatism flies to the heart—palpitation, dyspnea, muffled heart sounds, edema, but with less cardiac pain than in cactus, lachesis and spigelia. Medical Symposium. *Cleveland Med. and Surg. Reporter*.

Polyporus Officinalis.—This drug produces febrile attacks typically like intermittent fever with its three stages. There is intense cold along the dorsal spine from scapulæ to the neck, particularly on going into the open air, and a sensation of icy coldness in the nose. Languor, with sharp pains in the shoulders, large joints, and long bones of the lower limbs. **Yawning and stretching.** Face hot and congested. The palms and soles are hot and dry. Great sweat after midnight. Diarrhea and dysentery. It is especially indicated in intermittents, not yielding to quinine sulphate, with daily attacks or attacks twice a day, gastric symptoms and jaundie masked fevers. Periodic neuralgias, malarial diarrhea and dysentery. Night sweats of phthisis. Dilutions: Low, up to the 6th. *Joya Homœopatica*, (Barcelona.)

Lues Hereditaria Tarda—Inherited syphilis with early development soon leads, in spite of careful and rational treatment, its victims to the grave. But lues hereditaria tarda reaches slowly, stealthily and maliciously for the unfortunate children whom one thought had escaped the scourge. Three typical instances may be cited: (1) The luetic father rejoices at the birth of an apparently healthy infant, relieved at the seeming extinction of the virus. The child flourishes and in spite of minor disturbances, attributed to anemia, neurasthenia or scrofula, reaches puberty, womanhood and is about to be led home as a bride when the paternal disease acquired 25 years before breaks loose. Vision slowly fails and total blindness impends when fortunately recognition of the *causa morbi* leads to indicated treatment and cure. One such case speaks volumes and emphasizes the import of correct diagnosis. (2) A boy, the joy and pride of the family reaches his twelfth year, distinguished in school for his industry and talent. Then begin to come complaints from his teachers of negligence, inattention, foolish, stupid antics and tricks. At home also the change in character and humor has been noted. Suddenly an epileptic attack appears, others follow, and there is a rapid diminution of the mental powers. If a physician be not found who recognizes the specificity of the trouble the boy dies, or, what is worse, is condemned to an asylum for idiots. (3) An only daughter reaches the age of 14 in perfect health. Suddenly she develops a sore throat, obstinate, and not yielding to the usual treatment. The family physician

is unsuspecting, but a consultant bears hereditary lues in mind and institutes correspondent treatment—but too late. After a few days perforation takes place in the soft palate and the child is marked for the rest of its life. (4) In a child, fine-skinned and of beautiful complexion, little nodes begin to develop in the neck, increasing rapidly in number and size, finally confluent and discharging a thick pus which dries into crusts. The ulcer spreads to the face, the ominous nodes appear on cheeks, nose, lips, everywhere ulcerating and leaving horrible scars. If not properly treated the neck and face become horribly distorted and the girl is avoided as a pariah. DR. H. DONNER. *Homœopathische Monatsblätter*

Natrum Mur.—Excessive hunger, canine hunger, especially in spare individuals with weak bodies and depressed minds. Desire for salt and bitter things. Wants oysters, fish and milk. Loss of appetite is the exception. Aversion to bread.

Nausea and vomiting in the A. M. Vomiting clear water and viscid mucus during pregnancy. If it be frothy, natrum mur, is not the remedy.

Peculiar dryness and inactivity of the rectum. Dry, crumbling stool almost as troublesome as that of silica; anus spasmodically contracted. Patient strains at stool, stool crumbles and breaks to pieces (like magnesia.)

Paralysis of the bladder. Frequent and sudden desire to urinate; cannot retain the urine; copious flow. Urine flows when patient coughs (causticum, thuja, pulsatilla, apis, veratrum alb. and phosphorus,—phosphorus characteristically passes stool when coughing. If patient passes urine with stool when coughing, it is always phosphorus, and likely to occur in the last stage of phthisis.) Has to wait a long time for stool to pass when others are near him—natrum mur. alone has "disturbed by company." The natrum mur. patient is easily disconcerted. After urinating, cutting and burning in the urethra—in gonorrhœa after cannabis sat. or cantharis or some other remedy have failed to finish the case. DR. V. B. COSBY. *Clinical Reporter*.

Urinary Simillima. —SULPHUR. The urine has a clear, transparent appearance, not lost by long standing. Its color is that of water in which meat has been cooked for some time. The odor is offensive, clinging to the vessel, not spreading through the room or house. On its surface develops a cuticle, greenish in tint when daylight falls upon it. In contrast to other remedies such as lycopodium and phosphorus which also have an oily cuticle. The sulphur film does not crack and break up into small areas but remains congruent. The foam of a sulphur urine is slight and has a soft, lead-like color. After long standing a roughly granular and stratified sediment is found.

PULSATILLA. The urine is remarkably pale, almost colorless, almost like water. Above the sediment floats a thin, broken, grayish cloud. The sediment itself is abundant, feels gelatinous between the fingers, and falls in two distinct strata of which the lower is much the darker. There is very little congruent foam, but large

bubbles may form. The film is very delicate and at the edge of glass appears of a rosy tint.

PHOSPHORUS. Urine slightly turbid, brownish in color, with a penetrating odor, difficult of comparison, easily scenting the room. The sediment is finely granular (*feinsaudig*), compact and unstratified—of an equal consistence and reddish. There is abundant foam which disintegrates with difficulty, and a violet cuticle or film which does not seem to be quiescent but is tremulous. On standing, before sediment has fallen, cloudy masses form with no tendency to sink, but remain suspended in the liquid. On the film are noted little spots of gleaming fatty cuticle.

ARSENICUM ALBUM. Dark yellow and very turbid. The urine is expelled turbid and stays so. Sediment scanty, and slimy in feel. After complete sedimentation a large coherent cloud-mass forms in the center of the glass. Delicate, greenish film. A few large foam-bubbles.

BELLADONNA. Clay-colored and turbid when passed. After long standing and complete sedimentation the urine clears, becoming lemon-yellow and transparent. The sediment is very abundant, compact, dense and gray-white. A cloud forms, radiating out, and not sinking to the sediment. Film indistinct; little or no foam.

CHINA. Yellow-green in color, turbid, no coherent clouds, but numerous flocculencies. From these a sediment falls, sometimes a fine reddish sandy mass, sometimes slimy and milky in appearance. Thick cohesive foam, of very minute bubbles. Coarse thick film of a yellowish tint. *Leipziger Zeitschrift für Homœopathie.*

Aloe.—Relaxation is the word that expresses the Aloes condition. There is a loss of tone and a letting down in every part, the dependent ones naturally feeling it most. "Heaviness in the abdomen, like a stone, which falls to the side upon which he lies," is a very expressive symptom. This relaxation especially involves the sphincters and the patient feels a sense of insecurity which makes the retention of their contents a treacherous business; whenever there is a call to stool he is in a great hurry for fear of soiling his linen, or if he urinates or passes flatus he finds it difficult to retain the stool while doing so. Sometimes the action is one large mass of gelatinous mucus, at others he finds a large hard ball of feces as his bedfellow on awakening, having passed it all unconsciously during sleep. This is more apt to occur in infants; then you will wonder such a thing could happen without awaking the patient, but it is due to partial loss of sensibility in the rectum which allows the feces to escape without much sensation.

It is a remedy to be thought of in diarrhea from beer drinking; another is Kali bichromicum.

The hurrying diarrhea of *aloe* is generally preceded or accompanied by gurgling sounds like water running from a bung.

DR. C. M. BOGER. *Homœopathic Recorder.*

The "Patent Disease."—Dr. Roberson Day publishes a case of infantile scurvy, which shows the rapid improvement which sets in when the patient is put on "fresh food" diet. Dr. Day styles

this disease "patent food disease." The patient was a girl, aged 11 months, who had the left eye protruding from the orbit, and the eyelids red and ecchymosed. A bottle-fed baby, and taking Savory and Moore's food and Nestle's milk for six months. The eyelids were swollen and of various colors, like bruises. The vaccination marks were hemorrhagic; there were punctiform hemorrhages on the palate, and round the lower incisor teeth the gums were smaller and darker than usual. There was tenderness of the left leg. The ribs were marked with the rosary, and the epiphyses much enlarged. Anemia was pronounced. Patient could not sit up alone. She was put on calc. carb. 6, with grape or orange juice, and fresh nursery milk; sea-salt spongings were given. In a week she was very much better, the proptosis had subsided, and she could sit up alone. The improvement continued. *Homœopathic Review* (London.)

Sanguinaria.—In sanguinaria, the typical headache begins in the occiput, spreads upwards and forwards, and settles over the right eye. Increasing from touch, temporal veins distended, and painfully sensitive is characteristic. Cooper gives as a key-note: "If he goes without food, gets a bilious attack." Closely resembling sanguinaria in its gastric symptoms is chionanthus, another liver medicine and very useful for bilious attacks. These two remedies have the following symptoms in common: Great nausea; bitter vomiting; sense of constriction or contraction in stomach, as if something living in stomach; goneness with sick headache (sang.); stomach feels weak and empty (chion). In both, too, the headache is apt to begin on working, but the head symptoms of chionanthus are scanty compared with the more fully proved sanguinaria, but it has throbbing (in the temporal arteries). Decrease by sleep is given under sanguinaria, and increase by sleep under chionanthus, otherwise there is nothing very characteristic in its head symptoms. DR. J. P. R. LAMBERT. *Journal of the British Hom. Society.*

Secale.—Some consider that secale acts directly upon the musculature; others that it specifically affects the intima of the blood vessels and that thereby various conditions arise: hemorrhage on the one hand, stasis from muscular contraction on the other. This anomaly is explained by the different principles existing in the drug and isolated by modern pharmacology. Kobert first extracted sphacelinic acid, causing gangrene, and cornutin which has developed cramps. Both have the property of contracting the uterus. Jakob found a sphacelotoxin, which, however, like the preceding components, is not to be considered as a chemical entity. It has been stated that only the components soluble in water act upon the uterus and from these another ingredient has been isolated, clavin, whose action is confined to contracting the uterus and which produces neither gangrene nor cramps. Clavin has so far proved to be nearly non-toxic, yet a few cc. will cause uterine contraction. It may be given (freshly prepared) subcutaneously. (Merck's preparation: dose, 2 cc.)

Hence we have in the homœopathic tincture preparation, four

substances each with a specific quality. In homœopathic science two directions are apparent in pharmacology, one of which holds that preparation, in spite of the progress in chemistry, should be prepared according to Hahnemann's direction, with the condition that pathogeny be derived from such preparation. The result is that contradictory symptoms appear which are explained in the sequence of their appearance; the remedy does not cease its action but attacks some other system in the body. Thus after ingestion of a few drops during the day of belladonna tincture we find first a marked increase in the output of carbonic acid, then a diminution; first the pulse is slowed and the deglutition apparatus becomes more active, then the reverse occurs.

According to Dr. Gisevius, Jr. ergotin is efficacious in edema in gangrene and purpura hemorrhagica (morbus Werlhofü) In purpura in one case there was a magic result from secale tincture, gtt. x. four times daily. There are cases where large doses of a drug must be given, according to the old homœopathic rule: quantitative action is reduced by larger doses and begins and ends rapidly; qualitative action is evolved by the smaller dose, begins more tardily and last longer. DR. ZWINGENBERG...*Zeitschrift des Berliner Vereiner.*

Cannabis Indica.—Cannabis is homœopathic to—

Alcoholic intoxication and to certain phases of delirium tremens, corresponding, as it does in rare cases, with the pathogenic symptoms of Indian hemp.

Mania, characterized by spasmodic and uncontrollable laughter or by a desire to be constantly on the move; or where the patient imagines himself a king or some other important personage.

Ecstasy of the mind, such as may be induced by opium, where the fancy is filled with pleasing or roaring images; may be controlled by this drug. So may be

Chronic vertigo, coming on in paroxysms and characterized by a sensation as if one were floating off like a balloon.

Catalepsy.—Perhaps no drug presents in its pathogenesis so complete a counterpart to catalepsy as Indian hemp.

Neuralgia.—In acute cases of neuralgia cannabis indica may prove of service, especially if the patient is of nervous temperament, has been laboring under an exhausting disease, or, if a woman, is a victim to uterine disorders. We must look for the peculiar or mental symptoms of the drug to confirm the choice of the remedy.

Cannabis causes satyriasis, erotomania, nymphomania, priapism, chordee, involuntary erections and emissions,—always with amorous dreams. Its secondary effects are just the opposite, and the Hashish-eaters of the East all become prematurely impotent.

The agent is very highly recommended in profuse menstruation, menorrhagia, and hemorrhage from the uterus of pregnant women.

In the treatment of dysmenorhea it rivals viburnum, cauloph, and xanthox. It appears to control the neuralgic and spasmodic varieties, but is more particularly indicated when the patient is

hysterical, emotional, and the menses are preceded, attended, or followed by unusual sexual desires.

It ought to be an excellent remedy in sleeplessness from mental excitement, for nightmare, and for the night-terrors of children; also for a sleep disturbed by vivid dreams, which weary the patient. DR. M. E. DOUGLASS, *Hahnemannian Monthly*.

Picric Acid.—This is a typical brain-fag remedy with indifference and lack of will-power, aversion to talk, think or perform any mental exertion. He is quickly prostrated from the least mental work, and it brings on many complaints, such as soreness and lameness, diarrhea, burning along the spine, general weakness and heaviness of the limbs and back. He loses interest in things; becomes irritable from any mental exertion. In young school children we have a common use for this very valuable but neglected remedy. When the child begins to learn the alphabet, headaches come, and return with every repeated effort, often with dilated pupils. After every examination in school come these violent headaches. A young man at school with the following symptoms was cured promptly; student's headache, vertigo when remaining standing, heaviness in the head, epistaxis, dilated pupils, congestion of conjunctivæ, inability to bear artificial light, loss of appetite, bitter taste, vomiting, jaundice.

Vertigo from mental exertion, lameness from stooping, walking, ascending, from raising the head from the pillow, cannot sit up, nausea soon comes from it. It is often associated with the head pains. For headaches of students, teachers, professional men, overworked business men, it is a most useful remedy. For headaches with great nervous weakness from grief and depressing emotions, it has often been overlooked. It has violent pain in vertex, forehead and occiput, extending down the spine with much heat. Congestion headaches. The head must be cool, it is worse from warm room and from wrapping up head or body; better from rest of mind and body. The headaches often begin and increase with the day and are better by sleep at night. The patient is wholly incapacitated in the daytime, but comfortable from rest and sleep at night. Extreme prostration often comes with these headaches or extreme sexual excitement, as with many picric acid complaints, but the latter is not an essential concomitant.

Urine contains sugar and albumin, high specific gravity, heavy with urates, uric acid, phosphates, and poor in sulphates. Dribbling after urination. Weakness of the bladder. Great waste of phosphates. DR. J. T. KENT. *The Critique*.

Tabetic Remedies.—ALUMINA 30. Frequent vertigo: objects seem to whirl about circularly. The patient cannot walk straight in the dark or with the eyes closed; he walks as if stepping upon pillows. Formication in the shoulders as well as in the legs; when seated it seems as if the buttocks went to sleep; the heels seem numbed in walking. The face feels as if covered with a spider-web or white of egg. The patient may complain of scapular pains as if a red-hot iron had been plugged into the vertebral column.

ARGENTUM NITRICUM 30. Particularly in nervous types,

ranging from simple debility to paralysis. There is vertigo, weakness and trembling. The patient sways and staggers.

KALI PHOS. 6. When the dejections are extremely fetid, over his legs. There is deadness and palpitation in the legs and spine. In business men, over-worked, or devotees of Venus.

SECALE. 3. In the second stadium of the disease, especially with vomiting and gastric pains.

KALI PHOR. 6. When the dejections are extremely fetid. Schuessler also commends kali muriaticum and magnesia phosphorica. **DR. PLANART.** *Revisata Homœopathica.* (Barcelona.)

An Apis Case.—In the *Clinical Reporter* Dr. Frank Kraft related a case where his professional services followed those of a really good allopath who had been called in to a two year old child and after visiting there twice pronounced the condition pneumonia. He found a swollen white-faced child—chalky white—teeth showing, twisting itself about, head boring in the pillow, sweating about the head and hair, tearing at its eyes partly open, and at frequent intervals giving a scream that was ear-piercing. Some form of meningitis was promptly diagnosed, and that scream and the peculiar color instantly pointed to apis. Remembering, however, that for two days the parents had been pouring allopathic pneumonia medicine into its little body nux., not very high, was given the patient a teaspoonful every five minutes for an half an hour. Then apis 30. a teaspoonful every fifteen minutes for an hour, and once every hour thereafter. In two hours the little one began to get quiet, ceased pulling her hair, the scream disappeared, and she fell into a good sleep.

The first effect of a violent stinging is sometimes nausea, with a deathly sickness, a tightness in the chest with a sense of suffocation, desire for cold air, and an aversion to heat, with considerable chilliness. Even a few stings have been known to cause death.

Apis attacks the vital current forces, for the patient feels strangely as if about to die yet no fear of death; prostration even to faintness; tongue can hardly be protruded. One other department of its usefulness is the marked influence it has upon the skin, which becomes waxy, edematous, puffy, the eyes become banked with edema above and below, there is great pitting on pressure; if there be eruptions they appear rose colored, not the dark red of aconite, or the scarlet of belladonna, or the dusky of lachesis. Hence, we think promptly of apis in boils on such a surface and of this pinkish cast. Erysipelas same; and so with other eruptive diseases. And with these eruptions there is much itching, burning and stinging.

Bilious Attacks.—Dr. Dyce Brown says that in his experience patients who came complaining of bilious attacks were not suffering from bilious, but from essentially nervous attacks. Nine cases out of ten occurred in women, and it was invariably found that the women were of the neurotic type, who had been working themselves beyond their strength, the result being that so-called bilious attacks came on about the time of menstruation and half-way between the menstrual periods. The ordinary treatment of

such cases was useless because it was entirely wrong. Physical rest was absolutely essential as part of the treatment. The most useful medicines were sulphur, nux, sepia, actea, kali bichromicum occasionally, and during the severity of the attack iris, which he generally gave every half hour during the attack. Distinct bilious attacks could not be mistaken, and required special and different treatment. Most of the patients who suffered from bilious attacks required dieting; they invariably were over-fed, dyspepsia and constipation occurring as a result. Real bilious attacks were, comparatively speaking, exceptional. It was especially important that people suffering in such a way should eat less than they did, and have the idea removed from their minds that eating as much as they possibly could would help them, whereas it was the occasion of the occurrence of their attacks. *Journal of the British Hom. Society.*

Sexual Neurasthenia.—Dr. Villachauvaix in the *Reveu hom. française* mentions chronic blenorragia, true or pseudo-impotence, castration as the chief causes of this condition in the male; in the female, chronic metritis and castration. The remedies producing the best results have been camphora, brom., zincum, val., and chine.

Repertory Aid in Office Proscribing. An apparently bryonia cough had not yielded to this remedy. More careful case taking presented the following: cough worse at 3 a. m., walking upstairs and from talking. Tickling in right side of throat (pharynx). Excoriating watery discharge from nose when in the open air. Expectoration thick yellow, green or blackish mucus, tasting sweet. Selecting the characteristic symptoms in the case gave the following, using Kent's repertory—

Cough worse at 3 a. m.: *am. c.*, *ars.*, *bapt.*, *bufo*, *cain.*, *chin.*, *cupr.*, *KALI C.*, *kali m.*, *mag. c.*, *mur. ac.*, *nux vom.*, *op.*, *rhus t.*, *thuj.*

Sweet expectoration: *am. c.*, *ars.*, *chin.*, *kah c.*, *mag. c.*, *nux vom.*, *rhus t.*

Cough worse ascending: *ars.*, *mag. c.*, *nux v.*

Fluent coryza in the open air: *ars.*

Excoriating discharge: *ARS.*

Arsenicum album promptly relieved.

Chronic Cerebral Hyperemia Following Concussion of the Brain.—Mrs. P., aged 40, was standing on a chair to reach up to a high shelf when she became giddy, fell backwards, and struck the back of her head against the edge of a table. She was rendered unconscious, and when I saw her presented all the symptoms of brain concussion. The fact that the blow was received on the head where the hair is gathered into a coil mitigated its severity, for there was no scalp wound, and no manifestation of confusion.

The patient was a delicate woman, always more or less anemic, with a weak heart and a tendency to syncopal attacks.

Arnica 1x was prescribed with an *arnica* compress to the head, and hot bottles to the feet. She recovered consciousness in the course of half an hour, and complained much of headache. This headache became more or less persistent and chronic, and was of a violent throbbing, bursting character, chiefly occipital, but felt all over the head and making her feel at times as if she

would go out of her mind. The remedies given during a period of several months were acon., bell., glonoine, gelsem., silica, acid picric, calc. carb. These gave only partial and temporary relief, glonoine being particularly helpful as a palliative during the severe paroxysms, but the head symptoms continued, and rendered her quite unfit for her domestic duties, besides causing her to show signs of much irritability of temper especially with her children. She could not bear noise and was unable to read or write without considerable aggravation of her symptoms. She slept badly, and at times I feared that her mind would give way.

Very hot fomentations to the occiput would give relief, and counter-irritation at the nape of the neck by means of sponging with Coutts' acetic acid produced temporary benefit. But no marked improvement occurred until I prescribed melilotus ix.

This drug, sweet clover, produces symptoms denoting great engorgement of the cerebral vessels, with terrible throbbing headaches as if the head would burst a very red face and a tendency to epistaxis.

This reminds one of bell., but Clarke, in his materia medica, differentiates the two remedies in headache in that melilotus has relief from lying down and from the application of vinegar, whilst bell. has worse from these. My patient certainly found relief from the acetic acid, and the head was better lying down than sitting up. The face also got flushed during the paroxysms of severe headache. From the time she commenced taking melilotus the headaches became less severe and less frequent, and in a few weeks entirely ceased. The effects of the fall has lasted nearly eighteen months.—Stanley Wilde, L.R. C. P., L. R. C. S., Edin. in *British Homœopathic Review*.

Renal Hematuria: Uva ursi. Dr. G. March in the *Annaes de Medicina Homœopathica* (Brazil) cites the following case: J. L. act. 30, workman, good constitution, married, had suffered from hematuria, cause unknown, for over a month. The old school had prescribed turpentine, without result. The blood was plainly renal, being intimately mixed with the urine which was of the same appearance at the beginning and end of micturition. Cantharis 30 was given every 6 hours without any effect. Two days later the condition was unchanged, no symptom other than the hematuria being present. Hesitating between hamamelis and uva ursi, no salient symptom calling for either, the tincture of the latter, gtt. vi, in 100 grammes of water, tablespoonful every 6 hours, was prescribed. The patient used this from Jan. 26 to Feb. 8, with progressive improvement; on Feb. 12, the urine was perfectly normal.

Liquozone.—The following report of a test in the Lederie Laboratory is over the signature of Ernest I. Lederle. **DIPHThERIA TEST:** Six guinea pigs were inoculated with diphtheria bacilli and treated with Liquozone. They all died in from forty-eight to seventy hours. Two out of three controls (i. e. untreated guinea pigs) remained alive after receiving the same amount of culture.

The Clinical Reporter.

Medical and Surgical Review

Conducted by - - - WALTER SANDS MILLS, A.B., M.D.

The Opsonic Index and the Use of Tuberculin.—Fowler, in the *British Medical Journal* of Aug. 1, 1908, says that the effects of a prolonged and careful trial of tuberculin in cases under the cares of eight physicians at the Brompton Hospital may be thus summarized:

1. Tuberculin, if introduced under the skin, speedily causes inflammatory changes in and around tuberculous lesions.

2. The action of tuberculin in lung tuberculosis is to cause breaking down of the tuberculous masses and of the lung tissue in the neighborhood, and thus to promote the formation of cavities. That this is the case is proved by the appearance of lung tissue in the sputum, where it was previously absent, and by the physical signs of cavity replacing those of consolidation.

3. Tuberculin increases the amount of expectoration, but there is no proof that it diminishes the number of tubercle bacilli contained therein, for in some of the cases they apparently increased under its use.

4. In many cases tuberculin injections are followed by a distinct extension of disease as evidenced by physical signs.

5. The reactions due to tuberculin are exhausting to the patient and cause loss of weight and strength.

6. This treatment is specially contraindicated in lung tuberculosis accompanied by pyrexia, as likely to convert intermittent into continuous pyrexia.

7. Lung excavation accompanying the use of tuberculin may be followed by contractile changes due to fibrosis. This was shown in two of the cases under observation in which diminution of cough and expectoration and gain of weight took place.

8. The tuberculin did not favorably influence the course of the disease in the majority of cases, in some the effects were detrimental, and even in the stationary and improved cases it was difficult to ascribe any distinct improvement to the injections which might not have been equally attained under the treatment ordinarily used in the hospital.—*Therapeutic Gazette*, Dec. 15, 1908.

Gouty Cardiac Neuroses.—Unlike organic disease, neuroses of the heart attract the attention of the subject to that organ directly and immediately. It is the heart itself that is disturbed; while, in cardiac disease, it is more commonly some result of the impaired heart which forces itself upon the consciousness of the patient. The very fact that the patient complains of the heart, puts one on guard at once as to the nature of the malady.

Gouty palpitation is very common, especially when the heart wall is dilated; which means that it is common with women at or after the menopause. Gouty angina is also common enough. Why is this? Because when the blood is laden with nitrogenized waste, disturbance of the vaso-motor system of the nerves is very liable to follow. Spasm of the arterioles dams the blood in the

great arteries, and thus increased resistance is offered to the ventricular contraction on the cardiac systole. Sometimes breast-pang is set up, or, in other words, angina vaso-motoria (*angina sine dolore*, or imperfect angina), to give rise to the characteristic agony.

There may be palpitation of the heart, or there may be diminished tone and energy, and this latter is the more alarming condition of the two. In either case, there is apt to be high tension in the arteries, even when the heart seems faltering; and, as a consequence of this high blood-pressure, a large quantity of urine is voided when the attack passes off. This increased bulk of urine has not been sufficiently appreciated; yet it is of high diagnostic value in clearing up the vaso-motor element of the case, when present. It is a matter which rarely escapes the patient's notice, however. Its absence or its presence is a great matter in guiding the diagnosis; and still more in giving direction to the line of treatment to be pursued. For instance, where angina is vaso-motorial, the blood needs cleansing; whereas, when truly neuralgic, nerve tonics are indicated.

At other times, the disturbance of the heart is direct, and not the consequence of vaso-motor perturbation. It would seem as if there was some irritation set up in the inhibitory fibers in the vagus, and the heart's action is held back. Of course, this effect is more pronounced where the heart wall is weak, either ill nourished or fatally degenerated. In the latter case, the attack is syncopal in character—just like syncope produced by other action on the inhibitory fibers of the vagus.—Dr. E. A. D'Silva.

Syphilis: Alcoholism.—The Paris Academie de Medicine has had under discussion the question of compelling physicians to declare whether alcoholism or syphilis was the direct or indirect cause of death. A number of speakers were of the opinion that the faulty statistics gathered by such means did more harm than good. The figures showing that only 145 deaths had occurred in Paris last year from alcoholism were extremely misleading to laymen. A resolution was finally adopted by the Academy to the effect that it would be desirable to add to the present death certificates the following lines on a detachable coupon:

Alcoholism	is the cause
Tuberculosis	principal
Syphilis	accessory
	of death.

The physician signing the certificate should underline the words that apply to the individual case. This resolution was supplemented by another from which much more is hoped, namely, that medical societies and associations of surgeons, obstetricians, alienists and others take up the matter and request those of their members willing to take a personal interest in the question to compile personal statistics, to be published ultimately by the organizations and filed for reference. Personal statistics collected by physicians at the head of hospitals and asylums, or others having a large experience, will prove a most valuable aid in the study of

the prevalence and ravages of these modern scourges. Raymond's experience has been that alcohol was the principal etiologic factor in two-thirds of 2,000 various nervous or mental affections under his observation last year, and Fernet's percentage at the Beaujon was the same, both for men and women.—*La Tribune Medicale*.

The Bacterium Coli.—Whether the colon bacteria possessed pathogenic properties was long an unsettled and disputed question. It seems now well established that it is a true pyogenic organism, setting up various inflammatory conditions in widely varying portions of the body. Animal experiments amply prove this. Emmerich found that injections in guinea pigs produced severe gastro-enteric catarrh with cholera-like diarrhea, constitutional symptoms of fever, followed later by subnormal temperature, nervous and cardiac symptoms of various kinds, peritonitis, abscesses in liver, spleen, etc., and the appearance of general sepsis. The toxins are the substances which seem to cause death. Injections of cultures into the pleural and peritoneal cavities, into the urinary and gall-bladders produce purulent or serofibrinous inflammations. Several facts seem clear:

1. The colon bacterium varies both in its virulence and pathogenesis.
2. The resistance of the individual to colon bacterial infections is profoundly influenced by the state of the body nutrition.
3. There is little virulence of colon bacilli in cultures from healthy intestines.
4. There is much greater virulence in fresh cultures when taken from diseased intestines than from healthy.

In the healthy man the intestines, particularly the lower, swarm with these bacteria. It has been estimated that 126 billions of bacteria are passed by an adult in 24 hours, and that at least a third of the dried substance of the feces consists of bacteria. With a normal intestine these microorganisms, when taken by mouth or injected directly into the intestine, are harmless, whereas, when injected into the circulation, serious lesions and even death result. It is pertinent to inquire, then, why do not the colon bacteria in the normal intestine produce disease? We may account for this in several ways: (1) Either the poison must be decomposed in the intestine, or (2) it is held back by the liver and made harmless, or (3) it is not absorbed.

It seems certain that the intact epithelium of the intestines does not absorb the bacteria or their toxins. This absorption occurs only when there is a break in the mucous membrane. For example: as a result of the circulatory disturbances, and its attendant epithelial loss and necrosis, which occur in the walls of the intestine in a strangulated hernia, colon bacteria soon swarm in the fluid in the hernial sac. Experimentally this occurs in ten hours. Likewise severe, long-continued constipation seems to allow the bacteria to pass through the intestinal walls. In this way we find that metastatic abscesses may be found. Examples on record are: A wound, following a thyroidectomy, subsequently

suppurated and from the pus pure cultures of colon bacteria were obtained. The same occurred in a pneumonic consolidation following a strangulated hernia operation. Cases of liver abscesses resulting from diarrhea and giving pure cultures of colon bacilli are numerous. Colon bacterial septicemia is frequent in the new-born; this has a malignant course with hemorrhagic manifestations. An epidemic among the new-born was observed in Poland, in which there were icterus, cyanosis, and bloody diarrheas, but no fever; death resulted in from one to four days; postmortem, all the organs were found to contain colon bacteria; the cause was traced to a spring infected with colon bacilli. This microorganism likewise seems to be an undoubted producer of peritonitis and gall-bladder diseases. The bile is normally sterile and has no bactericidal qualities, but on the contrary is a good culture medium (Escherich and Pfäundler). Stagnation of the bile is necessary for bacteria to produce deleterious effects. Injections of colon bacteria in a normal gall-bladder produce no abnormal or pathological results, but twenty-four hours after aseptic ligation of the common duct in rabbits colon bacteria can be cultivated from the bile. It is believed that the "stone-forming biliary catarrh" is the result of the invasion of colon bacteria. This microorganism, in addition, has been isolated in pure cultures from abscesses, osteomyelitis, peritonitis, pleurisy, pericarditis, inflammations of the genitourinary organs in both sexes, meningitis, arthritis, inflammations of the biliary passages, hepatic inflammations both acute and chronic, otitis media, conjunctivitis, pancreatitis, appendicitis, and mastitis, and it may be the only demonstrable lesion in infected wounds, inflamed hernial sacs, splenic abscesses and infarcts, etc. It has been obtained in pure cultures from the blood, and is a cause of septicemia and pyemia. Howard reported a case of colon meningitis which followed an anal operation. In three children who died from colon meningitis, colon bacteria were found in pure cultures from the pus from the ears.—Dr. C. A. McWilliams, *Medical Record*.

The Public Health and Marine Hospital Service has decided that California ground squirrels must be wiped out because they spread infection. They also cause losses to agriculture amounting to ten millions annually.—*Ex*.

Supervision over Bakeshops.—A bill has been introduced in the California State Legislature providing for the appointment by the Governor of a State bakery inspector at a salary of \$2,000 a year, and four assistant inspectors at a salary of \$1,500 a year each. The purpose of the bill is to compel owners of bakeries to run them in compliance with sanitary laws, with properly constructed walls and floors, and that personal cleanliness on the part of employees be strictly enforced.—*Pacific Coast Journal*.

The Emmanuel Movement.—In a recent editorial the *Boston Medical and Surgical Journal* thus aptly defines the situation:

"In a broad consideration of the Emmanuel movement we make no denial whatever that Dr. Worcester and his associates have

benefited many individuals; so they did before the movement was started, and so do many others whose names are never heard, both within and without the church. The good the movement does is apparent and may be accepted for what it is worth. The harm it does is fundamental. It places both the medical and the clerical profession in a false light; it raises false hopes; it interferes with the relations between doctors and their patients; it encourages superficiality in the consideration of a great problem; it misrepresents the significance of the psychotherapeutic movement; it is an abuse of medical charity; it retards progress in the only direction in which normal psychotherapeutics can grow—through the medium of the medical profession."

Stumpf's Clay Treatment in Its Use in Meteorism and Diarrhea. Görner (*Münch. Med. Woch.*, November 26, 1907) has tried the "clay broth" recommended by Stumpf in a large number of cases of acute enteritis and gastritis of fermentative origin with great success, vomiting and diarrhea usually ceasing after the first dose (100 gm. fuller's earth suspended in 200 ccm. water). After the second dose the cure was completed. In chronic diarrheas, as in tuberculosis of the bowel, cancer, etc., the diarrhea and meteorism were easily controlled, though no action on the underlying process was to be expected. In the meteorism of typhoid it has also been beneficial. The author has several theories to explain the action of the drug, but none seems adequate.—*Boston Medical and Surgical Journal*.

Empyema in Nurslings.—Douriez (*These de Paris, Arch. Enf.*, November, 1907) shows that purulent pleurisy is not exceptional in nurslings. It is secondary to pulmonary infections. The pneumococcus is the principal agent in the place of the streptococcus, which plays the principal role in the empyema of the newly born. The diagnosis is to be made only by the subjective signs, the most important physical sign being flatness on percussion. Exploratory puncture often establishes the diagnosis and permits a bacteriologic examination. Difficulties in diagnosis arise with reference to the distinction between bronchopneumonia or even lobar pneumonia or pulmonary tuberculosis. The prognosis is always grave; practically always fatal in streptococcal empyema, not quite so bad in the pneumococcus empyema. Treatment should consist, at first, in thoracentesis, which may be repeated in the pneumococcus empyema. Rib resection in the nursling is a distinctly dangerous operation and should not be resorted to unless other means fail.—*Interstate Medical Journal*.

Fresh Air in Pneumonia.—T. W. Kilmer (*Journal of the American Medical Association*, July 25, 1908) reports the results of the fresh air treatment in 16 cases of lobar pneumonia and 20 cases of bronchopneumonia in dispensary babies. Nearly every clinical type was represented, from mild to very severe, and the diagnosis was positive in every case. Many of the parents were ignorant, but willingly followed instructions and carried out the treatment surprisingly well. The treatment of both lobar and

bronchopneumonia in these cases consisted in giving an initial purge (castor oil or calomel); mustard poultice to the chest; sponging to reduce fever; cutting down diet to one-half strength; hygiene of body, clothing, and sick room, etc.; light expectorant every two hours for six to eight doses in twenty-four hours; keeping the gastrointestinal tract clear; abundance of fresh air; rest. One patient died, but not until the mother had insisted on taking the baby to a hospital; it is, nevertheless, included in the series. This makes the mortality 2.77 per cent., which is remarkably low for either private or hospital practice. The study, Kilmer thinks, shows conclusively that, by a combination of simple instructions to parents, and quiet, rest, proper food, and, above all, fresh air for the child, the mortality of one of the most serious diseases of infancy can be greatly reduced.—*Medical Record.*

Malnutrition.—Friendlander (*Lancet-Clinic*, January 18, 1908) gives the etiological factors of malnutrition as heredity, improper feeding, bad hygienic surroundings, more especially the lack of fresh air due to the fear of "catching cold," and school strain. School children should be kept in the fresh air as long as possible after school hours, open air being much more advantageous than gymnastic exercises. In addition to the ordinary symptoms, the tendency to catarrhal inflammation of the various membranes and the great liability to recurrence of attacks, together with anemia and a frequently fretful, irritable, high-strung and precocious temperament, are generally prominent. The treatment, hygienic and dietetic, suggests itself. Medicinal treatment plays a subordinate role. Constipation should be corrected. "Hardening," when it hardens, is good and should be urged, the test as to its value lying in the vigor of reaction. When depression in place of vigorous stimulation results, the process is, of course harmful. In regard to medicine, Friedlander has found the iodids, usually given in one of the organic compounds, to be excellent alteratives, especially in recurrent bronchial attacks.—*Journal of the American Medical Association.*

For Fetid Feet:—Salicylic acid dissolved in alcohol, a dram to two quarts of water. Soak for ten minutes after washing with asepsin soap.

Air Infection as a Cause of Disease.—Dr. E. U. Chapin, (*Journal of the American Medical Association*, Dec. 12, 1908) does not consider air borne infection as at all common. He thinks disease contagion must be much more close than simply air borne. Strict medical asepsis is the way to prevent contagion.

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Contributed Articles

IS THE WORK OF HAHNEMANN, THE GREAT
THERAPEUTIC REFORMER, FINISHED?

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THAT Hahnemann was a great reformer and that his efforts were praiseworthy in endeavoring to reform the serious abuses of his day, is now generally conceded by all thinkers in the medical profession. This, therefore, is no longer the question of the day, it is at last settled and Hahnemann has been given a well earned place in history. One of the burning therapeutic questions, however, is whether or not this great work of reformation is finished.

For the purpose of deciding this it is necessary to know whether the diagnosis of disease conditions is sufficient for therapeutic purposes, or whether it is necessary not only to diagnose the disease condition, but also independently to diagnose the drug indications for the given disease condition.

The means of diagnosing pathological conditions which existed in Hahnemann's time, and the means of diagnosing pathological conditions at the present day are not the same. The most accurate diagnosis of a hundred years ago compared with the most accurate diagnosis of the present day, may be regarded to quite an extent as a system of guessing.

At the time of Hahnemann's advent this system of guessing was not confined within the field of diagnosis, but it might be considered almost entirely the foundation of therapeutics. The phy-

sician of that day would first guess at the patient's condition, and then guess at the remedy for the condition.

This guessing was somewhat excusable because of the meagreness of diagnostic means and of knowledge of drug effects upon the human organism. Today, with all the modern means of science at his command, the physician is able to do more than guess at the condition of his patient; he can in a large number of cases discover the true pathology.

Having made this discovery it is then incumbent upon him to find a remedy for the restoration of his patient to health. His microscope has shown the condition of the blood, of the urine, of the sputum, of all the excretions and secretions of the body, and by chemical re-agents he has further obtained information corroborative of his microscopic discoveries; added to this, through the aid of various other instruments and apparatus of precision he has detected whatever additional changes may exist in his patient. He is now possessed of all that it is necessary to know of the physical condition of the organism under examination, and from this he discovers that some certain salt is missing from the system, some principle is in excess, some disintegrative change is in progress, or there is merely a temporary functional derangement.

Is all this knowledge a sufficient basis for a prescription? Is there nothing further the physician should know?

According to the first section of Hahnemann's *Organon* the sole duty of the physician is to heal the sick, and it is a truism that before the physician can exercise his curative art he must know what conditions he has to cure. Our modern methods, therefore, give us the knowledge needed for the foundation upon which we are to apply our therapeutics; what, therefore, should be our method of procedure in fulfilling what Hahnemann says is the sole duty of the physician?

For a longer period of time than is recorded, man has known that there are certain agents, now called drugs, which if introduced into the human organism will cause certain deviations from the normal. If these agents are introduced into the diseased organism certain changes will result; and if these agents are introduced into the healthy organism certain changes will result. This fact was observed by many men in the past, but it occurred to a few only of these students of therapeutics that if we wish to obtain what may be called knowledge of the normal effects of these drugs it would be necessary to test them upon the normal organism. So far as recorded history reveals, this fact was first emphasized by Albert Haller in the first half of the 18th century, but so far as we are

aware this genius did not apply his theory to practice. It remained for Samuel Hahnemann to do this. However, whether it was Haller, or Hahnemann, or Hering, or Dunham, it matters not at all; the vital fact being that if we wish to know what to expect when drugs are introduced into the human organism either in sickness or in health, it is necessary that we should first have tested these drugs upon the healthy.

It is now nearly one hundred years since Hahnemann published his *Organon of Medicine*, and during this period homœopathy has been on trial, and as this century of test draws to a close we are nearing the day when the verdict of the world of science will be given either for or against this idea of the great reformer.

That the physician's diagnostic ability forms a foundation upon which the choice of the indicated remedy must rest, is a fact; but for the intelligent selection of this remedy, it is necessary that he should know more. He should know what this remedy will do when given to the healthy, before he is prepared to prescribe it for the healing of the sick. Given a case of tuberculosis in which the blood count shows the leucocytes to be much in excess, in which the microscope reveals the presence in the sputum of the characteristic bacillus, in which the digestive apparatus is at fault, and the many details which accompany this dread malady are all present, to what must the therapist look for help? Diagnosis reveals to him the necessity of increasing the red blood corpuscles, of destroying the bacillus, of restoring the digestive function, but what has diagnosis to say of the remedy?

It may be said that diagnosis has much to say of the remedy, but of this remedy the physician's knowledge of what it will do when introduced into the organism of the healthy takes precedence, from a therapeutic standpoint, over his diagnostic knowledge. The modern remedy is tuberculin, and this tuberculin prepared for administration to the sick is that which, when introduced into the healthy organism will cause the dread malady which its cultured preparation will cure.

Here, diagnosis has simply shown conditions as they exist; while the knowledge of what the agency will do under normal circumstances is the foundation upon which we base its prescription in disease. And so it is not only in all cases in which the cultured toxins are used, but it is also true of all other drugs.

Without entering into the merits of homœopathy, it will suffice to call attention to the fact that the vindication of this great therapeutic principle is at hand, and merely awaiting the acknowl-

edgment of the men who prescribe these cultured toxins in conditions which in crude form they would produce.

While it is apparently true that in the comparatively near future a large class of our most fateful diseases will be treated and cured by the products accompanying them, yet it is also true that there are probably many other diseases which are not due to toxins, and in this last field a knowledge of what drugs other than toxins will do to the healthy is also necessary.

It now becomes evident that the imperative duty of the medical practitioner is to familiarize himself with the effects upon the healthy of all agents used in the healing of the sick, whether they be of animal disease products, of the mineral kingdom, or of the vegetable kingdom. In other words the more perfect becomes the physician's diagnostic ability, the more complete also should be his knowledge of drug effects. Instead, therefore, of using diagnosis as the foundation upon which to build up drug pessimism and therapeutic nihilism generally, it is far more scientific to supplement this ability to analyze the diseased organism by an attempt to master a knowledge of physiological—pathogenetic—drug effects.

When we are in possession of the facts which inform us of the real condition of our patient, our first inquiry should be, what drug will produce in the healthy a condition similar to the one we have before us? Or, if it be an incurable case, we may be justified in applying to our knowledge of physiological drug effects for some agent we know that will relieve because of the antipathic relationship, or because of its allopathic relationship, to the condition of the patient. But always our search for a remedial agent should be in the store-room of definite knowledge of the effects of drugs upon the healthy.

In concluding I will say that I do not believe the influence of the great reform started by Hahnemann has yet subsided. Therapeutics may for a time be somewhat subsidiary to diagnosis, but when the more modern revelations of diagnosis become commonplace with the general practitioner, and such knowledge assumes its proper relation and importance to the practice of medicine, then must the art of healing the sick reassert itself, and the question that will dominate the mind of the medical practitioner will not be what is the diagnosis, but what is the remedy for the diagnosed condition?

This day is rapidly approaching, and with it approaches the time of the great triumph of the law of similars.

Hahnemann's reform which opened the eyes of a few in the medical world began a century ago; Hahnemann's great reform

which will open the eyes of *all* scientific medical men is just beginning.

I think we are now prepared to state in no uncertain tones that the physician is not yet ready to give up the use of drugs in the treatment of disease, that he should carefully seek to learn all that is possible of the effects of drugs upon the healthy human body before endeavoring to give them to the sick. As a corollary to this fact, it may be stated that the physician has not studied the subject to the best of his ability, until he has familiarized himself with all the methods which are capable of producing good results. This means he must understand when to apply homœopathy, when to apply antipathy, and when to apply allopathy; for it is under one of these three methods that drugs must be applied.

There is no excuse for therapeutic nihilism, or for any degree of pessimism, until we have exhausted all possibility of increasing our knowledge of drug effects; and until that day arrives we shall not be justified in denying the value of drugs to the physician, and the work of Hahnemann the great reformer will not be finished.

THE LOGICAL BASIS OF HOMŒOPATHIC PRESCRIBING*

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EVERY homœopathic physician, no matter how perfunctory in his ordinary daily work of prescribing, must sometimes have felt the need and desire for some clear, definite and logical system or method of selecting the curative remedy for his cases.

Under the impulse of such a desire he may have subsided into his easy chair after dinner, lit the cigar handed to him by his last grateful patient, and tried to recall what his professor of *materia medica* told him in the long ago;—(they had no professor of homœopathic philosophy in those days);—or what hints some noted expert let drop while making the rounds in the medical ward of the hospital, where he served as interne, or what he had read on the subject; all the time trying, while watching the rings of smoke float upward, to form these floating and disjointed memories into some sort of an intelligible and definite plan of action. Too often, however, have the results of such post-prandial reveries partaken

*Read before the Homœ. Med. Soc. of the State of N. Y.

of the elusive qualities of the fascinating smoke rings and dissolved into thin air, and he has relapsed into the same old slipshod, mechanical way of prescribing upon a pathological diagnosis, upon a single "peculiar symptom," or giving a "combination tablet" and a "hypodermic" and trusting to luck. And yet he feels that there must be a method. Surely the marvelous results of such prescribing as that of Boeninghausen, Lippe, Wells, Allen, could not have been attained so uniformly without some method; and surely, he thinks, there must be an exposition of that method somewhere.

There is a method, but it exists in fragments, scattered here and there through a voluminous literature, much of which is out of print and difficult of access; and he who would find the fragments and piece them together, must search long and faithfully. It is my purpose in this paper, as briefly as possible, to bring together some of these fragments, and try to present them in a logical and coherent form.

It is necessary first, to define the scope of homœopathic prescribing, and show its relations to the other departments of medicine; second, to state the fundamental principles of homœopathy, which must govern its practice; third, to indicate the source and nature of the materials with which the prescriber works; fourth to show how these materials are used in selecting the remedy.

Homœopathy, considered as a scientific method of medication, has been developed logically, upon the principles of the inductive philosophy, and as such, takes its place with other modern sciences. Its basic principle, the law of similia, or the principle of mutual action as applied in medicine, is a deduction, or a generalization, logically drawn from a collection of data which includes practically the entire range of drug phenomena, as manifested in the human organism. Although the inception of the idea, in the mind of Hahnemann, was one of those rare flashes of insight vouchsafed only to transcendent genius, it was subsequently developed, worked out, and confirmed by a series of elaborate experiments, extending over a period of many years, and conforming to the strictest requirements of the scientific method, before it was given to the world. It has since been confirmed by the experience of nearly a century.

I. First, as to the Scope of Homœopathic Prescribing. "Homœopathy is the Science of Medication," nothing more, nothing less. In this it is supreme and absolute. The attempt on the part of sincere but misguided enthusiasts to extend homœopathy beyond its true and legitimate sphere, has caused more bickering,

more hard feeling, and more misunderstanding and confusion than anything else.

Homœopathy cannot justly be called the science of therapeutics, because there are many other legitimate therapeutic resources besides medication. Homœopathy cannot even be called a system of medicine, because medicine, in the broad and common sense of the term, includes much besides medication.

The word "system" means a "complete and perfect exhibition of essential principles and facts, related by some common law." We may call homœopathy a system of medication, or a therapeutic method, by which the curative remedy may be found with reasonable certainty and despatch, but not a system of medicine. More than this no judicious follower of Hahnemann can wisely claim. But claiming this, with what it logically involves, he should stand like a rock and defend it against assaults of every kind. Proclaiming the sufficiency and supremacy of homœopathy as the only true science of medication thus far revealed, he may demand that it be accorded its true place, and that all the activities of the physician who professes it, in all the various relations which he occupies toward the victims of disease, shall be consistent with, and complementary to, this first and most important department of the art and science of healing. As surgeon, sanitarian, hygienist, obstetrician, what not, he should square all his acts with this conception. In all these capacities, he will do many things which are non-homœopathic, but he should do nothing which is un-homœopathic; nothing which will invalidate or counteract homœopathy—so long as he maintains his organic relation with the homœopathic body. Whenever he gives medicine, he should give it on homœopathic principles, and in homœopathic form and quality. That is the least he can do and do justice to his profession, his patient, and himself, and that is easily and entirely possible. The first thing for him to do, therefore, is to attain the right point of view.

II. The Principles of Homœopathy. There is substantial agreement as to what the fundamental principles of homœopathy are. They have been so often and so clearly defined by those whom all recognize as authorities, from Hahnemann down, that a mere statement of them might suffice. The attempt has never been made, however, as far as I know, to state them in such a manner as to show their logical order and relation to each other. It has seemed to me that such a statement might be conducive to clear thinking and a more comprehensive grasp of homœopathy as a whole.

The principles of homœopathy stated in their logical order and sequence, are as follows:—

1. "The physician's highest and only calling is to restore health to the sick, which is called healing." (Par 1 Organon.) This defines the vocation of the physician.

2. "The highest aim of healing is the speedy, gentle and permanent restoration of health, or the removal and annihilation of the disease in its whole extent, in the shortest, most reliable and most harmless way, on easily comprehensible principles." (Par. 2 Organon.) This defines and limits true healing to the removal of disease in its entire extent. It is not the palliation of disease by the removal or suppression of some symptoms, nor has it anything to do, primarily, with the removal of the pathological end products of disease, such as tumors, effusions, useless organs or dead tissues. This belongs to the domain of surgery.

3. The biological or dynamical conception of disease, which like life, or mind, cannot be known intrinsically, or in its essence, but only extrinsically by its phenomena.

Hahnemann agrees with Virchow, that "pathology is but a branch of biology, and that disease is merely life under altered conditions;" which conclusion of Virchow has been pronounced by eminent medical critics, "the most important achievement of the nineteenth century."

4. The totality of the symptoms, as revealing all that can actually be known of disease, and as constituting the sole object of treatment.

5. Proving drugs on the healthy as revealing, by symptoms, all that can actually be known of the action of drugs upon the human organism.

6. The law of similars, deduced by a comparison of the symptoms of disease with the symptoms of drugs, and proven by the clinical test, as establishing the curative relation between drugs and disease.

7. Individualization of disease and remedy, as the only means of determining the relation of similarity between any particular case and its curative remedy.

8. The single remedy as alone complying with the inexorable and logical demand of science for accuracy and certainty. This involves, of course, the avoidance of palliatives and adjuvants.

9. The minimum dose and dosage, as not only agreeing with experience, but as complying with the "law of thrift," or the "law of the least quantity of action," which requires that all results be accomplished by the least expenditure of force.

10. Potentiation of medicines, which by various methods,

provides the only means of obtaining the necessary minimum dose in suitable form, quantities, and degrees.

These principles define the field within which the work of the homœopathic prescriber is to be done.

III. With this brief statement I pass on to the consideration of the sources and nature of the materials with which the prescriber works—in one word—

Symptoms—These, in their totality, are the basis of all his practical work.

It is necessary, first, to understand what we mean by symptoms from the homœopathic standpoint. The complete examination of a patient results in the collection of a mass of phenomena which the physician must regard from a number of different standpoints, as he fulfils his various obligations and performs his various functions toward his patient. In all his differing capacities as surgeon, obstetrician, pathologist, sanitarian, hygienist, diagnostician, or prescriber, he views, interprets and classifies symptoms differently. It is not necessary that these differing viewpoints and interpretations should conflict. In fact they should perfectly harmonize, in order to obtain the best results. It is only necessary that the prescriber should keep these different functions clearly defined in his mind, and act consistently, having always the highest good of the patient before him as his motive.

He must remember that the only basis for a homœopathic prescription is the totality of the symptoms as viewed and interpreted from the standpoint of the homœopathic prescriber. He cannot make a successful prescription from the standpoint of the diagnostician, the surgeon nor the pathologist, as such, because of the differing interpretations and classifications of symptoms. He can only prescribe upon those symptoms which have their counterpart or similar in the *materia medica*. A surgical or a diagnostic symptom may be elaborated, or defined, or interpreted into the terms of *materia medica*, but unless it can be so interpreted, it is of no value to the prescriber. It is simply a matter of interpretation and classification. Given all the ascertainable facts in a case, the totality, the representative of each department in medicine must select and define and interpret those facts which are of use to him, in his own way, in accordance with the principles of his department, whether there be several individuals acting, or only one individual acting in several capacities.

The failure to recognize these distinctions is what has led to much of the confusion and misunderstanding which exist in the homœopathic profession today.

By a symptom in general we mean any evidence or expression of disease, in general, or of a change from a state of health. Homœopathically, every complete symptom must have the three elements of location, sensation, and modality, and the examination of the patient must be conducted accordingly, with this in view. In practice, not every symptom can thus be completely derived, but the missing elements can be supplied by combination and analogy, by the Bönninghausen or synthetic method. That method, as developed and perfected by later workers, I shall presently attempt to elucidate, because it is the basis of the only method of selecting the curative remedy which is thoroughly logical and efficient as applied to all types of cases.

IV. The practical work of the prescriber is governed throughout by the idea of individualization, as stated in our seventh principle. It applies equally in the three departments of his work, which consist of

1. The examination of the patient. This must be conducted in such a manner as to bring out all the facts of the case, in such form, as to comply with our fundamental definition of a symptom; that is, each symptom, as far as possible, must be rendered complete in the three elements of locality, sensation, and modality, or conditions of existence.

2. The examination of the symptom—record of the patient or the “study of the case,” which must be made in such a manner as to determine what symptoms represent that which is curable by medication, under the law of similars; in other words, to determine, in each particular case, what symptoms have a counterpart in the *materia medica*.

3. The examination of the *materia medica*, by means of indexes, repertories, etc., for the purpose of discovering that remedy which, in its symptomatology, is most similar to the symptoms of the individual patient, at a particular time.

To individualize is to mark as an individual; to distinguish from others by peculiar properties; to particularize; to characterize, or draw out the characteristics of a person or thing; which may be done either by particularizing or generalizing, or by a combination of both processes.

Keeping in mind the idea of individualization as thus defined, let us glance at some of the terms commonly used in homœopathic literature, and briefly review two or three of the best known methods for selecting the remedy, associated with the names of famous prescribers.

In paragraph 153 of the *Organon*, Hahnemann enjoins us to

pay particular and almost exclusive attention to the "more striking, singular, uncommon and peculiar or characteristic symptoms of the case" for it is more particularly these that very similar ones in the list of symptoms of the selected medicine must correspond to, in order to constitute it the most suitable for effecting the cure.

The terms "peculiar symptoms," "characteristics," "keynotes," "guiding symptoms," "genius of the remedy" are frequently used but there seems to be little agreement among the majority of prescribers as to precise meaning of these terms, and still less as to how they are to be discovered and used. As a rule, with few exceptions, every man seems to be a law unto himself, when it comes to the interpretation of these terms. In making this statement, I am referring to those who attempt to select a homœopathic remedy by actual comparison of symptoms and not to those who are content to prescribe empirically, basing their prescriptions upon a pathological diagnosis, or to obtain what they euphemistically call the "physiological action"—in reality the toxic action of drugs.

Even among the eminent exponents of the art of homœopathic prescribing, there is a similar apparent disagreement. Dr. Henry N. Guernsey devised and gave to the world his famous "Keynote System," the name referring suggestively to the analogy between medicine and music. He also compiled, and there has been published, a collection of symptoms, which he called "Keynotes," to which many others, trying to follow his footsteps, have made numerous additions, often of doubtful value.

Dr. Adolph Lippe, one of the greatest prescribers who ever lived, has written much upon the symptomatology, and the technic of prescribing, and has formulated some rules for determining what symptoms are characteristic, and he, with Dr. P. P. Wells, and many others, has emphasized the necessity for individualizing every case.

Individualize! Individualize! Individualize! has been the burden of the message of every great teacher of homœopathy since its beginning. The great difficulty has been that they have not told us, or have told only in part, how to individualize. They have given us no method, at least no method applicable to all cases. They have done marvelous work, and shown us amazing results, but they have not fully shown us the inner workings of their minds, as they accomplished these results. We are like the man from Missouri; "we want to be shown!" We want to "see the wheels go round." It is not because they were unwilling, nor because they had not tried to reveal the secret of their great skill and power as

prescribers. They were willing, and they did try, and to some of their students, with whom they were in peculiar sympathy, they succeeded in imparting the secret of their success. It is probable, however, that most of these fortunate students received as much by unconscious absorption or by intuition, as by direct verbal instruction, for none of the rules published by these men is general in its application.

The fact is that they did not themselves recognize the true nature of their mental processes, which in part were performed subconsciously, and for which, therefore, they had no adequate terms of expression.

The same is true, at least in part, of Bönninghausen, the greatest of all, who gave us, in his *Therapeutic Pocket Book*, the first complete and comprehensive analysis and classification of the symptoms of *materia medica* for therapeutic purposes. His scheme is complete, and the principles and methods which underlie it are discernible at a glance, by anyone who is familiar with the principles and methods of the allied science upon which it is based. But Bönninghausen himself has not told us in so many words, how he did it. He did not definitely and expressly name the allied science. He did the work and laid it before the profession, and left it for others to discover the secret. Probably it was so clear to him that it never occurred to him that it would be a mystery to so many others. In recent years Dr. T. J. Kent advanced the problem one step nearer solution, so far as the rank and file of the profession is concerned, by making and teaching a new classification of symptoms, in which he applied names to the classes which are taken directly from the related science to which I refer. But even he did not name the science and thus throw the door wide open so that all might enter without let or hindrance.

Dr. Kent divided symptoms into three classes which he named general, particular, and common. He gives clear and explicit directions for discovering and defining symptoms under this classification, and establishes their relative value from a therapeutic standpoint. Whoever accepts Dr. Kent personally as his master and leader, learns his method thoroughly, as he teaches it, and practices it conscientiously, until he has become expert in it, will find himself a master of *materia medica* and therapeutics.

Honor to him to whom honor is due, and in just proportion! But there is a trait in human nature which causes many to rebel at the idea of accepting any man as master. It violates their sentiments of personal liberty. I am neither approving or condemning this attitude of mind. I am simply stating a fact. It is this

sentiment which stands always as a barrier to the advance of any *movement*, great or small which centers around the personality of any *man*. The great mass of men have always rebelled against such *authority*. The greatest leaders of men have been those who kept *principles* to the front and personality in the *background*. It is only the *few*, the chosen disciples, who gather closely and loyally around a *leader*, and the sentiment that animates them is love. The *sister-science* from which Dr. Kent took the names for his symptom classes, and under which he formed his definitions and rules; which governed Bönninghausen in constructing his *Therapeutic Pocket Book*; which ruled the subconscious mental operations of Hering, Lippe, and Wells, and gave them that marvelous insight into the *deep things* of a knotty case; which enabled them to grasp a case in *its entirety* and discern not only the "genius of the remedy" but the "*genius of the patient*" and make those marvelous prescriptions, *was the Science of Logic!*

Strange that no one ever thought of it before; or if they did, that they said nothing about it, so far as I am able to discover from an extensive reading of our literature for over twenty-five years.

The relation is evident at a glance to everyone who has the *slightest* acquaintance with the formal science of logic—when their *attention* is called to it. Analysis, classification, individualization, *particularization*, generalization, comparison, differentiation, *exclusion*, these are all terms and processes of logic in common with *homœopathy*.

These are the processes which underlie and control the *examination* of the patient, the study of the case and the selection of the *remedy*, when properly done. By the methods of applied logic "*keynotes*," "*characteristics*," "*guiding symptoms*," and the "*genius of the remedy*" are found. By the methods of applied logic we *analyze* the case, classify symptoms, assign their relative value and *importance* as indications for the remedy, and select the remedy; *master* the principles and methods of logic, so far as they apply to our *special field of work*, and we are independent of any personality.

The great medical artists to whom I have referred had logical *minds*, and used the methods and processes of logic perhaps without *knowing* it. They were great by natural endowment as well as *great* by attainment. The special value of their work for us lies, *not in* the fact that they have discovered and published a *great number* of keynotes, guiding symptoms, and particular indications for *treatment*, valuable though these are, but that they have *possessed* and used certain principles, by the application of which

we as well as they, may individualize each case, and discover its characteristics for ourselves. This enables us to employ reason in conjunction with memory. Reason is the highest faculty of the human mind, including, as it does, conception, judgment, reasoning and the intuitional faculty. If we depend entirely upon the lower cognitive faculties of sense, imagination, and memory, in our work as prescribers, we fall far short of the possibilities. And this is what the majority of prescribers really do. Instead of grasping principles, and performing their work of selecting the remedy by a rational and definite method, they depend upon their memory of certain particular symptoms, or "keynotes," too often associated in their minds with narrow and faulty conceptions of particular diseases. It makes no difference how many keynotes or particular symptoms we commit to memory, we can never do the highest type of work as prescribers until we have learned to apply our reason logically to the work of prescribing homœopathically.

Now that we have discovered the relation of logic to homœopathic prescribing, and identified the real nature of the mental processes of the famous prescribers, it remains only to indicate briefly, in conclusion, how the principles of logic are to be practically applied.

Logic is the science of generalization, judgment, classification, reasoning, and systematic arrangement. It depends as a basis for its operations, upon an adequate collection of data or facts. This corresponds to the examination of the patient, the purpose of which is to collect the data upon which the logical process depends. If we would arrive at right conclusions, we must be sure our premises are correct.

The process of collecting these facts, of arranging or classifying them, and of drawing conclusions from them is called an induction. This corresponds to the study of the case. Logical induction is the act or method of reasoning from all the parts separately to the whole which they constitute, or into which they may be united. It is reasoning from particulars to generals, from the individual to the universal, by what is known as generalizing. The result is an inference, a conclusion, or a generalization.

Characteristic symptoms, "keynotes," etc., by which a case or a remedy is individualized, are generalizations, or general symptoms, inferred or deduced by a consideration of the particular symptoms. They are features which characterize the case or the remedy as a whole, facts that can be predicated of the patient, or prover himself, as an individual. This is what Hahnemann means in paragraph 153 by the "striking, singular, peculiar, uncommon

symptoms of the case," and this is the test to which every "characteristic" must be submitted. This is the logical basis of Bönninghausen's Therapeutic Pocket Book, of Kent's Repertory, of Guernsey's "Keynote System," of Hering's Guiding Symptoms, of Allen's "Synthetic Method," and of every scientific homœopathic prescription.

The greater includes the less. Generals are more important than particulars, as a basis for prescribing. The generals include and are derived from the particulars. The highest and most important work of the prescriber, therefore, consists in the performance of the act of generalizing his case, by means of which he deduces or draws out those features, which give it individuality. The provings of the materia medica are studied in the same way. The final act of prescribing is a comparison of the symptoms of the patient, already collected, studied, and classified logically according to their relative importance, with the symptoms of medicines recorded in the materia medica and the selection of the most similar remedy.

Before the publication of Kent's Repertory, the Therapeutic Pocket Book of Bönninghausen, which is the basis of Kent's work, was the greatest specimen of analysis, classification, and generalization of symptoms, the medical world has ever seen.

Time and the circumstances of the occasion forbid a detailed review of these works, but I trust that my attempt at an exposition of the principles and method which underlie them, as well as the art of homœopathic prescribing, has been sufficiently lucid to awaken your interest, and enable you to approach the subjects of prescribing, repertory work, and the examination of the patient from a new point of view.

EPILEPSY*

By FRANK W. PATCH, M.D.

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ONE of the most interesting, difficult and frequent of the many problems which confront the physician is that of Epilepsy—the "Falling Sickness" of an earlier epoch in medicine.

My object in presenting the subject to-day is hardly to go into a detailed exposition of the disease but simply to call attention to some points of interest in the present classification and diagnosis and also to present a very brief word on the relation of our own therapeutic methods to the treatment of the malady.

*Read before Worcester Co. Med. Soc.

The most recent investigations into the causation of epilepsy have brought out several interesting facts not heretofore emphasized.

Aside from the usual list of so called causes set down in the books, it is found that while a large number of cases occur in those whose direct antecedents were similarly affected, a neuropathic inheritance of some nature is present in more than half the cases.

Again it is of interest to know that nearly nine per cent of the cases of some investigators have begun as "infantile convulsions" in the first year of life, consequently, we can easily understand the necessity for watchfulness in these cases lest a true epilepsy develop later.

Formerly all cases of this nature were broadly classed as "petit mal" or "grand mal," a simple, yet, is anyone who has made even a superficial study of the subject knows, an entirely inadequate one.

Of the several more recent classifications that of Fere is the most simple and satisfactory while broad enough to cover the entire range of this many sided disease.

He first divides all cases "into those which are partial and those which are generalised" the latter being further subdivided into (a) the complete attack; (b) the incomplete attack; (c) abnormal attacks; (d) isolated symptoms.

Turner of Edinburg still further simplifies this classification as follows.

(1) Minor epilepsy (incomplete attacks, complete attacks), (2) major epilepsy (incomplete attacks, complete attacks), (3) physical epilepsy.

Thus reducing to its lowest terms, so to speak, a schema which might be most confusing.

The unique element here introduced by Turner is the third class "physical epilepsy"—and this brings us to the question as to just what symptoms warrant us in deciding on a diagnosis of epilepsy in any given case.

"A sudden fall is not essential, many sufferers from minor epilepsy, never fall."

Biting of the tongue, a classical result of the epileptic seizure is often absent.

"Muscular spasm" is not always present.

"The feature necessary to establish the existence of epilepsy is sudden, temporary loss or impairment of consciousness," usually periodic in its manifestations.

"Psychical epilepsy" so called is a form of the disease where the attacks, in place of the usual convulsions, consist mainly in the

periodic performance of certain similar automatic actions or repetitions of actions otherwise normal.

Occasional prolonged attacks are ambulatory and automatic, during which the patient may wander from home in a state of confusion. Here, as in ordinary attacks, however, the essential of "sudden loss or impairment of consciousness" is present, though the classic convulsion is entirely absent.

When we come to prognosis the outlook is not encouraging. Old school authorities claim from four to twelve per cent. of cures. Here again we are confronted by the peculiar fact that epileptics are prone to respond favorably to almost any new treatment for a time. Arrest of the disease is common; cases have been known to recur after ten years of immunity; they commonly recur after one or two years—so we cannot conscientiously pronounce a case cured until a long period of time has elapsed.

Cases vary largely in responsiveness to treatment according to their inherited tendency and the duration of the illness.

The status of epilepsy under homœopathic management, the course the disease may be expected to follow and the prognosis are questions which are of more than ordinary interest to members of our societies, yet strange as it may seem no disease of like importance has received less attention at the hands of our writers. To be sure there are some very cogent reasons for this silence yet they are hardly such as we should care to boast of. All will acknowledge epilepsy a difficult disease to manage under any regime and one in which it is especially hard to forecast any very brilliant results; yet, true cases of epilepsy have undoubtedly been cured by the action of our remedies, and for that reason we should make a more intimate study of the conditions present in these cases in order to try and obtain more uniformly favorable results with the many that are constantly seeking our help. It is with this thought in mind, and after the contemplation of several unsuccessful cases that I have attempted through a search of some of our literature to find any straws that would lead us toward firmer ground in the treatment of this unfortunate malady.

One of the interesting traditions of our illustrious predecessor, Dr. Von Bönninghausen, is that he cured four hundred cases of epilepsy, a record even surpassing in brilliancy his success in intermittent fever, and one that has certainly never been equalled since the death of this master in the art of prescribing. It is also said that he contemplated and even had in preparation a monograph on the subject in harmony with those on intermittent fever and whooping cough, but this was evidently not completed as the MS. has never come to light.

In searching the volumes of transactions and the files of various publications of the last forty years it has been a matter of surprise to note how limited a number of cases of genuine epilepsy have been reported by our men.

It has only been possible to discover in the literature at my command, nine cases reported as epilepsy and of these one is spoken of as hystero-epilepsy, a somewhat obsolete classification; while two or three of the others would seem to convey some doubt as to the accuracy of the diagnosis, betraying a strong resemblance to hysteria.

The differential diagnosis between epilepsy and hysteria ought not to offer serious difficulties, and indeed does not in typical cases, but we constantly meet all degrees of modifications in each of these diseases and therefore in many instances it becomes particularly difficult to be sure of the character of a case in hand. Indeed this fact may have given rise in the past to that unhappy classification of hystero-epilepsy.

The recent studies in hysteria have done much to throw light on this subject and it is doubtful if the confusion would arise to-day.

In the cases selected for this study it is interesting to note the character of the remedies which prove curative. The following is a list; agaricus muscarius; cuprum acet; lachesis; silica; causticum; nux vom.; sepia; bufo; graphites.

Out of the brief number of cases cited there are four which would seem undoubtedly true epilepsy. The remedies curative in these cases were lachesis; silica; causticum and cup. acet; all deep acting antipsorics. The very class of medicines one would expect might prove effective in a disease as undoubtedly psoric in its nature as is idiopathic epilepsy.

The first of these cases, cured by lachesis, was a woman 44 years of age, who had suffered from the seizures for eight years; not to go into details, the leading symptoms pointing to the selection of lachesis were as follows: <before and during menses; <excitement; <heat or overheated room; face flushed; trembling of tongue on protrusion; cannot bear anything tight about neck; legs go to sleep; especially the left; memory impaired; sadness; menses scanty.

We find here two peculiar symptoms that are well known characteristics of lachesis, with a majority of the secondary and confirmatory symptoms pointing with considerable strength toward the same remedy.

The cure progressed in an orderly manner.

The second case which we will examine was reported in the

same year by one of our best students of *materia medica*. The case had been of thirty years standing, the age of the patient forty-six. The case is not reported in detail, but silica is given as the curative remedy.

The third case was reported by one of our well known Canadian brethren in 1892. She was thirteen years of age and had suffered with epilepsy for three or four years. The symptoms peculiar to the case were first, right sided attacks, head drawn to one side during the attack; and during the new and full moon; both strongly characteristic of the curative remedy—causticum.

Another case to be mentioned was reported in 1877 by a Southern physician, so briefly that it is impossible to get a really comprehensive view of the symptoms, though it has the characteristics of a true case. The curative remedy was *cuprum aceticum*.

This is a very meagre list of cases of true epilepsy and yet it will serve to emphasize the old lessons taught and practiced by Hahnemann and his disciples from the beginning. We may read them as follows: If we expect to make brilliant cures in difficult cases we must first dig out the peculiar symptoms, the uncommon manifestations belonging to the individual case before us. These symptoms may be connected with the paroxysms, (in epilepsy), they may not; they must be individual. We must efface the paroxysm as a phenomenon from our diagnostic vision and see only the sick individual and the peculiarities that distinguish him from the rest of humanity.

In searching for the curative remedy we must look for medicine akin to the character of the diseased state. In other words the genius of the remedy and the genius of the diseased state must correspond, as witness the above illustrations.

We can only cure deeply psoric states with antipsoric remedies of an equal power.

For instance, the next case which we will consider was reported by a New York physician as epilepsy, yet the earmarks of the case all point to hysteria and we are further confirmed in this belief by the nature of the remedy which overcame the condition. The symptoms were as follows: Age 40, attacks first appeared after the shock of desertion by her fiancée. The aura made it possible for the patient to go to bed and lie down when a seizure was impending (characteristic of hysteria); attacks short with subsequent spasms for only ten minutes; attacks preceded by irritability, followed by loquacity; dryness of the throat, frequent yawnings; clenching of hands; stiffness of limbs. It will readily be seen

that the above symptom list is not strongly characteristic of anything, but the author writes "as *agaricus* is said to be good for chorea and epilepsy caused by mental emotions, and as the symptoms did not contraindicate that remedy it was given. It did good work. The 'epileptic' seizures were soon replaced by somnambulistic states which later ceased altogether." This was undoubtedly a case in which there were really no strongly individual indications—they are legion and most difficult to bring into order. In this case by a happy coincidence a good choice was made at the start before the case was seriously confused. The result was eminently satisfactory. The remedy was homœopathic in nature as well as in symptomatology consequently curative.

The next case on our list, reported as epilepsy was probably an hysteria, at least the evidence of true epilepsy was very inadequate. The patient was fifteen and had been suffering from convulsions for two years. There was a peculiar aura; the paroxysm was attended by unconsciousness and foaming at the mouth, followed by headache and sleep; flashes of heat, hunger before noon, pallor, mental powers unaffected. Here *cina* proved partially curative and it was followed by *sepia* which finished the case.

The next was associated with entozoa and consequently not clear cut. It recovered under *nux vom.*

Another, while of great interest, and reported in 1871 by one of the early pioneers as a case of "epileptiform convulsions," would hardly be included in a list of cases of epilepsy. It was a sub-acute case following indiscretion in diet after varioloid. There were most severe convulsions and the patient was near to death when *bufo* was administered with most gratifying results, recovery following.

It is worth noting here that with the above exception no case has been found reported in the literature at command of the writer where the use of any of the less powerful, partially proven, medicines supposed to have especial relation to the treatment of this disease has proven curative; such medicines are *œnanthe crocata* and *artemesia vulgaris*.

Undoubtedly these medicines must have brought favorable results in some instances, indeed certain clinical results are noted in the "guiding symptoms" but they cannot have been numerous or some reports would have appeared in the journals in all these years.

Our knowledge of these remedies is almost wholly from toxicological sources which would seem to give us little real understanding of the inmost power of the drugs over diseased states such as is brought out through systematic proving on the healthy subject.

Another case, reported by one of our masters under that unfortunate classification of hystro-epilepsy instead of hysteria which it undoubtedly was. The symptoms of the individual were beautifully brought out in this case and the cure under graphites was a model, though not being a true epilepsy it will be of less interest to us now.

This very brief list of cases will serve to illustrate several points of greater or less value in connection with the subject. Let me hasten to say, however, that they teach us nothing not already embodied in our literature. Epilepsy belongs to a class of diseases which we may term paroxysmal, likewise, intermittent fever, hysteria, etc. That is, the disease manifests itself not only by certain more or less permanent symptoms or stigmata, but also by paroxysms or seizures occurring at longer or shorter intervals. As a rule, the symptoms of the paroxysm overshadow in violence the constant marks of the disease to such an extent that the patient feels himself comparatively well except for the attacks. It often thus becomes more difficult to get a true picture of the illness.

Hahnemann in p. 173 et al. mentions certain "one sided" diseases, among which he would probably include epilepsy which actually "display only one or two principal symptoms which obscure all the others" making it impossible to select a curative medicine at once.

Being confronted with such a problem what are we to do? In the rare cases where there are only one or two symptoms Hahnemann enjoins us to select the remedy, in our judgment, most homœopathic and let it act until further symptoms develop, however, in the majority of cases there are a fair number of symptoms to be found by diligent search. It has been said occasionally by some who have had considerable acquaintance with intermittent fever that we should consider only the interparoxysmal symptoms when making the prescription. A larger number of physicians have tried to base the prescription wholly on the seizure.

The conditions are more deep seated in epilepsy but the problem of cure is the same—and the methods by which success will be attained are identical.

We must take the totality of symptoms of the individual. I do not mean by this that every second, third and fourth rate symptom must be included in a study, but that in the examination of the patient especial effort should be made to ascertain the "peculiar and uncommon" symptoms whether associated with the paroxysms or the interval.

These should be estimated according to their value and the

remedy selected according to the result thus obtained. When passing final judgment great weight should be given the character of the medicine in its relation to the character of the disease. There must be a harmonious relation here for really good results, as for instance, that which we may observe in most of the cases cited above, particularly the lachesis illustration and in an opposite way the agaricus. It is doubtful if a remedy of the opposite class would ever be indicated in a case of true epilepsy. We could not expect it to go deeply enough into the life of the individual.

The nature of hysteria on the other hand corresponds far more to such medicines as agaricus, ignatia, nux vomica, etc., than to the deeper acting remedies, though it does not follow that no case of hysteria would be cured by an antipsoric for hysteria may be a manifestation of psora.

On the other hand we could not expect to cure a true epilepsy with anything less than one of the deepest acting medicines as it is a disease that penetrates to the uttermost centers of the individual life.

The subject of epilepsy is something worthy of our greatest effort. We cannot expect to overcome it in every instance but the fact that undoubted cases have been cured should make us especially anxious to increase our records and it is to be hoped that every cured case will be published. The prognosis from the homœopathic standpoint is determined largely by the nature of the case and especially by the possibility of discovering good reliable symptoms on which to base our prescriptions. If we can get a good picture, peculiar symptoms, and are able to select a corresponding remedy improvement ought to follow.

Time is an important element. Improvement usually follows regulation of diet and new treatment. We must not be deceived by this.

The best results come as in all other chronic diseases, slowly and systematically, the attacks growing progressively less severe, passing through the stage of vertigo before ceasing altogether.

A sudden and absolute suspension of attacks should put us on our guard as further trouble is almost sure to follow.

Aside from a medicinal treatment certain hygienic measures should be utilized in the case of sufferers from epilepsy.

An out-of-door life in the country, for instance, is essential. Epileptics are proverbially inclined to over eating and imperfect mastication; careful regulation of this function, then, is needful. Some writers have insisted on a non-flesh diet. One (Aldren Turner) calls attention to the necessity for a purin-free diet and as

the purin bodies exist largely in white and red meats this would mean, practically a meatless menu.

It is probable, however, that the essential key here is to insist on thorough mastication, whereby the appetite would naturally be diminished and a much less quantity of nitrogenous food consumed.

In all such diseases better results are obtained when we can maintain a normal ratio between ingestion and elimination of waste.

A systematic life is wise, hence epileptics do better, as a rule, in the colonies established for their care than in the home.

It goes without saying that there should be abstinence from alcoholic stimulants or other excessive excitement.

THE HOMŒOPATHIC SPECIALIST*

BY GEORGE FREDERICK LAIDLAW, M.D.

New York

IT is a difficult matter for a modest man to make a presidential address, as required by our constitution. As I sat pondering what message might be worth the occupation of your time and mine, an appropriate subject seemed to be the influence of the specialist on the homœopathic school.

Theologians tell us of the ages of faith in the early christian centuries when no one criticised the geology of Moses and no one doubted that Adam and Eve spoke Hebrew in the Garden of Eden. In the sixteenth century, however, appeared Goropius, who proved conclusively that the language used in the Garden of Eden was Holland Dutch. It was the twilight of the gods. The age of faith was drawing to its close and the age of criticism and scientific philology had begun.

Homœopathy too has had its age of faith, when no one questioned the truth of the doctrine of universality of its application; those were the days when, as in King Arthur's time:

"Every morning brought a noble chance

And every chance brought out a noble knight;"

the days when these noble knights of the potentizing pestle would attack confidently anything from cancer to locomotor-ataxia. In those days, at a meeting of the American Institute of Homœopathy, or of this society, the first question that greeted any new idea was

*Read before the Homœo. Med. Soc. of the County of N. Y.

this, "Is it homœopathic?" To-day the question is rather, "Is it true that nature is thus and so?" The first was the question of a philosopher with a system to defend. The last was the question of a scientist. It seems to me that this epitomizes the change that has come over homœopathy in the past fifty years. It has become less of a philosophy and more of a science.

The eighteenth century in medicine and the early years of the nineteenth were remarkable for system building. Stahl's animism, Brownism, Broussaisism, every thinker in medicine seemed impelled to devise a medical philosophy which should explain everything in heaven and earth. On the other hand, the distinctive feature of the nineteenth century was the forsaking of systems and the intense cultivation of special fields, resulting in the growth of medical specialties apparently disconnected from one another and holding relation with general medicine by but a slender thread. Perhaps the most striking fact about homœopathic philosophy is that it is here at all, the sole survivor of a dozen systems that were formulated in the eighteenth and early nineteenth century.

I observe that the only condition of survival of a system of thought, as of a living organism, is constant change, assimilation from environment and elimination of the useless and unfit. Only the dead change not. All philosophies, even all religions, that survive have not only the power to assimilate new forms of truth, but also the power to eliminate the useless, the ideas that in their day were nutritious but are now sucked and withered hulls, or things they swallowed by mistake and for a time seemed a part of the organism.

Homœopathy has survived as a living thing only by its power to assimilate truth from the world around it. It threw out outposts in every direction, feeders for its main line of thought. Its young men went into the new specialties, eye and ear, nose and throat, gynecology, skin, pathology, bacteriology and mastered them. Homœopathic specialists have often been criticised for not being better prescribers. To my mind, the remarkable part is that they have remained homœopaths. A system that could meet the attraction and competition of present-day medical specialism and keep its hold on intelligent men and women has in it something of the vitality of religion.

It is not that homœopathy or anyone in authority consciously directed this movement into specialism. A world movement comes along, sweeps before it and interests many active minds. After it has passed, we can look back and see whither it was tending.

Homœopathy has survived but it has paid the price of survival.

It is no longer the simple faith of the fathers. When homœopathy started out to conquer the specialties they reacted upon it and through the specialists the exact methods of natural science have come into homœopathy more and more. One evidence of this reaction of the specialties on homœopathy is the interest in exact diagnosis. Another is the value of local treatment. Another is the sane view of the treatment of parasitic diseases, in which homœopaths have always been extreme doctrinaires. Another is the recognition of the necessity for humane and intelligent use of palliatives. Another is the demonstration of cure by simple operations of many conditions that a vast amount of prescribing would have left unimproved.

In its struggle to survive, homœopathy has not only assimilated much but it has also quietly eliminated much. Constant elimination is a necessary condition of life. When an organism ceases to eliminate, it develops auto-intoxication and dies poisoned by its own products.

We have eliminated the literal acceptance of the psoric doctrine of chronic disease. It may be true that many chronic diseases are contracted in infancy and early life. In fact, our best guide to the causes of disease, bacteriology, distinctly indicates that this is the case in tuberculosis; but that any proportion of patients in this country that are treated for chronic non-syphilitic disease ever suffered from parasitic scabies is not a fact.

That a single dose of potentized mercury given in the primary stage will cure syphilis, is not a fact.

It is no longer true of all diseases that we do not know the cause or nature. In tuberculosis, malarial fever, suppuration and diphtheria, the cause is known and an etiological therapy based on the diagnosis is practicable.

That a disease is expressed only by its symptoms, as the term symptom is ordinarily understood and that when you have banished the symptom you have cured the disease, is not a fact. I say, with due consideration for the consequences, that lives have been needlessly sacrificed by the literal adherence to this passage of the Organon and the neglect of exact diagnostic measures that is due directly to it. I refer to the neglect to diagnose tuberculosis, Bright's disease and diabetes and to apply hygienic treatment at an early stage when symptoms are insignificant; the neglect to diagnose gall-stones, renal calculi and cancer and other conditions curable by timely surgical operations. I know that modern apolo- gists can and have forced this text to include diagnostic examination; but that this has not been the common acceptance of the

word, symptom, is only too well known by those who see old-time homœopathy in actual operation. It is true that many physicians who are not homœopaths neglect to examine their cases carefully, but the neglect to do these things that springs from ignorance may be excusable; the physician may be doing the best he can. It is the wilful neglect of and opposition to exact diagnostic methods through adherence to a theory or blind acceptance of a text that has no place among educated physicians of the present day.

We can well spare these flaws in homœopathy. The fame of Hahnemann does not rest on these things, on the details of his system. His merit is that of a seer, who, in a world of therapeutic darkness saw the falseness of polypharmacy and of therapeutics based on the crude pathology of his day; a reformer who introduced a new principle in therapeutics, from which have come health and life to innumerable human beings during the past hundred years.

No reformer finishes his work. He is constantly striving toward an ideal and dies with that ideal approached but unattained. It is a common mistake in philosophy and in religion to select as a finished pattern the point where the workman was called away from his loom. Had he lived he would have gone on. We who follow must go on continuing the spirit and not the letter of Hahnemann's work. In few instances has it been so literally true that the letter killeth but the spirit giveth life.

Historians are fond of pointing out that every reformer, no matter how great, is a child of his time. At the end of the eighteenth century, Hahnemann could no more help being three parts philosopher than we, in the twentieth, can help being three parts scientist. It was and is the spirit of the age.

The change, then, that has come over homœopathic practice is that it is less of a philosophy and more of a science. I observe less readiness to explain everything and more distrust of our own position until verified by experiment and observation; that is, we welcome scientific confirmation. The thorough-going medical philosopher did not want scientific confirmation. He did not realize that he needed it. It was all explained in the book.

We should remember with considerable gratitude that this change to a great extent, is the work of the homœopathic specialist. The homœopathic specialist! Before following out this line of thought, I never realized his importance in our development, nor perhaps, did he. Huxley said that, in the long run, he was not afraid of the theologians. The spirit of scientific research was the little white ant that was steadily undermining their fortifications. It is the specialist who started the little white ant of scientific re-

search on homœopathic philosophy. It is the specialist who first realized the inaccuracy of the language of our provings. It is the society of specialists that has taken the most effective modern step toward reprovng the materia medica. And it is a distinguished specialist that you have chosen as my successor to direct your fortunes for the coming year.

PYELITIS COMPLICATING PREGNANCY AND THE
PUERPERAL STATE *

BY L. L. DANFORTH, M.D.

New York City.

INFLAMMATION of the pelvis of the kidney and calices (pyelitis) was first described by Rayer and it was he who pointed out the fact that the inflammation very frequently spreads upward from the bladder to the pelvis of the kidney and to the renal parenchyma, as well as the fact that inflammation may descend, spreading from the renal substance to the pelvis of the kidney. When occurring as a secondary affection, i.e., when due to a descending inflammation from the kidney substance, the pyelitis is an insignificant affection as compared with the antecedent and causal renal disease.

It is my purpose to-night to discuss this disease solely in its relation to pregnancy. That the disease had not received the attention its frequency and importance deserved, was first pointed out by Kaltenbach in 1871, who declared it possessed especial interest in this connection:

In 1892 Reblaub presented to the French Surgical Congress the histories of five carefully observed cases of this disease associated with pregnancy.

Since 1892 numerous essays have appeared from different sources, chiefly French, German and American, dealing very fully with the disease in all its relations to pregnancy. The most notable contributions have come from the pen of two eminent practitioners of obstetrics and gynecology in New York City.

Prof. E. B. Cragin read an essay entitled "Pyelitis Complicating Pregnancy" before the American Gyn. Association in May, 1904, which gave an exceedingly lucid and comprehensive

description of the disease, and it was this paper which first called my attention seriously to it.

Recently H. N. Vineberg, M.D., contributed an article (*American Journal of Obstetrics*, Vol. LVII, 1908, p. 769) on this subject. From these sources and three cases observed by myself, this article is evolved.

Pyelitis complicating pregnancy and parturition is rather infrequent. It is altogether probable that many cases have been overlooked in the past owing to lack of definite knowledge concerning its mode of onset and its symptomatology. The records of the Copenhagen Maternity quoted by Dr. Vineberg may be taken as a fairly safe indication as to the frequency of the disease. In this institution the urine of every inmate is carefully examined on admission, and if it shows the slightest trace of albumin it is subjected to a thorough microscopic examination. It is then examined every third day during the patient's stay in the hospital. From 1900 to 1905, there were 7,648 parturient women, and pyelitis was observed in 450 (5.86 per cent.); of these, 6.56 per cent. occurred in primipara, and 4.84 per cent. in multipara. It is said that the disease is often met with during labor, when it is frequently masked by labor pains.

It is doubtless true that most of the causes of pyelitis known to be operative under ordinary conditions of life may also be productive of the disease during pregnancy.

For instance, in pregnancy supervening in a case of pre-existing cystitis, an extension of the inflammation to the pelvis of the kidney would be a very natural sequence, especially if retention of urine from any cause should be an associated affection. Likewise renal calculi, whether retained in the kidney pelvis or occluding the ureter, if co-existing with pregnancy would be very likely to give rise to passive congestion, urinary stasis, and resultant inflammation of the delicate structures lining the renal pelvis.

As regards the parasite cause of the disease, the bacterium coli, which we know to be so omnipresent and migratory in character, is probably the most active of all the bacterial influences in producing purulent inflammation. It is claimed that this particular variety of micro-organism is capable of producing only a bactericemia or a superficial inflammation of the mucous membrane. The stagnation of the urine in the ureters, which is especially likely to occur during pregnancy as a result of compression or twisting of the ureters, favors

in itself the development and extension of inflammation, and if to this is added the presence of the bacterium coli, there exists a double reason for its presence. Investigation has shown that this bacterium has been found to be the infecting agent in nearly all the reported cases which were examined bacteriologically. The streptococcus pyogenes and the gonococcus, by their power to penetrate and destroy the epithelium, are also factors in producing inflammation though to a lesser degree than the bacterium coli.

Dr. Vineberg thinks that the gonococcus plays a not inconsiderable part in the causation of pyelitis in pregnancy and in the puerperium. Other writers have arrived at the same conclusion. Prof. Von Winkel divides pyelitis in pregnancy into four varieties according to the infecting agent:

(1) Gonorrhoeal infection; (2) Pus cocci infection; (3) Colon bacillus infection; (4) Tuberculous infection. He holds that each presents a distinct clinical picture and runs a characteristic course.

Prof. Cragin in the article referred to lays much stress on compression of the ureter by the pregnant uterus as a cause of the disease. Slight compression of the ureter is sufficient to retard the urinary flow. Dilatation of the ureter is a natural sequence of such compression. The pressure of the gravid uterus upon the vessels of the kidney tends to produce general stasis, so that in addition to direct compression of the ureter and dilatation there may be the added influence of general congestion, which is the first step in an inflammatory process and predisposes thereto.

The infection of the ureter and renal pelvis is distinctly favored by the obstruction to the flow of urine. Prof. Cragin says on this point: "From the frequent appearance of the bacillus typhosus in the urine of typhoid fever patients and from experiments on animals, it would seem that in many infective processes the organisms may be eliminated by the urine without appreciable injury to the urinary act, provided this tract is in no way obstructed.

On the other hand, the experiments of Reblaud and Bonneau on animals show that after an aseptic ligature of the ureter, the injection into a distant part of the body of either streptococci or colon bacilli can produce a hydro-nephrosis, it being a descending infection."

Pyelitis seems to have a predilection for a certain period

of pregnancy, most cases appearing from the fifth month to full term. It may occur earlier if dependent upon other than purely mechanical causes. During the puerperal period pyelitis usually occurs during the first two weeks. The infecting influence during the puerperium comes, I think, from the bladder.

Infection is due to contamination from outside by means of careless instrumentation, or from a pre-existing cystitis, infection being favored by lowered vitality, and traumatism, or from compression with secondary infection from below.

It is rather a curious fact that all writers mention the right kidney as the one most frequently affected, over four times as many cases occurring in the right kidney as in the left; occasionally both kidneys are involved. The reason for this preponderance of cases on the right side is to be found in the anatomical relations of the right ureter as it crosses the brim of the pelvis making more of an acute curve and lying more exposed than the left ureter. Possibly the fact that the pregnant uterus, lying as it does in the right oblique diameter of the pelvic inlet may also have something to do with this frequency.

The clinical history of the disease is rather striking, and it would seem as if one could hardly overlook its presence provided the possibility of it is realized.

The history of an attack in one of my patients gives a very good picture of the symptom-group as it appears in typical cases.

Mrs. E. J. D., aet. 24, primipara, was confined March 5th, 1907. There had been a mild degree of cystitis during pregnancy, which became somewhat aggravated after the labor; the patient complained of frequent and painful urination with some tenesmus and a sense of burning over the bladder. On the sixth day of the puerperium the patient had a severe chill, followed by a marked elevation of temperature (103°) which continued for twenty-four hours with little remission. The sudden onset, the high temperature, and the evident severe illness of the patient suggested an acute infection. The temperature subsided with profuse sweat.

The apyrexia, though not complete, lasted a couple of days. At the end of this time a second chill occurred with the same high temperature and succeeding sweat. The patient during this time lost her appetite, had a coated tongue, nausea, and occasionally vomited. A marked symptom was severe pain in the right kidney, extending downward to the bladder. Pal-

pation with one hand under the organ in the back and the other upon the right hypochondrium below the rib border, pressing the hands toward each other including the kidney, revealed great tenderness. The best way to get at the kidney is to have the patient lie semi-prone, half way over toward the opposite side, with the lower limbs moderately flexed. The patient is requested to take a deep breath, and at the moment of deep inspiration pressure is made in the direction and in the manner indicated. Pain often extends along the line of the right ureter to the bladder, and the latter organ may be tender on pressure. In the case from which these symptoms are taken the urine revealed the nature and seat of the disease. When passed, it looked cloudy, was acid, and on examination revealed a large amount of pus, a small number of blood corpuscles and epithelia from the bladder. In each specimen extending over a period of fourteen days there was much pus, and it was observed that the subsidence of the fever corresponded with a free discharge of pus. There were a few hyalin casts, and in all the specimens the typical renal cell from the pelvis of the kidney. Bacteria were very numerous (*Coli communis*). No malarial plasmodia were present.

The disease may last in the acute stage from one to two weeks. It may be a month before the urine returns to the normal. The course of pyelitis during pregnancy pursues very much the same course as that of the case from which this description is taken.

I have seen two cases during pregnancy. The first was Mrs. L. E. R., aged 30, mother of two children. When five months pregnant with her third child was seized with high fever and pain in the right loin. Had frequent painful micturition and the urine contained slight traces of blood. Her temperature from 99 to 104 degrees, pulse 88 to 120 degree. The urine contained pus, epithelia from the bladder and the typical epithelia from the pelvis of the kidney. The kidney was very tender, and the pain was severe, and more or less continuous. This patient was ill three weeks.

She had suffered from cystitis following a previous pregnancy, and the urine had a bad odor for months prior to her last pregnancy. The pyelitis was undoubtedly due to an ascending infection.

The second case in pregnancy was Mrs. B., aged 24. primipara. She was about five months pregnant, and for several days had been complaining of pain in right side of abdomen,

especially in the appendicular region and in the back. The pain was very severe. The urine was acid, contained albumin; considerable pus, and epithelia from the pelvis of the kidney. The right kidney could be palpated, was enlarged and tender. For several days the pain was worse every day. but no malarial plasmodia were found. Leucocytes were increased to 15,000. Temperature ranged from 100 to 104 and remained above 100 for sixteen days.

The diagnosis of this affection depends upon the recognition of a few cardinal symptoms, such as pain and tenderness in the region of the kidney, a chill with rise in temperature and acid urine containing pus. The diagnosis presents greater difficulties during pregnancy than in the puerperal state. The greater accessibility of the kidney in the puerperal state, helps distinctly in the diagnosis. When the abdomen is occupied by a uterus pregnant from five to eight months, the palpation of the kidney, as well as of other abdominal organs is difficult and often impossible. There are four conditions with which pyelitis may be confused, viz: appendicitis; typhoid fever; salpingitis and acute cholecystitis. The first of these is the most perplexing from a diagnostic standpoint. If too much reliance be placed upon McBurney's point alone as diagnostic sign, mistakes will be frequent. When doubt arises an examination of the urine showing the presence of pus, characteristic epithelia and acid urine will tend to prevent the wrong conclusion, not to mention the most marked symptom of all, viz. tenderness of the kidney, which is a prominent symptom rather early in the disease. A diagnostic method by the process of exclusion should lead one to the correct conclusion without much difficulty in either of the other affections.

THE TREATMENT OF PYELITIS comprises first, absolute rest in bed, though this command is as a rule entirely superfluous as the patient is to ill to do anything else. In the acute stage, the chilly stage with high fever, I have given aconite in water, one drachm every hour until the fever subsides. If the kidney is very tender and painful an ice bag gives relief. The diet should be milk and vichy, koumiss or zoolak, according to preference.

UVA-URSI is a useful remedy. The keynote indications are; painful micturition with burning sensation; burning after the discharge of slimy urine; blood passes with slime.

CHIMAPHILLA.—Constant pain in the region of the kidneys. Pressing fullness in region of bladder. Vesical tenesmus. Great quantities of thick ropy mucus in urine.

TEREBINTH.—Burning and gnawing pains in region of kidneys; urine scant and bloody; frequent micturition; albuminuria.

HEPAR SULPH.—Tenderness of kidneys; aggravation of all affected organs by pressure or touch; chills with fever and pyuria suggests this remedy and I have personally found it useful.

MERCURIUS COR.—Is spoken of highly after the purulent discharge has become established.

A remedy of great value is boric acid; ten grains three times a day in a half glass of water.

The tendency of this disease is toward recovery, and it runs its course in from 12 to 14 days. Recurrences in the same pregnancy and in subsequent pregnancies have been recorded.

The possibility of a pyelitis becoming a pyelonephrosis should be borne in mind.

The unusual cases which do not terminate favorably may require a surgical operation. Drainage of the kidney would be indicated if the discharge of pus continues over a protracted period. The interruption of pregnancy will very rarely be called for, though Nature sometimes relieves the physician of responsibility, gestation being terminated spontaneously.

PRACTICAL DAIRY SANITATION*

BY PROF. H. E. COOK

Canton, N. Y.

NO more fundamental or important question confronts us today than the character of our milk supply.

Our present birth rate is becoming dangerously low and every precaution should be thrown around the food supply. It not only concerns the infant but a pure, wholesome milk, free from all danger, and what is more that the minds of the consumers should be free from prejudice, would largely increase the consumption of a food now cheap and when compared to meats more easily digested,— a food which if it could generally displace meat would eliminate many of the human ills now prevalent among every class of people especially those working indoors and of sedentary habits.

No subject can be discussed with that largeness of perspective and generous human sympathy without an understanding of the

*Read before the 8th Ann. Conference of Sanitary Officers of the State of N. Y.

fundamentals underlying. We are usually so loaded down with prejudice or an acute interest in demonstrating our own view point that we become exceedingly narrow. And then the radical who is usually a leader, demands immediate re-adjustment or re-direction, forgetting that the cause is deep-seated and of long standing and hence like any chronic disease only very slightly if at all, affected by superficial plasters. The solution of the milk situation is a case at hand. In order to demonstrate my point, let us discuss the formation of the business which has now reached such large proportions, something like \$600,000,000 annually in this country.

Milk production was not recognized as a business until after the close of the civil war when the development of the cheese factory and creamery, or rather the co-operative system began. Dairy-men soon saw that this change not unlike other changes recognizing skill and a division of labor, would bring profit from loss and order out of chaos. From a few cows kept here and there for the purpose of consuming unsalable roughage without much regard to the relation between cost of production and value of milk, came a large cow population, rapidly developing into a science and business all its own.

Suddenly there developed another situation. Up to 1880 little or no attention had been paid to the science of soil restoration. New lands were abundant. Although soil extravagance was becoming scandalous, there were still new acres enough on every hand to furnish fertility to produce cheap crops. Thoughtful men discovered that this dairy cow possessed the power of soil restoration—and she did—with the result that those living upon naturally non-productive soils and those upon soils already impoverished, welcomed dairying as their only hope.

Soon the great west began to feel its soil riches slipping away and far seeing men like Hourd and Henry said: "Convert your wheat fields into dairy farms," and they did, with the well known result that productivity was restored. This demand for manure developed the dairy cow as a convertor of raw material into plant food. Men discovered that a \$30 cow would convert as much as one costing \$200, and as these sections had waited until they were poor before redirecting their energies, they could not buy the \$200 cow and get cows enough to make the manure needed. This method of doing business developed a one sided animal. A great law of biology says when one function of an animal or plant is developed out of harmony with other correlated parts, some one or all other functions are correspondingly weakened. Now the development of the dairy cow as a manure factory naturally gave us cows with indifferent milking capacities.

We could not make selections and keep pace with the demand. We were now safely entrenched as a great manufacturing plant with fertilizer as the essential product. If so, then milk and beef were by-products, each with many sub-divisions. And that is what I am trying to prove. No one will deny that dairy cow beef is a by-product. Is not milk in the same class?

The value of by-products in the open market has no relation whatever to the first cost of the material. To illustrate, wheat bran was wasted. Now it is worth \$25 to \$30 a ton. Dried distillers' grains fifteen years ago had only a nominal value. To-day they are worth \$33 per ton. The Standard Oil Company have made millions out of the sixty-two articles of commerce formerly wasted until kerosene oil, at one time the chief product has really been turned into a by-product. Illustrations might be multiplied many times over.

The price of wheat during the time, which has changed wheat bran from running into the Mississippi river to a high priced commodity, has only slightly changed. Kerosene oil has been reduced in my memory from seventy-five cents to ten cents per gallon.

Without the by-products kerosene would cost twice as much. I doubt if an independent concern could from a common center deliver water to all parts as cheaply as oil is now sold.

Back to our point again. Because milk is a by-product and because by-products bear little or no relation to cost of raw material, we face a most unfortunate situation to-day, viz., that the value of milk as fixed by the market price will not pay cost of production. I mean to say that a charge of foods, labor and interest upon the investment upon one side of the ledger and the milk receipts upon the other side, will leave nine farmers out of ten in debt. This is hard indeed to understand. The dairy cow has paid mortgages, built homes, educated children and purchased some of the luxuries of life and the dairy farmers exhibit as few failures as can be found in any agricultural activity. Then explain. 'Tis this way. The returns from milk come periodically, teaching a lesson of rigid economy and adjustment to expenses not found elsewhere. The dairyman works more hours per day than others. In fact it is commonly said that ten hours a day will not run the dairy business successfully. The dairyman has not only worked 14 to 16 hours daily but his family have been forced into the business often at the expense of their needed education and more he has been his own book-keeper, buyer, and superintendent. Here is the footing based upon cost if paid for in the open market: $1\frac{1}{4}$ days himself and at least $\frac{1}{4}$ day as superintendent, and perhaps a day in every

twenty-four hours by some members of the family. Now a day's work is not based upon 14 hours, perhaps 16, of hustling activity with the mental processes thrown in without recognition. It is rather based upon 10 hours daily of moderate muscular effort without a trace of the nervous energy of a man struggling with the problems of debt and family support. And so when an effort is made to charge an equivalent for labor based upon market values as determined by manufacturers, and for feeds based upon market values there follows a loss. Tariff schedules were formed to give the same opportunity to the manufacturer that the farmer possessed with his free raw material in the form of plant food. We are now facing a re-adjustment and a time when the cost of milk will as surely be based upon cost of production as the selling value of iron is to-day.

When that time arrives more money must be paid for milk. Then will you be able to control the environment and not till that time. To the subject. In your efforts to control the sanitation you must not lose sight of these facts above stated. Is it any wonder that milk has been filthy when the stable was primarily a fertilizer factory instead of an establishment for the manufacture of the most delicate and highly sensitive food known?

These old dirty stables should slowly be put out of business. No reason exists for a rough interior covered with manure and cobwebs, and where light never enters. There is a reasonable sanitation which rightly belongs to the business regardless of its fundamental relationship, and one which is inexpensive. Windows and whitewash cover a multitude of germs and should be made mandatory. The use of small top pails has not been popular and probably will not follow present wholesale values for milk.

Clipping sides, flanks and udders, are important and are sure to satisfy the owner if he has some sort of power machine—20 minutes for two men will clip one cow. The cows should be kept upon a platform pitching toward the gutter for at least half the width next to the gutter. Granges should be urged to buy a good spray pump and permit its use by the members.

The care of milk should be simplified—altogether too much labor and mystery has surrounded the care of milk. There is one method and only one, and it is the easy way, viz, to milk into the vessel itself or to turn at once from the milk pail into the cooling can, cover tight and set into ice water, stirring if necessary for even cooling throughout the mass. I am unable to comprehend just why aeration is still permitted. It is a heritage from former times to which experts have clung tenaciously and do yet, while

they permit the single cooling in cold water. A double standard has never been satisfactory for either money or milk.

I can conceive of no place on earth cleaner than the inside of the cow's udder. Then why not take that receptacle as a sanitary basis and allow the least possible air contact?

The average aerator could not be more resourceful as a bacteria generator, were it especially established for that purpose. More dangerous bacterial growth can come from one of the large surface aerators than from the average stable air.

These methods are quite simple, and it does not require very much time to take the precautions necessary for clean milk but each effort requires time and so long as milk production is founded upon the most primitive methods and the price thereof corresponds to this situation coupled with that before mentioned, there must be the slowest movement toward ideals. I do not wish to be understood that we are not gaining ground. I can remember when winter produced milk carried the peculiar stable odor and that time was not more than twelve to fifteen years ago. To-day it is rare.

The idealists, and this body is very largely composed of varying grades of that class, have their minds pretty generally fixed upon so-called certified milk and the necessary environment. You can only expect milk of that sort from the payment of a very much higher price. In fact, every consumer, dealer, and official expects more from a dairyman by way of a highly organized product than from almost any other source, simply because the business has been erected upon other than cost of production basis.

Because of this education coming without thought to the consumer that milk is cheap, he has come to regard a very slight advance as an intrusion upon his sacred rights. In the same moment he pays five or ten cents for a cigar and thirty to forty cents for a quart of oysters or the usual high prices for breakfast foods, regarding his investment secure. He does this without thought and to some extent because certain well directed advertising matter has pointed the way.

No one has even been willing to grade milk and give material credit for service performed. No encouragement is offered the thrifty sanitary dairymen except that branch known as certified milk where extremes of expense have made the product often prohibitive. You compel me to clean up because I am willing—and then allow me no more for my milk than the fellow who is always under protest. In fact every last movement is for cheaper products and methods, evidenced by the fact that the business has

very largely so far as the large cities are concerned, passed into the hands of the Jews, and also by the persistent skimming and adulterations. Generally these misdemeanors are reckoned as purely criminal—not so—while they are legally and rightly punished; accordingly the cause is fundamental—any poverty system tends to crime. Wash men, re-clothe them, nourish them and place them under a healthful environment and their criminal and immoral tendencies very largely pass. And so this milk business above all things should be taken out of its present environment of both men and things and given a new atmosphere.

I am not asking for a recognition by way of price for service not rendered. I believe any effort or combination to arbitrarily control the price of milk, such as New York and Eastern farmers have repeatedly attempted, is just as much an object for the Sherman Anti-Trust Law as price control by the Standard Oil or the Powder combination.

But I do say that the cost of production and the demands of modern hygiene and sanitation and the fact that the dairy cow is no longer a necessity for soil restoration and the fact that dairy farms are making the least improvement when compared to those sections using fertilizers, tillage, and clover, warrant an entirely new re-adjustment or alignment.

I have taken your time, not to talk about construction of barns and detailed methods of handling milk which would have been more agreeable and a much easier task, but to call your attention to a few fundamental truths as I see them which are responsible for the present situation now agitating the minds of men, and which I firmly believe must be reckoned with before we reach a solution of the milk problem. Great problems and perplexing questions are not solved by drastic, superficial treatment—the result is often offensive and measurably delays the final consummation.

Cuprum Acet.—Constant protrusion and retraction of the tongue (also lach.); in epilepsy the aura begins in the knees, ascending until it reaches the hypogastric region, when unconsciousness occurs, foaming at the mouth and falling down convulsed.

As soon as the patient goes into a high ceiling room her head reels and she loses her senses.

ARTERIO-SCLEROSIS*

BY FREDERICK C. ROBBINS, M.D.

State Hospital, Gowanda, N. Y.

ARTERIO-sclerosis, many of whose symptoms were at one time inexplicable, is becoming more and more interesting to all on account of its general affects both mental and physical, as these symptoms, when associated with certain cardinal signs, are known to be indicative of this condition. The old saying that "a man is as old as his arteries" is often heard but seldom associated with conditions which we find in men and women past middle life. The organs principally affected are the brain, heart, kidneys, and digestive organs. This condition gives rise in the brain to irregular circulation, apoplexies and characteristic mental symptoms, in the heart to myocarditis, diseased and leaky valves and angina pectoris, in the kidneys to a more or less marked nephritis, and in the abdomen such symptoms are found as sharp, boring, burning pains which are similar to those of ulcer of the stomach.

A patient having arterio-sclerosis to the extent of mental affection has a history of undue fatiguability. These patients complain of pressure at base of brain, buzzing and roaring in ears, flickering before eyes and a sudden feeling of confusion, as one expressed it as "the effect of a blow on the head." The bewilderment or confused mental state which may be accompanied by irritability, impulsive attacks on others and suicidal attempts, is similar to that of exhaustive delirium but there is associated with it vertigo and often mild convulsive seizures. There is at times a marked hallucinatory and delusional condition which is more or less casual and of short duration. He shows on physical examination, increased blood pressure; arcus senilis; aortic and mitral murmurs; hypertrophied left side of heart with accentuated second sound at apex; increased urinary secretion with low specific gravity, albumen and casts; reflexes diminished and tremulous speech.

These cases are immediately put to bed for an indefinite period, given only necessary stimulants and a special diet that is simple yet extremely nutritious. If the heart muscle shows signs of weakness they are given crataegus gtt. x t. i. d. and at times strych. sulph. 1-60 gr. every three hours. Arsenicum iodide is useful, when vertigo, dyspnea and rapid pulse are present with the characteristic senile heart. In kidney conditions when albumen and casts are present, kali hydrioticum and mercurius corrosivus are other remedies. Baryta carbonicum is useful in a general

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sclerotic condition when there is tremulous speech, inability to remember and there is paralysis of the voluntary and involuntary muscular fibres. Chloride of gold, 3x, when continued for a long period, is of great benefit in this condition.

The first case that I wish to read is that of a female, married, age 53, housewife, born in United States. Last fall patient suddenly became unconscious for several hours. When she regained consciousness she began to complain of her head, especially of a severe pains at the base of the brain. She became depressed and full of fear and at times had periods of excitement when she would threaten to kill her husband.

On admission to the Gowanda State Hom. Hosp. several months later she appeared to be in an exhausted and much weakened physical condition. For a few days she exerted good self-control, but soon began to injure herself, pounding her head against the bed and bruising her wrists. She said that the devil had told her that she was to kill the people in the ward and she was trying to restrain herself. For days she would refuse her husband's letters and would listen to no message from him as she persisted that he was dead and that it was her fault. At times she was in a confused condition, being poorly oriented and having poor retention.

Physical examination showed a small, well developed middle aged woman, poor general nourishment; Hb. 70%; face thin and drawn; deep seated pain in forehead; tired expression to eyes; blood pressure 175, Janeway; sclerosed radial and temporal arteries; accentuated second apical sound; dulness of upper portion of right lung; trace of albumin and numerous granular casts in urine.

She continued in much the same condition for several weeks, and at times she would refuse to eat and was spoon fed with difficulty. During the early summer she developed erysipelas and at that time had marked hallucinations and made constant mistakes of identification. She became extremely suicidal, requiring a nurse constantly as long as she was in seclusion. The last two months she gradually became more quiet, ate well, assisted with the light work about the ward, corresponded with her husband and enjoyed herself by going out to walk and reading books and magazines. Before her discharge this fall her urine was free from albumin but many granular casts were present. At times she would complain of her former headache at the base of the brain, flickering before eyes and buzzing in ears especially when she became over-tired

during the hot dry weather. She remembered well her hallucinatory and delusional condition realizing the absurdity of them.

The second and last case is that of a female, married, age 70, housewife, born in U. S. For about two years before being committed to this hospital the patient had been working hard with insufficient food. At times she would act peculiarly and complain of her head, saying there was a "buzzing in the head." Suddenly, a week before admission she became semi-conscious and confused, a condition which was followed by partial loss of use of right hand and fore-arm. In a few days she became noisy, abusive and when admitted to the hospital was in a rambling and confused condition. She was unable to talk intelligently and at times was extremely untidy.

Physical examination showed a small, poorly nourished elderly female; deep reflexes increased; arcus senilis; barrel resonance and roughened respiratory murmur below both clavicles; cardiac impulse seen over all left breast; cardiac action irregular; mitral diastolic murmur and aortic second sound roughened; radical and temporal arteries markedly sclerosed; hyalin and granular casts in urine.

One month after admission patient had a right hemiplegia but she regained use of her hand although she had much difficulty in using her leg. She gradually became untidy, a large decubitus developed over sacrum and about three months after admission she contracted lobar pneumonia and died. At the autopsy it was found that the convolutions over the right temporal region of the brain were obliterated and the arteries both of cortex and base of brain were much sclerosed; left side of heart hypertrophied and all valves sclerosed; the liver shows passive congestion with increase of connective tissue and both kidneys had much fibrous tissue.

Kali bromatum.—He imagines he is singled out as an object of Divine wrath; extreme drowsiness. Constant hacking cough during pregnancy; irresistible desire to urinate, but no flow except with urging and difficulty.

Calc. carb.—Sensation as of stick extending from throat to left side of abdomen with ball on each end of the stick.

Rhododendron.—Breathless and speechless, from violent pleuritic pains running downward in left anterior chest, after standing on cold, damp ground. Cannot get to sleep or remain asleep unless her legs are crossed.

North American Journal of Homoeopathy

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SUBSCRIPTIONS.—In accordance with a ruling of the P. O. Department requiring a higher mailing rate for magazines sent to subscribers in arrears, the publishers of the NORTH AMERICAN JOURNAL OF HOMŒOPATHY have set the subscription price at \$3.50 per annum, but a discount of 50 cents will be allowed for payment in advance, or within four months of expiration of a former subscription.

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A YEAR'S WORK IN THE PROTECTION OF THE PUBLIC HEALTH.

THE wide scope of an up-to-date public health department and the efficiency of the administration of Commissioner Eugene H. Porter are alike testified to by the 29th annual report of the New York State Department of Health recently transmitted to Governor Hughes.

Prevention, not cure, is the sanitarian's cry. "It is the duty of the community to protect itself against the ignorant, the selfish, the filthy and the diseased. We believe that we must have proper sewage disposal, pure water, decent tenements, good sized playgrounds, supervision of factories, protection of child labor and pure food."

During the past year provision was made by the legislature for the reporting and care of cases of tuberculosis. A quarter of a million circulars were distributed and many special lectures given. The Traveling Tuberculosis Exhibition, which won the commendation of Prof. Robert Koch at the International Congress on Tuberculosis, proved a conspicuous feature of the educational campaign.

A course of 50 lectures on sanitary science and public health been given in Cornell University in co-operation with the university authorities.

Speaking of the pollution of streams the commissioner points out that there is no longer any excuse for a municipality to discharge its raw sewage into any stream; sewage tanks, sand filtration, contact beds or sprinkling filters can now be constructed to meet all the requirements of satisfactory sewage disposal; but adequate funds are necessary for research work to establish satisfactory means of dealing with industrial wastes, which while non-pathogenic, are often offensive and in such large volume as to create serious nuisances.

A scientific study of the problem of getting milk free from dirt and pathogenic organisms into the hands of consumers is also needed.

It is urged that funds should be provided to enable the department to produce and distribute the Pasteur vaccine for the prevention of hydrophobia, and attention is drawn to the fact that the State has spent far more money for the protection of the health of cattle than of its citizens.

The Commissioner's report shows that, on a very moderate appropriation, a large amount of good work has been done on many lines, and the State is to be congratulated on the remarkably improved service being rendered by the Department since Commissioner Porter was appointed by Governor Higgins.

THE BENZOATE CONTROVERSY

EVERYONE who reads is more or less familiar with the controversy now taking place in the lay press over the use of the benzoates as food preservatives. In accordance with the so-

called Pure Food Act of 1906, Dr. Wiley, chemist to the Federal Department of Agriculture, made experiments with various substances used to color and preserve foods. Among other methods was the giving of a certain quantity of the various substances under suspicion to a set of picked men known to fame as "Dr. Wiley's poison squad." The result of these experiments and Dr. Wiley's conclusions therefrom were published as Bulletin No. 84, by the Bureau of Chemistry. Most of the conclusions have been generally accepted to the credit of Dr. Wiley and the benefit of the public at large. But Dr. Wiley's taboo on the benzoates has precipitated a violent controversy. So much so that a special board of distinguished chemists was appointed by President Roosevelt to go over the whole subject. Their report, recently rendered, is adverse to Dr. Wiley, and claims the use of the benzoates to be harmless.

Furthermore, the *Medical Record* of January 2, 1909, has an article by Dr. E. E. Smith, chemist to Fordham University, who takes up Dr. Wiley's own report, and by careful examination finds flaws in Dr. Wiley's conclusions, claiming that the detrimental results of the poison squad were not due to benzoates but to something else.

What are the facts from the homœopathic standpoint? The NORTH AMERICAN wishes to call the attention of the profession to the fact that benzoic acid, one of the substances in controversy, was proved in 1838 by Dr. Jeanes. The proving was arranged, with additions by Dr. Lingen, in 1844. The original paper appears in Volume I, Transactions of the American Institute of Homœopathy, 1846. A long and elaborate symptomatology can be found in Hering's Guiding Symptoms, and in Allen's Handbook.

The general action of the drug, according to Allen, is as follows:—"Produces symptoms of a uric-acid diathesis; pains in joints and tendons; great change in the quality of the urine." This of itself is enough to condemn its indiscriminate use as a preservative. A careful reading of the symptomatology shows that benzoic acid has a powerful action on metabolism, causing detrimental symptoms in all parts of the body. Details are out of place here, the reader is referred to the text-books on Homœopathic Materia Medica.

THE DIAGNOSIS OF PULMONARY TUBERCULOSIS
AND THE USE OF THE TUBERCULINS

AN editorial in the *Therapeutic Gazette* for December begins thus:—

“We think it may be stated very positively that the use of tuberculin by injection should not be resorted to by the general practitioner unless he has some special training and knowledge in the technique of the employment of this modern aid to diagnosis.”

The writer goes on to state that the systemic reaction is so marked in many cases that the patient should always be consulted in advance as to whether he is willing to run the risk of being made worse simply to see whether he will react or not. He also quotes Hamman as stating that Sahli absolutely refuses to use tuberculin for diagnostic purposes. James of the College of Physicians and Surgeons, stated that such use was not justifiable at the mass meeting of medical students held during the International Tuberculosis Exhibition in New York.

The writer in the *Therapeutic Gazette*—probably Dr. Hobart Amory Hare, its editor—is also opposed to the opthhalmo reaction of Calmette on account of possible injury to the eye. He is also opposed to the skin reaction of Pirquet. He quotes Pirquet, and he might also quote Calmette to the effect that so many adults react to the skin test that it is practically useless for the purpose of diagnosis.

After all is said and done there is one fact that stands out in diagnosing pulmonary tuberculosis:—The best way and the surest way is by the physical examination of the patient together with the history of the case. The physician should perfect himself in the use of his eyes and ears and fingers, and attain skill in asking questions to get the true history. When he can do all of these things well, he cannot go far astray in his conclusions.

The taking of histories and the making of physical examinations are not easy. They require prolonged and constant practice to develop proper skill. But they pay, and in the end they give the best results.

Notes and Comments

Homœopathic Sleight of Hand.—The attention of the readers of the NORTH AMERICAN is specifically called to the notice at the head of the editorial page to the effect that the editors are not responsible for the views of contributors. We have been pleased to find space in this issue for the insertion of a letter from an English correspondent criticising the attitude of Dr. Oscar K. Richardson towards the use of homœopathy in obstetrics (see the January issue of the NORTH AMERICAN). So far, so good. In all probability, the majority of homœopathic physicians are less sceptical than Dr. Richardson in this matter. Then our correspondent falls into the common error of trying to prove a general proposition, (the value of the homœopathic remedy in obstetrics), by citing a particular experience. This citation seems to be a reminiscence, since the writer refers to it as being in his "obstetric days." A dispensary patient was getting very exhausted from long, useless labor pains; one arm of the fetus was protruding from the vulva. Did the accoucheur determine the exact position of the child? Did he make any attempt to mechanically induce a more favorable position for delivery? All that we can say is, it is not set forth in the reminiscence. What happened? The patient "having received a dose of pulsatilla, in a few minutes there was an appearance of sensible relief, and the arm went in, and a breech presentation was followed by an easy birth!"

Next!

Carrots in Medicine.—A European observer speaks highly of the use of carrot soup in the feeding of infants suffering from intestinal disturbances. The carrots are boiled and passed through a very fine wire sieve, adding about 200 c. c. to one litre of meat broth made from 500 gm. beef and bone; it should be made fresh daily.

Dr. Geo. E. Gorham, of Albany, N. Y., in a paper read before the Homœo. Med. Soc. of the State of New York, reported very favorable results from the use of a carrot dressing in the treatment of burns.

The Business Side of Life Prolongation.—It is gratifying to see that the business side of public health is attracting the cooperation of individuals, corporations and organizations in the efforts specifically directed to the benefit of the health of the community. One of the most recent and most gratifying instances of this is the determination of leading life insurance companies to take, at the instance of Prof. Irving Fisher, of Yale University, an active part in the campaign against tuberculosis and other preventable diseases. Hygienic reform can prolong human life in America one-third, is the claim of Dr. Fisher.

Correspondence

Dear NORTH AMERICAN:

I have read the editorial article entitled "Ficus Religiosa. Is it a Fraud?" published in the *Homœopathic Recorder* of November, 1908 with great astonishment and concern and in reply I beg to write the following lines which, I hope, will be published by you in your much esteemed Journal.

The Indian remedy was proved by me and the tincture was prepared from fresh leaves of the plant. The characteristic symptoms elicited were not only bloody dysentery, hematuria, and hemoptysis, but menorrhagia too. It is stated in the *Recorder* that Dr. Augustus Mattoli, of Rome had proved it upon himself and dogs, but no symptoms were marked by him. Dr. J. B. S. King proved it upon himself with no better results. And withal Dr. Mattoli tried it clinically without any benefit whatever. These results have led the editor of the *Recorder* to think that ficus religiosa is a fraud or "fake." The tincture of ficus religiosa was supplied to these two doctors by Bœricke and Tafel.

It is to be borne in mind that the tincture is prepared only from the *fresh* leaves of the plant. The tincture loses its curative virtues and so becomes lifeless if it be prepared from dry leaves. I knew very well that Bœricke and Tafel asked Messrs. King and Co. of Calcutta to send them some leaves of ficus religiosa, so that they might prepare the tincture themselves. And accordingly the leaves were sent to them by King & Co. Possibly the tincture was prepared by them from dry leaves. I supplied the tincture of ficus religiosa to several doctors and all of them found it efficacious—highly efficacious in the ailments mentioned before. Dr. Clarke, the renowned British homœopath, bears the same testimony. I feel it unnecessary to dwell upon other unsolicited opinions relating to the efficacy of this drug. I take this opportunity of saying that I never supplied the tincture to Bœricke & Tafel and so I was in no way responsible for the tincture found to be lifeless. Had the tincture been prepared from fresh leaves, there would have been gratifying results both at the time of proving and of clinical verifications. I know very well that ficus religiosa is not a fraud, but a genuine homœopathic remedy. It can stand upon its own strong feet and can bide its time.

Those of my colleagues, who are willing to prove and try ficus religiosa are requested to communicate their desire to me, so that I may send a supply of the same to them *free of cost*.

If the tincture supplied by me be lifeless, they can publish their failures and then they can pass their unfavorable verdict.

SARAT C. GHOSE, M.D.
Editor of the *Indian Homœo. Reporter*.
1 Kedar Bose's Lane, Bhowanipore.
Calcutta, India.

DEAR NORTH AMERICAN :

In the January issue of your Journal, Oscar K. Richardson, M. D., of Minneapolis, in a paper entitled "Obstetrics from the Homœopathic Viewpoint," makes some strong statements as to the usefulness of the law of similarity in assisting childbirth.

This part only of his paper do I challenge. He says, "It is up to us to give any actual scientific evidence of there being a homœopathic aspect of obstetrics. I must confess my inability to find any proof whatever." Criticising some writer who says: "Rigidity of the os calls for fourteen different remedies. Spasmodic contraction of the os calls for sixteen drugs;" he expresses his astonishment that his own empirical use of *cimicifuga* is not endorsed except in very small type, adding, "in the last few years I have been losing faith in it myself." In passing it may be remarked that in a strictly homœopathic work, mere empiricism would have, if any, a small place and one is glad that the doctor is knocked off his crutch by his own experience. As to the criticism of so many drugs for rigidity of os and so many for spasmodic contraction, if the writer gave only that symptom or condition it was not homœopathic prescribing, but surely in some way it was intimated that other symptoms present would differentiate between each one of the fourteen or sixteen mentioned medicines which had that one condition in common. If Dr. Richardson will do as I did many years ago, namely take the late Professor H. N. Guernsey's classical work "Application of Homœopathy to Obstetrics," and take one medicine, e. g., aconite out of every list in which it is given, whatever the pathological name assigned that section, he will find that aconite or any other named medicine was selected because of symptoms peculiar to that medicine and that in such cases only was it recommended. As to malpositions being corrected by *pulsatilla* I well remember a case in my obstetric days in which a dispensary patient who was getting very exhausted from long, useless labor pains, one arm protruding from the vulva, having received a dose of *pulsatilla*, in a few minutes there was an appearance of sensible relief and the arm went in and a breech presentation was followed by an easy birth. Another case strongly impressed me—being called in the small hours of the morning to a patient within a few doors from my house I found a tense, thin, strained os in the centre of which the head was to be felt, and as the condition seemed to me belladonna I gave that drug, saying I would call again in the morning—within an hour I was hurriedly rung up again, and found the child in the world. This case caused me in a short time to have several fresh patients, and could a similar result have been continuously achieved I should have had more practice than I could have attended to. On this subject, which causes Dr. Richardson so much difficulty what is the difference between puerperal malpositions and those of injuries in other parts and organs? Does the doctor not believe in the use of medicine in hernia, prolapsus, injuries to bones, muscles, etc., so frequently calling for different remedies according to the nature of the injury, the idiosyncrasy of the patient, etc.

Liverpool, England.

EDW. MAHONEY, M.R.C.S., L.S.A.

International Homœopathic Review

Conducted by

R. F. RABE, M. D.

REPETITION OF THE DOSE

By P. P. WELLS, M.D., Brooklyn. Homœopathic Physician. VOL. VI.

THERE has been so much said and written on this, till, it may, by some, be regarded as hackneyed; but its important and intimate connection with clinical successes will always make it a living subject, worthy the careful attention and study of the healer who has a conscientious regard for the duties of his calling, and a desire for the highest excellence and best successes in its pursuit. It has been written upon by the best minds the practice of healing has engaged, notably by Hahnemann and Boenninghausen, and the world has no greater names to give to the advocacy of any truth. To say they have written is to say they write well. They gave us the truth. Then why not study the lessons they have given and let this suffice? If these writings could be faithfully studied and obeyed, certainly no more would be needed; but, unfortunately, the tendency of the times is to neglect or put aside the teachings of the masters, who have left us so rich legacies of instruction for our practical guidance, and go, rather, after the will o' the wisps, flying here and there, scattered by those who are ambitious of appearing as lights in the world, who excuse their flickering falsehoods by a claim for them that they have somehow a connection with the 'scientific!' and the 'scientific' has a great charm for a certain class of superficial minds, who persuade themselves, and would others, if possible, that in their shallow teachings alone are found depths of wisdom.

It was reflections like these that decided the author when requested to write on the repetition of one remedy (sepia), to go beyond this and develop, if he might, the underlying principles of all repetitions, of all remedies, and in all cases.

The motive for repetition is only found in the motive for giving the first dose of the remedy in a given case. This is ever (we speak only of specific or homœopathic prescribing) to make an impression on the sick forces before us, by the most similar remedy, as will change these to a state of health. Having made this impression, we have done all that, in the nature of the case, it is possible for medicine to do for their cure, while the action of the given dose is continued. It will be remembered that this first impulse of the remedy is like that of the sickness, in kind and direction. Hence, if this first impress is repeated before its reaction is exhausted, it is only repeating an impress which increases the morbid action, and can, in no way, contribute to the cure, but only to reinforce the morbid action which it is our object to cure, by reason of the similar action of the repeated doses. It is the second, or reacting, effect of the dose which cures. So, if the first impress is repeated while this second effect is progress-

ing, the case is set back to the start-point of treatment, with a possible intensified action of the diseased process by a similar action of the repeated dose; and so often as this practical error is committed, so often is this adverse experience likely to be realized. Then, it is clear, one of the most important questions that come before the practical specific prescriber is this of repetition of the dose. When to repeat and when to abstain from this? What is the objective of repetition? What but to renew the impress, reaction from which effects the cure? Then to repeat this impress before there has been time for this reaction to be set up, is, in the nature of the case, to prevent the cure. If this curing reaction is already in progress, then to renew the impression which has brought it into being must necessarily interrupt the process of cure, which this reaction is, and this by reason of the exact opposite nature of these first and second effects of drug doses. Hence the maxim, of fundamental importance—"Never repeat the dose while improvement is progressing." This has been said before and many times, but, notwithstanding, there have been more mischief and mistakes from wrong repetition than from any one cause. It is most difficult to avoid this sometimes—first, because of partial knowledge of *materia medica*—not quite certain the selected remedy is really the most like, and the continued sufferings of the patient compelling the question "may not some other remedy be more appropriate," or "may not an added dose of that given bring greater relief?" This, with the worthy anxiety to do better for the patient, has spoiled many a curable case of chronic disease, and thrown the treatment of acute cases into inextricable confusion. This is well known to those who have accepted the *Organon* as their guide in practical duties, and who, by their continued obedience to its instructions, have proved the truth, authority and value of these. It is not for such that this paper is written, but for those who, lacking the experience of these, are troubled still with questions and fears as to this matter of repetition, who know the rule given above, and would willingly obey it, but have not yet the practical education which enables them readily to decide this question of progressing improvement. This may be in a given case so slight as to cause difficulty in deciding whether improvement is really progressing. It is the hope of being able to help such in this difficulty that has inspired this paper. It can not be but there will be questions and doubts with such, as to the advisability of repetitions, and how shall these be solved? The first rule, and one of great value, which we would suggest for their guidance in these cases is—"in case of doubt, don't do it." It is only delay and the loss of a little time, at the worst, and this is far less a mischief than the confusions resulting from inopportune repetitions of doses.

Then there are two factors which, carefully studied, may help greatly to reduce the difficulty of a correct decision of the question of repetition, viz., first, the nature of the diseased action, and second, that of the drug.

Sicknesses vary greatly in their rapid progress of destructive action, as well as in the more or less general extent of this action

as to partial or general invasion of organs and functions of the body. Both these facts have an important bearing on the repetition of doses, as well as on the selection of the specific for the cure. Where the destructive process is rapid, as in malignant cholera, some cases of croup, or of violent attacks of fibrinous inflammations, in their initiatory stages, the action of the doses of the selected drug may be rapidly exhausted, and, therefore, as compared with other forms of diseases, may in their treatment call for exceptionally frequent repetition of doses. And so, where few organs or function are suffering, errors from too frequent repetition are not followed by results so disastrous as where the morbid process is more generally diffused through the organism. The morbid cause and process may pervade the whole organism, as in many examples of chronic disease, and, though the process be very destructive, is slow in its progress and slow to respond to the impress of its specific curative; find, therefore, if the dose be repeated too soon, because the response to its curative impression is delayed, the result will be only repeated impressions of the kind and in the direction of the morbid action, and, therefore, an aggravated condition of the diseased action will follow, and the more exact the specific relation of the dose is to the disease, the more the aggravation. By this error, curable diseases are made inveterate, and in the incurable life is shortened, with increase of the sufferings of the patient while it continues. The deeper the morbid cause has pervaded the organism and the more profound are its effects on the nervous centers and the functions of nutrition and assimilation, the more tardy will be the apparent response of the organism to the curative impress of the specific. The impress here must be profound, pervading and permanent. The response to the true specific for these deeply seated constitutional affections is never sudden, and the only safe practice here is to wait till the remedy has had time to deal with the morbid process according to its own nature and that of the malady it should cure. If, perchance, there should be a seeming sudden response to the dose given in cases of deep-seated affections, it is only an evidence that the remedy chosen is not the specific for the case. The improvement, which, perhaps, has been so encouraging, is always transient, and is followed, oftener than otherwise, by increased inveteracy of the disease and aggravated suffering and difficulty of cure. The remedy has been only partially applicable to the case or superficial in its action, failing by this peculiar nature to reach the deep seat of the malady it was intended to cure. It was an attempt to reach and remove the profound by means which expend their force chiefly on the surface. The malady being deep-seated, the remedy to be best adapted to its cure must be pervading, reaching to the sources of life action, sick or in health. The curative effects of such remedies are not likely to be a sudden surprise. They are developed after the time required to reach these depths and master the evils they were sent to conquer.

As with diseases, so with their curatives. These differ greatly as to rapidity of action, power to pervade the organism generally, and in the time needful for realizing their curative reaction. In these facts are found a second beautiful adaption of the nature of curatives to their diseases. First, in the similarity of action of each to the other in kind and direction of their forces, and second, in the more or less general pervading force of the morbid and curing agent, and in the rapid or slow action of each. With remedies, as a rule, those of sudden and rapid action soon exhaust their force, and are comparatively superficial in their impressions. Arnica is an example of the class of remedies characterized by this sudden action, which in some violent attacks of disease, gives great value to the drug because of this peculiarity.

It happened to the writer in his early homœopathic practice to observe the beneficent action of this drug in a very severe case of double pleuro-pneumonia in a child five years old. The severity of the stabbing pains in both sides of the chest on each attempted respiration had reduced this act to the shortest compatible with continued life. The friends of the little one stood round her, expecting these short and rapid respirations would cease at any moment. And so restricted and painful were these that such expectation seemed to be fully warranted. It was in this extreme of pain and apparent danger that a teaspoonful of water, in which had been dissolved a few pellets of arnica, was offered the child, with the assurance it would relieve her pain. She opened her mouth to receive the dose, but the instant the spoon touched her lips she gave a loud shriek, and said: "It didn't—it made it worse." There was this one severer stab, but there never was another. The effect was literally as quick as lightning. The relief was so sudden and so complete that some of the friends turned away, thinking that the death they had been so anxiously and painfully expecting had actually released the sufferer. They were only relieved of their grief by seeing that the little one was breathing quietly, and quietly sleeping, from which sleep she waked convalescent.

In the opposite extreme of the series which embraces drugs of quick and slow reaction may be found most of those which Hahnemann has denominated "antipsorics." They are comparatively slow, pervading and persistent in their action. They penetrate to the profoundest depths of morbidly affected life forces, as has before the active morbid cause, following this last to the center of its destructive activities, and by its similar nature neutralizes and masters these chronic diseased conditions, which have in themselves no self-limiting duration and no tendency to spontaneous healing. It is only by such penetrating and long acting drugs that slowly and surely fatal diseases are mastered, i. e., fatal if not removed by the rightly selected and rightly managed antipsoric remedy.

There are some of the so-called antipsorics which have place in the treatment of acute as well as chronic diseases. When given in these their repetition is to be governed by the principles which apply to such diseases, and decide the repetition of doses of medi-

cines not antipsoric. These diseases, running their course more rapidly, may call for doses of antipsoric remedies more frequently than they would be given in psoric or chronic cases. For example, arsenic in a dysentery, for which it is found appropriate, may be repeated more frequently and profitably than it could be in a case of phthisis accompanied by hectic fever. But in these cases the law which pertains to all cases, both acute and chronic, should control repetitions. The law is this: Never repeat a dose while improvement is following that already given. And a fortiori, never change a remedy in those cases because tempted to do so by a hope of doing something better. Many a case has been spoiled and many a life lost through yielding to this temptation.

But, says the beginner, "How am I to know whether improvement is progressing in a given case?" No doubt this question has often embarrassed such, and will hereafter trouble many more. The safe course is always insured if the short rule already given be remembered and obeyed. The question implies doubt in the mind of the prescriber. Then, by reason of the doubt, don't repeat. The only loss from waiting for the removal of the doubt is that of a little time. The loss from a wrongly timed repetition or wrong change of remedy may be a loss of life. It is, at best, certain to result in a confusion of the case, and increase of suffering and danger to the patient, and greater difficulty of cure to the prescriber.

But how as to waiting for the curative action which should follow a given dose? How long shall we wait for this before we can safely repeat the dose already given? This question will certainly be asked, and the answer to it may often be difficult. To help out of this difficulty take into consideration the nature both of the disease and the drug, especially as to the rapid or slow action of each, and if these be slow, wait. If the selected drug be one of brief action, i. e., not antipsoric, the case may call for more frequent repetitions than would be judicious in cases of a different character. If the drug selected be one of the princely antipsorics and the case be one of the nature which calls for one a member of this class, it may be calc., caust., lyc., sep., sulph., be in no haste to conclude you have made a wrong choice because you have waited days for the expected improvement, for if the case be curable and the remedy be rightly selected the selection will be justified by the desired improvement, if this is waited for. And then remember the long-acting antipsorics seldom admit of profitable repetitions upon themselves. There may be such cases, but these are only likely to be detected by the experienced vision of the master. And further, long acting remedies are seldom, if ever, repeated with benefit at short intervals, and of these sepia is one of the longest. After exhausting the action of the first dose of the long-acting antipsorics, if, on review of the case, the medicine given still appears to be the most similar remedy, it will be best, if it be decided to give this again, to change the potency from that given, and the record of best success in such cases shows that a change to a higher number is oftener successful than that to a lower.

NATRUM PHOSPHORICUM

J. T. PIERSON, M.D., Chicago.—Clinique, Vol. XXIX, No. 10.

IT seems a singular fact that so little is known about a remedy that, theoretically, ought to be of great value to the members of this school of practice. With the exception of the proving made under the direction of Professor E. A. Farrington, of Philadelphia, over thirty years ago, and the thesis prepared by Dr. E. R. Cowen in 1874, from a proving made upon himself, we have no data that will stand the test of a critical analysis.

Schussler considered it of sufficient importance to be included with the Twelve Tissue Remedies. From a chemical standpoint it is given a peculiarly responsible place because it would seem to have the power of correcting one of the most common and, at the same time, serious defects in the feeding of infants independent of the mother's milk. If we have in this remedy a force capable of correcting the effects from the mal-assimilation of milk, and of preventing the excess of lactic acid in these cases, we will be able not only to save many lives, but at the same time establish a constitutional stability that will greatly decrease the percentage of uric acid diatheses. Our law of cures should be the most trustworthy method of determining the truth of the pretensions claimed for this salt.

Schussler claims that the presence of this salt in the healthy body will decompose lactic acid into carbonic acid and water; that uric acid is kept soluble in the blood by the presence of this salt when kept at the normal temperature of the body. When there is a deficiency of this salt the uric acid combines with the sodium forming an insoluble salt of urate of soda that is deposited in the muscles and joints causing what is known as gout and rheumatoid arthritis. Again it is claimed that phosphate of soda serves to emulsify fatty acids. Besides combining with these acids it appropriates molecules of albumen which act bio-chemically like an acid. If the progress of the leucocytes, carrying fat molecules, is stopped in its progress through the lymphatic glands, skin, bones or lungs we are sure to have phlegmonous and glandular inflammations with their usual sequelæ.

If phosphate of soda plays so important a part in the chemical activities of the human organism, it is of extreme importance that we know its range of action from a dynamic standpoint. We must keep in mind that the human body differs from the chemical laboratory. Chemical processes are limited to material cells. The cell activities are dependent upon the vital energy; but over and above all is the mental factor. It has the power of accelerating, restricting or arresting functional activities. To the degree that it works in harmony with the vital activities will we find the chemical equation balancing. It is for that reason that we urge the importance of determining the power of this salt to derange the functional activities of the human laboratory. It may be that phosphate of

soda is capable of so deranging the relation between the vital force and the cellular structures of the human organism that it cannot properly assimilate milk, sugar and fatty substances. If this is so we cannot spend our time to better advantage than putting it to the test.

Very little has been gained from the provings thus far instituted because the provers were working almost entirely upon the dynamic or vital plane. Only one prover (Dr. Corson) used the crude drug, and too little was taken by him to cause profound systemic derangement. Do not misunderstand the above statement. We have no record that any effort was made to test effect of milk, sugar, fat, or any other substances while the provers were under the disturbing influence of this salt. We have, however, a very fair beginning, and subsequent efforts can easily add to our knowledge of the action of this salt until we shall be able to determine its sphere of action from a bio-chemical as well as a dynamic standpoint.

Thirteen individuals, including men and women, married and single, submitted to the tests. The majority reported symptoms brought out by the higher potencies. One took the crude drug, followed by low and then higher potencies. Two took nothing but the 30th. A fourth began with the 6th and ended with the 200th. Seven of the thirteen were physicians. Three were women. One gives indications of gouty tendencies that had lain dormant for a number of years. One gives evidence of urethral tenderness prior to the test, but fails to give previous history. There seems to be no predisposing tendencies in the other provers. Time will only admit of an occasional suggestion or conclusion as we rapidly pass over the composite picture presenting.

GENERAL.—Lassitude, weakness, languor, nervousness, soreness, irritability. Tired in the morning, weak feeling in the legs relieved by stretching. Languid after emission, hot weather (hitherto indifferent to summer). Nervous, wants to lie down, cannot study, must get up and walk about during thunderstorm. Soreness, especially in small joints. Drowsy, could study only few minutes, must lie down. Sleepless night, restless, tossing, troublesome dreams, awoken by slightest noise.

MENTAL.—Four showed melancholy, depression, despondency, fear, apprehension or were easily startled. Melancholy, especially after emissions. Depression, apt to dwell upon annoying circumstances. Apprehensive, could not study, imagined he was going to be sick, that he would hear some bad news. Startled at slightest noise, especially at night, palpitation. Dullness, could not remember what had been read, no ambition. The mental effects were long lasting and seemed to follow physical weakness.

HEAD.—Vertigo, dizzy as if he would fall, objects seem to turn around on rising in the morning. Eight have more or less severe headache. Fullness, dullness, heaviness. Fullness with pulsation, with flushes of heat, followed by sweating over right or left eye, at root of nose, during and after p. m., while studying with dim light. Forehead, especially over eyes and temples. Clinical application points to general nervous exhaustion with neuralgic tendencies.

EYES.—No local significance to the eye symptoms. Bloodshot, as if bathed in hot water, relieved by rubbing. Dryness, left ball, as if sand in eye. Sore, as if bruised, burning, cutting, stitches, in canthus; weak, lachrymation, mist-halo about gas light. Lids heavy, itching, burning from rubbing.

EARS.—Itching lobe of right ear, scratch until bleeds, fullness with tickling from middle ear to eustachian tube.

NOSE.—Slight bleeding morning; fullness, root, skin seems drawn tight; seems full of mucous with but little discharge; sore, picks constantly, scabs form, brings tears to eyes. Most significant point is the involvement of the frontal sinus.

FACE.—Peculiar shooting, stitching pains in cheeks, along cheeks to ear, and soreness of lower jaw at the angle.

MOUTH.—Teeth and mouth coated with brownish mucus; gums sensitive, gum boils; tongue dirty white with dark brown center, blisters on tip (nat. mur.), sensation of hairs on tip (nat. mur.), followed by pricking numbness of whole mouth; taste bad on awaking, coppery.

THROAT.—Mucus, accumulation from posterior nares, clear, white, yellow; worse at night; awakens, much hawking; sensations, lump, sore, pin pricking.

There is nothing in the record to account for the discharge of mucus from the posterior nares. The sensation of plug, hair, together with the blisters are characteristic of *natrum mur.*

STOMACH.—Empty, gone feeling, extends to abdomen, chest, feeling of weight above ensiform, on rising, mornings 11 to 12, all day; worse after eating. Heavy, fulness, worse from eating a little; desire strong tasting food, eggs, fried eggs, alcohol, beer, which relieved goneness. Aversion to bread and butter, persistent for weeks (usually fond of it). (Marked in *nat. mur.*) Eructations frequent, tasteless, regurgitations.

ABDOMEN.—Flatulence, especially after dinner, after eating evenings; with rumbling, with colic, must loosen clothing; with urging to stool; colic lower abdomen; sharp, cutting, left hypochondrium, left iliac; worse lying on abdomen, better lying on back.

ANUS.—Pain, distressing, burning, contracting, feel as if awakening from a troubled dream; sticking, as from splinter, on walking; sore, raw, desire to retract on waking; itching, aggravated by scratching, burning; urging to stool, must bring will to bear to prevent, without result.

STOOL.—Diarrhea, colicky pains before morning, after rising. Afraid to pass flatus. Watery, yellow, brown, profuse gushing, painless, mushy; sensation as if much remained behind.

The entire digestive tract is involved. Most of the symptoms appeared after the 30th day and were reported by Corson. There was a general uniformity of symptoms with all the provers. Pains increased with continuance of proving and with higher potencies. As was stated in the prelude, no test was made to determine effects from use of milk, sugar, or fats. The soreness of anus is marked at close of proving, showing secondary instead of primary action.

URINARY ORGANS.—Burning during micturition, itching at

meatus. Micturition, frequent desire, bladder seems incapable of expelling contents; straining before urine starts and at finish. must wait long time before it starts; urine increased and pale.

Only four give any urinary symptoms, but practically all gave sensation of distended bladder,, which was not relieved by efforts to urinate. Would seem as though pressure came from gas in lower abdomen.

SEXUAL, MALE.—Erections almost every night, dull drawing pain of left testicle and cord; great sexual excitement; emissoins from almost every prover some hours after coitus, unconscious, with vivid dreams.

FEMALE.—Menstruation early, five days, three days (always regular before); feet icy cold by day, burning at night in bed. Flow pale (dark in health); desire to take long breath, as if room were too close. Headache over left eye one day. After, trembling about heart, worse going up stairs; headache every afternoon, over right or left eye. Sleep restless, tossing from side to side. The proving in this sphere seems to give the key to this remedy. Referring to all the preceding symptoms, they fit in with a picture of nervous exhaustion following sexual excesses. One prover was under treatment for eighteen months before all the effects from this proving were removed.

RESPIRATORY ORGANS.—Cough, tickling, throat, dry; soreness, intercostal muscles, cartilage 4th to 6th ribs as if bruised, spot as if drawn; when sitting erect, moving arms, deep breathing. Pain through chest to shoulders and side, to stomach, through right clavicle to stomach (intense); burning deep in chest as if torn in two, 4th to 6th cartilage, lower sternum.

HEART.—Palpitation with every strange sound, starts on walking up stairs. Pulse felt all over the body when lying; quick, jerking, before breakfast.

UPPER EXTREMITIES.—Pain drawing hands, feet, wrists, shoulder, deltoid. Cramping left wrist, extending down dorsum of hand to fingers; darting left finger points, sharp, like a needle, right middle finger; gouty, little finger, both hands. Weakness left arm, "gone," tired, must let them drop; right arm heavy, feels nervous; numbness, as if paralyzed, right wrist, left ankle, right arm, fingers, during and after p. m.

LOWER EXTREMITIES.—Pain in big toe joints; as they get better pain goes to heart, ball of left foot when walking, sharp, cutting, through middle of instep to toe, knees; aching along shins while walking; dull, boring, left thigh and knee, right thigh (very severe). Stiffness, hamstrings, on attempting to move, kicks out to limber up; calves sensation as if pulled tight, as if tightly bandaged. Weakness when standing, sudden giving way when walking, as though paralyzed, unsteady gait; heaviness from knees down, mornings on rising.

SKIN.—Itching, relieved by scratching, followed by burning; worse after getting warm in bed, with elevations like hives; burning, stinging lump like hives on finger, aggravated by rubbing; pimples, like flea bits, vesicles, joints, knees, elbows.

A Proving. *Crataegus Oxyacantha*.—This drug, like a number of other very valuable remedies, has been developed by our brothers, the eclectics. As far as the writer has been able to learn only fragmentary reports of provings have been placed in print, and the later editions of our materia medicas only give clinical reports of the value of the drug.

We are here reporting a test made upon two provers. The provers were placed upon a special diet at the University Homœopathic Hospital, where all foods, which in themselves would tend to produce untoward symptoms, were eliminated. Secrecy as to the name of the drug was kept, and each dose was given by a nurse delegated for that purpose, who also made careful records.

Aside from the regular physical examination of the prover, owing to the special action of the drug on the heart, a pulse tracing was made daily during the proving and the pulse rate noted particularly.

The physical examination of the provers follows: Prover No. I, male, age 21, student, nationality, American; not married. His father died of heart disease; his mother is living and well, and he has one brother and two sisters who are well. There is no hereditary predisposition to any disease. Temperament, sanguine; constitution, good. Height, 5 ft. 10½ in.; weight, 150 lbs. General physical appearance rugged. Bust measure, 36¼ in.; respiratory excursion, 4¾ in. Respiratory organs normal. Heart's action strong and regular but a little fast, 84 per minute. Prover smokes moderately and drinks coffee. Examination of urine: Color, amber; odor, characteristic; sp. gr., 1.032; total solids, 74.5 grams per 1,000 c. c.; urea, 27 grams per 1,000 c. c.; reaction, acid; carbonates present. Microscopical examination, negative.

Prover No. II, male, age 23, student, American, single. His father is living and well; his mother died at thirty-four at the time of birth of a child. He has four sisters living and well. There is no hereditary predisposition to disease, and he is of a strong constitution. Prover has had typhoid fever. Height, 6 ft., and weight, 155 lbs. In appearance he is tall and slender. Bust measure, 34 in.; respiratory excursion, 5 in. Heart's action is strong and regular but rapid, being about 88 per minute at time of examination, which subsequently proved to be abnormally fast. Prover wears glasses for astigmatism; there being no sight in the left eye. Prover smokes a good deal and uses coffee. Examination of urine: Color, amber; odor, characteristic; sp. gr., 1.024; total solids per 1,000 c. c., 55.92 grams; reaction, strongly acid; urea, 38 grams per 1,000 (high). Microscopical examination, negative.

Crataegus oxyacantha is of the natural order—Rosaciæ—common name, Hawthorn, and is found in Europe and North America. The tincture is prepared from the fruit.

The drug was started on December 1st, and continued for fourteen days. For the first four days the 3x preparation was administered, two discs every hour, then 2x in the same way for two days, and for the remainder of the proving the tincture was given. For two days five discs every hour of the tincture were given,

then increased to every one-half hour; the drug was then administered in liquid form in water. Thirty drops of the tincture in water were given four times a day, and finally forty drops for four doses, two hours, apart were administered.

Under the administration of the 3x and 2x preparations no symptoms appeared. The pulse tracings were taken daily with no evidences of change in character or rate. The effect of the drug became apparent when the tincture was given. On the second evening of the administration of the tincture in five drop doses, every hour, prover No. II noticed attacks of dizziness, which came on only to remain for a few minutes and then pass off, and at the same time the pulse rate became lower with no apparent change in the character of the pulse, as shown by the tracing. Prover No. I experienced no dizziness, but the pulse became slower and firm.

It seemed advisable to increase the size of the dose and allow a longer period to intervene between administrations of the drugs. A marked decrease in the rate of the pulse was noted by both provers. This symptom came on in the evening, and provers suffered from lack of air so much as to make it necessary to open the windows. The pulse rate became as low as 56 per minute and much weakened. A pulse tracing could not be taken at that time, but undoubtedly would have been of value.

Examination of the urine showed no deviation from the normal, and the blood examination was negative.

From the two provings made it would seem that the action of *cratægus oxyacanthus* is exerted almost entirely on the heart muscle, and may be compared with *digitalis*, *strophanthus* and *adonis vernalis* (the last named was proved in hospital last year). The action of *cratægus* is less powerful than *digitalis* or *strophanthus*, and is much more prolonged in its effect than *adonis vernalis*, which exerts its action through the nerves. It would seem to be best indicated in subacute or chronic heart cases where the effect **upon the heart muscle is desired**. The dangers attending its administration, as a palliative, do not appear great.—CLAUDE A. BURRETT, PH.B., M.D., *University Homœopathic Observer*.

Bromides.—The following, taken from an article in *The Eclectic Review*, is of interest to homœopathic physicians. Provings of *kali bromatum* will be found in Allen's Encyclopedia, Hering's Guiding Symptoms, Hering's Condensed Materia Medica, Clarke's Dictionary of Materia Medica, Allen's Handbook of Materia Medica and others.

"The patient of A. S. Sparks was a woman of 35 years, in the last month of pregnancy. She suffered from facial neuralgia and was ordered the remedy in question, but on her own responsibility greatly increased the dose specified, consuming four and a half drams in less than twelve hours. When seen on the following day she was in a very drowsy and semicomatose condition. She could be aroused by speaking loudly to her and answered—apparently without understanding the question—in a hesitating and tremulous manner, but was unable to express herself intelligently on

account of aphasia. This was extremely well marked, and but for the history and the absence of other symptoms would have strongly suggested a cerebral lesion. Thus the medicine was referred to as soup, pastry, as cushion, and so on. She seemed conscious that she was using the wrong word and after several repetitions of it would relapse into silence. Left to herself she passed at once into a semi-comatose state. The respirations were deep, regular, and slightly stertorous, but not slower than normal. The pupils were normal in size and reacted well to light and to accommodation. The pulse was 76, quite regular, and of good volume and tension. The fetal heart could be heard quite plainly. The knee jerks were exaggerated, and although the muscular movements were slow and feeble the patient was able to leave her bed without assistance and totter about the room. There was no anesthesia of the skin or mucous membranes and she took food readily and with apparent appetite. These conditions continued without any change for two days. On the third day the aphasia had begun to disappear, and by the end of the fourth day the patient was practically well. She had no recollection of what had happened during the first two days. No treatment was adopted except the administration of five-minim doses of liquor strychninae every four hours. Three weeks afterwards the patient gave birth to a vigorous male infant, the labor being rapid and uneventful."

Lecithin.—The phosphorized substance known as lecithin, and which occurs widely in the body and in plant tissues, has of late received considerable attention from writers on therapeutics. A French writer in substance says:

The dose usually employed by adults is from fifteen to thirty centigrams. A dose of fifteen centigrams may be continued for months if the patient does not eat too many eggs. With this dose, in connection with the superalimentation of the tuberculous, we frequently find the patient gaining four or five pounds a month. The author gives children proportionately larger doses than for adults. The effect of the overdose is most marked on the genitourinary organs, as if they were congested.

Duberge finds lecithin an excellent remedy for nervous diseases in which asthenic conditions are present, such as neurasthenia and feebleness following overfeeding. It is useful in anaphrodisia and ovarian insufficiency, also in chorea.

Lecithin is an excellent galactagog, increasing the secretion of milk and rendering it more nourishing.

Administered during pregnancy it may be useful to the fetus, preventing rickets. Lecithin may, however, be the cause of a serious increase of the size of the child, and may give rise to hemorrhages and abortion.

Lecithin is an excellent remedy in anemia, improving assimilation, combating lymphatism and anorexia, and especially nourishing the nervous system.

During convalescence, in diseases of the digestive organs or in cases where for some reason or other the patient can not be sufficiently nourished by ordinary means, lecithin added to the

diet or administered by intramuscular or hypodermic injections, is an excellent supplementary food and prevents emaciation.

Lecithin is an excellent preventive remedy for those who have a tendency to tuberculosis. It is also an excellent curative medication in this disease. It is an excellent nutriment; it improves assimilation and assists in taking care of the increased amount of food needed in these cases.

In the treatment of children lecithin is particularly useful in preventing and combating rickets, lymphatism and tuberculosis.

Lecithin is equally useful in cases of aged persons who are fed with difficulty, and also in cases of difficult or long convalescence.—*Eclectic Review*.

The reader is referred to the important paper upon Lecithin read by Dr. J. C. Fahnestock at the 1908 meeting of the A. I. H., at Kansas City.

Thuja.—Known as the *Arbor vitæ*—"The Tree of Life." A tincture made from the fresh twigs of this shrub furnishes one of the most important remedies in our materia medica. The drug was first proven by Hahnemann. His attention was called to it by a patient—a theological student who consulted Hahnemann. He complained of symptoms suggesting gonorrhœa; a thick purulent discharge from the urethra, with burning on voiding urine. There were small pimples, attended with itching, about the glans penis and some swelling of the parts. He stoutly denied any opportunity of contracting a specific disease. Hahnemann gave him a placebo, requesting a return in three days. He came back well. It was then learned that he had picked and chewed some leaves of the *Arbor vitæ* as he sauntered through a garden a few days previously. This led Hahnemann to investigate the properties of this substance. It was proven by several of the early homœopaths. It is one of the first remedies suggested to us when sycosis is recognized. However, it has other interesting actions on the system, especially upon the nervous system. The nervous phenomena may rest upon a sycotic basis, but they may also exist without the presence of any such taint. Grauvogl tells us of hydrogenoid constitution, in which the poison of gonorrhœa acts most virulently, and in which vaccination proves most injurious. Thuja is an antidote for both these conditions, particularly after vaccination if diarrhœa results and the vaccine pustules are very large. It was on account of these symptoms that Boenninghusen recommended thuja in variola. He gave it as soon as the vesicles began to turn into pustules, and he thereby prevented scarring. He also saved a life by noting that uncovered parts only were covered by sweat, when thuja dispersed all evidences of the existing disease.

The thuja patient exhibits a hurried, impatient manner, talks hurriedly. His movements are unnaturally active. His temper is easily aroused. Trifles make him angry, depressed, sad, irritable. Music causes weeping. Discontentment, loathing of life. There is a form of insanity or mania where the patient has fixed ideas. One is that he is made of some brittle substance and he avoids personal contact lest he should be broken. Another has sensation of living

child in her abdomen and it has produced favorable results in cases of pseudocystitis.

This remedy is most commonly known as an agent for skin eruptions or warts. Here, as in other conditions, individualization is necessary. Thuja cases have fine prickings, as if from needles in the skin. Acne appearing at puberty on forehead often calls for it because of this sensation—violent itching, stitching in the warts—seeded, pointed warts. A red tubercle is also characteristic of thuja. Soreness of condylomata about the anus distinguishes this from some other remedies. Moist fissure about the anus, without the aching of bones found under nitric acid. Cauliflower excrescences of the os uteri have been benefited by local application, added to the action of internal remedies. A recent case where warts appeared about the vulva soon after marriage fully recovered by the use of thuja. Several years since a patient came in for treatment having a large, brown, painful wart on the third toe. Skillful surgeons had pronounced amputation of the toe her only chance of cure. Thuja 30th and 200th, with thuja cerate locally, in a few weeks left a smooth surface.

Thuja will change the soil on which the poison grows by altering the syctic constitution. This is true in cases of anemia attended by amenorrhœa. It has helped me wonderfully in many a trying case.

Thuja, followed by kali carb., is more certain than iron or other crude drugs often administered. It is also valuable in persistent sleeplessness, whether the patient is an infant with marasmus or a banker burdened with financial cares. Another very common indication of a syctic taint, and which is helped by thuja, is decay at the root of the teeth, the crown being apparently normal. The teeth become a dirty yellow. Small, white vesicles on the tongue; tip of tongue painfully sore. Soreness of all ulcerations, painfully sore fissure in wing of the nose. After severe headaches in forehead and temples the hair becomes remarkably hard and dry and falls out.

My experience has been with this remedy in the 30th or higher, and locally with non-alcoholic tinctures, cerates or gelatine wafers.—Millie J. Chapman, M.D.

Clinical Verification.—The road to wisdom passes through the wilderness of experience. It is obstructed by mountains, angles and rough places, which hinder the traveller from making a rapid journey. Previous to departure a thorough information may have been obtained relative to the distance and impediments liable to be encountered, yet it will require a practical test to obtain a perfect knowledge of the difficulties to be overcome. It matters not how well a mind may be trained in the theory of knowledge, the understanding can make no complete inventory of the information until it has been verified by experience. A knowledge of drug pathogenesis is requisite for logical application, but experience, even though it teaches slowly and sometimes at the expense of mistakes, will prove the better guide to the solution of the problems encountered by physicians in the performance of professional work. The proving of drugs on the healthy system is a distinct feature of

homœopathy, and a record of symptoms thus obtained is the first essential to intelligent application. The great commonwealth of humanity owe a debt of gratitude to the great army of drug provers for the production of a scientific *materia medica*, surpassing all others produced by methods entirely different in principle and obtained from sources so unreliable that an intelligent application cannot be made for the relief of suffering humanity. It is a rare occurrence to find physicians practicing methods other than homœopathic make similar prescriptions, because they are not able after repeated application to clinically verify the action of drugs. The homœopathic physician on the other hand can depend on his *materia medica* to meet the requirements of his profession, and his judgment will accord with others of the same school of medicine. To prove drugs individually would be a laborious task and not necessary, except when new drugs are to be introduced. The older drugs have been so thoroughly proven that a repetition would be unnecessary. But for a thorough understanding to gain greater confidence in prescribing the clinical effect of each drug should be closely studied, the action whether favorable or unfavorable carefully recorded, then the symptoms which stand the test of clinical investigation after repeated verification can be marked as reliable. It is clinical investigation that has eliminated many of the spurious symptoms credited to drugs, which were due no doubt to nothing more than some peculiar idiosyncrasy of the prover. It is a noted fact that physicians of other schools prescribe according to the law of homœopathy. They may do so after a study of our *materia medica*, but the great majority of them base their prescriptions on so-called new discoveries in the science of medicine and give no credit to the source from which they obtained their knowledge. They evidently possess some knowledge of homœopathic drug action, which they verify by clinical experience. Another matter which not infrequently embarrasses the mind of the physician, especially the beginner, is the question of attenuation, dose and frequency of repetition. These are questions which must be settled by the individual practitioner and thereby cause a diversity of opinion, only to be decided by the experience of the individual. In order to be thorough and practical the investigation must be confined to the single drug. Many compound formulas recommended for various diseased conditions are prepared by pharmacists, and they make very good shotgun prescriptions, the results of which cannot be verified on account of the uncertainty of their action. A mixture of drugs may prove satisfactory, providing it contains one remedy meeting the requirements of the disease, but a continued use of it will give a negative verification. A compound of *pulsatilla*, *viburnum* and *caulophyllum* may be prescribed for delayed, scanty and painful menstruation, and will produce favorable results if the condition corresponds to the pathogenesis of one of these remedies. The question is, ~~then, which one produced the result.~~ The symptoms ~~given~~ are the same under each drug, and yet only one of them will be indicated, because the symptoms are not sufficient to discriminate one from the other. A *pulsatilla* case is not a *viburnum* case, neither is a *viburnum* case a *caulophyllum* case. It is not the

disease, but the symptoms produced by the disease, which demands the careful selection of the remedy. Any remedy may be required for a diseased condition, providing the symptoms indicate its application. The symptoms of arsenicum, such as extreme prostration, restlessness and red tongue, belong to several diseased conditions, and would indicate the remedy regardless of the disease. This is a fact clearly demonstrated by clinical verification. It is not our purpose to assert that every symptom which has not been verified by individual experience should be excluded as unreliable. The object of clinical verification is to test the genuineness of the symptoms to the satisfaction of the observer, who will not rest satisfied until he has practically demonstrated the knowledge obtained from the study of drug pathogenesis. Knowledge will profit us little if we have not the ability to apply it. A knowledge of homœopathy will not make a homœopath unless a proper application is made of it. A thorough knowledge of drug pathogenesis verified by practical experience greatly enriches our fund of information.—J. W. DeHoff, M.D.

Clinical Case.—To relieve an apparently simple cough is not always an easy matter. Occasionally the use of the repertory is required in ferreting out the necessary remedy. Mrs. R. complained of a dry cough from tickling in the left side of the throat (pharynx), which caused gagging, together with a scraping rawness in the chest, worse on the left side. The cough was aggravated from 5:30 to 7 a. m., 7 to 8 p. m., and 1 to 2 a. m., and from coughing which caused gagging. The cough seemed better in the cool open air. Choosing the striking, peculiar or uncommon symptoms the rubric "gagging from coughing" was first selected. This is found in Kent's Repertory on page 493, under Stomach, and gives the following: Bry., calc., carbo veg., caust., cinch., cimx., cina, coc. c., cupr., ferr., hell., kali c., lach., lyssin, merc. c., sanicula, sepia. The fact that the cough was a dry one was next chosen and this rubric is found on page 762 under cough. Eliminating those remedies which do not occur under the first rubric as well or which do not increase in value, the list of possible remedies is quickly reduced to the following: BRY., calc., carbo veg., caust., cina, coc. c., LACH. Selecting now the symptoms "rawness in the chest from coughing," which is found on page 834 under chest, and again eliminating, four remedies are left, calc, carbo veg., caust., and coc. c. Selecting now the important symptom, "cough better in the open air" on page 757 under the rubric cough, air by elimination COCCUS CACTI is arrived at. This remedy relieved promptly.

Guaiaecum.—Violent and constant stitches in the throat from larynx to left clavicle; violent, spasmodic inflammatory action of air passages, especially the larynx, with such violent palpitation of the heart as to cause suffocation.

Iodium.—Itching in the lungs, low down and extending upward through trachea to nasal cavity; the itching in the end of the nose is the signal for the cough to begin.

Medical and Surgical Review

Conducted by - - - WALTER SANDS MILLS, A.B., M.D.

Evacuation of the Uterus in Eclampsia.—Fry, in the *Journal of the American Medical Association*, reports sixteen cases operated on with one maternal death. Five of the children survived. Vaginal Caesarian section was done twelve times, manual dilatation and forceps delivery twice, the same with incisions once, symphyseotomy and forceps once. This is surely a good record. Ten of the patients had had more than three convulsions.

Tuberculin Treatment.—E. L. Trudeau considers neither the vaccination nor the toxin immunization theories of the tuberculin treatment of tuberculosis entirely satisfactory, owing to our, as yet, imperfect knowledge of the mechanism of tuberculous infection, and especially of acquired and artificial immunity. If we must have a working theory, however, and must decide between the two, he prefers for the present to hold to the conception of an immunity that is principally at least antitoxic as produced by the treatment, and to consider tuberculin habituation its essential feature and the best guide to dosage. This does not lead us to expect too much, and is, he thinks, more in accord with what we observe clinically as the result of treatment, and explains its very evident limitations. It is in accord, also, with experimental facts showing that only vaccinations with living cultures produce any real immunity, and not those with dead germs or chemical products derived from cultures. Accepting thus the toxin immunization conception as the guide to treatment, instead of measuring the degree of a questionable antibacterial immunity by the opsonic index, or attempting to produce it more empirically by a series of moderate reactions, the severity of which we can not in any way control, the main features of treatment, he says, would be: 1. To raise the degree of tolerance to tuberculin to the highest point attainable in each case by an almost imperceptible and long-continued progression in dosage. 2. To avoid general and focal reactions as much as possible and to consider them as merely evidences of intolerance. 3. To follow no fixed rule as to the rate of increase or maximum dose to be reached, but to be guided only by the degree of toxin tolerance of each case as shown by the symptoms and general condition, whether the highest dose attainable be only a small fraction of a milligram or a cubic centimeter or more.—(Abstract from *Journal of the American Medical Association*, in *Medical Record*.)

Danger in Ignorance. Some Laws of Health.—(*The Post-Graduate*.)—In the treatment of dispensary patients suffering from genito-urinary disorders, individuals are frequently met who have erroneous ideas regarding matters relating to sex. Such ignorance, which has been handed down from parent to child, often results in serious and far-reaching harm. In order to correct in some measure this unfortunate state of affairs, the following common sense

rules have been printed in leaflet form. An effort has been made to present each idea clearly and in language simple enough for the average individual easily to comprehend. This system of gradually educating the public in venereal prophylaxis is, in the opinion of the author of the leaflet, the most rational one. While results may not immediately be seen, dense ignorance and prejudice will, in time, give way to enlightenment on a subject so little understood.

LEAFLET NO. III.

1. Sexual relations are not necessary to keep healthy manhood.

2. If not made use of, the power does not become less.

3. In boys and young men, growth of mind and body progresses better without this relation.

4. The danger of serious disease is always great and cannot be avoided outside of marriage.

5. If disease is contracted, it often does permanent harm, not only to the man but to his future wife and children.

6. A man or woman may be badly diseased and not know it.

7. To avoid these dangers, physical exercise in gymnasium and out of doors gives healthy relief.

8. In those men not living an active sexual life, seminal emissions (wet dreams) each week or two are natural and can do no harm.

9. To avoid sexual thoughts, train the mind by reading and studying clean books.

10. Avoid drinking, obscene pictures and vulgar stories. Smoking in moderation is beneficial. Choose companions who respect womanhood.

11. By following the preceding common sense laws, the man will remain strong sexually, keep his body clean and promote his own happiness and the happiness of others.

Flies.—The Medical Press calls attention to the war against living flies as carriers of disease germs, and adds that the systematic examination of dead flies might be interesting, whereupon it drops into scripture, and says, "More than two thousand years ago it was written, 'Dead flies in the ointment pot of the apothecary cause a stinking savor,' (Ecclesiastes, chapter X, verse 1)."

Plague Disinfection.—Gloster and Glen-Liston report to the Sanitary Commissioner of India (*Journal of Tropical Medicine and Hygiene*) on the need of disinfection in plague. They state that rat fleas are not universally believed to be the sole source of infection, and that the excreta contain the plague bacillus. They are therefore of opinion that attention should be devoted to thorough disinfection, and that the extermination of rats alone is not sufficient to prevent the spread of the disease.

Carbon Dioxide Snow in Skin Affections.—Drs. Heidingsfeld and Ihle, of Cincinnati, have a paper in the *Lancet-Clinic* on the above topic which they summarize as follows:

"Carbon dioxide snow, is specially well adapted for the removal of pigmented and selected types of vascular nevi. It is not particularly efficacious in removing tattoo marks, and possesses a doubtful

and, in our experience, rather a negative value in the successful treatment and permanent cure of lupus erythematosus.

"It commends itself for certain forms of senile keratoses and degenerations of the skin. It is still a remedy of too tentative a character to commend itself as the method of choice in epitheliomata, common and venereal warts, lupus vulgaris, leucoplakia, lichen planus, and a host of other cutaneous affections, as previously suggested and intimated.

"Carbon dioxide snow, however, is an agent that commends itself to every dermatologist as a therapeutic agent of unquestioned merit, worthy of an indispensable place in dermatologic practice."

Disease Carriers.—It has been known for several years that a patient recovered from typhoid fever may still carry the typhoid bacillus in his digestive tract and so continue to be a source of infection for an indefinite time, possibly years. A case of diphtheria in a nurse girl is reported by Strain in the *Lancet*, Oct. 17, 1908, who carried the Klebs-Loeffler bacillus for nine months after recovery, and infected children under her care.

Early Diagnosis of Syphilis.—Geraghty, in *Johns Hopkins Bulletin*, says the spirochaeta pallida can usually be found in a few minutes in primary sores. The spirochaeta were found in a number of sores that did not resemble cancers, cases which subsequent development proved to be syphilitic.

"Technique.—Sore thoroughly cleaned with soap and water and surface rubbed with piece of gauze until small bleeding points appear. Firm pressure between thumb and finger until bleeding stops and almost clear serum exudes. A clean slide then rapidly swept across exuding serum.

"Cleansing is necessary to eliminate as far as possible *s. refrigens*, which is a surface grower, while *s. pallida* is a true parasite and lies more deeply in the living tissue.

"In earlier work the Giemsa stain was used, fixing smears in absolute alcohol for twenty minutes, then staining from twelve to eighteen hours. At present the Hastings stain is used, the slides being air-dried and covered completely with stain; after one minute distilled water is added and staining continued for five minutes, then washed in running water and dried. *S. pallida* are stained faint blue, while *s. refrigens* are stained deep blue.

"Results.—In all about 150 cases were examined, of which 30 were syphilitic. Of these 30 cases, in 27 the *s. pallida* were demonstrated in smears from the primary lesions. Where primary lesions have begun healing it is difficult to demonstrate the spirochaeta."

U. S. Public Health Service.—The public health service of the United States under the Surgeon-General maintains twenty-one hospitals and 141 relief stations for American seamen, forty-three quarantine stations and the hygienic laboratory at Washington. In the service are about 130 medical men. The service has its roll of honor testifying to achievements more glorious than those that are the boast of the army and navy.

In the discovery and application of the methods of dealing with yellow fever that have practically abolished that scourge,

nineteen members of the corps fell victims while combating the disease and seven of them died; eleven have contracted tuberculosis in combating the great white plague, and three of these are dead; smallpox left its marks upon two of the corps, who were among the leaders in the gallant fight that has about exterminated that pest.

In its recent study of the milk problem that led to the famous bulletin 41, "Milk and Its Relation to the Public Health," four fell victims of typhoid fever, two of them by their deaths sealing the witness of their exposure to the perils of raw milk and their warning that the milk supplies should be pasteurized in order to prevent the milk carrying the infections of typhoid and scarlet fevers, diphtheria and tuberculosis.

Four other members of the corps contracted tropical dysentery in line of duty.

So literally true is it that the members of the public health service take their lives in their hands in the performance of their daily duties, that the insurance companies, with two or three exceptions, refuse to insure members of the corps, and the number of applicants for positions in this service has fallen in twelve years from forty-two a year to seven.

Yet last year, when Congress raised the pay of the other medical corps—of the army, navy and revenue cutter service—the public health service was passed over, the salaries remaining at the low level of 1889 in the face of the great increase of 36 per cent. in the cost of living.

With the certain knowledge that they are courting death, these men are bravely doing the pioneer work of protecting the public from disease and are making epidemics more and more infrequent by their dangerous investigations and by their gallant services whenever outbreaks do occur. But a bill that would distribute the comparative trifle of \$50,000 among 128 men in salary increases was allowed to fail of passage.

United States Navy Medical Corps.—Surgeon-General P. M. Rixey says:

We have eighteen general hospitals, many of them new and all of them either perfected in organization and construction to comply with the latest requirements of up-to-date methods or being remodeled and rebuilt to meet all these requirements. In this work it is the present intention to have each institution to conform to a general plan which shall make each hospital complete in itself, with provisions for every type of case, with efficient and ample laboratory facilities under the direction of competent and enthusiastic workers; with model operating-rooms complete in all details; with disinfecting plants, laundries, kitchens, store-rooms and spacious and comfortable modern wards for the care of the sick men and officers.

These large hospitals are situated at the important naval stations in this country and at various naval bases in our foreign possessions. It must be remembered also that these institutions are

entirely under the direction and supervision of medical officers; we have no civilian superintendents or purveyors as most civil hospitals have. This condition, therefore, calls for medical men of the highest ability in the work of hospital organization as well as professional skill, and adds much to the arduous duties of these institutions. A carefully conducted hospital requires the constant care and watchfulness of four to six medical officers. This one item of general hospitals, widely separated, comprises more institutions of this kind than are found under the charge of any one body in the largest municipal communities and should give you an idea of the extensive experience to be obtained in hospital work.

If, now, you will realize that each large battleship of to-day has a complement of from 700 to 1,000 men and is fitted with facilities for the care of the sick, consisting of a ward of from 20 to 30 beds, with a complete operating room, a contagious ward, baths, dispensaries, offices and facilities for practical laboratory work; with a complement of two or three medical officers, a skilled druggist known as a hospital steward, and six to eight nurses, you will see that each battleship presents facilities for the care of the sick and wounded fully equal to a small army post hospital. These ships, as regards the quarters for the sick, are splendidly equipped, and few civilian practitioners have an outfit with anything like the facilities furnished the naval medical officer for his work aboard ship. The average expense of fitting and equipping such sick quarters is not far from \$20,000 apiece.

In connection with this central and permanent station, we are now making provision for at least one operating and dressing room, which is fully protected, for use in battle, and fitted with ample dressings, hot and cold water, and equipment for all work to be expected in time of battle; also, in addition to this central station for action, at least two dressing stations are provided. So that you see we may reasonably consider each battleship as equivalent to an additional small hospital, thus raising the number of hospital factors in this class to about forty, and steadily growing.—*Journal of Medical Society of the State of New Jersey.*

Department of Physical Therapeutics

Conducted by - - - WILLIAM H. DIEFFENBACH, M.D.

INTERMITTENT X-RAY OR X-RAY FLASHES.

Before the N. Y. Physico-Therapeutic Society (March 12, 1909), Dr. Finley R. Cook demonstrated and explained his technic of X-ray flashes. Dr. Cook's article in *Medical Record* Nov. 14, 1908, on the subject has attracted universal attention to this new technic and Dr. Cook's claims, especially in ophthalmic practice, have been so ably verified with clinical data that it becomes impera-

tive to investigate this new treatment for those who use the rays in their practice. Heretofore the Roentgen or x-ray has been used as a continuous ray applied for a short or long period 3 or 5-20 minutes in bi-weekly, weekly or monthly treatments, depending on the time of exposure, and the results which were secured were due to the degenerative action of the ray. Experiments on animals have clearly proven the point that cell degeneration is induced by Roentgen ray bombardment—this degeneration attacks healthy as well as morbid cells and if vital resistance is present inflammatory changes with scar tissue formation in the region attacked will supervene. If the reparative process is disturbed by continued raying the familiar aspect of further degeneration or an x-ray ulcer is noted.

Dr. Cook maintains that by using the Roentgen ray from a hard tube, backed up by an amperage of 15-20 and intermitting the ray from sixty to six hundred times a minute, the tube being about 12 inches distant from the lesion treated, regeneration can be induced in tissues even if atrophy and partial degeneration is present. He explains the *modus operandi* by asserting that every physical agent produces primarily contraction followed by dilatation and increased cell action. If sufficient time elapses for this stimulation to go on rhythmically or regularly, improvement in the tissues treated will supervene. The bombardment with Roentgen rays constitutes one of the most powerful agents for such action and reaction. If the bombardment is continuous inhibition and degeneration is secured; if the bombardment is intermittent with sufficient rest for reaction, hyperemia of the most profound kind with local cell and tissue regeneration is induced. Dr. Cook cited cases of optic nerve atrophy and detachment of the retina of many years standing in which sight was restored by these flashes. Arteriosclerosis is benefitted, varicose veins and hemorrhoids cured. He also claims to cure epithelioma much more rapidly with the flashes than with the continuous Roentgen-ray and cited a case of general carcinosis following several operative measures which was cured with the flashes although the attending physicians had abandoned the case and had resorted to morphine for euthanasia.

Dr. Cook's statements have a piscatory flavor, but he backs them up with the clinical data and his ophthalmic cases have been examined and reexamined by competent oculists. Physicians whose breadth of view permit them to perceive the virtues of homœopathy need not be ultra conservative or oversceptical in investigating Dr. Cook's claims for this new technic of the Roentgen-ray. If the claims made for it are corroborated by increased clinical experience it will be found that it is merely one of the many verifications of the law of similars which are being unearthed in physical therapeutics every year. We know of the inhibitive and analgesic action of continuous cold applications in hydrotherapy and nothing is as well proven as the stimulating action of cold applications given for a short period or intermittently. The same law or principle applies to heat and the various manifestations of electricity—why not the Roentgen ray?

Arterio-Sclerosis.—The treatment of arterio-sclerosis by means of high frequency currents is steadily gaining recognition among medical circles. The technic par excellence consists of auto-condensation by means of a well-constructed couch and the use of the D'Arsonval current 400-500 m. a. for 15 minutes every other day for the first week or two; subsequently when tension is reduced bi-weekly and weekly treatments are advised for a protracted period to retain the benefits achieved. The writer has constructed a couch composed of a double six-inch felt mattress which acts as a di-electric, the metallic field being placed *between* the felt mattresses and connected with one pole of the D'Arsonval current, the other pole being connected by means of a bifurcated metallic hand-electrode, or may be attached to a metal placque which is placed over the region of the solar plexus. In treating rectal conditions this couch is also useful, the bi-polar effect being readily secured.

Fulguration Sparks administered by the auto-condensation method are more efficacious than from the monopolar rheophore. Several cases of epithelioma treated through the medium of the couch responded favorably after six moderate fulguration treatments, repeated in weekly dosage.

Schwartz (Wiener Klinische Wochenschrift No. 38, 1908), gives a resume of 40 cases of Basedow's disease treated with Roentgen rays. After three months raying the results obtained were as follows:

- I. In all 40 cases improvement of nervous symptoms.
- II. In 36 cases diminution of the pulse rate.
- III. In 15 cases improvement of the ex-ophthalmos.
- IV. In 5 cases diminution of the goitre.
- V. In 26 cases increase in weight.

Compared with surgical treatment which has a mortality of 6-12%, the Roentgen treatment is painless, without danger and results are fairly satisfactory.

Bio-Roentgenography of Internal Organs.—Dr. Kaestle, Professor Rieder and J. Rosenthal M. E., have conjointly published a preliminary communication to *Muenchener Med. Wochenschrift*, Feb. 9, 1909, relative to kinematographic roentgenograms of the respiratory organs and of the stomach and intestines. The shadow of the heart during respiration was well shown, the changes in position of the ribs and diaphragm during one respiratory cycle was also demonstrated. The plates of the stomach were taken with the bismuth meal method and were exposed during inspiration and a short cessation of breathing. The peristalsis of the stomach especially at the pylorus shows a different picture from that usually described. At the lower end of the greater curvature marked constriction is noted which is gradually increased as it travels toward the pylorus. This region appears to be the most active in peristaltic action and appears to govern to a certain extent the movement of the rest of the organ. The writers believe that further study will show these studies to be of great value from a physiological as well as pathological aspect.

Hanau (*Zeitschrift fur phys. u. diact. Therapie*, XI, No. 3)

recommends dry cupping in neuralgia. He applies the cups every 2 or 3 days for 10 or 15 minutes over the affected area and claims to achieve good results in from 3 to 7 consecutive treatments.

V. Noorden (*Oestr. Aertzezeitung No. 23*) recommends moderate diaphoretic procedures in chronic nephritis. In cirrhosis of the kidney, however, this measure is contra-indicated. In acute exacerbations he insists on abstinence from food and liquids for one or two days. The prolonged warm bath is also of value in these cases. If the heart action is lagging cold or cool ablutions with active friction are beneficial.

Marques (*Archives D'Electricité Médicale Feb. 10, '09*) confirms the experiences of Professor Leduc with zinc ions in the treatment of baldness. In a case of alopecia treated by him which had resisted all previous treatment he claims to have succeeded in causing a new growth of hair with the following technic: The positive pole is well covered with gauze which is saturated with a ten per cent. solution of zinc chlorid; this electrode is placed over the bald spot, the negative upon an indifferent station—and 15 m. a. of current are applied for 30 minutes.

Immediately after the treatment, the parts treated became hyperemic, the surrounding tissue being blanched. Within twelve days small hairs appeared all over the surface treated, which had been bald for three years.

Guttmann (*Med. Klinik No. 45*) recommends the following exercises for "mouth-breathers." The child is induced to open and close the lips for a few minutes. The closed mouth is then puckered and breathing exercises indulged in with closed lips. The child is also instructed with closed mouth to imitate the growl of a bear or the droning of insects. This gives amusement to the child which readily lends itself to this exercise and thus develops the muscles of the mouth and pharynx. A small piece of wood or lead pencil is placed between the lips and the child is instructed to hold it in place, and the mother or nurse gently pulls on the pencil asking the child at the same time to resist. These exercises can be instituted in such a way as to make it playful for the child rather than a task, and eventually develop the faulty muscles. The exercises are indicated in all cases even after adenoids and tonsils have been removed.

Alwens (*Muenchener Med. Wochenschrift No. 1*) recommends salt free diet in tubercular peritonitis with ascites. He claims improvement in the ascites after 5-7 weeks and explains the action by asserting that the blood in order to keep up its status must seek NaCl and derives it from the ascitic fluid which incidentally is thus absorbed.

Degras (*Tribune Medical No. 44*) reports his experience with radium in pruritus, psoriasis, lichen and keratoses. With careful timing of reaction, pain and itching was promptly relieved and normal histological conditions of the skin were restored.

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Contributed Articles

THE PERSONAL EQUATION IN TUBERCULOSIS

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AT last the world is awakening to the perils of tuberculosis. It is realizing as never before the immensity of the problem and the possibility of its solution. The discovery of the tubercle bacillus, the plea for its exclusion, and the curative value of pure air and good food, are directions so definite as to appear unmistakable; they form an argument so plausible as to start a crusade. You have only to maintain quarantine against the bacilli, and to supply the victims of the disease with abundant nutriment and ozone, and consumption will be suppressed. This is the gist of the contention and the genius of the present anti-tuberculosis campaign.

Since the disease has been grappled with, however, the fact has been revealed that a struggle of the first magnitude has been entered upon; that the work of isolation is impossible, and that the cure of the affected is but partially successful. It is found that the microbes are established in the bodies of their victims before they are recognized; that their expulsion is the exception, and that the earlier the cure is attempted the more likely will be its success. Results of practice, therefore, have demanded not only the exclusion of the bacilli wherever possible, and stubborn resistance along the lines indicated, but some more effective remedy; some increment of power, that will enable us to master the disease. Experi-

ence has proved that the extinction of tuberculosis cannot be attained for a long time, and that every available aid will be required in the contest. That "tuberculosis can be eliminated from Philadelphia in six years," and "from the United States in forty years," is an evanescent dream.

In this dilemma questions obtrude: Have all of the factors of the problem had consideration; is the segregation of mankind from tubercle bacilli a possibility; would the disease become extinct if rigid exclusion were to be attempted by all? No. There are forms of tuberculosis not propagated by breathing; there are phases of the disease not amenable to isolation; there are elements in the complex more essential than after-treatment. The normal human being is mightier than the microbe. The champion antagonist is unimpaired life-force. If complete view be wanted, the camera must be focussed to show both sides of the battle.

Tubercle bacilli are harmless until they find a habitat. They must have soil or they cannot vegetate. There must be a debilitated organism on which to feed, or they will starve. Energetic organic function and tubercle do not associate. Because of this, millions of people cast them off before they make inroads. It has been shown at thousands of autopsies in Berlin, St. Petersburg, and elsewhere, that ninety per cent of all examined, and one hundred per cent of those examined over thirty years of age, had had some form of tuberculosis,—the healed tuberculosis lesions remaining as evidence. According to the figures a very large percentage of mankind is imperilled by tuberculosis; and this when least suspected. If only ten per cent. of the general mortality be due to tuberculosis, as the tables show, then the most of those infected succeed in defeating the bacilli.

It is known that tubercle microbes are practically universal; and that everybody, at one time or another is contaminated by them. They enter the system by inhalation; by ingestion; by way of wounds, cracks and abrasions; through mucous membranes and even through unpunctured skin without leaving a trace of their entrance. Since they are living and dying in all of us, usually without establishing perceptible foci, it must be that, ordinarily, they encounter a superior force and are hurled backward in the contest. But while all are infected by tuberculosis, and the disease is resisted in most cases, there are enough not able to resist to make consumption the giant scourge of the world.

If, now, it is only the vulnerable that contract the disease—only those having poor defense that succumb—it follows that ante-

cedent to every exhibition of tuberculosis there is a state of receptivity, of low resistance, and that tuberculosis invaders merely scale ramparts that are unmanned; or capture forts that are practically deserted. This is proved by the tuberculin reactions and by the opsonic index.

It is according to all experience that tuberculosis is contracted after a period of decline. There has been some kind of complaint, trivial or serious, that has caused progressive loss of weight or other sign of deep-seated trouble. Nature has been hampered in her operations and has been unable to free herself from some condition incompatible with good health. The enfeebled organism has lost its resistance, and is able neither to expel the invader nor to tolerate his presence without harm. These are the circumstances under which tubercle bacilli gain foot-hold, breed colonies, and make their abiding-place. Being always upon the scene, they utilize their opportunities and begin destruction of tissues the moment the defense weakens. Noiselessly and insidiously they take possession and before their presence is suspected, or proof of it can be furnished, they are firmly established. When the bacteriologist has decided and the diagnosis is announced, the troops of the enemy have been on the ground drilling and fortifying for a long time; so that the advantages of the situation are all on their side.

The diagnosis made, however, vigorous agencies are put in motion to avert the calamity. Pure air, good feeding, appropriate medication, change of climate, a sea voyage—anything and everything that can re-enforce the patient is pressed into service. Henceforth this tubercle-generator is an object of dread, of solicitude, of pathetic care with the odds against him. It is the fight of Robert Louis Stevenson over again, with, alas, too often the like fate! It is the old story of lost opportunity.

But little testimony will be required to prove that all partakers of consumption are individuals of low vitality; that they have been on a physical down-grade for indefinite periods and that every one of them has been a health-seeker before the installation of the microbe. Whether consumption is the cause or the consequence of the decline is a very important question; for upon its answer depends the rationale of the whole procedure.

It is contended at the outset that tuberculosis "is in the family," is, for the most part, hereditary; ergo, the calamity. But this argument is fallacious and has sealed the fate of millions, needlessly. The modicum of truth in heredity, so far as this question is concerned, has been exaggerated beyond all merit and to the immense

detriment of mankind. No parent ever transmitted consumption; no spermatozoon or ovum ever carried with it a tubercle microbe—thus implanting the disease at conception. The only thing that parents can convey with the gift of life are traits, aptitudes, predispositions. They may entail a feeble resistance—they may not endow their offspring with vigor—but this is all. The reception of the microbe is a separate event—the act of the individual himself; and is governed wholly by the state of the resistance.

This does not excuse the parent for giving to his child a poor resistance; for begetting him regardless of well-known ante-natal influences; or for neglecting to give attention to his physical needs as the months and years go by. With the fore-knowledge of weakened resistance, the problem is an open one from the beginning; to be solved by more intelligent prevision, finer culture of body and more favorable opportunities for the acquirement of energy than would be given ordinarily. Almost any life, regardless of inheritance, can be nurtured and safe-guarded and cultured most successfully. If freed from handicaps—debilitating conditions—and given a “square deal,” even the weaklings of the race can be developed into a more perfect physical excellence.

Realizing these facts, we are forced to change our tactics in dealing with tuberculosis. It is not with the bacilli that we need to be concerned, so much as the conditions that make them possible. The most important move in the contest, therefore, consists in taking an inventory of individual capability and thus in determining, as far as possible, the number of battle-units possessed. It consists in preparing for the inevitable struggle by so strengthening the defenses as to make the repulse both easy and certain. In other words, the needs of the prospective consumptive—and any individual may be that—must be heeded from the dawn of his life onward, if he is to be insured against the “White Plague” and other inimical forces with which he is doomed to cope.

Lest I be misunderstood, I wish to say that the present methods of tubercle-warfare should be utilized to the limit of their usefulness; but they should be regarded always as of secondary importance to the prior analysis of the patient's capability, and to the establishment within him of the ability to make successful resistance. Food, air, and other remedies, after the installation of the disease, cannot be compared, as measures of value, to the early recognition of tubercle-receptivity, and the steps called for to transform that weakness into valiant resistance. Precautions and physical reformations are considerations of the highest merit, and are called

for whenever the problem of tuberculosis is anticipated or is up for solution. Do not forget that prevention is more important than cure; and that no cure is as certain as that made possible by the removal of the causative conditions.

Is it sufficient, therefore, merely to exclude microbes in tuberculosis; to ever build more and larger places in which to incarcerate the rapidly increasing horde of bankrupts called "the insane," and to stand paralyzed and hopeless in the contemplation of cancer? Is it not obligatory upon us, rather, to get understanding concerning the foundation of human frailty; to learn the lesson that unimpaired life-force is the thing of greatest value in the good health contest, and to see to it that physical conditions favorable to the genesis of disease do not obtain?

Beginning at infancy with the candidate for consumption, and other types of chronic ailment as well, rigid scrutiny must be the watchword. Then, and always, such attention must be paid to the accomplishment of normal nutrition as shall insure the establishment and maintenance of the vigorous life. If you can install the robust individual you can solve the major portion of the health problems at one attempt. But this cannot be done in a day; it is the result of prolonged effort. The sturdy oak does not come up in a night, and the successful defender against the diseases of life is not the creature of spasmodic effort. Given the time to adolescence in such cultivation and pruning as every human life-tree requires, and the weak surrenders and so-called constitutional defects will be negligible. The soldier thus equipped will be capable of enduring the hardships of the campaign; the battle will not be essayed by cripples; the victory of the healthful life will be assured.

The problem of normal immunity is the problem of nutrition. Malnutrition is the foundation of disease. The natural performances of the alimentary canal as exhibited in the faultless assimilation of food is the basis of the healthful life. Whatever mars or hinders the process of growth and maintenance has to do at first hand with the discords known as disease. The baby that gains from a half pound to a pound per week is the baby that sleeps well, has happy life and is unacquainted with persistent nursery ills. The child with good appetite for all kinds of nutriment, and with a digestion that corresponds to it, is the prince of the household and the autocrat of health. The youth that progresses from such a childhood, pursuing the even tenor of normal development, is robust and physically competent. Not his the flat chest, the stoop and gait of old age, impaired functions, underweight, pallid countenance

and chronic ill-health before or after puberty. Per contra, he is the possessor of abundant life; he is at the head of the procession in athletics and youthful endeavor and is the certain winner of fully endowed manhood or womanhood. Having spent his years in the acquirement of bodily soundness and corporeal strength, he is provided with the ability to say "No" to the inimical things of life.

How many in this generation are thus furnished? How do the children, the youths and the adults answer to-day when the role is called? Let statistics answer: Fifty per cent. have gone into silence before the age of ten years; the death-rate during the next three decades of life is astonishingly heavy, and the number reaching fifty years of age is barely twenty per cent. of the beginners. This is appalling. If "it is the will of your Heavenly Father that not one of these little ones should perish," and that none shall die before the attainment of ripened age—before "three-score and ten"—there must be something very wrong in the present regime and it is time to find out what it is.

Barring accidents the foremost fact in the investigation is proof that early mortality is due to premature deficiency of life-force, and this, in turn, to nutritional difficulty. The baby cannot assimilate its mother's milk, or cow's milk, or any substitute out of scores offered. The stomach is inefficient, the digestive powers weakened and all grades of "itis" are imposed upon the nutritive canal. As life proceeds gastritis, gastro-enteritis, colitis, etc., are the primary ailments; while the lymphoid and so-called "scrofulous" and "constitutional" affections, in the guise of adenoids, tonsilitis, enlarged glands, hipjoint disease, rheumatism and the like, are secondary; but all of them are followers of impaired nutrition and tell of interference with normal cell-action—that cardinal life-exercise known as metabolism. The *asthenia universalis*, or general debility, present in all stages of tuberculosis and erroneously regarded as "hereditary," is the result of poor nutrition; it is the effect of deficient or bad assimilation of food. Almost always it means starvation, due to the undermining of nutritive function.

That the establishment of tuberculosis is secondary to embarrassments imposed upon the force-producing apparatus of the body, has been demonstrated so fully as to defy contradiction. The recognition that symptoms are effects and that they disappear when causes are removed, is the realization of the fact that the law of "cause and effect" is operative in vital physics, also; and that the question of causation is paramount in every illness. The insistence upon the answer to the question, "What is the cause of it?" and,

straightway, the elimination of that cause, is the solution of every health-problem—if worked early enough. Where vital forces are involved, long-continued disturbance leads to organic change; so that if organic disease is to be avoided and prompt cessation of effects is to be had, the removal of the interference must be effected at or near the beginning. If causation be neglected until effects become organic, the abatement of the primary disturbance will be a remedy of lessened efficiency. It must not be forgotten, in this connection, that an irritant of the sympathetic nervous system in commission for a long time may become responsible for a great variety of expressions, some of which in the prolonged stress may acquire importance on their own account, in which case no attention or treatment would be complete that did not include the reflexes as well as the cause direct.

After ample study of the problem of malnutrition it has been learned that, ordinarily, the primary difficulty is with the digestive system itself, that all human beings are victims of an alimentary canal handicap, and that each one, to a greater or less extent, pays tribute to it.

No branch of science has been more profoundly affected by the discovery of the law of evolution than that pertaining to the creation and physical welfare of man. The human anatomy is subject to development change; that progression is made through gradation from lower to higher forms; that each part of the body is the representative of a long series of adaptations to successive demands in the march of development, and that slow transformation through the ages has perfected the animal body to the present time, is knowledge accepted by all students of biology. The changes in anatomy in progress as shown by segments of the body now found to be in a crippled state, both as to form and function, are proofs of evolution that are beyond controversy.

The revolution occasioned by the teaching of evolution in other lines of thought, theology for instance, is paralleled to-day by the furore experienced in the medical profession. The protest and incredulity manifested by practitioners and laymen alike, when the teaching of evolution is put to service in the rectifications of human ailments, is remarkable because of its futility. For here is a key that unlocks a vast amount of knowledge concerning the causation of disease that has hitherto borne the label "mysterious" or "unknown." It opens the door to a chamber of life's discords, and explain facts pertaining thereto which until this day have remained unguessed riddles. While this advancement in knowledge is not the

only source of illumination for our be-clouded problems, it is explanatory of so much mystery as to challenge the utmost investigation.

What this stupendous evolutionary fact means to you and to me is of the greatest consequence. If it be true that every one is born with his digestive tube handicapped by a segment of decadent bowel, that the appendix to the colon is not only undergoing metamorphosis, but is a positive menace to the security of healthful life, and that all morbid influences of other kinds combined are overbalanced by this malinfluence at work in the nutritive domain from birth time onward, it follows that no laboratory topic or therapeutic question can rank with it for a moment; that a discovery of the first magnitude has been made, and that no event in personal evolution from primal cell to mature structure can work more certain good to individual welfare than the removal of the said mischievous and superfluous segment.

Reference has been made to the frightful mortality in the first decade of life, and to the waste of energy and decline of battle-power precedent to sickness, and especially to all long-lasting sickness. It remains now to trace the relationship of faulty anatomy to defective health. This can be done in no better way than by the study of the subject in the concrete; it is a matter of experience; it is the tabulation of practical observations until the testimony is preponderant. It is the discovery of truth by induction and the verification of the same through much experimental finding. It is a question of reason and analysis; not only during the continuance of the handicap, but after its dismissal—inasmuch as the one proves the other.

Is it consonant with the facts that the inability to utilize appropriate food, the bad metabolism encountered in the nursery and throughout life, is the basis of nutritional interference; and that the latter is the first departure from the normal standard in all morbid expression? Do you know it from observation that stomach disturbances are at the bottom of most of the nursery ills; and that whatever experience is had with consumption, in particular, and a host of other ailments, is dependent upon a history of malnutrition? The poor resistance shown in liability to colds, croup, adenoids, bilious attacks, convulsions, wasting diseases and the like, is secondary to faulty thriving and poor assimilation. The illnesses due to auto-infection or to auto-intoxication are referable always to embarrassed function of the body's alimentary department. Even typhoid fever is occasioned, not so much by the bacillus of Eberth, as

by the susceptibility thereto developed by non-performance of nutritive function. If it were not so this bacillus also would not discriminate, but would make captives of all alike.

Do not, therefore, question the wideness of this etiological range; nor criticize too severely the claim that much is included and that very few diseases are independent of the intestinal influence here under consideration.

It has been observed frequently, particularly with children, that acute indigestion or intestinal ailment preceded the development of acute nephritis with an ending of uremic coma and death in a few days. The Archives of Medicine for October, 1908, has an article on "Urinalysis in Intestinal Affections" which demonstrates the close relationship between intestinal disturbance and kidney affections. The same reasoning applies to patients of all ages, and sheds a flood of light upon the causation of puerperal convulsions, renal tuberculosis and Bright's disease. Is it a far cry from chronic appendicitis to Bright's disease? Not if the cry be heard. Adequate evidence is in hand attesting the cure of advanced Bright's disease by appendectomy. Is it preposterous to claim that neurasthenia, melancholia, epilepsy, insanity and other morbid states, as well as tuberculosis, are frequently depended upon the appendix handicap for causation? Certainly not; since a volume of proof has accumulated to establish the fact in the speedy restoration to health of many thus afflicted, after extirpation of the appendix.

The part played by an appendix vermiformis, apparently "normal," but placed under indictment by related ailments, has been shown so many times by the cessation of the ailments and the regainment of good health after appendectomy, as to rivet attention. Hereafter, will advisers hesitate long when they are confronted by anemia or other inscrutable blood changes; or when baffled by insomnia or any one of the graver neuroses, if an irritable appendix be the offender, either directly or sympathetically. Shall we believe that bells will jangle when no hammer strikes them; or that discords will play when the instrument is attuned?

Consider for a moment the candidate for tuberculosis, before the arrival of his fate. What does the clinical barometer indicate in such a case? Is it possible to foretell and forestall such a future? The expectancy of tuberculosis is foreshadowed or embodied in the following resume of experiences: The infant cries excessively and refuses to be soothed; the nutriment for which he has a fitful appetite is thought to be unsuitable, requiring frequent change or modification; his digestion is erratic, stomach rebellious, and bowels

prone to constipation or the reverse—and later in life to piles, fissures, fistulæ or other rectal morbidity; his weight is below normal or declines steadily in spite of effort to increase it; he is subject to skin-eruptions, cankerous mouth, or to scorbutic conditions; he is liable to croup, tonsillitis, rheumatism, bilious attacks or other recurrent illnesses; owing to low resistance he is subject to frequent colds and more formidable ailments from which he recuperates slowly. The child's teeth are cut late, fontanelles delay closing and fractures fail to unite; the youth's cartilages and bones degenerate mysteriously into "white swelling," hip-joint disease or hunch-back; both with young and old there may be chronic complaint of some kind—leading to endless search after cure. These are they who exhaust the doctors, seriatim, are forever taking "patent medicine," or who put up the bluff of denial, à la Eddy, with continued dyspepsia, flatulence and bowel-rumblings; they may have flaccid tissues, as shown by hernia, floating ribs, wandering kidneys and other displacements; the general appearance indicates weakness; the skeleton is delicate, thorax is long and flat, and the gait is slow and uncertain; periodic functions are wanting, too profuse or excessively painful; they are prostrated too easily by work or worry; have neurasthenia and are ever haunting "rest-cures;" they are hypochondriacal or hysterical, as the case may be; tears flow unbidden and all impressions are exaggerated; the mind corresponding with its body may express any type of unsoundness from hallucination to melancholia, from mania to dementia; withal and notwithstanding the appreciable burdens so well-known to the patient, there may be but little change from the normal in the appearance of the person, and credit for bad feeling may be questioned or treated lightly by his fellows.

To formulate the proposition: All abnormal conditions indicate interference with the exercises of life according to design; the machinery of the body is not running smoothly; there is inertia to be overcome; there is over-tax and waste of energy in progress; the reserve deposit in the bank of vitality has been overdrawn, and if the deficit is not "made good," the grave malady is the logical sequence. Without exception such situations tell of impaired cell-function, and it is only a question of time when some organ will confess its inability to withstand and will give way to structural change.

Any such individual will be a poor defender against the maladies of life in general and against tuberculosis in particular. And every such person—with few exceptions—has had a long history

of mal-performance of alimentary function—perhaps has had repeated illnesses, “bilious attacks,” etc., with or without abdominal pain and inflammatory symptoms, and if the appendix be not in a state of quiescence, as it is, part of the time, in every case, it will prove to be abnormally sensitive when pressed upon. Symptoms always indicate a cause of complaint, and by the same token demand its removal.

From all of which it is obvious that the measures thus far employed in the combat with tuberculosis are inadequate—are at best but partially successful, and that the disease cannot be quelled until the manner of its development is better understood and until its advent is anticipated by better preparation. It is practically useless to barricade the front door of the house while the rear entrance is unguarded. If it be an impossibility to shut out the microbes, it follows that every one must be his own defender. Being the only person always present, he must have within himself the competence to overcome his microbic assailants single-handed.

If you can become thus valiant, you will be a capable progenitor ; you will be able to reproduce an intrepid fighter and to wipe out forever the stigma of hereditary inefficiency. The laws of breeding are inflexible to the extent that like produces like, and that the good qualities of parents combine to make better characteristics in the progeny. Given an entire line of vigorous individuals, and legislation to prevent the marriage of consumptives—always impracticable—will be unnecessary.

Surveying the question as a whole, it is a matter of great moment that right conclusions shall be drawn and that people everywhere shall engage in the work of overcoming physical incapacity. Inasmuch as many experiences have corroborated the soundness of the foregoing teaching and have made clear the fact that diseases do not develop when the powers that make for the “abundant life” are in the ascendancy, it follows: that hereafter there must be an “about face” in the encounter with disease ; that instead of attacking an effect the first charge must be upon the cause, and that the highest award shall be made to him who anticipates and thus averts his calamities. It does not require a prophet, or a doctor, to predict the future of the vulnerable person—surrounded or not by an environment of infection. Ordinary intelligence must be trained to take note of the first sign of the break in the levee, and to make immediate call for aid, thus preventing the flood. With our present illumination even the stones must cry out in condemnation of the old do-nothing policy while the foundations are being undermined

and the superstructure doomed. Shall procrastination rule until the incurable disease is established; or shall opportunity be utilized and the needed ministrations be made while the destroyer is merely a contingency, and microbic dominion is a thing of the future?

Napoleon chose the battle-ground, elected the time of the encounter, and struck before the enemy was ready; and tuberculosis-fighters must do likewise, if they are to be victorious.

"There is a tide in the affairs of men, which, taken at the flood, leads on to fortune."

ISOLATION IN THE MANAGEMENT OF COMMUNICABLE DISEASES*

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IT seems impossible to treat the question of isolation without considering the older and now nearly obsolete measure—quarantine. The word quarantine has a varying significance. Originally it was applied to the detention of ships having on board infected persons or things; but it has come to be applied to any restrictions placed upon infected things, or used against infected persons.

In the opinion of Chapin, "Municipal Sanitation of the United States," it would be well to restrict the use of the word quarantine to the interference with communication between infected and uninfected localities—countries, states, towns, villages, etc.

The detention of an individual in a house or hospital because of contagious or infectious diseases is a matter requiring such totally different procedure, that it is well to designate it by another term such as isolation.

Quarantine restrictions were practiced in Venice early in the thirteenth century, in order that the Venetians might protect their maritime commerce against the destructive inroads of the plague that was then threatening the Mediterranean ports. Then, and for some time later, quarantine was the forty days' segregation that was made compulsory upon infected persons and things by the Venetian State. Up to within a century ago quarantine regulations had with few changes remained practically the same.

*Read before the 8th Ann. Conf. San. Officers, State of N. Y.

Originally quarantine was of two kinds: maritime and shore. For maritime quarantine lazarettoes were established on shore where persons were detained for varying periods up to forty days. Infected goods were sometimes disembarked and subjected to fumigation, which satisfied a superstitious rather than a practical need.

The shore lazarettoes were frequently in connection with the prisons, and as it was customary at those times for the prisons and hospitals to be conducted under similar administrations, and sometimes with very little difference in the treatment of patients and prisoners, it was not thought strange to detain persons in prison-like structures when in quarantine.

Up to the time John Howard in the early part of the eighteenth century wrote an account of the principal lazarettoes in Europe, together with observations upon foreign prisons and hospitals, the plan of quarantine and the treatment of persons in quarantine were practically little better than the treatment of criminals undergoing imprisonment for penal offenses. After visiting the principal lazarettoes along the European side of the Mediterranean Sea in 1785, Howard wrote a remarkable account of his travels which practically succeeded in revolutionizing the quarantine management of that time. Among the curious statements in his book he mentions the two kinds of quarantine at Malta: one for ships with clean bills, and the other for ships with foul bills. The first lasted eighteen days. The ships lay at the entrance of the port near the health office, and in order to prevent communication between the passengers and their friends, an iron palisade was erected at the dock where two soldiers were stationed so that people might come and converse with those from the ships. A letter brought by a ship just arrived was received with a pair of tongs, dipped in vinegar, put in a case and laid for a few minutes on wire grates under which straw and perfumes had been burnt.

In our own country quarantine was first practiced in Massachusetts in 1699. In the colonies the quarantine of one place against another was authorized by the statutes of this State, Massachusetts, and of Rhode Island in the fore part of the eighteenth century. Shotgun quarantine was not unknown. In times of epidemics of smallpox it was not infrequent to find men with loaded flint-locks stationed outside villages to prevent the entrance of people having the disease, smallpox, especially by night. Travellers were warned to keep away by inspectors appointed by the town, and unless such traveller returned to the place from which he came by the most direct route, he forfeited \$100.

Prior to the formation of state boards of health, the towns themselves were administrators of quarantine. What I have said thus far relates to maritime quarantine, or to the quarantine of one city, state or town against another. From these practices there early arose the necessity for a more local quarantine of infectious diseases so that the residents of a town might become protected against such of their neighbors as were infected by contagious disease. Thus from the general quarantine laws which proposed to exclude cases of contagious disease from entering a county or state, came more local quarantine regulations, which attempted to seclude cases of contagious disease in a smaller locality. In more recent times when yellow fever, plague and cholera are no longer the dreadful scourges they formerly were, the local quarantine has attempted both to seclude and exclude chiefly cases of smallpox, diphtheria, scarlet fever, measles and some of the other similarly infectious diseases of children. Thus ordinances were enacted by various cities and towns, based upon the old maritime quarantine regulations. In some of the cities and towns, the old attempts at isolation were in the nature of a maritime quarantine, and one reading the quarantine powers as given in the early charters of cities, will find the wording similar to the early maritime quarantine regulations.

In former times when little was known of the natural history of contagious diseases, and when they appeared in great epidemics it was quite natural that the regulations should be enforced vigorously and violations punished with great severity. But as time went on and knowledge of these diseases increased and became more widely disseminated, it was found for various reasons that the severity of quarantine regulations might be abated and even greater safety insured. The time was when yellow fever, for instance, was quarantined against with great severity. We know now that a patient with yellow fever isolated under a mosquito bar is in the most perfect state of segregation. The same may be said of a patient having malarial fever.

Quarantine against diphtheria is no longer enforced, but the patient is isolated, and his release scientifically determined by the absence of the diphtheria organism.

In scarlet fever the infected family is no longer confined to the house; but the wage earners and others, except teachers and school children, are permitted to go their several ways and mingle with other people. So it is in measles, mumps, and whooping cough. In chicken pox even the well children of the infected family are not excluded from school as they are in most other infectious diseases.

In treating infectious diseases by isolation we must take into account that communicable diseases are of two forms: evident and nonevident, and that the nonevident form of the disease is responsible for trouble that is often charged to other and mysterious agencies.

Clinical diphtheria when proven by the presence of the diphtheria organism is readily discoverable and easily isolated; but the release of a clinical case of diphtheria from isolation on the evidence of one negative culture may result disastrously to others, because the Klebs-Loeffler bacillus may still remain in a tonsillar crypt, or within the hollow of a carious tooth. So the various forms of sore throat which might on examination reveal the presence of the diphtheria bacillus are not always subjected to isolation; such cases freely mingle with others, and their danger has been many times proven when cases of severe clinical diphtheria have been traced to association with mild cases of apparently benign sore throat which afterward have proven to be diphtheria. Such cases recur along with a class presenting not only laboratory findings, but the clinical picture as well.

In scarlet fever the cases presenting indubitable skin signs of the disease are generally isolated, the children in the family excluded from school, and all the means at our command used to prevent the spread of this most dreaded of all the common exanthemata of childhood. Usually all evident cases of the disease are secluded until every discoverable vestige of desquamation has disappeared. Then the isolation, or so-called quarantine is lifted, and we are ready to disinfect. ~~What~~ do we disinfect? All general precautionary measures are used about the evident case of scarlet fever; but what about the case that presents few skin signs which rapidly disappear? So far as we are able to discover a case of scarlet fever, mild in its onset and course, in which desquamation rapidly completes itself, but presenting a purulent naso-pharyngitis or otitis media, acts as a distributor of scarlet fever to others beyond the long period of isolation and beyond the period of desquamation.

In the past we have been taught that scarlet fever is disseminated by particles of desquamating epithelium from the scarlet fever patient, but there is no good evidence to this effect; nor is there any better proof that the disease is spread by the air. It is quite probable that scarlet fever is propagated by mild nonevident cases of the disease, or by cases of purulent nose and ear diseases that have occurred as scarlatinal complications.

Measles is often spread by nonevident cases and doubtless by cases of purulent otitis media consequent upon these cases.

Smallpox, too, is diffused by means of the doubtful cases, the patients with short, sharp febrile attacks and very few, even one or two points of eruption. In such cases of smallpox isolation is necessary for the suspiciously sick as well as for those who have the most marked forms of the disease. Of course among a people well vaccinated, isolation and its attendant hardships would be unnecessary. All persons who have been exposed to smallpox should be vaccinated and should be thoroughly well inspected daily for a period of twenty-two days. Such cases may report at the office of the physician, and one failure to report each day at a given hour for twenty-two days should be sufficient cause for the detention of that person under arrest.

In whooping cough the difficulties of diagnosis are sometimes considerable, even impossible. The importance of quickly and unerringly arriving at a diagnosis, the long period of the disease, the uncertainty when the infectious stage is at an end, make isolation in whooping cough valuable in the control of the spread from known cases, but not as a means of controlling the disease itself. We must have more light on the means by which whooping cough is spread before the real value of isolation in the control of this disease is determined.

To sum up the question of the value of isolation in the treatment of disease, we have to conclude that isolation is useful in discoverable cases of communicable diseases, and has its greatest value in diseases like diphtheria, where an antitoxin is used both for curative and immunizing purposes, or in smallpox with vaccination as a conjoint measure. Its value lessens in scarlet fever and in whooping cough where many mild cases escape detection.

Isolation can only be applied to the evident and usually, only to the pronounced clinical forms of the disease. When using isolation in individual cases we should remember that persons are not to be punished for having contracted a communicable disease; but that gently, though firmly, the law should be enforced; not because we believe or disbelieve in the law, but because it is the law.

In seeking to control communicable diseases by the methods now in vogue, we are firing at the evident and near-by cases, while we allow the non-evident and quite as dangerous cases to escape. Our efforts to control communicable diseases may be compared with the gun pointing used in the Navy up to a few years ago, when they sighted a gun during the roll of the vessel and fired away, hit or miss fashion, with a resulting one per cent. of hits. But now a new system of gun pointing has

been introduced into the Navy. The guns are turned on a target and kept there during the roll of the vessel, with the result of 25 to 40 per cent. of hits, instead of one per cent.

Can't we as sanitarians learn a lesson from the gunners? We are doing better than one per cent. of hits; but how much better? In our fight against disease with the antiquated methods of quarantine, isolation and disinfection, how many hits do we make? Can we not do better than we are doing? We can only hope to do better than we are now doing by adopting improved methods. And this as put tersely by Metchnikoff, the seer, is this:

"Instead of troublesome and useless quarantine, instead of blindly distributing disinfectants, we now endeavor to lay our hands on the actual sources of contagion and to destroy the animals conveying it, be they rats, mosquitos or the like."

FOODS IN TYPHOID FEVER*

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THE subject of foods, their character, and amount in typhoid fever has been much discussed, and particularly so during the past two decades. Our attention has been more especially directed to this subject since reading Dr. Fisher's admirable paper in No. 1 of the *Journal of the American Institute of Homœopathy*, and the elaborate discussion which the paper elicited. As the greater portion of this discussion was devoted to the character of the feeding in the cases, it occurred to us that some statistics on the subject might be of value. We have, therefore, gathered a few data from different hospitals and will present them for consideration. In our opinion they do not solve the problem, but enough cases have been collected to show in what direction the most important successes are being made at present.

*Read before Homœ. Med. Soc. of the State of N. Y.

The history of diet in fevers has been ordinarily divided into two periods; the first period being the one before 1835 and the second, since that time. During the first period, the attitude of the profession and laity generally was to "starve a fever." Under this doctrine, only water, and very little of that, was allowed to fever patients. Through the influence of teaching of Graves, in 1835, a revolution in the matter of foods was started. Graves argued that from want of food the ill effects of starvation were added to the ravages of the disease, and recommended "feeding fevers," though the diet recommended at that time was, comparatively speaking, a meagre one, containing only about 300 calories of nutrition.

About 1870, milk was strongly advocated as a food, especially in typhoid fevers, in the place of the water and broth diet. The milk diet, which is still the principal one used, only partially provides for the needs of nutrition, in that the majority of physicians use from 1 to 2½ quarts of milk in the 24 hours, thus providing only about 1300 calories of nutritive value.

During the last decade of the last century, a few practitioners began to question the suitability of the milk diet, the central issue of the discussion being the amount of food required rather than the particular kind. This latter method of varied diet has, as yet, apparently received no very large following, but we shall be able to offer a few statistics relative to it.

Still later, a few practitioners have advocated a milk-free diet of considerable nutritive value, but apparently this method has a smaller number of followers than any of the others. In a few of our hospitals, as noted in the discussion of Dr. Fisher's paper, it has been the custom to revert to the old method of what we have designated the first period (that is, previous to 1835) to a purely water diet giving no other food for many days together. This method, also, seems to have a comparatively limited number of advocates.

The statistics which we have collected, of course, refer to cases that have had other forms of treatment than food, but in the majority of instances, the methods of treatment did not include the employment of drugs. As far as possible in the limits of this paper we have specified with each group of figures the general line of treatment followed. Except where otherwise stated, the figures are taken from the published official reports of the hospitals named and are therefore probably as carefully prepared and as reliable as any possible to obtain. The figures are also confined as nearly as

can be to the same calendar years, so that epidemic influences may be excluded.

Taking first New York City hospitals:

Bellevue Hospital reported during 1905, 1906 and 1907:

508 cases with 78 deaths, a mortality of 15.3%.

The diet in this series of cases, generally speaking, has been straight milk, 32 to 48 ounces in 24 hours, with two feedings of 6 ounces each of clear broth.

A few cases were given thick lemon jelly to chew. All cases were given plain water very freely. Where the milk was not well borne it was given semi-peptonized; that is, about 5 grains of pepsin was added to each glass of milk at the bedside when it was given. The above diet was continued until the patient had gone seven consecutive days without temperature when they began feeding poached eggs, custards, etc., very gradually increasing until the normal diet was reached.

When diarrhoea or tympanitis was pronounced all food was stopped for 24 to 36 hours and nothing but water given.

When the temperature reached 102.6 degrees, icebags were applied constantly to the head until the temperature was reduced and when the temperature was 103 degrees or over, cloths taken from ice water were applied to the axillas and groins and the whole body with the exception of the abdomen was sponged with water at 90 degrees Fahrenheit with gentle friction, for from 10 to 30 minutes, the abdomen being left strictly alone.

No other treatment was used excepting for complications or profuse diarrhoea, when some form of opium was resorted to. A few cases received salol and in some divisions an occasional cathartic was used, but the vast majority of cases received no medication whatever.

In the first division of Bellevue Hospital, from July 1, 1908 to January 1, 1909:

Seventy cases were treated with three deaths, 4.2% mortality. Two of these deaths were from perforations and one from complications, including an abscess of the liver.

This series was treated practically without drugs. A few cases received salol occasionally. The general plan of treatment was as outlined above.

St. Luke's Hospital reported for the year 1905, 1906 and 1907: 319 cases with 35 deaths, a mortality of 9.7%. In this hospital are received patients of a rather higher social grade than at Bellevue.

Here the tub bath at 85 degrees was used as a routine measure when the temperature reached 103 degrees.

Three routine diets were employed:

1st—6 ounces of hydrochloric milk, and 6 ounces of lemon albumin alternated every four hours.

2nd—Junket, broths, etc.

3rd—Zwieback, custards, ice cream, tea, coffee, etc.

The temperature of the patient afforded no indication for a change of diet, the diet used being determined by the character of the tongue, tympanitis, etc. All cases were given water freely. There was no routine medication, the majority of patients receiving no medicine.

Roosevelt Hospital, New York, for the years 1905, 1906 and 1907, reported:

377 cases with 47 deaths, a mortality of 12.4%.

Tub baths at 80 degrees were used every 4 hours for temperatures above 103 degrees in all non-complicated cases.

One visiting physician used calomel in all cases; another used a routine soap suds enema daily. There was no other routine remedy and practically no medication except for complications.

The diet was practically milk and lime water 1 to 6, 6 ounces every two hours, water ad lib. If much tympanitis was present, all foods were stopped for 24 hours. As soon as the tongue and mind cleared and there was no tympanitis, it was the custom to commence feeding without regard to the temperature, scraped raw beef, custards, and so gradually to the regular diet. Cases here were placed in the open air whenever the weather conditions permitted.

New York Hospital reported for the year 1905 and 1906:

205 cases with 18 deaths, a mortality of 8.7%.

Routine treatment the Brand bath in temperature of 103° or over.

Very few cases received medication.

Diet consisted of 5 or 6 ounces of milk every 2 hours.

When there was tympanitis or the patient was not doing well the milk was peptonized. In beginning convalescence the patients were given scraped raw beef sandwiches, three or four times a day. The second day a chop was added; the third beef steak. One visiting physician gave a still more liberal diet, including with the milk, junkets, custards, etc., with a rather liberal amount of milk sugar to increase the caloric value.

At Mt. Sinai Hospital, New York, we were unable to obtain any statistics whatever as to the number of cases or mortality.

The diet of the different physicians differed, some giving milk-free diet; others milk diet, plus lemon albumin; and still others, more varied diets. Evidently the mortality rate is being very closely followed in the different divisions by the house and nursing staff and the only information obtainable was that there was practically no difference in mortality in any of the divisions. In other words, they were unable to observe any influence on mortality from the diet used.

Cumberland Street Hospital, Brooklyn, a City hospital in charge of homœopathic physicians reported for 1907 and 1908:

58 cases with 15 deaths, a mortality of 25.8%.

The routine diet here was from 1 to 2 quarts of milk a day.

No tub baths were given, the medication varying with the different attending physicians.

Flower Hospital, New York, reported for 1905, 1906 and 1907: 83 cases with 14 deaths, a mortality of 16.8%.

A routine cool sponge was here used for temperatures of 102.5 and over.

The diet here employed by the majority of the attending physicians was water given freely for from one to two weeks and sometimes longer. Feeding was begun by using peptonized milk in small quantities and as convalescence progressed there was a very gradual resumption of food until the regular diet was reached.

Medication was homœopathic exclusively.

Hahnemann Hospital, New York, reported for 1906, 1907 and 1908:

48 cases with 8 deaths, a mortality of 16.6%.

Routine cool sponges were used for temperature of 102.5° and over.

In the main the diet was like that of the Flower Hospital excepting that there was a tendency to a little more liberality in foods; that is, milk was used in a portion of the cases by the end of the first week and sometimes sooner.

The medication was homœopathic.

Dr. Seibert reports a series of 338 typhoid patients treated in the last 19 years in hospital and private practice in New York, the majority of them being in the wards of St. Francis Hospital, with 13 deaths, a mortality of 3.1%.

Dr. Seibert's treatment is as follows: "During the first day of treatment nothing but cold water is given. From the second day on, one-half pint of strained rice, oatmeal, or barley soup, containing the extract of half a pound of meat and the yoke of a fresh egg, well spiced, are given every three hours, five times a day. During

the night cold water alone is offered. During the first three days of treatment the patients are not urged to swallow all of their soup, but are persuaded to drink cold water every hour by day and by night. From the fourth day on, strained pea, lentil, potato, and tomato soup, with rice, are added to the menu. The desire for more food, coming in uncomplicated cases not seldom on the fifth or sixth day, is met by giving the soups thickly made. The lower the fever and the more marked the hunger, the thicker the soup. To every hungry patient two or three zwiebacks are given with their soup at the end of the first week. Orange juice is given in water three times daily. Egg albumin is not given, on account of the possibility of forming toxines. Before each meal 15 to 25 drops of hydrochloric acid are given in $\frac{1}{2}$ ounce of water. Alcohol is given only to toppers."

Dr. Frederick C. Shattuck of Boston, one of the most prominent advocates of generous feeding in typhoid fever, reports from the Massachusetts General Hospital 288 cases treated between 1892 and 1904 and 31 deaths, a mortality of 10.7%.

In Dr. Shattuck's cases the Brand bath was used as a routine measure together with the following diet:

(a) Milk: hot or cold, with or without salt, diluted with lime water, soda water, Apolinaris or Vichy; peptonized milk, cream and water (i. e., less albumin); milk with white of egg, butter milk, kumiss, matzoon, milk whey, milk with tea, coffee, cocoa.

(b) Soups: beef, veal, chicken, tomato, potato, oyster, mutton, pea, bean, squash; carefully strained and thickened with rice (powdered), arrow root, flour, milk or cream, egg, barley.

(c) Horlick's food, Mellin's food, malted milk.

(d) Beef juice.

(e) Gruels: strained cornmeal, crackers, flour, barley water, toast water, albumin water with lemon juice.

(f) Ice cream.

(g) Egg soft boiled or raw; egg nog.

(h) Finally, minced lean meat, scraped beef the soft part of raw oysters, soft crackers with milk or water, soft puddings without raisins, soft toast without the crust, blancmange, wine, jelly, apple sauce, and macaroni."

Dr. Bushuyev at the Kief Military Hospital of Russia reports 398 cases treated between 1895 and 1897 with a mortality of 8.2%.

He employed the following diet:

7 A. M. Tea with a roll.

8 A. M. 400 c. c.—13 oz.—of soft (liquid) oatmeal, barley or wheat porridge, with butter.

9 A. M. 1 or 2 boiled eggs, soft or hard as the patient desires.

10-11 A. M. A glass (200-220 c. c.— $6\frac{1}{2}$ to $7\frac{1}{2}$ oz.) of milk with a roll $\frac{1}{2}$ a cutlet, and a bit of boiled meat (160-168 g.— $5\frac{1}{2}$ oz.).

12-12:30 P. M. A plate (220 c. c.— $7\frac{1}{2}$ oz.) of chicken soup or a bowl of ordinary soup, sometimes with a bit of chicken from the soup and a small cup of "kisel" (a sort of sour jelly); rarely a little preserved fruit.

3 P. M. Tea with a roll.

6 P. M. A cup of chicken or beef soup; semolina pudding or milk; a bit of chicken.

8 P. M. Milk with a roll.

During the night. Coffee or tea, with milk, two to four times; coffee with cognac. (The milk is usually boiled; occasionally it is given in the form of junket).

In addition the patients receive 1 to 3 ounces of wine in the morning, and every two hours $\frac{1}{2}$ oz. of Stoke's mixture. (Stoke's mixture: 2 egg yolks, 50 c. c. of brandy, 120 c. c. of aqua aurantii florum, sugar or syrup sufficient to sweeten.)"

Finally, the New York Board of Health for the years 1905, 1906 and 1907 reported 5947 cases in Greater New York with 970 deaths or a mortality of 16.3% for the entire city.

We will attempt to draw but one conclusion from the figures presented, as statistics are universally conceded to be unreliable, but this one fact seems to stand out rather prominently—that with one exception the hospitals using the old-style water diets show the highest mortality. It would therefore seem to be established that a moderately generous amount of food in typhoid fever produces the best results.

The requisites for a typhoid food are as follows:

- (1) It must be digestible.
- (2) It must have sufficient caloric value to partially, at least, compensate for the loss in weight due to fever metabolism.
- (3) It must not affect the bowels.
- (4) It must be non-irritating.

The following foods meet these requirements: viz.,

Milk, plain, predigested, variously modified, or variously flavored.

Oatmeal and other cereals, properly boiled and strained, given as a jelly or as gruels.

Eggs modified or prepared in various ways, especially the whites as albumin water.

Black tea, coffee, fat-free cocoa, soups, milk sugar.

Alcohol, sanatogen, somatose, tropon, etc.

THE LAWS RELATING TO THE REGISTRATION OF TUBERCULOSIS*

BY A. H. SEYMOUR, ESQ.,

Deputy Commissioner N. Y. State Dept. of Health

EVERY Health Officer and physician who makes an attempt to keep posted in public health movements, knows that the Legislature of 1908 passed important acts regarding the registration of tuberculosis.

I take it that I am expected to present the legal aspect of the new laws, and I shall endeavor to give a concise and clear statement of what the laws are and what they require, from a legal standpoint, leaving the medical questions and practical methods of operation for the distinguished gentlemen who are to discuss the subject. The public health law (Section 24) prior to its amendment provided that the local board of health "shall report to the state department of health, promptly, the facts relating to contagious and infectious diseases," etc., "Health Officers of villages and towns shall report in writing once a month to the state department of health all cases of such infectious and contagious diseases as may be required by said department," etc. Further that "the health officer shall report annually on or before the first day of January in each year the number of cases of consumption which have existed in his jurisdiction during that year."

You will note that this law required reports to the state department of health of such infectious and contagious diseases as it required. Prior to January 1st, 1907, the department had not required tuberculosis to be reported, and the annual report of the number of cases required by this law was very incomplete.

At the Sixth Conference of Sanitary Officers held in Syracuse in October, 1906, the Commissioner notified the Health Officers that beginning January 1st, he would require them to make a definite and specific regular report of all cases of tuberculosis.

The difficulty in securing reports under this system lay in the fact that for the health officer to secure reports, physicians must be required to report them, and this necessitated an ordinance by the board of health, adding tuberculosis to the list of diseases required to be reported.

It will be readily seen why an attempt to secure reports under this method would drag and not be very successful for a

*Read before the 8th An. Con. of Sanitary Officers of the State of N. Y.

long time. What was needed was a law requiring the reports, and the work in tuberculosis resulted in the subject receiving serious consideration by the Legislature this year. There are two laws, Chapter 396 of 1908, and Chapter 351 of 1908.

Chapter 396 amends Section 24 of Article II of the Public Health Law, by providing that "Every physician shall immediately give notice of every case of infectious and contagious or communicable disease required by the state department of health to be reported to it, to the health officer of the city, town or village where such disease occurs, and no physician being in attendance on such case, it shall be the duty of the superintendent or other officer of an institution, householder, hotel or lodging house keeper, or other person where such case occurs, to give such notice." It further provides for a fee of twenty-five cents to the physician or other person reporting such case, to be paid by the municipality. Health Officers are required to report these cases once a month to the state department.

Reports of cases of tuberculosis made pursuant to the provisions of this section must not be divulged or made public so as to disclose the identity of the persons to whom they relate, by any person, except in so far as may be necessary to carry out the provisions of the act. This act applies to all cities, towns and villages except cities of the first class.

Chapter 351 of the laws of 1908, defines the powers and duties of local health officers and boards of health in the matter of the protection of the people of the State of New York from the disease known as tuberculosis.

Briefly this act provides as follows:

Section I declares tuberculosis to be an infectious and communicable disease, dangerous to the public health. It makes it the duty of every physician to report in writing on forms furnished the name, age, sex, color, occupation, place where last employed, and address, of every person known by said physician to have tuberculosis to the local health officer where such person resides, within twenty-four hours after such fact comes to the knowledge of said physician. It is also the duty of the chief officer of a hospital, dispensary, asylum, or other public or private institution in this State to report similar facts within twenty-four hours.

Section II makes it the duty of the health officer to provide for examination of the sputum free of charge.

Section III makes it the duty of the health officer to record in a register all reports, and results of sputum examinations, and this register is open only to the health authorities of the state and the

locality and may not be divulged, except so far as may be necessary to carry out the law.

Section IV provides that in case of vacation of any premises by death or removal of a person having tuberculosis, it becomes the duty of the attending physician, or the owner, or occupant, or other person having charge of the premises, to notify the health officer of such death or removal, within twenty-four hours, and such premises shall not be again occupied until disinfected, cleansed or renovated.

Section V imposes upon the health officer or his assistants the duty of visiting the premises within twenty-four hours after he is notified, and order that no infected article shall be removed from the premises until cleansed or disinfected, and the health officer shall determine the manner in which the premises shall be disinfected or renovated and rendered safe for occupancy. If the health officer decides that disinfection is insufficient, the premises must be immediately disinfected by him at public expense, or if the owner prefers, at his expense to the satisfaction of the health authorities.

If thorough cleansing and renovation are necessary, a written notice must be served on the owner or agent of the premises, who must thereupon carry out the instructions at his own expense.

Section VI gives the health officer the right, if his orders are not complied with within forty-eight hours, to place a placard on the premises. This notice prohibits occupancy of the premises until the orders are carried out and the form of the notice is given.

Section VII prohibits carelessness of a person having tuberculosis, in disposing of his sputum, or otherwise, and a person subjected to such danger may complain to the health officer. The health officer must investigate the complaint, and if he finds such a condition to exist he shall serve a notice on the person complained of, requiring him to remove all reasonable cause of danger. A person failing to comply with these orders is guilty of a misdemeanor and liable to a fine.

Section VIII. To protect the patient's family a physician attending a case is required to take proper precautions, and if he fails to do so, this duty devolves on the health officer.

Section IX. It is the duty of the health officer to transmit to the physician reporting a case, a printed report, in a form approved by the State Commissioner of Health, naming the precautions necessary. The local health authorities must print such reports and furnish them to the physicians.

Upon receipt of the report the physician shall either carry

into effect the precautions prescribed, and sign and return it, or if he be unable or unwilling to do so, he shall so state on the report and return it, and it then becomes the duty of the health officer to do so.

If upon receipt of such report from a physician the health officer finds the necessary precautions have been taken he issues an order on the treasurer of the municipality to pay the physician one dollar out of a fund to be provided.

If the precautions are not sufficient, the report is returned with a letter giving instructions which the physician is to follow. The health officer also sends the physician a requisition blank, which names the materials furnished by the health officer, and it is his duty to supply the materials named.

The physician returns the requisition for the materials he needs to aid him in preventing the spread of the disease, and the health officer must honor this as far as possible. A circular of information approved by the State Commissioner of Health must also be furnished by the local authorities and a copy transmitted to the physician or patient. The circular should inform the patient of the best methods of treatment and the necessary precautions to protect others.

Section X makes it a misdemeanor for a physician to knowingly report a person as affected with tuberculosis who is not so affected, or making a false statement in the report, or certifying falsely as to any precautions taken, and provides for a fine of not more than \$100.

Section XI requires a report upon recovery to be recorded by the health officer, and relieving the person from any further liability under the act.

Section XII provides a general penalty of a misdemeanor for violating any of the provisions of the act, and for a fine.

Section XIII repeals all acts inconsistent therewith, and the act applies to all places except New York City. Copies of both laws have already been mailed by the Department to every health officer.

Now that we have seen what these laws are, let us see what the apparent intention of them is. The plan pursued is somewhat similar to the so-called "Maryland system," and nearly all features of the laws have been tested in other states

Before we can proceed much further in preventing tuberculosis we must have registration and now we have a procedure for securing this.

It does not involve publicity—this is expressly stipulated, and

the physician in charge of the case can take the necessary precautions himself or leave them to the health officer as he desires. Proper disinfection of premises is secured, protection from careless individuals and of the patient's family. In fact we have a system of legal control that in connection with the other efforts being made to control this disease should do much to prevent its dissemination and will certainly enable effective work to begin.

The medical profession is much interested in this legislation and will, I have no doubt, co-operate in its proper enforcement. The health officer has duties to perform, and they should be done diligently and tactfully. The public is vitally interested as the protection of its health is concerned.

The Advisory Board on Tuberculosis of the Department has given this subject its earnest consideration and every phase of the practical workings of the laws has been considered. The necessary forms and blanks have had its approval and with its advice, the Department will assist all it can to have the laws fully enforced.

A full understanding at this time of what the laws require and how you should go about their enforcement will be of great value. In undertaking this work you should bear in mind that it affords an opportunity for you to demonstrate your energy and ability, and that comparisons of the work in other localities will be made with yours. A full and complete compliance with the law on your part and its enforcement by you on the part of others will be a convincing argument that you are the right man in the right place.

Digitalis.—Feels as if heart would stop beating if she dared to move; gelsemium, she feels as if she must move in order to keep her heart going.

Dulcamara.—Catarrhal ischuria in children, from wading in water with bare feet, with discharge of mucus from the urethra, milky urine, and mucous deposit.

Kali bich.—Pain over inner angle of right eye, no larger than a three-cent piece; quite excruciating; commencing in middle of forenoon, increasing in severity until middle of afternoon and then disappearing.

THE POLLUTION OF STREAMS BY DOMESTIC SEWAGE
AND INDUSTRIAL WASTES*

By THEODORE HORTON, C. E.

Chief Engineer, N. Y. State Dept. of Health

AS a general statement we may say that the discharge of domestic sewage or industrial wastes into any body of water will have a deleterious effect upon its quality. When we consider, however, the more important questions involved, viz., questions of public health and life, and of the comfort and convenience of communities who must reside near waters polluted by such wastes or who must use them for drinking or domestic purposes, our statements must be made with more caution and with many qualifications.

It will be essential, then, at the outset, to make sharp distinctions or differentiations, first as to the character of the waste products that may be discharged into a stream, and secondly, as to the manner in which they may affect the welfare of a community through which the stream flows. The polluting materials may, for instance, be derived from the waste products of mills or industries of a variety of kinds, such as tanneries, pulp mills, silk mills, creameries, etc., or they may be derived from the waste products of domestic life such as sink water, wash water, excreta or other human wastes. Again, these different classes of wastes may have very different effects upon the general welfare of a community,—some of them affecting life and health from the standpoint of transmission of communicable diseases, and others affecting only comfort, convenience and the enjoyments of life.

Since these distinctions are very important in themselves, and since it is essential for every health officer to know under what conditions pollution may become only offensive or only dangerous, or both offensive and dangerous, I will outline the characteristic differences between the various classes of wastes, and the extent and conditions under which they become offensive or become dangerous to health. Before doing this, however, I will describe briefly the local conditions which generally lead up to the pollution of our streams and the problems which generally confront our local boards of health.

In the history of nearly every community that has developed to the stage of possessing public improvements or utilities, there

*Read before the 8th Ann. Conf. of the San. Officers, State of N. Y.

is an early period when the population is more or less scattered, and when the problem of sanitation is a simple one. Under these conditions it is ordinarily an easy matter to dispose of the waste products of the household in well constructed and properly maintained vaults or cesspools. There soon follows, however, another period when the population has increased and has become more congested, when industries spring up through the community, and, when, following the inevitable demand, a public water supply is introduced.

The consequences of these new conditions are at once apparent. These cesspools or vaults, which up to this time have performed their proper functions without danger or offense, now fill rapidly and, unless frequently emptied, they overflow and become the source of recurrent nuisances. The liquids soon leak or filter through the overtaxed soil to the cellar walls or the well, disseminating filth and disease in their path.

It is at this stage in the growth of a community that the more serious troubles of our health officers arise. It is at this time that the people of a community, driven by the *inevitable* nuisances and expense of cleaning and maintaining these vaults and cesspools, seek relief by constructing drains and overflows into the nearest streams. It is at this time that the industries, upon whose operations the support of the community depends, find it more and more difficult to satisfactorily dispose of their wastes, and they likewise discharge them into the streams. It is at this time, finally, when the State Department of Health in response to numerous complaints, also has to face its dual duty, under the health law, of prohibiting the construction of these drains, and impressing upon the popular mind, and the governing officials, that the time has arrived when a sewerage system is imperative.

To understand the significance of these conditions, then, and to distinguish intelligently between those factors which affect health and those which affect only comfort, the health officer must have a definite knowledge of the composition of these two classes of wastes—the domestic sewage and the industrial wastes. Considering first the domestic sewage, we find that it is derived primarily from the water supply. It is, in fact, the spent water supply, which, after being used in the household for the various domestic purposes such as cooking, washing and removal of excreta, imparts to the sewage certain ingredients of a more or less objectionable nature. The less objectionable ingredients are, of course, those derived from such sources of cooking and wash-

ing, while the more objectionable ones are those derived from human excreta.

This domestic sewage, then, will contain variable amounts of either organic or mineral matters, which we usually speak of as "solids." Numerically these solids will amount to about 1-20 of 1% of the weight of the sewage, of which about one-third is in suspension and two-thirds in solution. Again, of the suspended solids, about two-thirds is organic and one-third is mineral while; of the dissolved solids about one-third is organic and two-thirds mineral.

It is, then, this small amount of organic matter that gives to sewage its dangerous and offensive quality, for it is the organic matter which contains in living form vast numbers of bacteria of both pathogenic and harmless types, and in dead or inert form, matter which, under certain conditions, putrefies and gives off offensive odors. On the average this sewage will contain bacteria ranging in numbers from one to two million per cubic centimeter. Of these we may say that approximately 10% are of the colon type (i. e., the bacillus which is the normal habitat of the human intestines); a very much smaller percentage, impracticable of estimation, is of a pathogenic type derived from patients suffering with communicable diseases; and the remaining large percentage is of the harmless type derived from the innumerable sources from which sewage is derived.

So long as this sewage is perfectly fresh there will be little, if any, odor to it. When, however, it is allowed to stand, its chemical and biological quality changes rapidly. These changes are the result of the life processes of the bacteria present in the sewage, through which the organic matter, consumed as food by these bacteria, are transformed into other compounds. The aerobic bacteria are usually the first to act under these conditions, and so long as oxygen is present and available, this transformation of the organic matter will be one of oxidation or nitrification. As soon, however, as all of the available oxygen is exhausted, the aerobic action ceases and in its place anaerobic action is set up. That is, the anaerobic bacteria, acting in the absence of oxygen, are able to break up the organic matter and transform it into compounds which are quite different from those resulting from aerobic action. This anaerobic action is one largely of deoxidation or denitrification, and the products are usually of a less stable character, i. e., more decomposable. The most important feature is that during this anaerobic decomposition, which we usually term "putrefac-

tion," sulphuretted hydrogen, ammonia, and other objectionable gases associated with decomposition, are liberated with the resultant creation of nuisances.

It will be seen, then, that there are two characteristics of domestic sewage that are very important. One is the possible presence of germs of communicable diseases which may be transmitted to any person who uses the water in any manner by which it may be taken into the human system. The other is the presence of organic matter which, in the absence of sufficient oxygen, undergoes anaerobic decomposition and gives off putrefactive odors with the production of a nuisance.

Let us now consider the case of industrial wastes. The first characteristic, if such it may be called, is the great variation in composition, concentration and volume. We have, in fact, as many varieties of industrial wastes as we have industries. Some of these wastes are composed largely of a mineral nature, such as the wastes from wall paper and certain chemical establishments, while some are largely of an organic nature such as wastes from creameries and silk mills. Again, some of these organic wastes are largely in suspension, such as the wastes from tanneries and paper mills, while others are largely in solution, such as the wastes from sulphite mills and silk mills. The most important characteristic, however, is that these wastes in themselves, and unmixed with domestic sewage, ordinarily contain no disease germs. They may contain a large amount of harmless bacteria, such as the large proportion of those found in domestic sewage, but they do not, unless mixed with domestic sewage, contain disease germs, nor even colon bacilli.

It must be evident, then, that these wastes, in themselves, cannot directly transmit germ diseases, although they may sometimes contain poisonous materials which may inhibit, and even kill, fish and other forms of life. They may, and frequently are, largely responsible for nuisances, and there is little question but that some of the most serious and extensive nuisances in the State have been caused by these wastes. These nuisances, however, have usually been associated with wastes that contain large amounts of organic matter, especially in solution, where the oxygen available, contained either in the wastes themselves, or in the stream into which they are discharged, is insufficient to prevent putrescibility.

From what has been said then of these two classes of wastes I believe we can now make a few generalizations in regard to the pollution of streams and the conditions under which this pollution may become offensive or dangerous to health.

(1) That the discharge of domestic sewage into a stream may become dangerous to health when it is derived from a community in which communicable diseases have been prevalent; and the danger is proportional to the prevalence of such disease, other conditions being equal. Communicable diseases are more or less prevalent in all communities. It follows then that the presence of any domestic sewage pollution in a stream will create a menace to the health of those communities and residents who live below on the stream and use the water for domestic or drinking purposes.

(2) That the discharge of domestic sewage into a stream may, in addition to the danger to health, become a source of offense or nuisance when the available oxygen carried in the sewage, or in the stream, into which it is discharged, is insufficient to prevent anaerobic conditions, in which case putrefactive and offensive odors are given off.

(3) That industrial wastes, in themselves and unmixed with domestic sewage, rarely if ever contain pathogenic bacteria, that may survive and become the means of transmission of communicable diseases.

(4) That industrial wastes may occasionally contain poisonous ingredients that may inhibit and kill fish and other forms of life: such, for instance, as bacterial life under which condition the natural agency of purification and nitrification is arrested.

(5) That industrial wastes, especially those containing considerable proportions of organic substances may become the source of serious nuisance through the emanation of offensive gases resulting from anaerobic or septic action. These offensive gases may emanate from deposits of organic matter along the bed and banks of the stream, or they may emanate from the surface of the water itself.

I believe the principles just stated cover in a simple and general way the more important points which I meant to bring out and emphasize in regard to the pollution of streams. I have made no attempt to take up in detail the more technical questions, such as the degrees of danger or offense that may be created under various conditions. In fact such data can not be accurately stated, even in general terms, but will depend almost entirely upon local conditions as to composition of sewage, volume of stream flow and other factors. I have, for similar reasons, made no attempt to enter into the question of sewage purification, which is a distinct and separate subject vitally associated, however, with the present one.

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SUBSCRIPTIONS.—In accordance with a ruling of the P. O. Department requiring a higher mailing rate for magazines sent to subscribers in arrears, the publishers of the **NORTH AMERICAN JOURNAL OF HOMŒOPATHY** have set the subscription price at \$3.50 per annum, but a discount of 50 cents will be allowed for payment in advance, or within four months of expiration of a former subscription.

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THE INSTITUTE JOURNAL

AN open letter on the Institute Journal addressed to the members of the American Institute of Homœopathy appears in this issue of the **NORTH AMERICAN**, and will also, it is understood, be given space in other homœopathic journals. Following the letter is printed what is said to be a copy of the contract entered into between the Medical Century Publishing Company and the Executive Committee of the American Institute.

Prior to the receipt of Dr. Fisher's letter, and unaware that such a communication was to be addressed to the **NORTH AMERICAN**, the editors had prepared an editorial on this same subject. **A**

recent circular letter addressed to the members of the Institute by its president, Dr. Wm. Davis Foster, says: "The Institute Journal has been established; the contract with the publishers will be presented for your consideration, approval or rejection." It was the purpose of the NORTH AMERICAN to present an analysis of the situation based upon available information. Such a presentation is a necessary precedent to intelligent action on the part of the members.

Dr. Fisher's letter calls attention to a series of irregularities in the establishment of the Institute Journal, and has intimated that some of them might form the basis for legal procedures.

Was it legal for the Institute at Kansas City to empower the Journal Committee to issue the transactions in the form of a weekly publication, while a by-law existed ordering the transactions in volume form? Consultation with a legal adviser has elicited the opinion that a court might be expected to issue a writ of injunction protecting an individual member in his right to receive the transactions in book form until such time as a specific change is made in the by-laws providing for publication in some other form.

But let it be granted that the issue of the transactions in other than the customary volume form is legal, could not a member obtain the protection of the courts when the Journal Committee or the Executive Committee seeks to force him to accept a monthly publication, when he is entitled to receive a weekly publication according to the vote of the Institute at its last meeting?

Dr. Fisher has referred to the terms of the contract for the publishing of the Journal, and has stated in general terms that he is prepared to show that the Institute is not getting its money's worth. Prior to the receipt of this communication the NORTH AMERICAN had considered the Institute's bargain, and had taken steps to ascertain the possible receipts and expenditures connected with the publication, taking the March issue of the Journal of the A. I. H. as a basis.

Recent inquiry at the New York office of the Medical Century Publishing Company was met by the reply that the circulation of the journal is 5,000, about 500 copies of which are not subscribed

for. Let this statement be taken as correct, otherwise we shall have to admit that the Institute has made a bad bargain in dealing with a firm of publishers which is imperilling the good name of the Institute by making false claims as to the circulation of its official journal. What does it cost to issue 5,000 copies of the J. A. I. H. twelve times a year?

The NORTH AMERICAN asked for an estimate from one of the largest printing concerns in New York City, and this is how it reads:

Composition, 32 pp. 10 pt. (long primer) at \$2.25 per page.....	\$72.00
18 pp. 8 pt. (brevier) at \$3.50 per page.....	63.00
4 pp. ads. set up each time at \$6.00.....	24.00
26 pp. ads. etc. standing at \$1.50.....	39.00
Paper	128.75
Presswork at \$16.00 per 1,000 of each 16 pp. form, 4 forms.....	64.00
at 11.40 per 1,000 of each 8 pp. form, 1 form.....	11.40
at 6.80 per 1,000 of each 4 pp. form, 1 form.....	6.80
Binding at \$5.00 per 1,000.....	25.00
Wrapping and mailing at \$2.00 per 1,000.....	10.00
Addressing wrappers at \$1.50 per 1,000....	7.50
Paper for wrappers at 50c per 1,000.....	2.50
Postage at 1c per lb.....	23.40
Cost per issue.....	<u>\$477.35</u>
Cost for 12 issues.....	<u>\$5,728.20</u>

These figures are based on New York prices, and are not the lowest that can be obtained in New York, and it is safe to say that the cost of publication to the Medical Century Publishing Company is from at least 10 to 20 per cent. less than the above estimate.

The contract calls for the payment by the Institute of \$5,000 per annum for 2,500 copies of each monthly issue. Deducting from the balance of the copies published the 500 copies, for which no payment is received, there must be 2,000 subscribers from whom the Medical Century Publishing Company adds \$4,000 to its revenue.

The total income from advertising also goes to the publishers. The rates as given on a card furnished from the New York office of the company, are as follows:

INSERTION	12 TIMES	SPECIAL	12 TIMES
One page	\$200.00	Half page, reading face	\$200.00
One half page	\$120.00	Lower half title page	\$200.00
One fourth page	\$ 80.00	Quarter page, front cover	\$400.00
One eighth page	\$ 50.00	Half page, 4th cover	\$300.00
Card	\$ 20.00		

Figured out on this basis the gross annual revenue from the advertising in the Journal of the A. I. H. would be about \$7,940.00. So that the gross income, apart from what is paid by the Institute would be \$11,940.00. From this must be deducted commissions, cost of collection, office expenses, bad debts, etc. Let it be granted that 30 per cent. must be deducted on this account, and we arrive at a total net income of about \$13,358.00, or a net profit to the Medical Century Publishing Company of over \$7,500.00.

From the foregoing estimate it can be deduced that the Medical Century Publishing Company could easily have afforded to have contracted to send to the members of the Institute a fortnightly journal. But, as the Executive Committee did not insist upon this, naturally the company made no offer in this direction.

Thus it does not appear on the face of it, that the Institute made a good bargain; it did not get as much as it had a right to demand in return for its financial aid, the increased subscription list as a basis for an increased revenue from advertising, and the prestige that naturally should be associated with the Institute's official journal; and the Medical Century Publishing Company can afford to congratulate itself, since it gave up nothing, and has taken all that the Institute would give.

In deciding whether to endorse the action of the Executive Committee, are the members of the Institute not entitled to know why the terms of contract were not generally announced so that competitive bids could have been received? Early in October the publishers of the NORTH AMERICAN received a communication from the chairman of the Journal Committee, but no estimate could be submitted on the basis proposed therein; it was not a clear business proposition.

In considering the Institute Journal question as it now is, it is impossible to ignore the fact that Dr. W. A. Dewey is, to all intents and purposes, the Medical Century Publishing Company; and Dr. Dewey is also the official organizer of the Institute at a salary of \$2,000 per year and traveling expenses. On his trips throughout the country he is expected to get recruits for the Institute. And the other members of the Propaganda Committee and all the members of the Committee on New Members are working to secure new members for the Institute. And every new member

becomes, *ipso facto*, a new subscriber to the journal and a source of revenue to the Medical Century Publishing Company, (Dr. W. A. Dewey.) Every other publishing concern pays for securing and collecting subscriptions; but Dr. Dewey goes out and solicits subscriptions and has a staff of solicitors working without remuneration for him, and the Institute pays the bill for expenses, and gives Dr. Dewey \$2,000 a year in the bargain. It would seem to the man on the street as if this fact should have been made the basis for driving a much better bargain with the Medical Century Publishing Company than that which has been made.

It has already been intimated that the lack of any control by the Institute over the business office or business policy of the Medical Century Publishing Company, opens the way to a possibility of injuring the good name of the Institute through misrepresentation of circulation, etc. Much more is this true with regard to the question of advertising. It is said that several protests have been made concerning the character of some of the advertisements in the journal.

According to the copy of the contract furnished to the NORTH AMERICAN and printed in this issue, the only reference to advertising is in the clause which says that "ethical advertising shall be defined as that which does not promise the improbable, and the questions thereof to be left to the judgment of the Journal Committee, and the party of the first part." The NORTH AMERICAN would like to be informed as to just what this amazing piece of English means. Did a lawyer of any reputation draw up this contract, or was it written out on the spur of the moment by some one or more of those present at the Cleveland conclave? As far as can be seen, it means that the Institute has no effective control over the advertising to appear in its journal, for while "ethical advertising" is defined, there is no clause forbidding the acceptance and publication of unethical advertising. This is certainly an unprecedented situation among official journals. Under this contract, the Institute members may some day find themselves confronted with an issue of the official journal bearing on its front cover page the classic features and uplifted arm of Munyon calling attention to certain of his remedies in terms which do not "promise the improbable." It certainly does seem as if the interests of the Institute have not been properly protected by those who accepted the contract on behalf of the organization.

In this consideration of the bargain made by the Institute with the Medical Century Publishing Company the NORTH AMERICAN

must not be thought to be casting any reflections on Dr. Dewey's part in the matter. With regard to advertising, for instance, it may be taken for granted that Dr. Dewey will exercise at least as wise a discretion in accepting advertisements as when he published the *Medical Century*. But the Institute's contract is with the Medical Century Publishing Company, and it is conceivable that, before the expiration of the contract, Dr. Dewey may no longer control the policy of the company, and then the Institute's good name will be at the mercy of his heirs and assigns.

Nor can Dr. Dewey be blamed for driving the best possible bargain for himself or for his company. On the man who calls the tune falls the obligation of paying the fiddler. It is said that the Journal Committee came to the conclusion soon after the Kansas City meeting, that there might be some conflict between Dr. Dewey, editor and practically owner of the *Medical Century*, and Dr. Dewey, official propagandist of the Institute, paid to go about the country and secure new members for the Institute by offering a rival publication—the Institute Journal—free to members, and that therefore the only thing to do was to find some terms on which Dr. Dewey would retire the *Medical Century*. If this was the policy to be adopted, it can be seen why Dr. Dewey was allowed to name his own terms and help himself liberally to the Institute's treasury without surrendering any control over previous sources of revenue; and it can also be seen why the contract was not submitted to competitive bidding.

It has been understood all along since the idea of publishing an Institute Journal was first discussed, that the papers and discussions as hitherto printed in the volumes of Transactions, were to appear in the publication bearing the Institute's name; but the remarkable document purporting to be a copy of the contract between the Medical Century Publishing Company and the Institute is silent upon this point. As far as the NORTH AMERICAN can see, the editor is not obliged to print a single such paper nor any discussion. He is at liberty to fill the reading columns full of articles condemning homœopathy, for "the editor shall have complete control of the distribution of the space of the literary pages and general make-up of the periodical." There is no provision whereby the Institute can protect itself by dismissing the editor; but Dr. Dewey, on the other hand, is amply protected, for "in case of disability of the editor, Dr. W. A. Dewey, no editor shall be appointed as his successor without the consent of the party of the first part," (the Medical Century Publishing Company). What would be the situa-

tion if the publishers refused to give consent to anyone acceptable to the Institute?

In his letter Dr. Fisher gives his personal views as to the effect upon the non-official homœopathic periodicals, of the publishing of an official journal. In all probability some of them may be affected as he predicts, and, if so, we must look for the same strained relations between the non-official and official publications, if not the same bitter antagonism, as exist among the publications of the old school. And the question may well be raised whether the cause of homœopathy is going to be strengthened by the conflict that may arise in so small a group as the homœopathic fraternity in America.

The NORTH AMERICAN has never opposed the publication of an Institute Journal because it thought its own interests would be menaced. It has been actuated throughout the discussion of the question, and is now actuated, solely by its conception of what will be for the best interests of homœopathy in North America—not necessarily the interests of the American Institute of Homœopathy, but the interests of the practitioners of homœopathy in North America, of whom there are five outside the organization to every one enrolled as a member, and by its conception of what will best make for the furtherance of the practice of homœopathy among physicians who now fail in many instances, to do all that might be done for their patients because of their ignorance of homœopathy.

Notes and Comments

Aspirants for Presidential Honors.—The presidential bee seems to be particularly active among members of the American Institute of Homœopathy this spring, and quite a number of candidates are either in the field or have had their names tentatively suggested. In the east we have heard the name of Dr. T. H. Carmichael of Philadelphia, mentioned. On the Pacific coast the slogan is "Ward for president in 1909, and the Institute for Los Angeles in 1910." Dr. James W. Ward would make a good president, and if he is to be elected to the chair in the near future, it would be better for him to serve at and work for a meeting in California, than to secure his election as the result of a meeting in California. There is an element of danger in the exploitation of a local element at an Institute meeting, and it might not be amiss to bar all candidates from the state in which the election is held. Let a man be chosen because he is wanted by the whole Institute, not because of a packing of a meeting by the local fraternity.

The names of two Cleveland men, Dr. Gaius J. Jones, and Dr. J. Richey Horner, have been suggested, and a third candidate from Ohio has appeared in the person of Dr. C. E. Sawyer of Marion, Michigan, offers two possibilities: Dr. W. B. Hinsdale of Ann Arbor, and Dr. MacLachlan of Detroit, the chairman of the local committee of arrangements for next June's meeting. Dr. Kinley of Denver is also in the field. Before the June meeting a number of these names will probably have been dropped from the list of candidates, but others may be added, so that there is every promise of a spirited contest.

"Passing of Homœopathy."—A correspondent of the *Illinois Medical Journal* writes to our contemporary that he sees the beginning of the end of homœopathy. "Some bright morning homœopathy will wake up and find itself dead. In the meantime its progressive elements should be warmly welcomed into the ranks of regular medicine. Not only welcomed, but urged to drop a name that means nothing, to give up no honest principle, to abandon no sincere belief, merely forsake something that has outlived its usefulness." The writer of this hopeful outlook did not have the courage to sign his name to his prediction, but the editor has seen fit to dignify the communication by an editorial on the "Passing of Homœopathy," from which we learn that it "was written by a man who for many years was a teacher in homœopathic schools, and was a firm believer in the extravagant doctrines first promulgated by Samuel Hahnemann."

The Resurrection of Homœopathy.—The reader is implored not to be downhearted at the pessimistic future said to be before homœopathy. Such utterances as are to be found in the *Illinois Medical Journal* reveal a narrow vision and the writer's very circumscribed horizon. In the process of evolution we look for change in all things, and homœopathy can hardly be expected to be an exception to the rule. So now the keen observer sees a resurrection of homœopathy, an evolved homœopathy coming into its own. In the meantime there is a silver lining to every cloud, and it is a pleasure to confront the above forecast by that of Dr. A. Gimeno at the last National Congress of Tuberculosis, held in Zarasora, Spain. Dr. Gimeno acclaimed Hahnemann as "a genius, who, at the beginning of the nineteenth century, foretold the modern routes which science would take." He pointed out that the efficacy of the infinitesimal dose is daily demonstrated by physicists and bacteriological therapists, and "consequently we owe veneration to the founder of homœopathy, who anticipated what the course of events has come to sanction." This eminent professor of Therapeutics of the Medical Faculty of Madrid, and ex-Minister of Public Instruction was big enough to make the amende honorable. "What I have stated is so certain, that I, the author of a work on the therapeutics, published in Valencia twenty-five years ago, and a text-book in the universities of Spain, highly deplore to have devoted in said work some depressive pages to Hahnemann and his follow-

ers, a wrong which modern discoveries are now committed to mend; pages I wish I were able to tear from my book."

A Polychrest Indeed.—If a polychrest is a drug frequently indicated in a large variety of pathological states, then chromium sulphate must be a polychrest of the first magnitude. Louis Kolipinski, of Washington, D. C., first advocated its use in 1902, and he seems to have grown more enthusiastic about the drug as his experience with it has increased. In the September issue of the *Monthly Cyclopaedia* he accords to it a very wide range of usefulness. Among the affections for which it is recommended are cirrhosis of the female breast, uterine fibroids, vomiting of pregnancy, chronic enlargement of the prostate, functional impotency in men, neurasthenia, and locomotor ataxia. If chromium sulphate will do half that Kolipinski alleges it is capable of in locomotor ataxia, it is a wonder. The exceptional reports tend to excite incredulity, but the homœopathist must not let this feeling prevent him from a study of the drug, both as described by the above writer and in original work in provings on the healthy.

More Doctors, Please!—Did you think the profession of medicine is overcrowded? Well, it isn't—in some parts. In Africa the ratio is one doctor to two and a half millions of natives. So far the followers of Hahnemann have not been elbowed out of the profession in our most highly civilized countries; the cry is for yet more. A local organization of physicians in England recently addressed a letter to the principals of the schools requesting that scholars contemplating the study of medicine be dissuaded therefrom. But if any young man feels "a call" to be a doctor, there are many opportunities for services in such countries as India, Korea, China, Siam, and in the continent of Africa.

Esperanto for Physicians.—With its characteristic enterprise *Clinical Medicine* announces that in the May issue will begin a series of articles on Esperanto, which will seek to impart a working knowledge of this universal language. The subject will be attacked from the medical standpoint. After a brief introduction to the elements of the language, the exercises will deal with medical and surgical topics, with reading lessons taken from the *Vocho de Kuracistoj*, the Esperantist medical journal.

Expert Medical Testimony.—A bill is before the Legislature of the State of New York regulating the introduction of expert medical testimony by providing for the appointment by justices of the Supreme Court of from 10 to 60 physicians in each judicial district who may be called by any party to a civil or criminal action. The expert witness is to be paid by the court, the amount of the fee being determined by the presiding judge. The above regulation is not to interfere with the right of parties to call other experts, but is a joint attempt of the medical organizations and bar associations to improve a somewhat scandalous condition of affairs. It is understood that bills drawn to the same end will be submitted to the consideration of the legislators of Rhode Island, Maine and other states.

Correspondence

OPEN LETTER ON THE INSTITUTE JOURNAL

"Read, not to deny nor confute. not to accept and take for granted, but to weigh and consider."

To the Members of the Institute:

The following brief is offered in advance of the Detroit meeting, at which time, according to the contract, the Journal matter is again to be brought before us.

An official journal for the Institute was first proposed by Benjamin F. Bailey, M.D., in the presidential address at the Atlantic City meeting of 1899.

At the Chicago meeting of 1905 the president, Dr. Royal, again advised it and a committee was created to report at the next session.

At the Atlantic City meeting of 1906 Dr. Green in his presidential address also favored it and the committee appointed the preceding year reported favorably, but after full and free discussion over parts of two sessions the report was laid upon the table.

Under all parliamentary law and usage this action dissolved the committee. Nevertheless, for some unexplainable reason it refused to stay dead and was continued on the programme, reporting progress at the Jamestown meeting.

Since it was tabled at Atlantic City the subject has never been properly nor legally before the Institute, it never having been regularly taken from the table, so far as the records of the Institute show.

At the Kansas City meeting, with but fifty-one present who had been at previous meetings where the subject had been considered, and with an unusual proportion of new members and others who rarely attend, two reports bearing upon the journal question were offered.

The Committee on Promulgation of Homœopathy offered the following suggestions: (The italics are mine.)

"Only a first-class publication would answer the purpose; anything short of it would be a waste of time and effort."

"The fact that a journal endorsed as the official organ of the Institute and national in scope can at once begin with a fixed and large list of bona fide subscribers, and is thus from the start in a position to command excellent advertising patronage at good rates, has a fixed monetary value which some reliable house could be made to appreciate."

"Experience proves that a weekly publication of not less than forty pages, standard size, would not only be needed to make a desirable journal, from a professional and literary standpoint, but that it could obtain better rates for advertising than a semi-monthly."

"The publishers should not be physicians and members of the

Institute; *friction would result* and do the Institute permanent injury."

* * *

Then followed the report of the Journal Committee.

It advised that there should be made "in the name of the Institute a contract for not more than five years *with some reliable publishing house to publish a weekly journal* of not less than forty-eight pages."

"To contract to obligate the Institute to no financial responsibility beyond the amount of \$2.50 per annum for each member in good standing in the Institute, *each such member to receive a copy each week.*"

* * *

Following these reports discussion occurred—for which see the Transactions, pages 67-71, and the reports were adopted.

What has transpired since then is as follows:

The Journal Committee sent out impossible specifications and received no homœopathic bids. An editor's salary of \$3,000 was named, a forty-eight page weekly journal, surveillance over the editor and over the advertising, and general control of the journal in the interests of the Institute were demanded.

The expenses necessitated approximated \$14,000.00.

For this the Institute was to pay about \$5,000.00.

The remaining \$9,000.00 was to be made up from outside subscriptions and advertising.

Nobody wanted the job.

Finding it impossible to act on the basis they had outlined at Kansas City, and which the Institute had acquiesced in at their request, the Committee called a consultation at Cleveland in October. To this the *Medical Century* was invited, *but no other homœopathic journal.*

At this time it was learned that the Lippincotts had made a tentative offer, but it was not considered because the Lippincotts published allopathic books.

A Kansas City house also put in an offer, accompanied by a bond for faithful performance of contract, but it was not considered for like reasons.

Both had been asked to bid.

At this Cleveland consultation a contract, such as it is, not worth the paper upon which it is written, for reasons too numerous to mention, and which the Institute will be called upon at Detroit to confirm, was entered into upon an altogether different basis than that proposed and ordered at Kansas City, and for altogether a different periodical.

Then we were to have a weekly journal, by a responsible publishing house, at \$2.50 per annum per member.

Now we have a monthly periodical at \$2.00 per member.

Then we were to have a publisher not a physician and member of the Institute, lest friction result and permanent injury follow.

Now we have a publisher at once a physician and member, and friction and injury quantum sufficit.

Then the committee was to have surveillance over the advertising.

Now that has been defined "as ethical which does not promise the improbable."

Then the papers and discussions were all to have a place in the journal.

Now Section 6 of the contract says the editor shall have control over the assignment of space.

Then the contract was to have been made with some reliable publishing house which could be brought to realize the considerable monetary value of the Institute's membership subscription, and its prestige in relation to securing rates for advertising.

Now we pay \$5,000 a year of the Institute's cash to one of our already established journals to reduce its size and change its name and dress, the Institute gaining nothing out of its prestige and its twenty-two hundred members in one subscription bulk.

I am prepared to establish by incontrovertible evidence that the Institute can publish a semi-monthly journal for that which it now pays for a monthly, and make all the advertising clear, for the salary of the editor, the balance to go in the Institute's strong box.

I am also prepared to establish, from likewise indisputable evidence that the Journal can be published by the Institute—the printing, wrapping and postage—for less than one-half what it now pays for the same periodical.

I am also prepared to show that neither party to this remarkable five-year contract, purporting to bind the Institute in the sum of \$25,000, can legally enter into any such contract as the one which has been made.

It may also again be safely stated that by establishing an Institute Journal we not only destroy the real value of our transactions, as such, but that we also antagonize or invite the indifference toward the Institute and its work of nearly or quite all the other journals—thus with one, killing the hearty support of almost twenty.

Large experience as a journalist justifies the view that all our non-official periodicals, every one of which is needed for the local and general propagation of homœopathy, will suffer a decrease in both subscription and advertising patronage because the Institute has set itself up in journalism against them. Advertisers will naturally consider an official organ of a national society its best advertising periodical, while subscribers will naturally, in many instances, give up journals for which they have to pay, because they are to get the Institute Journal in connection with their Institute membership. To my mind the twenty are more necessary and more valuable to the Institute and to homœopathy than will be the one.

Quoting from memory, the following journals have been altogether ignored in this matter: *The New England Medical Gazette*, *The North American Journal of Homœopathy*, *The Hahnemannian Monthly*, *The American Physician*, *The Homœopathic Journal of Obstetrics*, *The Homœopathic Eye and Ear Journal*, *The Cleveland Medical and Surgical Reporter*, *The Medical Counsellor*, *Detroit*, *The Clinique*, *Chicago*, *The Medical Advance*, *The St. Louis Homœopathic Reporter*, *The Critique*, *Denver*, *The Progress*, *Denver*, *The Iowa Homœopathic Journal*, *The Pacific Coast Journal of Homœopathy*, *The Homœopathic Recorder*.

The Institute's Journal Committee seems to have practically surrendered all control over the journal to the publishing company which issues it. The editor is given the assignment of all space, and we retain no surveillance over the advertising so long as in the judgment of the publishing company it does not promise the improbable. And yet, the contract, in section 8, does very kindly "permit the secretary of the Institute to become associate editor so long as that official is persona grata to the party of the first part." This, it is understood, is why our secretary declined to serve. He was to have been "permitted" so to serve, to have given of his time and ability, to a private enterprise of a private corporation, very considerably profitable, without compensation, fee or reward, except that as our secretary he was to have been allowed to serve as associate editor of our Journal so long as duly obedient to the interests of the selected publishing company.

This is about the Institute's relation to its official periodical, according to the contract.

Why the unseemly haste which has been exhibited in this matter? It had waited nine years, might it not have been made to wait another, or until the Institute, which had been promised a weekly and which at urgent request had ordered a weekly, could decide for itself whether or not it wants a monthly instead? And if it should decide to want it, how it could best and most safely to all its interests set about getting it?

Not a single journal of our school except the favored one was asked to make a bid upon the monthly basis!

There are some phases of this subject that can hardly be properly discussed through an Open Letter or in the journals. In fact it is doubtful if some features of it would better be brought before the Institute, or would not be better threshed out in the courts. The Institute which entered into this contract is not yet an organized corporation, and is certainly not yet empowered, has not yet empowered itself since incorporating, to engage in a business transaction of any kind. The whole affair has been done in a slipshod and unbusiness-like manner, and the Institute may well consider whether, while not yet too late, it would not be best to set the entire transaction and the establishing of an Institute Journal aside.

April 15, 1909.

C. E. FISHER.

THE INSTITUTE JOURNAL CONTRA CT.

ARTICLES OF AGREEMENT

WHEREAS:—At the annual meeting of the American Institute of Homœopathy in Kansas City, in June, 1908, it appointed the following Journal Committee, Benj. F. Bailey, M.D., of Lincoln, Neb., Chairman; Jos. P. Cobb, M.D., of Chicago, Secretary; C. E. Sawyer, M.D., of Marion, Ohio; George Royal, M.D., of Des Moines, Iowa, and R. S. Copeland, M.D., of New York City, with instructions to arrange for the publication of a weekly journal and with power to act, and

WHEREAS:—After due consideration the Journal Committee concluded that a weekly journal was impracticable but that a monthly journal could be published with much benefit to the Institute Organization; and

WHEREAS:—In a joint meeting with the Executive Committee represented as follows: W. D. Foster, M.D., of Kansas City, Mo., president; T. H. Carmichael, M.D., of Philadelphia, Pa., first vice-president; J. Richey Horner, M.D., of Cleveland, Ohio, secretary; T. F. Smith, M.D., of New York City, treasurer, and J. H. Ball, M.D., of Bay City, Michigan, registrar; the two committees decided it was for the best interests of the Institute to publish a monthly journal and that the Executive Committee jointly with the Journal Committee had sufficient authority to arrange for the same, and

WHEREAS:—The Executive Committee instructed the Journal Committee to make all necessary arrangements;

It is, therefore, stipulated and agreed by and between The Medical Century Publishing Company, of 9 East 42nd Street, New York City, party of the first part, and the American Institute of Homœopathy, party of the second part, to-wit: The Medical Century Publishing Company, party of the first part, hereby agrees to perform the following:

1. Discontinue its present publication, The Medical Century.
2. Establish in place thereof a periodical of forty-eight pages of reading matter of a size approximately eleven inches by eight inches, suitably printed and bound without colored cover, to be known as the Journal of the American Institute of Homœopathy.
3. To print and mail monthly 2,500 copies of the said Journal of the American Institute of Homœopathy, as follows: (a) to the members of the American Institute of Homœopathy; (b) the remainder to such other persons or institutions as the Journal Committee may direct.
4. To print and mail monthly such a number of copies above 2,500 as the needs of the American Institute may require.
5. To furnish all copies for exchanges, publishers, writers of articles, not to exceed two each, and to reserve a sufficient number of extra copies each month not to exceed one hundred for future requirements of the American Institute of Homœopathy.
6. To furnish illustrating at the request of the Journal Committee and the discretion of the editor, to an amount not to exceed \$100.00 per annum.
7. To furnish space monthly, besides the forty-eight pages of literary matter, for table of contents, list of Institute officers, schedule of prices for reprints, and print the index and title at the end of the year.
8. To secure the services of Dr. W. A. Dewey, of Ann Arbor, Michigan, as editor of the publication; to permit the secretary of the American Institute of Homœopathy to be associate editor of the publication unless the said Secretary becomes persona non grata to the party of the first part.
9. To permit no advertising to be placed among the literary pages.
10. Not to accept less than three dollars (\$3.00) as a subscription to the said periodical, except in the case of undergraduate students, to whom the price shall be two dollars (\$2.00), and to pay to the American Institute of Homœopathy one dollar (\$1.00) for each and every subscriber to the periodical who is not a member of the American Institute of Homœopathy. This shall not apply, however, to subscribers of the Medical Century Company, now on the list, until their present subscription has expired. Settle-

ments for the above shall be made quarterly, on the first day of March, June, September and December of each year, starting March 1, 1909.

11. That the periodical shall appear not later than the 10th of each and every month of the year, except in case of unavoidable circumstances, not controllable by the party of the first part.

12. That at the end of five years from the date of this contract, the Medical Century Publishing Company, party of the first part, will sell to the American Institute of Homœopathy, party of the second part, the Journal of the American Institute of Homœopathy at an appraised valuation, to be determined by three appraisers, one of whom shall be selected by the party of the first part, one by the party of the second part, and the third by the two thus chosen, a majority report to rule. Said appraisers shall be appointed not less than six months prior to the expiration of this contract, and their appraisal shall be finished and in the hands of parties of the second part at least three months before the expiration of this contract.

The American Institute of Homœopathy, party of the second part, hereby agrees:

1. To subscribe for 2,500 copies of the Journal of the American Institute of Homœopathy at the rate of two dollars (\$2.00) per subscription, the same to be paid to the Medical Century Publishing Company, party of the first part, from the treasury of the said American Institute of Homœopathy, in cash, as follows: The first payment of \$1,250 to be made on December 1, 1908, and subsequent payments shall be made quarterly on the first day of the months of March, June, September and December of each succeeding year, during the life of this contract.

2. To pay for such copies used by the party of the second part in excess of the 2,500 hereinbefore provided for, at the rate of two dollars (\$2.00) for each and every annual subscription; payments therefor to be made commencing March 1, 1909, and quarterly thereafter as hereinbefore stated, upon presentation of vouchers.

3. That ethical advertising shall be defined as that which does not promise the improbable, and the questions thereof to be left to the judgment of the Journal Committee, and the party of the first part.

4. To pay from the treasury of the American Institute of Homœopathy for all illustrating in excess of \$100.00 per annum at cost price, upon presentation of vouchers therefor by the party of the first part.

5. That in case of disability of the editor, Dr. W. A. Dewey, no editor shall be appointed as his successor without the consent of the party of the first part.

6. That the editor shall have complete control of the distribution of the space of the literary pages and general "make-up" of the periodical.

This agreement shall be for a period of five years from the date thereof, and in case of non-performance of these agreements by the party of the second part, owing to non-endorsement by the American Institute of Homœopathy in subsequent meetings, no obstacles shall be placed in the way of the party of the first part re-establishing the Medical Century and retaining the subscription list in its possession at the time of such non-performance of contracts.

Signed by

William Davis Foster, Pres. A. I. H.
 J. Richey Horner, Sec'y, A. I. H.
 B. F. Bailey, Chairman Jour. Com.
 J. P. Cobb, Sec'y Jour. Com.
 The Medical Century Co.,
 W. A. Dewey, Pres.
 L. L. Carpenter, Sec'y.

Dec. 1, 1908

International Homoeopathic Review

Conducted by

R. F. RABE, M. D.

SCIENTIFIC DEMONSTRATION OF THE ACTION OF HIGH DILUTIONS

P. JOUSSET. (Translated from L'Art Medical, by Dr. Stonham.)

For some years I have been seeking for a convincing demonstration of the action of infinitesimal doses. Proofs drawn from a clinical source have always seemed to me deficient. To the most irreproachable observations one can always reply by invoking a coincidence or an error in diagnosis; and if an enlightened criticism demonstrates that these objections are usually only made because the objectors do not wish to be convinced, it is none the less true that clinical proof is of value only for doctors who already believe and that it for the most part fails when it is addressed to an opponent of the action of infinitesimal doses.

Proofs obtained from the laboratory have a much higher value and the demonstration which they bring is so evident that it triumphs over prejudice and one-sidedness, and causes absolute conviction.

Why has proof obtained from the laboratory this power? It is because, as Claude Bernard said, an experiment repeated under the same conditions always gives the same result; it is also because it is always possible to verify results announced by conforming to the technique employed by the first experimenters. Hahnemann supports his therapeutic reform upon theories more or less disputed, and on clinical observations, and the results which he has announced are still contested by a great many doctors.

Pasteur re-edits Hahnemann: he treats morbid states with the microbe which produces it (*similia similibus curantur*), rabies with rabies, diphtheria with diphtheria, etc., but he prescribes these curative toxins in the diluted state and employs infinitesimal doses. And no one disputes the teachings of Pasteur. Why? Because these teachings rest upon laboratory work which is absolutely indisputable.

Therefore, impressed by the considerations we have just mentioned, we have sought once more in laboratory experiments the demonstration of the efficacy of infinitesimal doses, and if we have chosen *aspergillus niger* and the salts of silver for this experiment it is because we have been led to employ them by the advice of Professor Robin. The doctor, whose elevated mind understands all the problems of therapeutics, and who, by his work on colloidal metals, has demonstrated in a masterly way the action of infinitesimal doses, advised us some years ago to repeat the work of Raulin on the influence of salts of silver upon the growth of

aspergillus niger. It is, therefore, in verification of Raulin's work that we have, after the lapse of some years, commenced the labours the result of which we give to-day.

I recommenced these experiments in the month of January of 1908, and I have tried to make the technique more irreproachable than in the former experiments. I have recollected that, when it is a question of studying variations impressed on living entities, one ought to take count of all the conditions of the experiment; one must never forget that in this kind of work the smallest modifications in the conditions of the experiment can change the results. This is the kind of technique that I have employed in my latest experiments.

We ourselves make the fiftieth dilutions of nitrate of silver according to the method of Hahnemann: that is to say, we pour two drops of a dilution into 5 grammes of sterilized water, and we shake the flask briskly so as to obtain a perfect mixture. We take eleven sterilized Piétri dishes. Three bear the label 'Iontrol,' eight receive the first, the second, the third, the sixth, the twelfth, the thirtieth, the fortieth, and the fiftieth dilution. These last dishes each receives 20 cc. of Raulin's liquid, the controls receive 5 cc. more because the dishes holding the dilutions will presently receive that amount as dilution, and the controls and the dilutions should necessarily be equal in this respect. Each Piétri dish receives 10 drops, measured from a drop bottle, of a culture of *aspergillus niger*, which has been broken up by shaking in Raulin's liquid and filtered through a sterilized cloth. There only remains to add the 5 grammes of the dilution, the first to the fiftieth, as the case may be, and to place the Piétri dishes in condition of light and heat as similar as possible. From the eleventh to the fifteenth day, varying with the external temperature, when the growth of the *aspergillus* has ceased to progress, the mycelium of each cell is placed upon a square of paper. Drying is done in the open air, and one must wait until it is complete before weighing the mycelium.

The results which I have obtained this year confirm, in their chief outlines, those obtained in 1903.

The first result, which seems to me henceforth indisputable is that nitrate of silver, even in the fiftieth dilution, diminishes the growth of *aspergillus*, so that the weight of the mycelium produced in the dishes which have received the dilutions of nitrate of silver is always less than the mycelium of the 'controls'. A second result, which had escaped me in my former experiments, and which seems, if not definitely proved, at least to have had new light thrown upon it, is this apparently paradoxical fact with regard to the effect of successive dilutions on therapeutical activity; the successive dilutions from the twelfth to the fiftieth add nothing to the activity of the drug, since the weight of the mycelium is absolutely similar in all these dilutions.

To prove the preceding statements, we will now give the result of the experiments made since the month of January, 1908:

EXPERIMENT OF JANUARY 15

		Weight of the mycelium	
3rd dilution	0.80
6th "	0.75
12th "	0.85
30th "	0.80
40th "	0.75
50th "	0.80

The three controls present the same weight: 0.90

REMARKS.—The growth of the third dilution was delayed, the mycelium having developed three days later than that of the controls, and sporulation having also delayed by three days; yet the weight of the mycelium reached 0.80, higher than the sixth dilution, which was only 0.75, and lower than the controls, 0.90.

In all our experiments we have noted this delay in the growth of the third dilution; only when the external temperature was very elevated this delay has been but for twenty-four hours. The sixth dilution, which in all the experiments produced a weight of mycelium less than that of any of the other dilutions in the experiment of January, is less than that of the third, twelfth, thirtieth and fiftieth. But, by an exception that cannot be explained, it is similar to the fortieth, represented by the figures 0.75. The twelfth, thirtieth, and fiftieth present weights of mycelium very much alike, 0.80 and 0.85. All are inferior to the controls, 0.90. The first two dilutions remained sterile, as is always the case.

EXPERIMENT OF MAY 22

3rd dilution	...	...	0.27
6th "	...	...	0.26
12th "	...	...	0.31
30th "	...	...	0.30
40th "	...	...	0.30
50th "	...	...	0.32
Controls	...	...	0.37

The same remarks made on the experiment of January are applicable to the third and sixth dilutions, where the weight of mycelium continues the lowest; the twelfth, thirtieth, fortieth, and fiftieth have much the same weights; all are inferior to the controls.

EXPERIMENT OF JULY 6

3rd dilution	...	...	0.38
6th "	...	...	0.325
12th "	...	...	0.386
30th "	...	...	0.36
40th "	...	...	0.365
50th "	...	...	0.368
Controls	...	...	0.431

This experiment gives results very like the preceding; with this difference that the external temperature, being very high, 25° in the shade, the third dilution commenced to grow twenty-four hours after the others. The weight of the mycelium of the sixth is, as always, the lowest, 0.32. As is also always the case, the weight of the mycelium is greatest in the controls.

We can therefore maintain the conclusions already announced.

(1) Absolute sterility of the first and second dilutions.

(2) Uniformly delay in the growth of the third dilution, with this paradoxical fact, that the weight of the mycelium is greater than in all other dilutions.

(3) The sixth dilution uniformly presents a weight of mycelium less than the other dilutions; it will therefore be more active than the others.

(4) The twelfth, thirtieth, fortieth, and fiftieth give weights of mycelium not quite the same, but very similar. It is remarked that the small differences in weight in these four dilutions are **not** in regular relation with the dilutions themselves; it does not follow for instance, that there is a regular increase from the twelfth to fiftieth, but differences occur which are essentially irregular and arise from conditions of which we are not cognizant. Sometimes it is the fortieth which shows the least weight (experiments of January and May), sometimes it is thirtieth (experiment of July).

(5) The weight from the dilutions has in all cases been less than that produced by the controls.

Thus our preceding statements are justified; infinitesimal doses up to the fiftieth dilution possess an evident action on the growth of *aspergillus niger*, and we think we can add that in the present state of science it is illegal to deny the therapeutic action of pharmaceutical preparations which have an indisputable

Our second statement, absolutely denying the power of successive dilutions to develop the therapeutic energy of a drug, is established experimentally by the very similar results of the fiftieth and of the twelfth dilutions upon the growth of *aspergillus*. effect on vegetable organic life.

(6) The more considerable activity of the sixth dilution is, perhaps, a justification of the much more frequent use, at least in France, of that dilution.

We think that it will be very interesting to apply this method of research to dilutions raised to an extreme infinitesimal, the 100th, 200th, and even 20,000th.

Let us add, finally that in some experiments previously made I found that the bichloride of mercury had a greater effect upon the growth of *aspergillus* than the salts of silver, and that, on the contrary, salts of gold seem inactive."

THREE CONTRIBUTIONS TO THE STUDY
CAPSICUM ANNUUM
A BRIEF STUDY

BY C. CARLETON SMITH, M.D.

It is a fact that almost every drug that has been well proven has running through it, like a scarlet thread, a peculiar symptom, which at once characterizes the drug.

The characteristic symptom which permeates capsicum is burning. This is also indicative of arsenicum, but ars. has a peculiar and marked restlessness, which caps. does not have.

It is also interesting to note that though this drug is used so largely on our tables as a condiment, it is, notwithstanding, one of our most precious curative agents in a potentized form.

Hahnemann tells us that a very small portion of a drop of the tincture of capsicum diluted to a trillion-fold degree, each diluting bottle having been only twice succussed, would be found quite sufficient for a dose for all homœopathic purposes.

This drug has been of great value to me in abnormal conditions of fat, lazy people, and, perhaps, more particularly females of this description.

These patients get sick and stick on your hands. They hang fire, so to speak, get no better and no worse. They are ill, and yet at your visit they are full of smiles. They will get out of bed for a little while, loll around the room, and then suddenly get back again. Their mouths are pasty, gums flabby, breath fetid, with accumulations of mucus.

Give caps. to these cases and you will frequently bring on a reaction, ending in restoration to health. And in other cases, if the remedy is not so far reaching, it will at least make the way clear for other remedies which will complete the cure.

Patients who require caps. are generally better while eating, but worse after. They complain of their best dishes tasting sour; crave coffee and use it, but afterward suffer from attacks of dyspnea on account of the indulgence.

It must be remembered that caps., while it produces burning in various portions of the body, yet it has an opposite condition, and that is, icy coldness of the stomach, and, hence, the fat, *lazy* patient I have described, will one day complain of intense burning in the stomach, and the very next day will surprise you by reporting icy coldness in that region.

Think of this drug always in persons who lack reactive force; they want to lie down all the time; can't hold themselves up. When they walk, they totter. If they come into your office, they will stagger to a chair and plump down into it with a heavy sigh, and with gasping breath describe their case.

These fat patients who require caps. are generally plagued with hemorrhoids, which they complain of as making them feel very blue and downhearted. They are also constantly troubled with enlarged cervical glands, which are quite painful; also elongated uvulas.

The breaths of these patients are so foul that it is impossible to sit before them while they converse with you.

The stools of caps. are somewhat like those of *nux vom.*, in that they are frequent and quite small; but they are accompanied by burning in rectum, and expelled with violence, which *nux* does not have.

It also has piles with mucous discharge similar to *carbo veg.*, but differs from *carbo veg.* in that the latter has mucous discharge of an unbearable stench, and much more profuse than caps., even wetting the clothing through.

If a patient comes to you exceedingly gloomy from hemorrhoidal flow, give him caps. 500 or higher.

This drug is a precious remedy for nostalgia or home-sickness.

If you meet with little children who become homesick leaving their parents to go to school for the first time, give them a few doses of caps. Young ladies going to boarding school for the first time, will write back in a little while that they are terribly homesick. If you see them, you will find them with very red cheeks and sleepless at nights: caps high is the remedy.

Clumsy children who suffer with morning headache, and who have an attack of nosebleed in the morning before they get up require caps.

The red cheeks of caps. are like unto *chamomilla*, but there is this difference: the latter is red and hot; the former simply red, and though feeling hot to the patient, are not so to touch. Caps. has excessive distention of the abdomen, like *lyc.* The patient says her abdomen will surely burst. This does not come on, however, until about two hours after a meal—while *lyc.* has it immediately before the meal is finished.

This drug has also peculiar urinary symptoms. The neck of the bladder is spasmodically contracted, and the urine comes first in drops, then in spurts, alternating.

We have marked symptoms of the genital organs which must not be overlooked—I allude to coldness of the scrotum and marked dwindling of the testicles; also violent erections in the morning when it is time to get up, which can only be allayed by cold water. We find also a gonorrhœal discharge which is very thick and yellow. There are also pains of a rheumatic nature in the provings of this remedy, one of the most important being "bruised pain of the os calcaneum, as if the heel were benumbed or bruised by a great leap." It also has wandering pains, like *puls.* of a drawing nature in the lower limbs, in the back, then in the upper limbs, in the nape of the neck, in the scapulæ, and in the hands; excited by moving. Sometimes we may have to choose, in treating these fat, lazy and dirty people, between caps. and sulphur. This will

be your guide; the sulph. patients dread the water, while the caps. patient dread the air; they won't go outdoors unless you drive them out.

In summing up caps. will be found most useful in patients with blue eyes and light hair; in children who are excessively clumsy. very ugly in disposition, and always complaining of being cold and chilly; persons easily offended; singing, perhaps, and full of hilarity one moment, and the next scolding furiously.

Most complaints under this remedy are aggravated by the use of coffee, more especially the cough, which latter is apt to be of an explosive character, akin to whooping-cough, so severe in its nature as to cause a sensation as if the drums of the ears would actually burst open.

In an epidemic of diphtheria of a very severe type through which I passed in the early years of my practice. I found capsicum of great help to me whenever it was indicated, the indications being burning and soreness of the mouth and fauces; sensation of spasmodic contraction in the throat when attempting to swallow; the throat smarts as if full of cayenne pepper. The pain in the throat is greatest, not during the act of swallowing, but between, similar here to ignatia, but very different in every other respect. Cheeks red, but not hot, changing to paleness, with epistaxis; chilliness between scapulæ; worse from drinking cold water.

THE MIND AND SKIN OF CAPSICUM

WM. J. GUERNSEY, M.D.

The mental symptom most frequently associated with capsicum is notalgia, and while we are not frequently called upon to prescribe for that trouble, it is so seldom written about that a brief reference to it may be of use. It has been said that the best remedy for homesickness is to "send the patient home," and while one can readily imagine some instances where this procedure would seem a necessity, it is, in a majority of cases, out of the question. We have to deal with a patient whose return home is a supposed impossibility; who not only desires to return home, but has so dwelt upon the matter that all else has sunk into insignificance; the craving for home has become a disease. and he is, in a mild way, a monomaniac, thinking only of and wishing only for home and its attractions. Why should not this unreasonable craving call for medical treatment as well as any other.

The indication usually referred to caps. for homesickness is "redness of cheeks, sleeplessness, and hot feeling in the fauces." Let us also note the disposition to become angry at the slightest offense; the patient is peevish and irritable, or, if in a pleasant mood, will become angry from the slightest thing that disturbs him; they are inclined to be melancholy and desire to be let alone.

Other remedies have been used for nostalgia, the most important being phos. ac., ignatia, helleb., and bellad., in the order cited.

PHOS. AC. is particularly useful to young persons who have grown too rapidly, and will suit many cases at boarding-schools. The patient is indifferent in manner, or, popularly speaking, doesn't care whether school keeps or not; bad effects from onanism; unwillingness to talk.

IGNATIA.—Changeable mood; sighing; distressed; "gone" feeling at stomach not ameliorated by eating; bad effects from grief and disappointment; perhaps the patient had expected to return home on a certain date, and, being disappointed, she grieves and frets over it; or the school girl has been reprimanded and gone to her room to cry herself sick; brooding in solitude; imaginary trouble; the circumstances producing homesickness not half so bad as they think.

HELLEBORUS.—Irritableness, aggravated by consolation; does not want to be disturbed; weak memory; thoughtless; staring; sighing; inability to fix the mind; answers slowly, or is dull and says nothing; lamenting; moaning.

BELLADONNA.—Persons who, though naturally of jovial and entertaining disposition, become violent, even delirious, when ill; sleepy, but can not sleep; excitable; easily brought to tears, or morose and serious; fretful, nothing seems right; vexed at himself.

The skin symptoms of capsicum are few, but we find one peculiar—hence important—symptom, namely, itching which is aggravated by scratching. I have verified this symptom several times under anacardium, and, next to that remedy, we find the same symptom under ledum and puls. It is also recorded under bism., caust., con., mez., sil., stram., and sulph., although in a minor degree.

The symptom, therefore, is more peculiar because of its unnaturalness than from the fact that it is uncommon in the materia medica. How, then, are we to tell which of these remedies to give for itching aggravated by scratching? By ascertaining what other local sensations are experienced and observing the mental idiosyncrasies.

Anac. and MEZER. have a change of place of itching after scratching; anac. is an ill-natured, nervous, hysterical person, with rather a malicious nature, while mezer. is indifferent and despondent, and though angry at trifles, is soon sorry for it.

Anac. and SUL. have numbness after scratching, but sul., while nervous, peevish and irritable, is rather inclined to be philosophical and full of religious speculations, while anac. can "swear like a trooper." Sul. has a raw feeling after scratching.

CAUST., PULS., sil. and sul. have a sticking after scratching, but caust., while melancholy, looking on the dark side all the time, does not weep so easily as puls., and has not that slow, indecisive disposition; caust. is also peevish; sil. has a pretty big conscience, with compunctions about evil deeds, and though the child is obstinate and cross it cries when kindly spoken to.

CAUST. MEZ., PULS. and SUL. have stinging after scratching. Their mental states as before cited.

CAUST. and STRONT.—Tension after scratching. STRONT is ill-humored, inclined to be angry, impetuous, while caust., though peevish, is melancholy.

SIL. has titillation after scratching.

CAUST., puls., sil., and SUL., eruption after scratching.

Sul., erysipelas after scratching.

Caust., pul. and SUL., papules after scratching.

CAPSICUM has none of these indications and markedly, although it has in a degree a pain in the scratched place, which is shared in by puls., sil., and SUL. This latter being the chief (as will be observed) for aggravation after scratching; further, caps. has naturally a lackadaisical disposition not so completely found under any of the other drugs.

Thus glancing at a few of the mental and cutaneous symptoms of this remedy, let us note that as the medicine is "peppery" so is the patient's disposition, and as we can imagine a local application of it to affect the skin, so does the internal proving of it produce burning and an itching, the latter not relieved by scratching any more than would be ordinary rubbing remove the dust or pepper from the skin.

I venture the assertion that in no class of diseases are mental symptoms less noted than in skin troubles, yet where will we find a diseased skin (cutaneous manifestation of constitutional disturbance) free from mental symptoms. We expect our patients to be anxious about these troubles, but sometimes they are unnecessarily so, thus aiding us in the selection of a remedy; or if indifferent, it is still stranger and of greater importance. Their pride may be deeply wounded, and they avoid society from mortification because of a small, almost unnoticeable, eruption. All of these points are noteworthy, and if taken into account will aid us in selecting the truly homœopathic simillimum without which there is no perfect cure.

A FEW COMPARISONS OF CAPSICUM

JOHN V. ALLEN, M.D.

I have endeavored to give a few comparisons of the medicines having somewhat similar symptoms to capsicum and have selected a few symptoms from each of the following headings, eye, ear, vomiting, stool, abdomen, cough, and chill.

Under the eye symptoms of Hering's *Materia Medica* we find that objects appear black. It is the only remedy I have been able to find having this symptom. *Phos.* has objects appear dark, as have also bell., and hep., while thuja has objects appear dark while reading. The dim vision of caps., particularly in the morning, might be compared with cham., chelid. and puls., each of which have it, with the difference that caps. is better on rubbing the eyes,

and the totality of the symptoms in a given case will decide which one of the other three might be indicated.

The ear symptoms of caps., I think, should not be hastily overlooked, as it produces one condition which is too often maltreated with the knife, and very often proves fatal to the patient, and that is caries of the mastoid process, which may be on either side, and here you must compare with aurum. The caps. swelling and inflammation is very tender to touch, with smarting, burning, tearing pains, while in aurum we have the mercurio-syphillitic cachexia, generally with boring pains, offensive otorrhea, and a general breaking down of the osseous system. Each of these remedies has pain behind the left ear. The caps. pain is tearing in character, while that of aurum is characistically boring. Not only do we find the adjacent parts of the ear affected, but we have an aching in one or both ears when coughing. This symptom I consider peculiar, and you will find not only the ear but any distant part of the body affected by coughing. You must compare dioscor. with caps. in pain affected by coughing, which in dios. is worse at 8 A. M. I might here mention that hep. and phos. ac. each have earache when blowing the nose, and manganese from laughing.

The eructations of caps. are peculiar, and the patient will tell you the drug has the taste of the gases raised. I might mention it has stitches in the side when belching. Now, sepia should be compared when this symptom is found, and other symptoms of sep. will lead you to select it.

In sep. I might again mention that we have relief of pains in the back from eructations, and in ars. pains in the back on belching. Verbascum should not be forgotten for belching during cutting pains in the abdomen.

I will now try to compare the abdominal and stool symptoms together, but will not go into the finer shades of symptoms, but only mention comparative remedies.

In colic, around the umbilicus, with mucous stools, sometimes streaked with blood, with tenesmus we must compare merc., canth., coloc.

In merc. you have the never-get-done feeling and chilliness follows every stool, whereas in caps. the chilliness is not after stool but after drinking, and violent thirst follows every stool, and must go to stool after drinking, passing nothing but mucus, with burning in the rectum and bladder. It is with this latter symptom that we should think especially of canth, as it has slimy, bloody stool, with burning pains in the rectum and anus, causing the patient to cry out; it has also chilliness after stool, as if cold water were poured over the body and more tenesmus of the bladder than its ally caps.. and its vesical symptoms are always present when indicated. And we should not forget merc. cor. when vesical symptoms are present in this character of diarrhea. To colocynth I will give passing notice, in merely stating that the tenesmus is during stool and relief of pain after stool, and the colic is relieved

by bending double and by hard pressure, which is not so in caps. *Thrombidium* should not be overlooked with symptoms presented like the above mentioned. It has, like caps., mucous, blood-streaked stools, thirst following every stool, tenesmus and chills in the back, but the thromb. patients cannot wait until they are through eating, but have the passage while eating (like ferrum). Before leaving this section I would like to call your attention to caps. in hemorrhoids, and its relation to other drugs in this condition. It has hemorrhoids which are burning, swollen, itching, throbbing, with sore feeling in the anus: bleeding or blind, with mucous discharge. Mur. ac. should be one of the first remedies thought of when the sore feeling of the anus is complained of as it is one of the few remedies having hemorrhoids which are too sore to bear the least touch. Sulph. and baryta-carb. should be carefully studied when mucous discharge accompanies piles, and the distinctive characteristic symptom of each will differentiate them from caps.

The cough of this remedy as I have said before, causes pain in distant parts, as aching in the ears, nose-bleed, stitches in the neck of bladder, and stitches and tearing from hip to knee and foot but you will find one peculiar cough symptom which I will mention and compare with sang., and that is with every explosive cough (and at no other time) there escapes a volume of pungent fetid air. The sanguinaria cough has belching before and after the cough and only after in caps., and the sang. breath and sputa smell badly, even to the patient, and the cough is relieved by passing flatus up and down. Caps. sputa is dirty brown, and not offensive to patient.

The grandest sphere of the action of caps. is its power to cure intermittent fever, and its indications are peculiar and not difficult to differentiate. The chill begins in the back, with thirst, worse after drinking, better when walking in the open air.

Eupat. per. has insatiable thirst, but drinking causes nausea and vomiting and hastens chill, thirst two to three hours before chill, and chill ends in bitter vomit.

Lach. chill, as does also *eupat. purp.*, commences in the small of the back, and not between the shoulders, as caps. and polyp.; patient wants to be near a fire, while caps. is better walking in the open air; lach. has no thirst during chill as do caps. and eup. per.

Polyp. has chill commencing in back between the shoulder-blades, like caps., but worse in the open air.

The caps. chill, which is often followed by sweat, without intervening heat, should be compared with causticum and lyc. Caust. chill is lessened by drinking, and is without thirst, followed by sweat, without intervening heat.

Lyc. chill generally commences at 4 P. M.; no heat after chill, but thirst after the sweat.

During the caps. chill we sometimes have vomiting of phlegm. In this it should be compared with ign. and puls. The heat of caps. which is lessened by motion, should be compared with ferrum.

Characteristically all the stages of caps., viz.: chill, fever and sweat, are lessened by motion, and the chill spreads generally until extreme points are reached, then as gradually declines.

Opium.—The use of this valuable drug in accordance with homœopathic law is one of the best illustrations of the value of the law itself.

The effects of opium and of its alkaloid, *morphine*, are too well known in grosser doses to need a full recital here. It will suffice to cite a few cases cured in the application of our law by the higher potencies of the drug.

Mr. E. L. P., past middle life, was found one afternoon in a profound stupor, warm, relaxed, showing no attention to efforts at awakening beyond a surprised way of opening the eyes and murmuring, only to lapse into renewed slumber. It was not natural sleep, nor alcoholism, nor effect of any drug. The pupils were well-contracted and there were movements of both arms and legs, showing absence of paralysis. The patient having previously had a slight cerebral hemorrhage the diagnosis of recurrence, without paralysis, was made, and one dose of opium 200 placed on the tongue; in ten minutes a few drops of the same in solution was given, with swallowing, and prompt return of consciousness, but with marked debility and headache, with throbbing whenever position was changed, especially on lying down. These symptoms persisted for several days, always relieved by the opium 200. The outcome of the case is, of course, uncertain, but the present relief is very real.

A child of six months passed into a state of coma following exhaustive diarrhea. Pupils contracted, heat of head, impossibility of rousing attention. Opium c.m. on the tongue helped inside of two hours, followed by cure of the case.

A young woman of eighteen years just delivered of her second child after a not very severe labor suddenly lost consciousness, with stertorous breathing and eclampsia of a violent type; it looked for a few minutes as if every breath would be her last.

Opium 200 on the tongue, every two minutes, restored a normal condition within ten minutes.

A case much like this, in which opium was not administered, died on the second day.

Without going over any more particular cases I will state that I have found opium useful in the 30th and higher potencies in constipation, in retention of urine, in bad dreams or "night terrors," in protracted wakefulness, like that which follows the abuse of morphine and its withdrawal; in the somnolence of fever, with contracted pupils and dry mouth; in the lethargic state that often prevents the chosen remedy for other conditions from acting, and in delirium, with idea of being away from home.

The sphere of opium is not large, but exact, and it is a pleasure to see its prompt action when duly indicated.—Edward Crouch, M.D.

The Revenge of Homœopathy.—The Gazette has received a translation from the *Bruxelles Illustré* of Juillet 21, 1907, of an article that will be of interest to its readers.

Our physicians have usually only a disdainful shrug of the shoulders when one dares to speak to them of homœopathy.

Homœopathy, which sees itself so often vilified, even denied by allopathy. The official doctrine of the faculty has been covered with eulogy by one of the most distinguished members of the Academy of Medicine, by one of the most learned physicians of the Paris hospitals, Dr. Huchard. This excellent practitioner terminated his series of six conferences, to which from all parts of Paris crowded the doctors, anxious always to be instructed.

Before an enormous audience Dr. Huchard covered with flowers the homœopathic doctrine, saying impressively:

Gentlemen:—We give too much medicine! And by it we are often injurious (nuisibles) to our patients. The same medicine has entirely contrary effects, according to the strength or weakness of the dose. Thus, a large dose of strychnine administered to a dog paralyzes him. Whereas, a moderate dose augments the contraction of the muscles (et le tétanise).

You heard me recommend one to give in certain of our cardiac cases one or two drops in water, per day, of the 1000th solution of digitalis (au millième), and I saw you were astonished at the administration of such infinitesimal doses. It is important for you to know that the organism profits and derives much advantage from this—our cells are more sensitive than we can imagine to small doses of medicaments, and they are more easily impregnated by them. Thus, trinitrine works marvelously in doses of one drop of an alcoholic solution 1-100 in water. The more I advance in the practice of medicine the less medicine I give.

Look at my friend, Albert Robin, who administers to his patients a 500th milligram of gold or silver (ferment métallique), and obtains great results.

And our grand Pasteur—what has he done in injecting imponderable doses of his virus, of his toxins against the ravages of diphtheria according to homœopathy. And the illustrious Trouseau, and so many others. What have they so often practised, if it is not homœopathy?

But the very word seems to make one afraid, and is not pronounced. Very well—I—then pronounce it and I render it homage. Let us have the courage of our opinions. Do not be sectarian. Let us take the good wherever we find it.

This lecture, which was a review of his six admirable conferences, has recalled the thesis of Van Zype in his beautiful comedy of *Les Etapes*: "Those who dispise the pest must sooner or later render it justice."—*New England Medical Gazette*.

Radium and Homœopathy.—So far as the effects of radium externally applied have been observed, there is nothing to show that it is more than a very powerful and penetrating caustic. It remains to be shown—and we hope that the new Radium Institute will

throw light upon the point—whether the new substance is no more than this, or whether it will prove to be a new healing force in disease. And it is here that the value of homœopathic methods becomes evident. We know that the healing powers of every substance in disease are limited by the effects it can produce in healthy persons. Surely no drug deserves a more thorough testing and proving, according to the methods laid down by Hahnemann, than radium. Our readers will remember the admirable paper on “Radium as an Internal Remedy,” by Dr. John H. Clarke, read before the British Homœopathic Society in March of last year. This summarized all that had been done by homœopaths in studying and testing the new remedy up to that date. The provings and cases there described were pregnant with suggestions for future investigation. We trust that any of our readers who have been using radium internally will keep a careful record of their cases, and in view of the great public interest now aroused, and the importance of the subject, send us accounts of their results. The scheme prepared by Dr. Clarke, gives clear guidance as to the conditions and symptoms most likely to be relieved by radium internally. But far more provings are required to establish the usefulness of the drug on a firm homœopathic basis. These should include provings of the emanations of radium, either from solutions in spirit or water, or of triturations of sugar of milk after exposure to radium, as distinct from those of radium proper. For there seems good reason to believe that their properties, homœopathically, are distinct, and they are probably different in their action in the body.—*British Homœopathic Review*.

Muscarine Poisoning.—Muscarine is the alkaloid of one of the poisonous mushrooms, *agaricus muscarius*. The symptoms of poisoning in man commence with marked increase of the saliva, soon followed by lachrymation and excessive perspiration. Next follow nausea, retching and vomiting, pain in the abdomen, and increased peristalsis, causing profuse watery evacuations. The pulse is quickened, or slow and irregular, the pulse tension much diminished. The pupil is contracted and the sight accommodated for near objects. The respiration may be quick and dyspnoëic, and rales, denoting mucus in the bronchi, occur. Giddiness and confusion of ideas are complained of, and eventually the respiration becomes slower, and great muscular weakness comes on, but consciousness remains more or less perfect till breathing ceases.

ITS PHYSIOLOGICAL ACTION.—The salivary and lachrymal glands, the mucous glands of the alimentary and respiratory tracts, the gastric secretory glands, the pancreas, probably the intestinal glands, the sweat glands, and the ceruminous glands of the ears, are all stimulated to increased activity by muscarine, which stimulates the terminal fibres of the secretory nerves of all these structures. It also stimulates the terminations of the pneumo-gastric in the muscular coats of the stomach and intestines, whence result the vomiting and increased peristalsis. It similarly seems to stimulate the nerve terminations in nearly all unstriated muscle, except that

of the blood-vessels, and therefore the spleen, bladder, bronchial muscles, and possibly the uterus are contracted, the pupil becomes narrowed, and the ciliary muscle contracts so that the lens is accommodated for short distances. In all these directions its action is directly opposite to that of atropine, which paralyzes the terminations of the nerves which muscarine stimulates. Muscarine also stimulates the terminations of the inhibitory fibres of the vagus in the heart, and so produces slowing and eventually standstill. In this sphere also it is directly antagonized by atropine. Atropine is, therefore, a perfect antidote to muscarine poisoning. Whether muscarine has any action on the central nervous system is not very certain; probably it has some action on the lower portion of it, and the brain may become anemic secondarily to the circulatory effects.—*British Homœopathic Review*.

Plumbum.—Saturnine poisoning, with meningitis, anemia, and jaundice.—M. M. Bernard and Traisier gave the following account of a case of lead poisoning with marked cerebral symptoms, due at least in part to meningitis as demonstrated by an examination of the cerebrospinal fluid.

The patient was a worker in a pottery, was an alcoholic, and had had ague years previously. He was admitted into hospital on April 20, 1907, complaining of headache, giddiness, and mental obfuscation following upon an epileptiform seizure, which had occurred whilst at work the day before. When admitted he was seen to be plunged in a very profound condition of mental hebetude almost verging upon coma. When questioned, however, he answered correctly, though with an effort. There was no loss of memory, and he was able to give his history. Unlike his fellow-workmen, he had never had either colic or palsy, but had felt pains in the legs, and noticed a diminution of visual acuity to the left. There had been also considerable loss of appetite, flesh, and strength of late, and he had become very pale.

On examining his nervous system no disturbance of motility or sensation could be made out. The headache was continuous, but not intense; there were no trophic troubles, and neither Kernig's sign nor stiffness of the neck. The reflexes were normal. Vision was diminished to the left, and he complained of diplopia; pupillary reactions were normal.

Lumbar puncture gave a clear liquid issuing rapidly guttatim, containing 60 per cent. albumen (Esbach); it contained no trace of lead, even with tests sensible to 1:200,000. Examined microscopically, it showed about twenty lymphocytes and a few medium mononuclear cells. The arterial tension varied between 16 and 18 of Potain's sphygmomanometer, and there was no soufflé in the jugulars. The skin was waxy-looking, almost greenish, mucous surfaces completely exsanguine. There were no bile pigments in the blood serum, and the latter had no hæmolytic action upon the patient's own red corpuscles. These last numbered 2,790,000; white cells, 7,000; hæmoglobin, 70 per cent. On microscopic examination

of fixed films polychromatophile cells were very numerous, and there were a few nucleated cells and a few myelocytes in each slide.

There was a well-marked blue line on the gums. Urine contained no trace of albumen.

On August 25 the patient had three typical epileptic crises, following which he was in a condition of somnolence interrupted by delirium. Next day he had another crisis, and on the 27th a slight attack of jaundice, colouring skin, and conjunctivæ, though the stools were not pale.

By August 31 jaundice had almost disappeared. During the forenoon of September 1 he had five fresh epileptic crises, followed by pronounced delirium, on the days following, this latter, alternately with periods of lucidity, and there were no fresh crises. From this date improvement set in, and by the end of October he was practically well, although a second lumbar puncture showed still some lymphocytosis. (*Société Méd., des Hopitaux, May 22, 1908.*)
—J. G. B. (*Journal of the British Homœopathic Society.*)

A Note on Baryta Muriatica in the Respiratory Sphere.—On several occasions I have been much struck with the power of barium chloride in bronchial affections of old people.

Some years ago I first used the remedy in a case of chronic bronchitis and dilated heart, in a patient aged 76, who had run the gauntlet of all the ordinary medicines. I gave it more as a heart tonic than with any idea of helping the bronchitis, when, to my surprise, it markedly relieved the cough by facilitating expectoration, the patient expressing herself as having found more benefit than from any other medicine.

Since that time I have used baryta mur. in cases where there is a great accumulation and rattling of mucus, with a difficulty in expectorating it, and it has rarely failed in promoting a free expulsion of phlegm.

Just lately I gave the medicine to a lady, aged 79, suffering from recent hemiplegia, with a chronic tracheal catarrh and much rattling of mucus, so that she felt at times as if she would suffocate. The expectoration was scanty, white, and very stringy, and had been helped previously by kali bich., but this now failed to relieve. On giving her baryta mur, 2x trit, every three hours, the mucus was brought away easily in large quantities, and in a few days the constant rattling in the windpipe had completely ceased.—Stanley Wilde, L.R.C.P., L.R.C.S. Edin.

Significant! Truly the tide is moving toward the Law of Similars but toward infinitesimals. In an editorial comment on an article by Dr. Spengler, of Davos, the *Lancet* (without apparently an editorial tremor) quotes the statement that the antitoxic body described by the Doctor can be recognized in a dilution of 1 in 100,000,000,000. Further, we are told that action in such a dilution is something apart from ordinary chemical action and that Dr. Spengler speaks of an "atomic dissociation" which liberates "specific electrons." Marvellous!—*Homœopathic World.*

Medical and Surgical Review

Conducted by - - - WALTER SANDS MILLS, A.B., M.D.

Syphilis.—In the *Medical Review of Reviews* of February, 25, appears an account of the results of the research expedition sent to Java under charge of Prof. Neisser to make experimental studies in syphilis on monkeys. The first great conclusion reached was that the *spirochaeta pallida* is undoubtedly the specific organism causing syphilis.

Another conclusion reached was that material from primary, secondary, or tertiary syphilitic lesions, was equally virulent when inoculated.

Generalization of the disease took place before the initial lesion appeared. The earliest generalization occurred on the fourteenth day.

Excision at the point of inoculation as late as the sixteenth day prevented infection in certain monkeys. In others excision failed to prevent infection when performed within eight hours.

Disinfection at the point of inoculation prevented infection in many cases.

No spontaneous cure was observed in monkeys during observations extending over two years.

The human body appears to be a better culture medium than that of the lower animals. The report, therefore, concludes that excision in the case of man is less likely to be effective. The primary lesion in man may elude discovery.

Mercury and arsenic were able to eradicate syphilis in monkeys. Some other substances—notably iodine—act in a lesser degree.

There were some other conclusions, but these are the most valuable.

Some Serious Lapses in Administrative Hygiene.—Dr. Homer Wakefield in a paper with the above title (*Medical Record*, Feb. 6), points out some omissions in sanitary supervision that he thinks should be corrected. For example, one of his subtitles is, "The Hygiene of the Cow versus That of Milking, and the Preservation and Delivery of Milk." New York City and Rochester look very carefully after this factor in public milk supply, a fact apparently unknown to Dr. Wakefield. Some of the things the essayist objects to specifically are the winter housing of cows, and winter food supply. The remainder of the paper deals with the cold storage of undrawn poultry and eggs. The writer claims that much of the poultry has been dead one to three years; that in cold storage gradual putrefaction is going on in the digestive tract, and that the products are taken up into the edible tissues; moreover that during the process of thawing the outside absorbs still more rapidly; that such poultry served on the table may cause serious digestive disturbances in human beings. Cold storage eggs are subject to similar changes in lesser degree. Moreover, fresh eggs are being constantly bought up by the large dealers and put in cold

storage, whereas, only cold storage eggs are available to the consumer. As a remedy for these evils the writer advocates a time limit law. That is, it should be made a sanitary offence to sell poultry that has been dead more than a year, or to sell eggs that have been stored more than a year.

Cold Storage of Poultry.—Ross (*Boston Medical and Surgical Journal*, Jan. 28), on the contrary, believes indefinite cold storage is innocuous. Danger comes in thawing, if at all. While in storage no chemical or bacterial change can take place. They must be fresh before being stored, however, and should never be refrozen after having once been thawed out.

Opium Restrictions.—Since April first the importation of opium in any form into the United States, except for the medicinal purposes, has been prohibited, under penalty of heavy fine, imprisonment, or both. That the imported article is for medicinal use must be proven to the customs authorities. At only certain designated ports shall opium be permitted to enter, even under the above restrictions. It is estimated that the revenue will be decreased about nine hundred thousand dollars annually. These new regulations are in line with a world wide movement to curtail the opium habit.

Tuberculosis and Pregnancy.—In a paper with the above title in the *Southern California Practitioner*, Dr. A. D. Bechtel, of Prescott, Arizona, draws the following conclusions:

I. Pregnancy, labor and the puerperium have a harmful effect on tuberculosis.

II. If hereditary predisposition exist in mother, pregnancy often causes the disease to develop in her organism.

III. Hereditary predisposition is the strongest factor in contributing to the propagation of tuberculosis.

IV. The direct transmission of the tubercle bacilli from maternal to fetal blood through the placenta does take place in some cases.

V. If women who are victims to the disease are prevented from propagating their species, we will have gone very far towards the complete eradication of the disease (McSwain).

VI. Children of tuberculous mothers have less resisting power, and less chance of living than ordinary children.

VII. If marriage of tuberculous people entail disease on the posterity, the descendants that result from such marriages are a menace to the community at large and the marriage of such persons ought to be interdicted by law (McSwain).

Ureteral Calculus Treated by Visceral Drainage.—Dr. Byron Robinson of Chicago (*Therapeutic Gazette* for February), recommends "visceral drainage" for ureteral calculus. By visceral drainage he means drinking eight ounces of water every two hours. He reports three cases. In one case the calculus was passed in seven days, in another in three days, and in the third in nine days. Robinson adds Na.Cl. to the water in some cases that do not present parenchymatous nephritis; in others he adds $MgSO_4$; in still others, aloes. He thinks the water does the work, however.

Alcohol as a Skin Disinfectant in Surgery.—Von Brumm, (*Centralblatt für Chirurgie*, 1908), reports on the use for six months of alcohol, 96%, as a disinfectant of the hands and of the skin of the field of operation in surgery. The parts should be ordinarily clean, but preliminary washing with water and soap is undesirable, as it interferes with the disinfective effect. "Mechanical manipulations of the skin should be omitted, in order to guard against bacteria being brought to the surface from the deeper layers of the skin, . . . and also to avoid lesions of the skin under all circumstances." The skin of the hands and of the seat of operation is rubbed from five to ten minutes with alcohol, using a pledget of cotton wrapped in gauze.

X-Ray Uses, Dangers and Abuses.—Dr. W. S. Gottheil, dermatologist, closes an article with this title in the *Journal of the American Medical Association* as follows:

1. The x-ray is a remedy of positive though strictly limited, value in dermatology.
2. It is to be used with caution, since its dosage is unmeasurable, the individual reaction to it is unknowable, and its results uncertain in any given case.
3. It should be employed only in the more serious dermatoses in any case, and in these only when it is entirely certain that safer and simpler means of cure are ineffective.
4. It is not suited for use by the general practitioner in dermatotherapy, but should be employed in this field only by those whose familiarity with the method and with dermatology as a whole is a guarantee of certainty of diagnosis and of the observance of all the cares and precautions prescribed by experience.
5. The x-ray should not be used in the treatment of eczema, psoriasis, acne, alopecia areata, alopecia prematura, pruritus, hypertrichosis, folliculitis, verruca, ordinary ringworm, favus, etc., all of these being maladies for which we possess other efficacious therapeutic measures. In lupus erythematosus it is conceded to be useless. Epithelioma and rodent ulcer, except when so far advanced or so situated as to be unsuited for caustics, the curette, or the knife, is also to be excluded from the list.
6. The x-ray may be used in lupus vulgaris, though it is not the only method of cure in many cases; in scrofuloderma on account of the tediousness and uncertain results of other medication; in very extensive cases of ringworm of the head and beard for the same reasons.
7. The x-ray is treatment of election in epithelioma and rodent ulcer so situated that other methods of treatment can not be employed, or so extensive that other methods are hopeless, and it relapse after other methods; in tuberculosis cutis, erythema induratum, and some other tuberculides; in sarcoma, mycosis fungoides, rhinoscleroma, keloid, and acne keloid, in which diseases no other method that I know of has given as good results.

Treatment of Erysipelas.—Judd (*Medical Record*, Feb. 13 1909), gives his treatment of erysipelas. He first carefully swabs

the affected area and one-half inch beyond with 95% carbolic acid. Almost immediately thereafter he swabs the part anew with pure alcohol. He claims that the pain is trifling, if any; that improvement begins at once; that the temperature reaches normal in two days; that the treatment absolutely inhibits extension of the disease. The author concludes his paper as follows:

If the treatment is properly carried out, no scarring results. The superficial layers of the skin come off as in a mild sunburn. The skin beneath is only slightly tender. One application is usually sufficient to control the inflammation. The after-treatment consists in the use of moist dressings of almost any sort. Saline or 1:20,000 bichloride solution has been my choice. I wish to warn against the use of weak solutions of carbolic acid used in wet dressing, both in these and in other cases. The maceration of the skin resulting from the moist dressing allows the absorption of carbolic acid, and sloughing of tissue follows. The use of the 95 per cent. carbolic in its action upon the skin inhibits of itself the absorption into deeper areas.

Diet as a Means of Increasing Vital Resistance in Tuberculosis with Special Reference to the Protein Ration.—This paper was presented to the recent Tuberculosis Congress, by Dr. J. H. Kellogg, of Battle Creek, (*Medical Record* Feb. 13, 1909). The author summarizes it as follows:

1. A low protein dietary, .80 to 1.00 gram of albumin per kilogram of body weight per diem, is entirely consistent with health vigor, and a high degree of efficiency and endurance in health.

2. While a patient suffering from pulmonary tuberculosis doubtless requires a small increase in the intake of nitrogen, an excessive increase involves grave dangers to the patient, both (a) by decreasing his general vital resistance, and (b) by imposing unnecessary and dangerous burdens upon the liver, kidneys, thyroid, and other organs which are already overburdened and often seriously crippled in this disease.

3. There is no evidence that a larger proportion of consumptives recover under a high protein diet than under a protein ration sufficiently above the Chittenden standard to replace the nitrogen loss due to febrile conditions in certain states of the disease.

4. The majority of consumptives die from disease of the liver and kidneys. The toxins peculiar to this malady and to the process of immunization against tuberculous disease, while tending to cure the latter, tend at the same time to produce disease of the kidneys, and to such a degree that patients not infrequently die of renal disease after having apparently recovered from tuberculous disease.

5. In consumption the organism is required to deal with various highly virulent poisons which over-stimulate and ultimately cripple or destroy the thyroid, adrenals, liver, and other antitoxic organs. A high protein diet produces similar effects in healthy animals whose poison-destroying functions are seriously impaired.

6. A high protein diet is recognized as an important factor in the causation of renal disease and is universally condemned in

grave affections of the liver and kidneys. Vegetable proteins are much less objectionable than flesh proteins for the reason that they are entirely free from toxins and very much less readily undergo putrefactive changes in the intestine.

It readily appears to the writer that the logical and inevitable conclusion from these facts is that a high protein dietary is not only unnecessary but injurious, and even dangerous, in the treatment of phthisis pulmonalis, and that vegetable proteins may be with advantage largely substituted for flesh proteins in the dietetic management of this malady.

Breast Tumors.—In these times when the cancer problem is being discussed by press and pulpit, and public lecturers with office hours and telephone attachment are spouting inanities to fashionable pink tea audiences anent the consumings of consumption, the dear public is experiencing a species of scientific "wedge," which is having a telling influence on said public's nerves, and busy practitioners are working might and main to refute or confirm the suspicions of some terrified patient who is mentally suffering from one or mayhap both of these death-dealing diseases. Cures bordering on the miraculous, ranging all the way from zero to 100 per cent. in certain well selected series of either malady are reported and eagerly read by the hungry hordes. Meanwhile, an occasional article germane to the object, in keeping with facts as developed in the realm of actual experience, appears in the proper channels—the medical publications—to enlighten and to save!

In reviewing the present status of breast tumors, Gibson (*Annals of Surgery*, April), after twenty years of observation and study can discern but two facts which have been developed during this time. These are (1) cancer is increasing in frequency; (2) the only form of treatment worthy of the name is early thorough removal. The latter proposition, he fears, is lost to view in the maze of reports on experimentation, etiology and treatment, which flows in an almost unbroken stream from rostrum and press.

He deplors the tendency in the public mind—medical or lay—for novelties, turning from the one basic fact in our possession, early operation, to explore the fascinating possibilities of radioactivity or the efficacy of one of the countless sera and other forms of therapeutics. Gibson disclaims any attempt to present anything new, but rather to emphasize and give a fixed place in literature to evidence in our possession from witnesses of known credibility. His plea that all neoplasms of the breast should be considered malignant until proven to be benign is a modest unassailable one which bespeaks the value attached to the opinion of such an inquirer.

In one hundred breast tumors eighty-five of them will be malignant as cases usually run; the remaining fifteen cases, the so-called borderline cases, are the ones which interest and perplex, as the eighty-five cases will admit of reasonably certain clinical diagnosis and microscopic confirmation. It is the recent growth or cyst, in which malignant change is in the transitional stage or has

not begun, that we may hope to accomplish most by an early thorough operation, but through procrastination or oversight may become more dangerous than the hopelessly obvious case with enlarging painful tumor and glandular involvement.

The following phases of the border-line breast tumors are considered: Definition, diagnosis and treatment. This small group of tumors is made up of adenomata, cysts, chronic mastitis and more rarely retromammary lipomata, hydatid, gummata and primary tuberculosis. He holds that cancer of the breast rarely occurs under the age of twenty-five; therefore, in the absence of pain and rapid growth, tumor of the breast in the young may be considered benign. One should be more vigilant as the years increase, and after the age of thirty-five positive proof must be advanced as to the exact nature of breast neoplasms. From the reading we may formulate this general rule: Before the age of thirty-five one may rely upon a clinical diagnosis; after this period in life the case demands an anatomical diagnosis. Many who have long since discarded the "cancer age" will dissent from this ruling, and rationally, too, but, taken in the broad sense in which Gibson puts it, the findings will do less violence to our conception of breast cancer as experience broadens. The diagnosis must be established by the removal of a part, or, preferably, all of the neoplasm, and submitting the specimen to a competent pathologist whose daily life is intimately associated with the use of a microscope. Extensive examination may reveal some small abnormal area, it may be but cystic in character, still one should remember that this simple process implies epithelium playing an abnormal part, not malignant, to be sure, but entailing excessive proliferation of functionally modified epithelium with possibilities, and, according to some competent observers, strong probabilities, of gradual transition from cystic into downright malignant degeneration.

"Small stationary tumors, which do not cause mental or physical disturbances in younger individuals up to thirty years of age, may, as a rule, be disregarded, particularly so if occurring in young unmarried women and those whose social status and habits render active interference undesirable.

"Generally speaking, the more intelligent and receptive to advice and caution the individual, the more may she be 'trusted' with her tumor. In the less favored class of society, those who may never seek or have occasion to receive further advice, we ought to shoulder the responsibility for them.

"Between thirty and thirty-five a definite lump will be better removed. . . . Past thirty-five, I would make no exceptions except for very definite reasons, and assuredly never in any process which was increasing steadily."

Plastic resection of these tumors leaves little or no deformity, gives permanent relief to many cases, and averts malignant change in others.

The paper contains the essentials relative to the management of border-line breast tumors in vogue with all surgeons, and while

the paper requires no apology for relating twice-told tales, still the chief object of the author is to present this well-grounded practice to the general profession, who, in turn, will enlighten the lay public, in the humble hope that the greatest good will accrue to the greatest number in the prophylaxis of cancer.

The Cutaneous Test for Tuberculosis.—Charles Herrman, attending pediatricist Lebanon Hospital, New York, writes in *Pediatrics* (March) his experiences in the cutaneous test for tuberculosis. He has found the following method very satisfactory:

"After cleansing the forearm, two new sewing needles are held together and dipped into the tuberculin (undiluted). A small quantity is held between the needles by capillary attraction. Two short scarifications are made at right angles, and the tuberculin adhering to the needles is rubbed in. The drop of tuberculin may be placed on the skin first, and the scarification made through it. The scarification may be covered by a small square of gauze held in place by a strip of adhesive plaster.

"The use of new needles for each patient does away with a special instrument and its sterilization. Undiluted tuberculin is used. It requires no preparation, and, if kept in a cool place, it may be used for some time. The use of two needles renders the employment of a separate applicator unnecessary. No control scarification is used. If the reaction is doubtful, it is of no value. On the other hand, I have never seen a control which could be mistaken for a positive reaction. The gauze covering is not indispensable, but may be used as a precautionary measure against possible infection."

Tuberculosis and School Children.—Sometimes things are so dull as to be actually interesting. The following, from *School Hygiene* (March), has been impressed upon us ever since medical men were taught in schools and not in the office of the frontier doctor. Yet it is of interest, and bears another reading.

"The opinion is rapidly gaining ground among physicians that in most cases tuberculosis finds its way into the human body during the early years of life, through the lungs or through the intestinal tract, and there lies dormant until early childhood, when it may appear as tuberculous glands, hip or spine disease, or perhaps not show itself until later, when, under improper conditions of working and living, pulmonary tuberculosis sets in.

"The tendency among physicians to delay making a positive diagnosis of tuberculosis, or of this disposition toward tuberculosis, until the signs and symptoms are far too plain and evident, is much to be deplored. The ignorance of the parents of the simple laws of health and hygiene, their ignorance of the fact that a young child who is pale, losing weight, and generally run down, is in a serious condition, is still more unfortunate. It is only by education of the parents and of the children, by every means in our power, that the disease can be eradicated. In my opinion, the school nurse and the dispensary nurse, who see the children in their own homes, and who are thus enabled to teach them how to live, and to correct

their faults of living, are very important factors in this anti-tuberculosis campaign."

Milk Diet in Disease.—Clarke, of Bristol, the British Isles, is quite in line with the best thought on the continent in reference to the administration of milk in disease. In the *Bristol Medico-Chirurgical Journal*, for March, he gives some ideas on the indiscriminate use of milk in disease.

"In many cases of gastritis, or various forms of neurotic dyspepsia, a course of milk diet gives excellent results; but in most it is advisable to add to the milk something to render the precipitated curds more flocculent, such as citrate of soda, lime-water or barley-water, or it may be peptonized.

"Diseases of the stomach attended by dilatation, from whatever cause the pyloric obstruction may arise, are also not suitable for a pure milk diet, although they may do well on small amounts of milk for a few days in beginning a course of treatment, because such stomachs are unable to dispose of the large quantity of fluid involved. . . .

"Similar objections apply to the use of milk alone in enteric fever. In the first place, something should always be added to the milk to render the curds more flocculent; and secondly, it should be remembered that there is a more bulky residue in the intestines from milk than from many other forms of proteid-containing food. Then again it is impossible to adequately maintain the patient's nutrition on milk only through a long illness such as enteric fever.

"In acute nephritis an absolute milk diet is undesirable because of (1) its high proteid content, and (2) the large amount of fluid involved to obtain a sufficient quantity of nutriment. Three pints of milk per diem is generally regarded as a minimum amount, and this contains sixty to seventy grammes of proteid, an insufficient quantity for the daily needs for more than two or three weeks, and too much water. Later, when the case has passed into a less acute stage, and the kidney begins to secrete water well, more milk can be given. . . .

"Albuminuria is not to be regarded as an indication for a pure milk diet. Albuminuria is in some cases a sign rather of past damage to the kidney than of actual and increasing mischief, and in such patients a mixed diet is best adapted to maintain their nutrition. In chronic parenchymatous nephritis, although some remarkable recoveries are recorded in which the patients lived for two years or more on milk only, the majority would neither tolerate such a diet nor do well upon it.

"In contracted granular kidney the chief concern is to maintain the heart, and this is best done on a mixed diet. In most affections of the heart, and in diseases like pneumonia, which throw a heavy strain upon the circulatory mechanism, it is hardly necessary to say that a pure milk diet is unsuitable because of the large amount of fluid that must be taken."

NORTH AMERICAN JOURNAL OF HOMŒOPATHY

Contributed Articles

A WAY TO TEACH MATERIA MEDICA BY WHICH
STUDENTS WILL BECOME THOROUGH, PRAC-
TICAL, AND INTELLIGENT BELIEVERS
IN HOMŒOPATHY

BY ELDRIDGE C. PRICE, M.D.

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FOR the purpose of thoroughly understanding a subject it is necessary that the subject be thoroughly studied. In building a house it is just as essential that close attention be given to the laying of the foundation, as to the erection of the superstructure. The commander-in-chief of an army is far more likely to be successful in the approaching battle if he is familiar with both the strong points and the weak points of the enemy, than if he only knows his own strength; and his chances of victory are also greater if he recognizes his own weak points as well as his strong points. When the skilfully wise attorney prepares to meet a legal foe in the forensic arena, he is not only prepared with a knowledge of all the strong points in the case of his client, but he has also mastered as far as possible both the strong points and the weak points of his adversary.

In the dark ages it may have been that the battle belonged to the strong, but in our present enlightened days in whatever field it may be waged, whether in military warfare, in law, in commerce, in science, or, last but not least, in medicine, the battle belongs to the wise.

Such being the case it becomes necessary for the medical student to familiarize himself with all that is taught in the best schools of his day.

The best schools of the day represent a number of classes of medical practioners. Among them we find those who believe in the paramount importance of serum therapy; those who believe in therapeutic expectancy; those who believe in the supreme importance of maximum dosage of drugs; those who disbelieve in all therapeutic law; those who are ardent believers in homœopathy; and a number of other classes who believe implicitly in various other methods of healing the sick. All these things are honestly believed and honestly taught by their advocates.

In all these stated views, did the spirit of the dark ages prevail, we have ample material for the making of hosts of martyrs, and the organization of armies of bigots. The spirit of the golden rule by which true science is animated, however, has so liberalized the mind of the present generation that there is little occasion now for martyrdom and even less for arrogance.

At the present day the medical practitioner must be thoroughly equipped in all this knowledge, to which attention has been briefly called, if he wishes to successfully compete with his brother practitioners. If his tendencies are progressive he will acquire this knowledge, even if it must be done in post-graduate days; and if he does not acquire this knowledge he is not in a position to do the greatest good to his patients or to do the greatest justice to his intellect—which is much the same. There is, however, a way of teaching that which the physician should know during his days of pupilage, which will put him into possession of the facts by which he will be qualified to do the best that can be done with drugs, and through which he will have become an ardent and intelligent believer in the law of similars. The method of instruction to which I refer will put the student into possession of all the weak points as well as the strong points of the dominant school of medicine—with its various subdivisions of belief—while at the same time it teaches him the weakness as well as the irresistible strength of homœopathy.

The prospective practitioner of homœopathy cannot know too much of drugs, and the following method puts him into possession of the facts he should know:

From the beginning of his freshman to the end of his senior year the student should be taught drugs. During his freshman year he should attend one lecture weekly on toxicology. This course should be given by one well versed in the subject, regardless of his therapeutic belief; for toxicology has absolutely nothing whatever to do with therapeutics. During his second year the student should be required to continue his weekly lectures on toxicology and in addi-

tion he should have one period weekly devoted to physiological materia medica. This subject should be taught by one who is a believer in homœopathy, for the student through this physiological, or pathogenetic, drug gateway is drawing near to therapeutics. When the student enters his junior year he is well grounded in a knowledge of gross drug effects, and is then prepared to begin a study of detailed drug symptomatology. In this year he should receive four lectures a week on homœopathic materia medica, his teacher or teachers having, of necessity, an honest belief in homœopathy. In his senior year the student also should attend four lectures a week on the subject of homœopathic materia medica.

In addition to this both junior and senior students should be required to attend two lectures a week on the philosophy of therapeutics, in which course of lectures they will be given reasons for the faith that is being cultivated in them.

This course of instruction in therapeutic philosophy I regard as one of the most important fields of instruction in the curriculum of a medical college. In this course the student is taught the views of the great minds in medicine, from the earliest historical records which have influenced medical thought down to the present time. Not only is the student's attention called to voodooism, to the royal gift of healing, to faith cure, to Eddyism, to mesmerism, to hypnotism, to psychic suggestion, to allopathy, to isopathy, to antipathy, and to homœopathy, but he has presented to him the facts of modern psychology by which all these methods of healing, both illegitimate and legitimate may be explained.

Having led our student thus far along the path of critical investigation into the things which he should know, he next has laid before him the classification of drugs according to the arrangement first adopted by Dr. Geo. B. Wood, and accepted with little modification by all subsequent writers on materia medica up to the last edition of Dr. H. C. Wood's work, and these he examines in the light of the knowledge he has already acquired, and is taught to critically explain the principles upon which these drugs in their crude doses produce therapeutic effects. From this study he finds that such groups of drugs as astringents, sedatives, stimulants, cathartics, diuretics, diaphoretics, etc., all act in accordance with the principle of antipathy, and that such action is temporary merely. He learns that some of these agents may be applied in accordance with the allopathic method for giving temporary relief, such, for example, as the diuretics in dropsy, or a mustard plaster over the chest for an engorged lung. He further learns that in some of these classes of agents individual drugs bring about curative results in accordance with the law of similars, as, for example, hydrastis,

arnica, etc., among the tonics, and that the alteratives with rare exception all owe their curative power—whenever they are curative—to the law of similars.

From a consideration of these crude agents, the student is next led to contemplate the influence of more finely subdivided drug material in its action upon the histological elements of the organism, and he is brought to realize the fact that all changes occurring in the human organism take place on a microscopic scale, and when these microscopic elements are to be reached and permanently influenced it is necessary that the drug substance be put into a form that can be utilized by these vital microscopic factors in the problem. In illustration of the philosophy which has been submitted to him, detailed symptomatology, as already stated, is taught as a part of his course in homœopathic materia medica.

As to the exact method of teaching detailed materia medica from which the student will gain knowledge of the most practical and useful kind, the following is submitted as having satisfactorily stood the test of many years' trial:—

Assuming that we are discussing drugs from the vegetable kingdom, attention is first called to the botanical group to which the individual belongs. For example, aconite is to be studied. Aconite belongs to the ranunculaceæ, and attention is therefore called to this whole group of drugs. A brief sketch of the pre-medical history of the plant is then given, leading to the introduction of the drug into medicine; following which its empirical uses are studied together with remarks concerning its proving and resulting pathogenetic symptomatology.

The general effects of the drugs are then outlined, and from this a definite sphere of action is deduced. This sphere of action includes a consideration of the organs and tissues for which the plant has special affinity, and from this the detailed symptomatology is drawn, showing definitely how the drug affects the given organ or tissue, with all its objective and subjective manifestations.

The therapeutic application of these details is then considered and finally a comparison of the analogues of the drug under consideration is made, in which the pathogenetic and symptomatic detailed resemblances are carefully considered.

The other members of the ranunculaceæ are then discussed, respectively, and in detail, in the manner above stated, and finally the points of resemblance between the individuals of the group are noted, together with their symptomatic differences. The study of the ranunculaceæ as a whole and from the standpoint of the component individuals of the group is thus concluded.

The student who has been taught drugs in accordance with the foregoing system should certainly understand the full significance of the materials of medicine with which he is to endeavor to heal the sick. He will understand unsafe doses and safe doses of the crude material; he will understand the different methods of therapeutics in accordance with which the drug may be applied; he will understand the methods from which he need expect but temporary relief to his patient; and he will understand the method by which he may restore his patient to health; and he will have the detailed knowledge which will permit him to apply these various methods. Add to the foregoing instruction in theory a reasonable amount of clinical experience in dispensary, hospital, and out-door work and the graduate of the institution in which such an exhaustive system is adopted, will enter the medical profession with a thorough and practical knowledge of drugs, toxicological, pathogenetic and therapeutic, and with a sincere, unalterable, and intelligent belief in homœopathy.

A physician who has received such instruction must of necessity be non-sectarian in its broadest sense; he will know that allopathy, in the technical meaning of science, is a method which may be employed intelligently only when submitted to the judgment of the thoroughly educated practitioner of homœopathy; he will know that antipathy is a law of hygiene which also may have a field of application in acute self-limited conditions, in chronic curable or incurable conditions, and can be intelligently applied only when submitted to the judgment of the thoroughly educated practitioner of homœopathy; and he will further recognize the fact that homœopathy is a law in accordance with which drugs may be confidently used for curing all curable diseases whether acute or chronic, and also for the purpose of relieving concomitant morbid manifestations even in some incurable conditions; and finally, his well trained mind will compel him to a recognition of the fact that his ability to view the field of therapeutics so systematically and rationally is due to the thorough, practical, and scientific instruction received at the hands of his alma mater.

The foregoing method is not only qualified for students who are already convinced of the truth of homœopathy, but who are positively skeptical and hostilely critical. Such a course I have seen change more than one "died in the wool" "allopath" into an ardent believer in homœopathy.

Some years ago the question of the best way to draw students to homœopathic colleges was discussed quite fully by a few of those interested, and the distribution of "tracts" was adopted as a measure supposed to be qualified to fill empty benches, but no tract or other literature will bring the practical results that the broad method of

medical education will produce; and even though the tract may draw the intelligent and desirable student to us, yet he may not remain with us unless we give him that for which he is in search, for in this day of progress such a student is only satisfied with the best and broadest that can be taught him.

The old method of a quarter of a century ago whereby the student in our homœopathic colleges was taught nothing that savored of anything but homœopathy, has outlived its day of usefulness. The average student in any field of art or of science is not now satisfied to know only the things that pertain solely to the school he may espouse, but he must know the methods of all schools, and from them he will select that which is best. By this broad eclectic culture the truth must ultimately survive, and the day of ultimate survival will be nearer at hand than were the narrow methods of the past to persistently prevail.

I would, therefore, submit that the way to teach *materia medica* by which students will become thorough, practical, and intelligent believers in homœopathy, is to put them into possession of all the knowledge we have of drugs, beginning with the habitat from which they are derived, the way in which they are prepared for therapeutic use, the effects they have produced upon the healthy human organism, (from their most lethal influence to their finest pathogenetic symptomatology), and the various methods of the dominant school of medicine by which they are applied to the healing of the sick; and such instruction should be given only by intelligent believers in the law of similars. By such a broad system the false only will suffer, and the truth of necessity will prevail.

THE DUTY OF THE STATE TO ITS INFANTS*

BY REUEL A. BENSON, M.D.

New York City.

HOWEVER much political economists may disagree upon other points, they agree that the usefulness of a nation depends largely upon the health of its men and women, and they unite in assigning to the state the duty of safeguarding and conserving the health of its people. For this purpose we have established boards of health, and have given them almost unlim-

*Read before the Homœo. Med. Soc. of the State of N. Y.

ited authority for the carrying out of rules which will protect the health of the individual and the community.

Dismissing all the valuable work which is being done by the state in the way of prevention of disease in adults—the battle against tuberculosis, public sanitation, and the protection against contagion, etc.,—I will ask you to consider and discuss with me one phase of public work which has, until recently, been neglected, namely, the prevention of infant mortality especially in our cities.

During the six months just passed, from June 1st to December 1st, 1908, the deaths of infants under one year of age, in the borough of Manhattan alone, amounted to 4,884. The total number of births for this same period amounted to 33,186, that is to say, about 15 per cent. of all the babies born in Manhattan during these months, died in the first twelve months of life. This means that one out of every seven infants born in Manhattan gives up its life.

Analyzing the possible conditions which cause this mortality in Manhattan, we find that investigators are united in the opinion that the number of breast fed infants dying is so small as to be of no very serious importance. The babies that die are the artificially fed babies. It is estimated that there are to-day in Manhattan about 12,000 babies whose mothers, for good reasons, are unable to nurse them; and from the information which I have been able to secure from all sources, and from my personal observations, I believe that if we admit that one-third of these (or 33%) die in the first year of life, we shall be underestimating the number. That this is a low estimate, will be evident when we compare it with the 70, 80 and 90% death rate in Berlin and Munich.

Allow me to repeat and impress upon your minds these terrible figures. One out of every seven babies born in Manhattan is doomed, while at least one out of every three babies fed in the first year on food other than breast milk, must give up its life. Surely we are out-Heroding Herod.

So far, however, we have considered only the babies that die. Statistics tell us nothing of those that struggle through the first year of life improperly fed, and fall an easy prey to infection in early childhood. Nor can we count the number that grow up in spite of these conditions, and become physical and mental degenerates, defectives of one form or another, and finally become a burden upon the state, costing, I believe, in actual dollars and cents, much more than it would cost to remedy the conditions which produce them.

What, then, are the conditions which are causing this terrible

mortality among artificially fed babies? Nine out of ten sanitarians will answer immediately "unclean milk," and no one denies that this is an important factor, or at least that it was an important factor, a few years ago. But our health boards have been devoting untiring energy to the work of improving the milk supply, and, while as the result of this the mortality rates have been cut in two, there is still room for improvement. New York City to-day, I believe, has a fairly clean milk supply, yet in the past six months, 2,650 babies died in Manhattan of diarrheal diseases. We must look further for a cause, and it is not hard to find. You may furnish mothers the purest milk supply possible, and yet if this milk is not properly prepared to meet the needs of the infant, you may as well give it poison. In other words, we must return to the fundamental principle of social betterment, and educate mothers, and, I regret to say, doctors also, in the care and feeding of infants. To prove that ignorance and carelessness in the preparation of the infant's food is very largely responsible for the present high infant mortality, and to suggest a possible remedy, I wish to call your attention to the results which have been accomplished at the Babies' Dairy since last June.

The dairy itself consists of two rooms in a tenement house on the East Side of New York, and was established for the purpose of supplying modified milk to infants under one year of age, and for educating mothers as to the care and feeding of infants. Because of the limited number of cases treated (about 30 daily), the work has been confined entirely to sick babies, mainly those suffering from nutritive disorders. Malnutrition, diarrheal diseases, marasmus, rickets, scurvy and tuberculosis were the commonest conditions existing. The babies were brought to the dairy by the mothers, the histories were carefully taken, physical examinations made, and diets prescribed. The food was prepared by the nurse, in a sufficient number of nursing bottles to last 24 hours. These were packed in a small zinc-lined ice box, which was returned on the following day, with the empty bottles and nipples, for a fresh supply. During the period of acute illness, the baby was observed daily, and the food adjusted from day to day until the baby was well and thriving. After that it was brought to the dairy once a week for weighing and examination, and this treatment was continued, with the necessary changes, until the baby was old enough to take full milk. In certain cases where mothers lived a considerable distance from the dairy, they were instructed by the nurse as to the preparation of the food, and this was done by them at home. The weekly weighing and examination, however, was

insisted upon for all babies. No medicine was prescribed, and no special methods of feeding were used. An effort was made to study the individual needs of each baby, and to prescribe the simplest formula which would meet its requirements. Dependence was placed chiefly upon the various combinations of milk, barley water, and milk sugar. Certified milk was not used, but a good quality of bottled milk, the quality which is ordinarily sold at retail in New York for eight cents a bottle.

During the first six months, 100 babies were cared for for a longer or shorter time. All of these cases have been followed up, and the total number of deaths occurring in the group, including those that died while being treated and after dismissal, in other words, all that have died during this period of six months, amount to 10%, that is to say, we have reduced the mortality of artificially fed babies from 33% to 10%, without taking into consideration at all that we were dealing only with sick babies.

Analyzing the causes of death, we find that 4 were extreme cases of marasmus, one being fed only one day, one two days, one five days, while one survived for twelve days. One other case of marasmus died after two weeks. Three cases died of pneumonia, two having this disease when admitted. Only two cases died of diarrheal diseases.

In order to appreciate properly these results, we must remember that the period of time covers the worst months of one of the hottest summers which we have had, that they were all tenement house babies, and that most of them were brought to us as a last resort, or referred to us by physicians or dispensaries as practically hopeless.

If such results can be accomplished by one nurse and doctor working independently, is it not fair to claim that our Board of Health with its unlimited resources and authority, could practically stamp out the scourge of diarrheal diseases, if it were to seriously take up work along this line? No one can doubt it. The only objection that can be presented is the one of cost. Our sanitarians say that they cannot afford it, losing sight of the fact that every dollar spent in saving a baby's life or in producing a healthy individual, means an ultimate return of many dollars to the state. But after all, would the cost be so great? In the work at the Babies' Dairy, milk was purchased at the wholesale market price of 5½ cents a quart. A fixed charge of 10 cents a day was collected from the mothers for the milk which they received. For those who were absolutely destitute, no charge was made, but in no single

case has there been a complaint as to this charge, and in many cases the parents have undergone hardship themselves in order to pay it. The receipts from the mothers have paid all the expenses of the institution, except the rent and the nurse's salary. This expense amounts to about \$75.00 a month.

If this work can be done on so small a scale for such a sum, it could certainly be reduced materially with careful attention to details, and the buying of supplies in large quantities. Moreover the board of health in most cities has at its disposal, school physicians and nurses who could be employed at this work during the summer months, when there is the greatest need for it. They have accurate records of births occurring, and inspectors and district nurses who could easily keep in touch with individuals, and carry on a work of instruction and education which no private organization could hope for.

The need exists—we cannot close our eyes to it. It only remains for us to meet the issue squarely, and the logical conclusion which has been reached by every independent investigator is the municipal milk station and a pure milk supply.

DISCUSSION

JAMES D. MILLER, M.D.:—It is a terrible indictment, the wholesale murder of artificially fed babies. We have an efficient board of health in the City of New York; we have a state board of health headed by our hardworking commissioner, Dr. E. H. Porter; and there is no reason why the state should not stamp out entirely diarrheal diseases.

Large sums of money are spent annually in vaccine and diphtheritic serum. Vaccination has been made compulsory; why not make healthy babies compulsory? This may look fanatical, but babies' lives can be conserved as has been shown by Dr. Benson.

Last summer Dr. Benson started on the East Side, in two rooms of a tenement, a small dairy to supply babies with milk prepared for their individual needs. That this has been a success the figures he gives you prove; but to supplement those figures I wish to say that the five deaths of which he speaks all were practically moribund when brought to his dairy. Furthermore, only two of these five died primarily from a cause directly traceable to diarrheal disease. Thus, you see, that the death rate has been lowered to two per cent. instead of the thirty-three per cent. given by the health department records.

It is well to commend Dr. Benson because he is the first man to do this individual feeding, irrespective of any school or organization; and it seems particularly appropriate that a homœopath should lead scientifically.

The Nathan Strauss Dairies supply a clean milk, and they have formulæ; but they have only stock formulæ, one for a new-born

baby, one for a four-months old baby, etc. These formulæ are not changed, they never see the babies; therefore there is no individual adaptation of the food, and the unfortunate baby who happens to be under four months of age and older than "new-born" is fed on that formula nearest his age. The records go to show that that method of feeding has not been most successful.

Other dairies, those of the New York Milk Commission, have their formulæ prepared by the Sheffield Farms and delivered in large cans. And again you can see wherein failure occurs.

The key-note of Dr. Benson's paper seems to be that the price of victory over these preventable deaths is individual attention to each case and the preparation of a formula suitable to that particular case.

LOGICAL EXTENSIONS OF TREATMENT SUGGESTED BY THE REMEDY*

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THE basic principles of practice in the allopathic and homœopathic schools of medicine are antagonistic and represent opposite poles of the question of therapeutics. These contrary principles may be expressed and clearly illustrated by the two words—generalization, individualization.

That generalizing or grouping cases according to the disease, to which diagnosis is the key, is as characteristic of old school practice today, as it has been for years, no one conversant with modern therapeutic methods will deny; in fact it is essential even in the opsonic treatment. In this they are consistent.

On the other hand no Hahnemannian homœopath, when selecting the remedy for a case, generalizes in this way, i. e., makes use of the diagnostic grouping as the foundation for such choice of medicine; with him it is the individual who is sick, and the expression that individual has given to the symptoms for which he prescribes and to which the repertory and materia medica are the key.

This was true with Hahnemann, and has been followed by some ever since, but, as many in our ranks feel that it is allowable and wise to generalize, i. e., group a case according to the diagnosis, as the beginning of the prescription, we have, as a whole, been

*Read before the N. Y. Co. Homœo. Med. Soc.

inconsistent, and consequently our position as a distinct school of medicine is weakened.

Not only are we inconsistent, but neglectful, of our best interests, for if we practice according to our principles we cannot fail to demonstrate the superiority of homœopathy.

Neglect of fundamentals has been followed by neglect, or forgetfulness, of other things. It is no longer the fashion to let the symptoms of the patient govern the general treatment. Hygiene, dietetics, etc., are usually taught without reference to individual conditions but with reference to their application to disease groups. Hahnemann not only altered the medicinal treatment of disease, but also laid the foundation for a change in the entire treatment of patients. Before his time hygiene and dietetics were a travesty; since, they have been carefully studied and wonderfully elaborated.

This was to have been expected. As Dr. H. C. Allen puts it: "The natural result of failure in one line or branch or department of a science, is greater activity in some other department, where success is more probable. It is the failure in therapeutics that makes the allopaths so active in diagnosis, in sanitation, in the study of bacteriology, of pathology, etc., and also so eager to consider every new fad that is started, in the hope that it may open up some way to the sole function of the physician—the cure of the sick." (*Medical Advance*, Nov. '08, p. 777.)

We should not ignore these developments in general medicine, quite the contrary, but in taking advantage of them be guided by the symptoms of the patient, and thus keep the whole treatment in harmony. The symptoms indicate not only the appropriate medicine, but also give aid in the general conduct of the case, aid which is not obtainable, in the same way, and perhaps not at all, in any other system of medical practice. The old school has no law to guide in the application of its therapeutic knowledge. We have, and should follow it consistently to its logical conclusion.

We all know how, in our provings, drugs develop modalities of various kinds, and desires and aversions which are invaluable for matching the remedy to the patient's symptoms, and also serve to differentiate medicines from one another. This is generally the extent to which they are employed. We should go farther and allow them to govern the whole treatment, hygienic and dietetic, as well as medicinal.

Let us take an example: Local applications are advocated in old school practice in a routine way. I have seen the cool compress advised for every case of pneumonia because of the following hypothetical reasons: first, that it stimulates and invigorates the nerve

centres; second, that it tones up the heart by stimulating, secondarily, the vaso-dilators and causing dilatation with maintenance of tone of the blood vessels, thus relieving the heart by the increased blood stream, and preventing heart failure; third, that it reduces the temperature gradually and permanently, a gradual cooling process going on owing to the skin being bathed in vapor; and fourth, that it helps to eliminate toxins, as do all hydiatic applications, thus increasing the alkalinity of the blood and hence causing greater phagocytosis, (Dr. S. Baruch, *Medico-Surgical Bulletin*, Dec. 19, '96, p. 737).

This is probably all true, but to advise, for such reasons, the use of the cool compress in every case of pneumonia is generalizing of the rankest kind. The cool compress is helpful in some instances, in others it may even be positively harmful. Doubtless we have all had cases where it was uncomfortable to the patient, the skin remaining cold after it was applied, with no reaction, and at the next visit, we found it had been removed and perhaps a hot poultice substituted.

To a patient in high fever, with mental anxiety and restless tossing; marked thirst, drinking much often; skin hot and dry, no sign of sweat; the pulse being quick, full, hard, bounding; to give aconite internally and apply externally a cool compress, over the chest, over the swollen joint, or wherever there is evidence of the lesion, would be right. Why. Because with the aconite fever there is dry skin with inclination to uncover, aggravation from warm wraps and relief from bathing. It is the natural thing for the aconite patient to uncover in the fever and we should resort, in external applications, only to those things which harmonize with the symptoms of the patient, for they give comfort.

In another case, in many ways like the first, only different as we recognize differences, the patient is also feverish; not as anxious, but equally restless as the first case, because he finds that tossing about relieves; with great thirst, or, sometimes, if urticaria break out, drinking little often; skin hot and dry, no sign of sweat; pulse rapid, weak, faint, soft, irregular. Here rhus is to be exhibited but a cool compress is not to be applied because we know that on taking the anamnesis farther we shall find that such a patient is sensitive to cold and cold air, shudders on uncovering, with corresponding relief from wrapping and warmth. So warmth externally is the proper thing but not a hot poultice, for reasons I shall come to in a moment.

This seems a reasonable and logical extension of treatment; it is followed many times but seldom to its full extent. Thus no

one would think of using heat in an ap^{is} case, nor cold in one calling for nux, and yet other things must be taken into account so that what is applied will be appropriate to the whole case in each instance, and produce the maximum of comfort for the patient.

Now how shall we pursue this method? It is not difficult. We learn its suggestions when taking the case and looking it up in the repertory, and *materia medica* enables us to apply it in practice. Thus in Dr. Timothy Field Allen's *Bœnninghausen* under "Fever, heat with inclination to uncover," p. 259, aconite is found in the highest degree, and the next rubric "Fever, heat with dread of uncovering," gives rhus marked. These rubrics are not enough, however, others must be consulted, as "aggravation from wet applications," which in the original includes "wet poultices," p. 309, where we find the reason for not using a poultice in a rhus case; also amelioration "from bathing," p. 311, "from moistening affected part," p. 316; aggravation "from warm wraps," p. 308, "from uncovering," p. 305, and "from cold in general," p. 275, etc. Exceptions must also be noted, as the headache of arsenic which is relieved, temporarily, by cold washing; the coryza of nux better in the open air; the occasional aggravation from warmth of the skin symptoms of rhus; and in the fetor of silica the aggravation from warmth of the bed.

Let us take a few of the more important remedies needed in pneumonia and see what in an external application is indicated with each and the reasons to be deduced from their symptoms which will govern such selection.

ACONITUM NAPELLUS.—A cool compress; as it has dry heat with inclination to uncover, aggravation from warm wraps, and relief from bathing.

AMMONIUM CARBONICUM.—Dry warmth; it has aggravation from wet applications (poultices), and aggravation from cold.

ANTIMONIUM ARSENITUM.—Dry warmth; because from its derivation it must be placed with antimony and arsenic among the remedies, worse from dampness, i. e., the hydrogenoid group of *v. Grauvogl.*

ANTIMONIUM TARTARICUM.—Dry warmth; for this type of patients tends to easy, often cold, sweating and is rather better after, so it should not be suppressed.

ARSENICUM ALBUM.—While there is inclination to uncover in the heat, yet *Bœnninghausen* gives emphasis to the dread of uncovering in that part of the febrile paroxysm; either condition may develop, depending on the patient, therefore during the intensity of the fever, especially in intermittents, the covers may be thrown off.

With less severe heat the general modality of the remedy obtains, i. e., desire to be kept warmly covered.

BRYONIA ALBA.—Cool compress if skin dry, dry warmth if sweating; though there is inclination to uncover in the heat, the sweat is critical and should not be checked by external cold.

CARBO VEGETABILIS.—Dry warmth; wet applications aggravate as does also cold somewhat. In the chill desires to be fanned, but, while that does not always hold in the fever, a pneumonia calling for this remedy is a very serious one, and the respiratory symptoms are better from cold air and being fanned, but there probably would not be reaction from the application of cold externally; besides wet poultices aggravate much.

CHELIDONIUM MAJUS.—Dry warmth; as there is predominant aggravation from chilly, damp weather.

FERRUM PHOSPHORICUM.—A cool compress would probably be grateful, though there are no definite data.

HEPAR SULPHURIS CALCAREUM.—Warmth; it has equally desire for and aversion to uncovering, but because of the general aggravation from dry cold with relief from heat, moist heat if maintained, even a hot poultice, may be of benefit.

IODIUM.—Cool compress; because of the inclination to uncover, aggravation from warmth and warm wraps, relief from cold air and washing in cold water.

IPECACUANHA.—Dry wraps, not heavy; as there is over-sensitiveness to both heat and cold, with aggravation in winter and dry weather, also aggravation from warm, moist south winds.

LYCOPODIUM CLAVATUM.—Uncovering, i. e., dry cool; as when applications and warm wraps greatly aggravate, with amelioration from uncovering.

MERCURIUS VIVUS.—Dry warmth; though not too much; because of the great sensitiveness of this patient to wet applications, to heat or uncovering, and the aggravation from heat of bed.

PHOSPHORUS.—Dry warmth; for while cold air relieves head and face symptoms it aggravates those of chest, throat, and neck; there is also aggravation from wet applications.

PULSATILLA.—Cool compress or uncovering; this remedy, true to its vagaries, has both inclination for and dread of uncovering, yet in its febrile state the patient must be uncovered with great aggravation from warmth and warm wraps, but bathing and moistening affected part relieves.

RHUS TOXICODENDRON.—Dry warmth; the dread of and aggravation from uncovering and also the aggravation from wet applications are sufficient.

SENEGA.—No application, cover lightly; the inclination to uncover with the fever is opposed by the tendency to cold sweat, weak circulation, and adynamy.

SEPIA.—Dry warmth; because of the aggravation from wet applications and cold, and want of natural bodily heat, with relief from warmth of bed and warm wraps.

SULPHUR—The inclination to uncover, aggravation from wet applications, from warmth of bed and warm wraps, with desire to have windows and doors open and to uncover feet, would negative both the cool compress and warm wraps. A midway course of light, dry covering, for in some conditions there is amelioration from dry warmth, and, with the flushes, throwing off of the covers, would seem best.

VERATRUM VIRIDE.—Dry warmth; because of the chill with nausea and the whole body cold with cold sweat on hands, face, and feet, persisting, more or less, even in the heat; with great weakness both general and of the heart.

Is not this easy, simple, definite? It develops from the examination of the case; conduces to the comfort and safety of the patient; puts aside routine and empiricism; besides which it is logically consistent with our practice and hence should assist in the cure.

Similar rules govern in regard to bathing, and, were they followed, less would be heard of the use of senseless ice packs in sunstroke, where warm water applications are more appropriate and beneficial (Hering's *Domestic Physician*, p. 53), and of the brutal Brand bath in typhoid.

The same method may be pursued regarding position, external pressure, etc., and also in dietetics as to desires, aversions, aggravation and amelioration from foods. Not that every natrum muriaticum patient, for example, desires acids, bitter things and beer, farinacious foods, fish, milk, oysters, salt, sweets, or is averse to bread, coffee, fat food and butter, meat, and exceptionally to salt, but some of these likes and dislikes may develop in the examination, others are suggested by reference to the repertory or *materia medica*. All of which helps in selecting articles for the diet in acute disease if the foods which agree and disagree with the patient and the state of the alimentary canal are also taken into account.

Thus a woman of sixty-seven years with a chronic affection of the right leg, pains beginning either in middle of thigh or leg and extending to knee, developed soreness of the left wrist with swelling, especially of the ulnar side. These things were cured by guaiacum (2 c.) which had to be repeated three and a half months

later. Some months after that she had a series of colic attacks, epigastric pain, with nausea, no vomiting, much gastric flatus but belching rather aggravated than ameliorated. In the first attacks there was amelioration from bending double with hard pressure, and colocynth (2 c.) was effective, but food continued to sour in the stomach with acid eructations and belching of much gas. Finally an attack occurred lasting thirty-six hours, which neither colocynth, dioscorea, belladonna, carbo vegetabilis, nor nux vomica affected in the least, but the severity of which yielded to lycopodium (2 c., 2 doses dry) in one hour, when the following symptoms became clear; pain gnawing, and at times stitching, extending to back and shoulders; belching did not relieve, rather seemed to "tear" the stomach; acid eructations; epigastrium very sensitive to touch and pressure; abdominal distension; slight restlessness; could not bend forward; wished to be well wrapped up in bed. After that the remaining pain gradually abated without icterus following.

It transpired that since the arthritis she had gradually been giving up various articles of food, on account of sour stomach, and had subsisted principally upon bread, a little potato and less meat, with weak cocoa, no fruit, no other vegetables except beets, and no cereals. Confirmatory of lycopodium were the facts that she had been eating much bread and that onions, though she was fond of them, always gave distress.

After studying the patient's dietetic likes, dislikes, aggravations and ameliorations, the food, desires aversions, aggravations and ameliorations under lycopodium, also the condition of the digestive tract, and allowing for the diathetic demands (which I will speak of later), the following diet list was arranged for her, and has given complete satisfaction: bread, sparingly, though not to be taken for two weeks; butter; cereals, but not oatmeal, nor cracked wheat, on account of the husks; cheese, cream especially, crackers allowed with it; cream; desserts, made of milk and eggs, with sago, tapioca, etc., eaten without sugar; eggs except fried; fish, white; fruits, mild acid, though not for one or two weeks, bananas, but no sugary fruits as dates and figs; meats, bacon, beef, chicken, lamb; milk, warm for light luncheon; olives; potatoes, only twice a week, sparingly even then; rice, sparingly; tea without sugar; vegetables, green as spinach, asparagus, etc., but none "with husks," as beans, corn, peas, nor fibrous kinds, as beets and cabbage; water, hot especially, as cold distressed. Sugar was excluded because of the sour stomach, but more particularly on account of the gouty tendency.

This list is not offered as a model but to show what can be

done in this way. It may not be essentially different from diet lists to be found in any text-book on dietetics, but it has the element of individuality in that it fitted the needs of a particular case, which is somewhat difficult to do when following the book theories. Later it may require modification. When possible it is much simpler and more appropriate for us to arrange the patient's food and drink in this manner—besides it is more practical.

This method of dietetic management of diseases cannot be carried out in chronic cases unless one remembers also that in chronic diseases it is not discreet to indulge abnormal cravings, (*Organon*, sec. 260-261, and note 131). Abnormal, here, I take it, does not necessarily refer to a desire for curious things and can be better rendered by the word excessive. The reason abnormal cravings should not be gratified in chronic diseases seems to be that the things desired so excessively are almost without exception deleterious to the person wanting them. Why is this? Because the diathetic demands, in chronic diseases, as to diet and other things, and the desires, abnormal desires, of the patient are inimical.

By diathetic demands I mean the requirements of what may be called the collective constitutional state of a particular disease as to hygiene, dietetics, etc., including, often excluding, as in this case, the things which are injurious to that diathesis. For instance, patients with chronic rheumatism or gout frequently crave sugar in quantity; usually it is unwise to allow them to have it, even when it agrees with digestion, for in many cases it is more harmful, in this diathesis, than red meat. This antagonism between the general constitutional requirements and the excessive individual dietetic desires is interesting and well repays careful study. Yet, at times, this rule of non-indulgence in chronic diseases must be suspended, perhaps only temporarily, if the patient be made worse from adhering too rigidly to it, thus the individual always takes precedence. Great caution should be exercised in such modification, but the reasons for it will be found helpful symptoms in selecting the remedy. I will later give an example of a modification of this character and the use of these symptoms in prescribing.

The importance of climate and altitude has long been recognized in medicine though change of climate has lost some of its prestige, as a therapeutic adjuvant, since it has been found that tuberculosis can be arrested as well here as in the west and southwest. Altitude should be used to supplement the climatic needs.

That the materia medica assists in deciding as to both climate and altitude, in a given case, is well known. I need only quote from the "Handbook of Materia Medica" by Dr. Timothy Field Allen,

where, in one of his inimitable "clinical" under cough in kali carbonicum, he says: "It (kali) is almost as frequently indicated as calc. carb., though the kali patient is worse from cold, while the calc. patient is worse from dampness; the chronic troubles requiring kali should be sent to a warm climate though moist; those requiring calc. should be sent to a dry climate, though cold."

Diathetic demands as to climate and altitude may also have to be disregarded to suit the individual; in institutions such modification is frequently impossible. To illustrate, this also explains as to dietetic modification just spoken of, it is generally recognized that cold air is the most beneficial to the tubercular—this we may call the typical diathetic hygienic demand in that chronic (psoric) miasm,—yet many phthisical patients cannot endure cold air under some circumstances.. A recent case is apropos. A man of middle age, with a slight pulmonary lesion, was not troubled in the least by the cold air of winter, but if with it there were much wind blowing he was in distress, cough increased with dyspnoea and insomnia. Therefore at such times it was found needful to keep him in a warm room and exclude the outside air. These things were taken into account and, as the other symptoms agreed, lycopodium (2c., 1M) was given with benefit. He improved at once, gradually becoming less sensitive to windy weather and now is well.

Such rubrics as those under "aggravation from cold" comprising "cold in general," p. 275;* "cold air," p. 275; "cold dry," p. 275; "cold wet," p. 275, *et seq.*; also "aggravation from dry weather," p. 278; "from change of temperature," p. 274; "in the house," p. 286; "in open air," p. 294; "from snow air," p. 300; "from warmth in general," p. 307; "from warmth of air," p. 308; "in foggy or cloudy weather," p. 274, *et seq.*, and "aggravation in wet weather," p. 309; "in the wind," p. 309; "in the winter," p. 310; "in the spring, summer, autumn," with the corresponding ameliorations, etc., should be consulted in regard to climate, and, for altitude, "aggravation ascending," p. 271; "on ascending high," p. 271; aggravation and amelioration at mountains, sea shore, etc.

In such conditions as neurasthenia, seemingly more common each year, we may also extend the treatment as suggested by the similimum. Some of the groups I have spoken of, as diet and climate, apply here as well.

The symptoms, including the aggravations and ameliorations of mental tendencies brought out by the examination, being studied and a suitable remedy selected, it will often be found that under that remedy are other symptoms not developed in the case. These latent symptoms, if I may so call them, may be in any part or organ

*Figures refer to pages in Allen's Bœnninghausen.

of the body but are more often impulses, aggravations of the mental sphere and nervous phenomena. If these be borne in mind, it may be observed, as the case progresses, that the drift of the patient is toward them and they can thus be guarded against. Not that every symptom under a remedy must necessarily show itself in each case, but the characteristics are almost sure to sooner or later.

This looking ahead is, apparently, followed many times but it has always appeared to me that such foreknowledge as we see used is derived mainly from the disease-diagnostic side of the case and hence is defective. It not only would be more in consonance with our practice, if it came from the study of the remedy, but information thus obtained is of increased assistance to the physician, more truly a prevision, and, what is of most importance, when properly applied, of greater benefit to the patient.

Such prescience may also be prevenient as in a case of melancholia where without suicidal impulse being developed it should be known, from the remedy called for, not only that an attempt at suicide may be imminent but also under what circumstances it will develop, as with antimonium crudum, arsenicum, and aurum metallicum. Then there is the opposite class, like the nux vomica patient, that incline to commit suicide, talk about it, but lack courage. This, too, is worth foreknowing.

As an illustration of my point in regard to looking ahead, and an example of "how not to do it," let me offer the following, for we learn from our mistakes, or should learn from them.

A woman, fifty years old, married, one child, menopause passed without incident, experienced deep chagrin following a family disgrace, and shortly after developed what was apparently an attack of acute articular rheumatism beginning in the feet. At first she seemed to need pulsatilla, then bryonia, but later, exhausting night sweats occurring with sensitiveness to touch and cold, china was exhibited with relief. Though recovered from the arthritis she soon showed neurasthenic symptoms for which several medicines were tried ineffectually.

Her complaints could be resolved into the following: Anxiety, fear, constant, of dying, robbers, etc.; despair; indifference, apathy; mistrust; distress in esophagus with weight at cardiac end; coldness in pit of stomach; flatulence with much rumbling, and loud belching; empty, faint sensation in abdomen; urine pale, profuse, frequent; numbness of hands and feet; formication over whole body; drowsy in the day, wakeful on least sound at night; after short nap rested, but wakes full of sad thoughts; sensitive to a draught of air; sweat profuse, in the night, with fear and anxiety, worse after; worse

from talking; worse from noise, especially music. Sepia helped much, phosphoric acid 3 x finally cured.

In looking over this case phosphoric acid shows as the remedy from the beginning. I did not start right in its study, for, incredible as it may seem, though at that time just out of the medical school, I never had received any instruction in the proper conduct of a case, the value of symptoms, repetition of the remedy, etc., and therefore I did not know enough to recognize the important symptom to commence with, i. e., the cause—the mental shock, “mortification,” or “offence received,” as it is in Boenninghausen, under which rubric he gives twenty-two remedies; most of them in this case can be at once eliminated, so that phosphoric acid stands out prominently. Hence proper study of the patient at first would have resulted in the selection of phosphoric acid, and had that been given early the joint symptoms would undoubtedly have been controlled, as it covers them all.

But would the neurasthenia have been prevented? Yes and no, depending upon how the medicine was given and the ability to react possessed by the patient. I should hardly expect the third decimal to abort a case of this nature, though it might, and even if the remedy were exhibited in proper potency it is possible that the vital force would be unable to fully respond. Under either alternative the nervous symptoms would have developed, only with less severity than they did when china was given, just as in syphilis, the secondary symptoms generally appear, perhaps only a trace of them, though the simillimum has been found and exhibited for the initial signs. This, at least, is my experience. Therefore I feel that in this case the nervous symptoms should have been foreseen. I ought to have recognized that it was a nervous shock which had disclosed a state typified by phosphoric acid and later would probably show the aggravation from noise, from music, from talking, the formication, numbness, etc., not a very long nor important list, in this instance to be sure, but enough to illustrate my contention.

If the curative action of phosphoric acid had ceased, then, as we know, the development of new symptoms would most likely have been along the line of a remedy complementary to it, and in the concordances suggestions for such sequent remedies are found, so that even here foreknowledge would again have been possible. Curiously enough china is among the remedies complementary to phosphoric acid, being useful “before or after, in colliquative sweats, diarrhea and debility,” so its exhibition happened to be correct though it was not deep acting enough to cure, not covering the cause, therefore not the whole case.

While it is our habit, or should be, to note new symptoms as they arise, and see if they belong to the remedy already given, yet I feel that we should do more, for we can, many times, anticipate such development and by so doing, perhaps, add to the comfort and safety of the patient.

There is no question but that Hahnemann, Boenninghausen, Hering, Lippe, and others, whose practice agreed, understood this way of looking ahead; they also showed their recognition of its value as a therapeutic procedure, and their approval of extending the homœopathic principle throughout treatment by following both in practice. Ought we, as consistent homœopaths, to be satisfied until we do as well?

THE SELECTION OF A WATER SUPPLY*

By H. N. OGDEN, C.E.

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OF all the sources of infection, against which a community should be on guard, and with which the guardian angel of the health of every community, the health officer should be particularly and thoroughly familiar, the public water supply is unquestionably the most important. The condition of the back yards, the odor from the privies and pig-pens, the question of miasms from swamps, and the unsanitary influence of ponds and reservoirs, the water level of which is subject to variation, have all been assigned by common assent to the health officer as a part of his bounden duty, even though the effect of these so-called unsanitary conditions upon the health of the community may not be apparent. But the propriety of the health officer being responsible for, or even worried about, the quality of a water supply is a matter which is continually questioned, and even at times violently disputed.

Webster defines a health officer as "one charged with the enforcement of the sanitary laws of a place," and this conception of a health officer is one reason, to my mind, why both the community and the health officer himself have, as yet, not realized the possibilities of the latter as a preventor of disease. He is supposed, like the physician he is, to be called in only after sickness has broken

*Read before the 8th Ann. Conf. of the San. Officers, State of N. Y.

out, or a nuisance has been committed, and Webster evidently does not think of him as a man continually studying how to prevent disease.

Nor, unfortunately, does the public health law encourage the health officer to take responsible charge of the quality of the public water supply. Section No. 21 says that the local board of health shall prescribe the duties and powers of the local health officer and shall direct him in the performance of his duties, clearly indicating that the health officer is to be only the executive officer of the local board. But in many cases the local board, on account of lack of time, training and inclination, can see only gross contamination, and while they might be thoroughly aroused by the presence of a healthy chicken drowned in a reservoir, they often view with unconcern and indifference a privy on the bank of a feeder to the reservoir, actually far more dangerous.

Section No. 71, relating to the inspection by law of a water supply, says that the "officer or board having by law the management and control of the potable water supply of any municipality, or the corporation furnishing such supply, may make inspections to see if rules, etc., governing the purity of the water are being complied with;" but there is no reference to the board of health or to the health officer, and the apparently studied avoidance of any reference to the health officer throughout this article, No. 5, indicates to me that the framers of the article had no conception of one of the most important functions of the health officer, viz., to protect and guard the purity of the water supply. Practically, the reason was unquestionably that in most cities the water supply comes from a source outside the jurisdiction of the local board of health, and the board in the town where the pollution may occur has no interest in looking after the water because it is not their drinking water. It would evidently be difficult to permit or to require the health officer of one locality to go into some other locality and act independently, and in entire disregard of the local sanitary authority. The conclusion is that by law and in fact the health officer of any city has no authority over the protection of a water supply, and I have yet to learn of any case where the opinion of the health officer has been asked in the matter of the selection of a water supply. I do believe, however, that, since they are, or should be, most directly interested in the quality of the water supply, they should be consulted and should have authority; and I venture to predict that as the health officers of the State shall prove their broadmindedness, their foresight, and their wide

scientific knowledge, so shall larger matters of preventive legislation be placed in their hands, the control of the purity of the water supply being of all measures the most important.

I trust, however, that because at present the health officers of the State have no great authority in the selection and care of a water supply, you are not therefore indifferent, but that you will have some present interest in my discussion of the subject.

The selection of a water supply involves three distinct factors—quantity, cost, and quality. The quantity must be sufficient to meet all demands, future as well as present. It is the first requisite, and a supply which appears to be inadequate in quantity should not be considered. The cost is usually the governing factor in deciding between two sources. The City of New York is spending on a new water supply \$160,000,000. Rome is spending nearly \$300,000 on her new supply. Niagara Falls is preparing to spend \$350,000 to obtain a new supply. But it would be impossible for the smaller villages of the State to spend such sums, and they must often be content with a poorer water, because they can't afford to pay the larger price of a better water. The choice, however, has occasionally to be made between two or three waters, all of them of sufficient quantity and all of them within reasonable cost. What considerations of quality, then, shall govern the choice.

First of all, the physical appearance and character of the watersheds should be compared, if the choice is to be between surface waters. A surface water, flowing through barnyards and between factories, polluted by sewage from towns and by leachings from stables, is not good drinking water, and no further investigation is necessary. It is, of course, possible in some cases, to remove obvious pollution, but water into which human or animal wastes are washed or discharged, is unfit for human consumption.

An examination of the watershed, however, is not always convincing. The choice may be between two similar surface supplies, or between a lake water and a surface water, or between a surface supply and a well or spring supply. The matter must then be referred to the chemist and the bacteriologist for their opinion. If only one of these eminent scientists is to pronounce on the water, then by all means select the bacteriologist, in comparison with whom the chemist does very unsatisfactory and uncertain work. The chemist is able to detect compounds of nitrogen and chlorine when present in such small quantities as one part in a million, but the presence of nitrogen and chlorines, when present,

proves very little. A swamp on the watershed will raise the amount of nitrogen over that in a similar water, but not coming from a swamp, and any where in Central or Western New York the presence of salt beds and salt wells in the vicinity changes the normal chlorine content of the surface water. It is impossible, moreover, to determine the true character of a water by any single analysis, and the real value of a chemical analysis consists in regular, periodic examinations, by which the chemical stability of the water may be proved. The committee of the American Public Health Association, in a report made in 1905 upon standard methods of water analysis prefaces the recommendation by saying, "less attention than formerly is now given to the chemical analysis of water, because of the inability of the chemical methods to separate that portion of the organic matter which is of no sanitary significance from that which is associated with pollution or infection."

When the City of Syracuse took over the City Water Works, and a new supply was to be selected, a prominent engineer was requested to advise the City as to the best supply. Eleven different water supplies were considered and samples were sent to four different chemists with the request that they indicate the relative quality of the water according to their analysis. Two agreed that the water from Skaneateles Lake was the purest, while the other two thought that water from Salmon River was purer, and as the engineer mildly remarks, the opinion expressed as to the relative standing of the other samples were somewhat divergent, although they were all able to pick out and condemn the worst waters.

Nor is a bacteriological examination, while far more sensitive in determining variations in quality, more definite in locating polluting matter. Disease germs cannot be readily recognized in water, both because of their small numbers, and because of the difficult technique required in their detection. The number of bacteria present in a c. c. of water may indicate gross pollution, but chemical analysis would do the same, and so might a mere visual observation of the water. A determination of the numbers of *B. coli* present is the most delicate test that can be applied and yet this is not always conclusive. The number that would condemn a well water would be considered harmless in a surface water, and the number that would condemn a surface water in time of drought would be taken as a matter of course directly after a rain. Analysis of the water in Owasco Lake, this summer, where the tributaries were all dry, and where no stream entered the lake within several

miles of the intake pipe, and where no signs of pollution could be found, still showed the presence of this bacillus, although apparently there was no reason for it. This condition, I may say, caused the Auburn Water Board considerable anxiety.

Other examples might be cited of waters showing by analysis the presence of *B. coli*, and yet good pure water by every other test. Savage sums up the whole matter of the value of bacteriological examination by saying that when a water has been recently polluted with excrementitious matter, either of human or animal origin, bacterial analysis is capable of detecting it, even though present in exceedingly small quantity. But such detection should not in all cases condemn the water, and a failure to detect does not by any means assure the continued freedom from excretal pollution.

I believe that too much emphasis cannot be placed upon the necessity of inspection and of careful examination of the watershed in order to interpret any analyses made. Often the conditions will be found so satisfactory that an opinion as to the purity of the water and its freedom from contamination can at once be given. Often, however, when a water lies on the borderland between good and bad, only a careful study of all the methods of examination can fix a right judgment.

Of all the tests applied to a water, none is more positive to my mind than the typhoid fever death rate in towns where that water or similar water is used. It is not always positive. The City of Washington had for many years a typhoid death rate ranging from 40 to 80 per 100,000 and spent a half million dollars in building a filter plant to reduce that rate, and great was the consternation when, after a year's operation, it was discovered that the rate was no lower for that year than for the years just before the filters were built, the purer water apparently having no effect on the death rate. This curious fact has been explained by one expert, who said that there are waves of typhoid continually passing over the country, and that the trough of the wave came just before the filters were built and the crest just after, so that a stationary death rate was really a great triumph for the filter.

Another said, that while the northern cities like Albany and Lawrence, might get their death rate down to 20, a southern city like Washington could not hope for such results, the rate increasing always, the further south the city.

Still another said that conditions were abnormal because of

the large negro population, and yet another found the trouble to lie with the milk, fresh vegetables and oysters consumed. Doubtless there is truth in all of these, while above them all is, I believe, the fact that, in any city where typhoid has become epidemic, a certain length of time and a determined struggle is necessary before the disease can be stamped out and the rate lowered. Usually, however, the purity of a water may be said to be accurately measured by the typhoid fever death rate.

Unfortunately, it is not always possible to test water in this way. If water under consideration could be given to a selected number of persons for a year, then the prevalence of typhoid developing among such persons would be a most useful test. But all that can be done is to compare the kind of water with similar waters where the typhoid rate can be observed. As an example, diagram No. 1 has been prepared from Fuertes' book on "Water and the Public Health," and shows for certain cities, the average typhoid rate for the seven years 1890 to 1896 inclusive, the cities being grouped in the diagram according to the kind of water consumed. The best waters are pure mountain springs and properly filtered waters. Surface waters with large impounding reservoirs and wells are about equal in purity and come next. Rivers and large lakes come next, though their purity is much inferior, and finally the effect of the pollution on large rivers is shown in the last group.

For comparison and to emphasize the necessity of care in the selection of a water supply, I have prepared diagram No. 2, the data being taken from the reports of the U.S. Census Office, and from the reports of the N. Y. State Department of Health. The cities and villages chosen are, except for some small lake cities, all in the State and include practically all of the cities and larger villages except a certain number excluded because of certain peculiar local conditions. It would be interesting to spend some time comparing the diagrams in detail as well as the statistics of the various cities given, but I have time only to emphasize a few points.

It is startling to see how the filters in this State fail in comparison with European filters, and I believe this to be due, partly to a lack of scientific control, and partly to the fact that filters having usually been installed only after typhoid had acquired a foothold in the city, the ground water had become thoroughly saturated with filth, so that the presence of every single well in such a community prolongs the effect of the former contamination and is a constant menace.

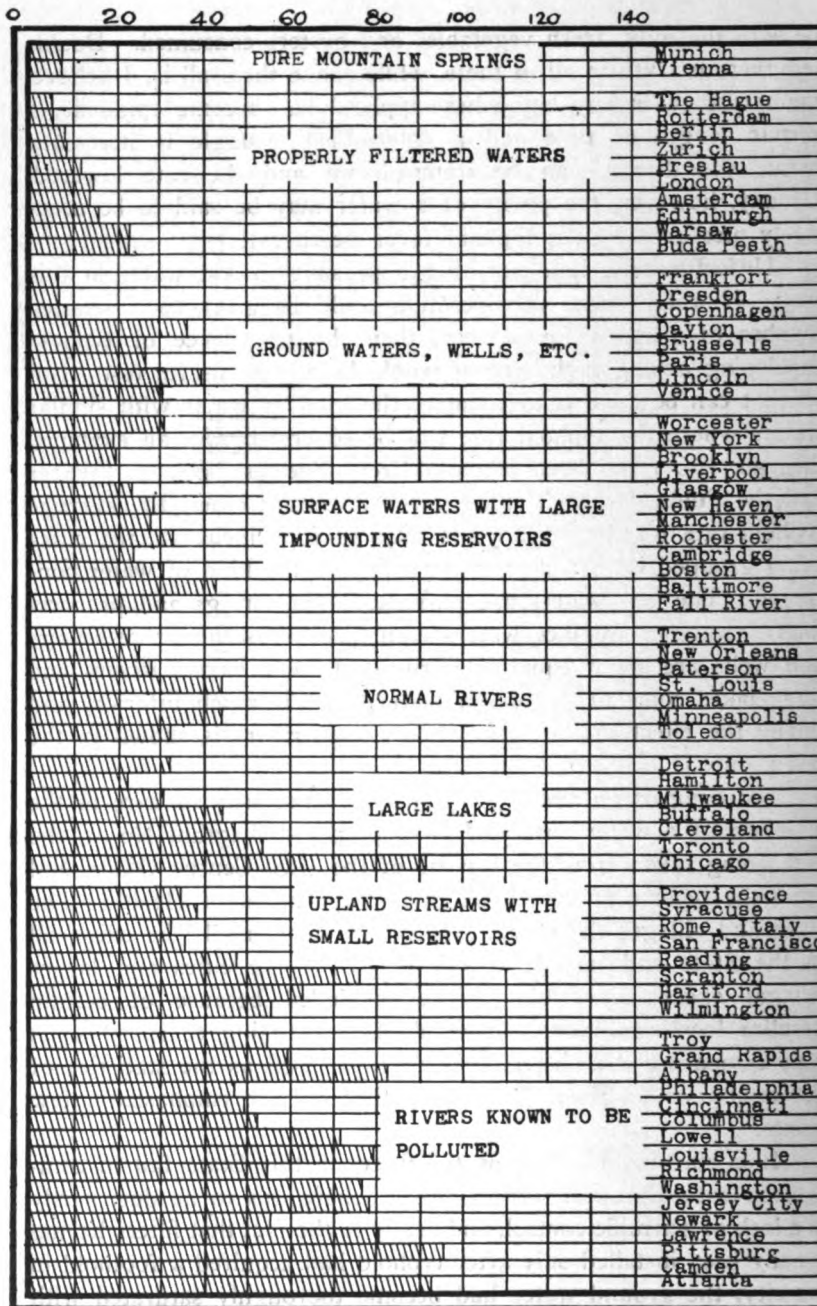


DIAGRAM NO. 1.

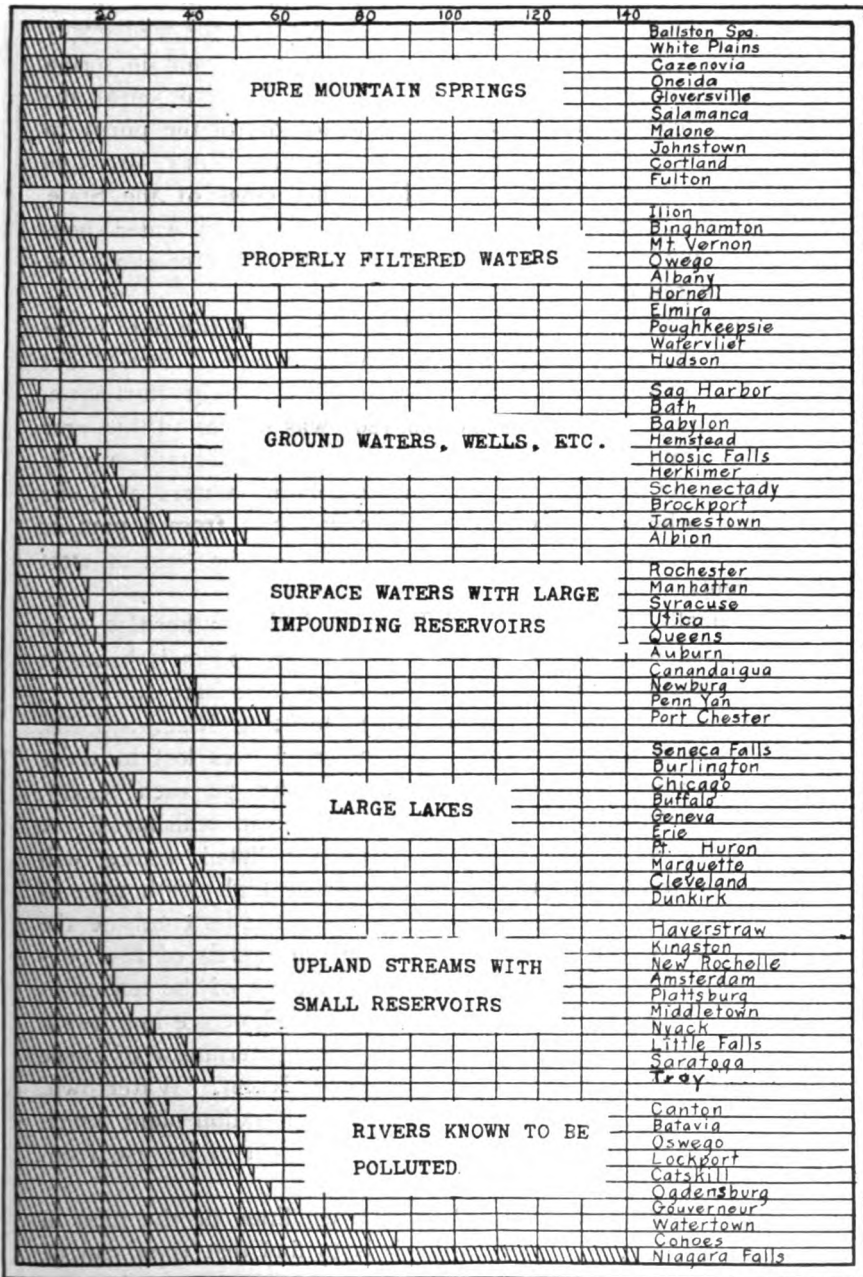


DIAGRAM NO. 2.

Then again, the value of wells from the quality side is plainly shown in the diagram, and, if Albion were omitted, the well supply would appear better even than the so-called pure mountain spring supply. Again, in the 4th part of the diagram there is shown the value of systematic and sustained efforts to control the purity of a water supply. Rochester, Syracuse, Utica, New York, Brooklyn and Auburn have, perhaps more than other cities of the State, expended time, thought and money in protecting their water sheds and water supply, and the low death rates given are or should be an adequate reward.

Again, in the 5th part is seen the futility of seeking pure water in any one of the great lakes unless the inlet pipe is carried out beyond the possibility of local pollution. The rate at Burlington before the inlet pipe was changed in 1896 was similar to that now existing in Dunkirk, and the present low rate was secured only by extending their intake pipe into the unpolluted waters of Lake Champlain; whereas Dunkirk's supply now comes from a part of Lake Erie where pollution may be present with either east or west lake currents.

And finally, the fatuous indifference of city authorities who allow polluted water to be used for drinking purposes is brought out in the last part of the table. The death rates here run from 34.1 to 142.0, the banner city of the State being Niagara Falls. It is depressing to contemplate the number of lives lost in these 10 cities during the past eight years (about 70 each year), unnecessarily and deliberately sacrificed to human selfishness. A water supply deliberately selected from a polluted source will inevitably bring an epidemic or a continuously high death rate to any city which makes such a selection, and yet cities continue the practice of using such water, largely from the inertia of the governing bodies. It is gratifying to record that out of the ten cities shown in the last list, six of them have improved, or are improving their water supply, so that no longer can the government of those cities be classed as careless, selfish and indifferent. Watertown, in particular, has completed a most admirable filtration plant which reduced the typhoid fever death rate the first year of its use from 212 to 23 per 100,000.

But what a reflection on the mental condition of the men in charge of a municipal water works it is to find that they can be convinced of the dangers of polluted waters only by an epidemic; that they cannot or will not be convinced by an abstract proposition; that they will hang back and say, we don't care anything

about death rate figures; or say, the water was good enough for our fathers, it is good enough for us. Not till disease and death in a forcible and personal way, teaches them the connection between polluted water and typhoid will they believe. Byron, in one of his poems, says: "Till taught by pain, men really know not what good water's worth," and it is unhappily too true.

One other striking fact is that water taken from large quiet bodies of water and beyond the effect of local pollution is better than water taken from running brooks or rivers. This is new doctrine. An old Italian proverb says: "Running water carries no poison," and another says: "Still waters breed vermin." A German proverb says: "Stagnant waters grow stinking," and another says: "There is no worse water than that which sleeps." We know to-day that the reverse of these proverbs is the truth, that running water, when polluted, no matter how bright and sparkling, hurries the specific poison direct to the consumer, but that standing water through sedimentation, and the action of light and air, rapidly improves until the infection is actually destroyed.

Let me sum up the question of the selection of a water supply in just a few words:

(1) Study the water shed of a proposed surface supply carefully and thoroughly, and if privies, barn-yards, and houses are scattered thickly, or in such a way that their influence cannot be eliminated, choose some other supply.

(2) If the supply may be from springs and wells, have regular weekly analyses, both chemical and bacteriological, made of the water. A single analysis may show good water, but if the water is fit for drinking the analyses ought not to be affected by storms or droughts, by changes of the seasons or by agricultural processes. If this fixity of condition does not hold, the purity of the water is questionable.

(3) If a large lake or a large reservoir is involved and local contamination can be eliminated, that is, if the city can afford to go far enough out into the lake, (Chicago has found that four miles is not enough) a big guarantee against epidemics has been made, although the rate then will probably not be as low as with other forms of water supply.

(4) We should not be discouraged in this State because the filters which have been in operation do not show better results. European data show us what can be done, the waters of the Spree at Berlin, and of the Elbe at Hamburg being quite as bad as any of the rivers here. Bad wells must be cut out to give the filters a

fair show. Binghamton shows what can be done in this country. And if no water except a polluted water is available, then make use of it, but not on any account until it is filtered.

(5) The water from a river, large or small, which has been more or less polluted with sewage is not fit to drink and a water board or committee that to-day deliberately selects such a supply, or allows the continued use of such a supply, without at the same time neutralizing the bad effects by installing a filter, is to my mind guilty of man-slaughter.

MEDICAL INSPECTION OF INDUSTRIAL PLANTS*

BY C. T. GRAHAM-ROGERS, M.D.

New York City.

LARGE industries in America show a strong tendency to concentration, due to the introduction of machinery replacing hand work, the necessity of power to operate the same, and the generating of power at least expense. It was found that unskilled labor could operate the machines, which meant cheap labor was needed; this created a demand for women and children as workers.

While the output was increased, and accessions made to the number of employees, no additions were made to the size of the plant, unsanitary conditions were thus introduced, the workers subjected to monotony, deprivation of open air life, and loss of opportunity for proper social entertainment. This became a great factor in causing degeneracy and illiteracy.

Society and state recognized the need of proper supervision to combat this condition, especially for economic reasons, so there was established the inspection of factories; as it became apparent that sanitation and hygiene played a most important part in the remedying of conditions in industrial plants, and should be handled by those properly trained to deal with the subject, there was provided the medical inspection of factories.

Medical inspection is of but recent date and made possible by the progressiveness in the sanitary sciences. Medical inspection of industrial plants, though of the utmost importance, is comparatively new. Great Britain in 1898 provided for a medical inspector

*Read before the 8th Ann. Conf. San. Officers, State of N. Y.

of factories. Belgium a few years later provided for a central medical inspector of factories, with several district inspectors. Holland has provided the labor department with a consulting medical officer.

New York State is the pioneer in this country to provide for a medical inspector of factories, provision for same having been made in 1908.

The peculiarities of the laws in those foreign countries which have provided for medical inspectors of factories, has made it possible for such officers to devote their entire time to questions of industrial poisoning and occupational diseases, leaving sanitary matters to the police and health officers.

In Great Britain there is a close co-operation of the local health officers with the factory inspectors, besides, provision is made for a number of certifying surgeons, one of whose duties it is to examine children as to their ability to perform the work they intend entering upon.

In foreign countries, especially Great Britain, the method of investigation has been that of legislative commissions; at various times committees have been appointed to look into matters relating to the effects of various industries upon the health of the workers, and the remedial measures applicable to same; also the subject of ventilation of factories and workshops. The reports of these commissions had much to do with creating the office of medical inspector of factories.

In this country, statistics must first be gathered as a basis to show the necessity of appointment of inspectors; hence the bureaus of statistics have preceded, and been the cause of the creating of bureaus of inspection. Especially is this true of factory inspection, being the reverse of the foreign methods which serve as a model for many of the states of this country.

While we may look to Great Britain for advanced laws in respect to factory inspection, a glance at our own country will show New York State standing preeminent and second to no country in the soundness of its laws relating to labor, and the efficiency of its factory inspection service. But all laws are not perfect, and it is only by enforcement that we may find ways of betterment. It is necessary to be progressive, and keep pace with industrial conditions and problems arising therefrom, that legislation may be of service to producer and worker alike; this is especially true of laws relating to sanitation and hygiene, due to the progressiveness and vast strides made in the science of medicine.

Factory laws are intended primarily for the protection of life, limb and health of the worker, and ultimately to increase the physical and intellectual efficiency of the present and future generation; hence the necessity of medical inspection of industrial plants.

In industrial employment, especially where the worker is confined indoors, with the opportunities of poor sanitation, exposure to dust, and vitiated air, it is not as conducive to good health as work in the pure outdoor air.

Occupation, both mental and physical, is a physiological necessity, regular systematic labor contributing to the health while lack of it is a frequent cause of illness. Occupation is harmful if performed under unhygienic conditions, if it requires too prolonged attention, or results in fatigue; physical deterioration is due therefor to controllable causes.

Physicians should be advisors, not critics; they should direct and participate in all movements for reform that aim to improve hygienic conditions; medical inspection of industrial plants then should include the questions relating to sanitation, ventilation and industrial hygiene. We must also consider the relationship thereto of the question of vital and morbidity statistics, with a view toward the important bearing they have upon economic conditions.

SANITATION

While the term sanitation really means all that is conducive to good health, it is generally accepted as applying to plumbing, drainage, sanitary conveniences and cleanliness. Such close attention has been given to this subject by the health department, both state and municipal, that the general public has in a way come to realize its importance.

The labor department, through its bureau of factory inspection has done good work along this line in industrial plants; open plumbing and flush bowls are replacing the obsolete and unsanitary school sink pattern of water closets, and the unhygienic and unsanitary outdoor water closets are gradually being removed.

The labor law contains sections dealing specifically with sanitation. One section provides a very effective and immediate remedial measure for use of the department in punishing those having unsanitary conditions present in tenant factories, which are buildings in which there are two or more separate factories; also in workshops, in tenements and in bakeries.

If upon the visit of a deputy factory inspector, he finds unclean or unsanitary conditions present, a special inspection card covering

the subject is made out and at once forwarded to the department; upon receipt of same, the commissioner of labor, or the first deputy commissioner, who is also the chief of the factory inspection bureau, issues an order to apply tags if conditions are not remedied; two deputy inspectors then visit the place, and if conditions have not been remedied all work is stopped, and the goods are tied into bundles to which is attached a red card bearing the word unclean. When the conditions have been satisfactorily remedied, and not until then, are the cards removed and permission to continue work granted. One dose of this medicine is usually sufficient, and the fear of these summary measures are more effective than the long, tedious process of the courts, with its sometimes unsatisfactory results.

In bakeries, the oven doors are sealed; in tenement houses, the license to carry on work is revoked.

Air, water and food, are the essentials of life. The subject of food adulteration has received special attention and pure food laws have resulted. The water supply is guarded by the health officer, physician and general public, so that there may be no pollution, and that it may not become a medium for the spread of disease. What has been done regarding the air, that first indispensable necessity of man? We find but very little has been done, despite the fact that all investigations into industrial poisonings, or diseases, have resulted in the recommendation of "air," "pure fresh air," as a remedial measure; though the scientific world has insistently proclaimed of the harmful contents and dangerous results of vitiated air, and beneficial influences of pure air, all of its teachings and warnings from a hygienic standpoint have been of little avail.

One of the most important subjects coming under sanitation has been left severely alone, and that is the subject of ventilation.

Tupper in his *Proverbial Philosophy* says:

"For good men are the health of the world, valued only
when it perisheth,
Like water, light and air, all previous in their absence,
Who hath considered the blessing of his breath till the
poison of an asthma struck him?
Who hath regarded the just pulses of his heart, till spasm
or paralysis have stopped them?"

VENTILATION

The question of ventilation should interest not only the medical officer and inspector, but the physician and general public; yet it is

only within a few years that any marked attention has been paid to it; most of the work has been in regard to schools, the result of the victorious campaign now being waged against pulmonary tuberculosis.

Ventilation means not only the supplying of pure fresh air, but the removal of impure air, all without discomfort to the worker; in other words, ventilation is the maintaining of a proper degree of temperature and humidity while imperceptibly changing the air. So little real thought has been given the matter, that in up-to-date buildings where expensive ventilating systems have been installed, the results of tests showed the system to be faulty, necessitating great changes. Where exhaust fans were installed, they were useless owing to being wrongly set, and creating great draughts. Where the ordinary small electric cooling fan was used, the air driven about by the fan was found to be more impure than that at the breathing level in portions of the room having no fan.

The greater part of the diseases from which workers suffer are respiratory diseases, due to lack of fresh air, and to the improper degree of temperature and humidity maintained in industrial plants and the home, and investigation has shown a reduced death rate following installation of proper ventilation in hospitals, prisons and even among horses in stables.

Outdoor air is now recognized as the best remedial measure to be used in respiratory disorders, and it is not merely because of its purity, but because outdoors we find a proper degree of humidity; given the same condition indoors, and we proceed to eliminate the cause of respiratory diseases. We have thermometers to measure temperature, and even the most ignorant of the laity have some knowledge regarding it, but the question of measuring humidity, which is of far more importance than temperature, is given very little thought even by physicians; we should get just as well acquainted with the hygrometer, and realize in this manner what is undoubtedly a great factor in the cause of respiratory diseases among workers.

In 1900 a special committee was appointed by the British Home Office (which supervises the work of factory inspection) to enquire into and report upon, the means of ventilation in factories and work shops, with especial reference to the use of fans; the use and construction of respirators for the protection of work people exposed to dust or dangerous fumes.

It was not until 1902 that a first report was made, mainly the work of Dr. John Scott Haldane, the eminent ventilating authority.

The results of large numbers of air tests which were made, showed conclusively the need of artificial means of ventilation in industrial plants.

During the past year the labor department had its medical inspector make a large number of air tests in various industries, with the result that windows and large amount of cubic air space per person, were shown to be no guarantee of, nor proper and sufficient means for ventilation, proving conclusively the necessity of artificial means of ventilation in industrial plants.

Since the creating of the office, the greater part of the work of the medical inspector of factories was directed toward enforcing the section of the labor laws dealing with ventilation; tests in various industries showed a very high percentage of CO₂, and shortly after the work began there was a sudden waking up, not only of the factory owner, but of the ventilating engineer. While there was some slight opposition, necessitating the institution of prosecution, there has been found a general willingness on the part of the large plants to comply with the law and remedy any evil condition found.

The large number of tests made by the department in so short a space of time was due to having an apparatus whereby the determination of CO₂ could be made directly within a few minutes time, and without having to calculate for temperature or pressure; tests were completed upon the spot.

After some investigation, the Peterson and Palmquist apparatus was selected and used for the work, and its value demonstrated; while it is somewhat bulky, after a year's experience, I made some changes of value in the apparatus whereby it has been reduced in size, and can be conveniently carried about from place to place, and would prove a valuable aid in the hands of health officers and inspectors, in determining the purity of air, as heretofore to make air tests one must be a fairly skilled chemist and mathematician, and provided with much apparatus and a laboratory; this way it is merely a matter of fine manipulation.

Many of the British tests were made with Dr. Haldan's apparatus which is very portable, but in my opinion not as accurate as the Peterson and Palmquist apparatus.

To the state, the welfare of the workers has ever been a subject of great importance, because of its influence, social and political; so to its notice has been brought the fact that the existence of harmful conditions in industrial plants affects not only the health of the workers, but that the health of the public in general is directly and indirectly influenced by unhygienic industrial condi-

tions; and that to thoroughly understand the evils, ascertain the cause, and secure effective remedies for amelioration or removal, an unbiased and searching investigation is necessary, and a proper supervision must be maintained.

Well meaning but inexperienced workers in the field of social economies, present exaggerated pictures of factory conditions, especially regarding women and children, based mainly upon reports and observations of others made some years ago, or upon isolated cases seen; no real statistics have been obtained, nor close inspection been made into all conditions, or of the laws as existing at present. Advocacy of drastic laws alone will never cure evil results; where we tear down we must be prepared to build better than before, and to build at once. Where we prohibit labor we must substitute that which will build up physically, mentally and morally, and at the same time decrease poverty.

The subject of industrial hygiene embraces all these questions, and plays an important part in economical conditions, and deserves careful study on the part of those engaged in the medical inspection of industrial plants. To present the subject properly would take up much of our time, and it is with reluctance that I must omit much that would be of interest, and provide subjects for valuable discussion.

The Labor Laws of this state contain many sections relating to health and safety, and a careful perusal of the annual report of the department will show the beneficial results obtained from rigid enforcement of same.

The physician, be he medical inspector or statistical investigator, seeks the cause of disease and prescribes a remedy. In all habitable buildings hygienic rules should be followed, for by these rules alone can we prevent the many diseases, resulting from defective construction of building, or effect of industrial occupation.

It must not be expected of the physician to have ability to pass upon architectural plans or structural details; it is the duty of the technical engineer to solve the problems put by the physician, but not entirely from a technical standpoint; there should be close cooperation between the engineer and physician; while it is essential that the physician have some knowledge of architecture and mechanics, and the engineer a knowledge of the elements of hygiene, neither should presume to advance too far into the domain of the other, as there are times when local conditions will require modifications or changes in hygienic requirements.

Great sanitary reforms need not be impeded by economic rea-

sons; and the enactment of legislation alone will never secure proper industrial hygienic observance until the workers themselves are educated to the dangers of particular occupations, or by co-operation make regulations effective.

The hygiene of the home is beyond the control of the labor department, but education and the local health officer can accomplish much. The aim of the working class has ever been to improve their condition sanitary and hygienic, and should be encouraged. The hygienic conditions existing not only in some of the places where they work, but in the places where they live, are an injustice to the working class, and there are times when the general public, through epidemics, pays a great penalty for these conditions.

Medical inspection of factories is necessary to secure a high standard of health and well being, economic efficiency, and a longer average duration of adult life; and there should be a close co-operation with the labor department on the part of the health officers and educators that these results may be brought about.

The question of employers' liability is receiving the close attention of legislators, therefore the important need of statistics relating to industrial plants, especially those bearing upon the effects of labor upon women and children, occupational diseases, and injuries.

The labor department has for some years, through the medium of the section of the law requiring the reporting of accidents to the Bureau of factory inspection, secured valuable statistics upon the subject of accidents.

The reason given by the many factory owners and superintendents, for the cause of accidents, especially where automatic machinery is used, has been carelessness due to familiarity, and that despite the guarding of the machines. A careful observation has led me to believe that the cause is mechanical hypnotism, made possible by the constant, steady watching of the fast moving work aided by fatigue, bad air, poor nourishment, strained position, and rhythmic monotonous din of machinery usually in a gloomy room where artificial light is necessary to illuminate the work. Mr. Chaney of the Federal Bureau of Labor says, "that results of observations made by him as to accidents occurring in ventilated and unventilated shops showed, that in the early part of the day, results were about even, but in the latter part of the day there occurred about twice as many accidents in the poorly ventilated, as there did in the well ventilated places, showing that there must be

some connection between lowered vitality and accidents, and not merely carelessness on part of worker."

The general practicing physician finds most of his patients among those who work for a living; and it is surprising the few statistics, and the very little that has been written or advocated regarding the occupational diseases, industrial hygiene, and the effects of labor upon women and children.

Facts of industrial life measured wholly from statistics can never be entirely accurate, but should we reject the statistical method we would be unable to inquire into many problems of the greatest importance both to public and worker. While there may be wide differences of opinion as to the importance attached to the statement of facts, the facts stated should be beyond question, and the appeals to statistics should always be final as to the facts.

The wrongs of the weaker class are not righted by arbitrary interference which seeks to aid them at the expense of those with whom they have economic relations; so when unexpected changes relating to sanitation and hygiene in industrial plants, beneficial not only to the worker, but to the public, cause extra expense to certain individuals, they have no right to demand that their losses shall be shifted from themselves to other persons with whom they have industrial relations. It will require persistent agitation, and emphatic demonstration, that an effective warfare may be conducted against conditions injurious to health, both in trade and industry.

Vital morbidity statistics together with physical records of the school and factory child are a basis for improving conditions. The children of to-day are the nation of to-morrow, and it is our duty to make it stronger physically, for it then becomes easy to make it stronger mentally and morally.

The physician must realize the importance to himself, the benefit to the profession at large, worker, capitalist and public, and general economic effect resulting from reliable statistics made possible by his co-operation in accurately reporting such statistics; morbidity statistics relating especially to those diseases due wholly to, or influenced by industrial conditions are of importance because of the bearing they have both upon sanitation and economics.

While we obtain statistics relating to adults, the child, especially the growing girl must not be lost sight of; school conditions have done more to weaken than factory conditions. Physical and mental conditions of the factory child are not wholly caused by the amount of work required, but the condition of the child itself. Recommen-

dations for correction should be made along the line affecting the individual, and this after careful investigation of causes; it becomes a matter of economic importance to the State that the child be educated along lines toward developing a worthy type.

America needs skilled workers, hence the need of technical schools more so than high schools.

The medical profession should see that proper safeguards surround the physical welfare of the child; the obtaining of useful facts at the expense of ill health and mental deterioration is too great a price to pay. That we may have statistical facts as a basis for remedial measures tending toward the betterment of industrial conditions surrounding the worker, we should have: First, a physical record of the school child. Second, a physical record of the child made by the local health officer, and written upon the working certificate. Third, a physical record of the working child. Fourth, a physical record of the working child.

Thus with the co-operation of the education and health departments, and the reporting of morbidity as well as vital statistics, much will be accomplished toward showing the benefit of closer medical inspection of industrial plants, as well as of industrial workers.

The workers look to the state for betterment of their hygienic and sanitary surroundings, which ultimately reflects upon the general community; such betterment tends to secure a more stable economic condition, and raises the physical, mental and moral standard of our citizens.

Under chamomilla, ant. tart., ars., china, ignatia, kali c., and puls., the children want to be carried; under ars., the child wants to be carried fast; under bromine, wants to be carried fast on account of dyspnea, as in croup; under cham., only quiet when carried; cina has amelioration from fast rocking; acon. also better from fast rocking.

Silicea.—In vermiculous subjects when cina seems indicated and fails, silicea will most probably be the remedy.

North American Journal of Homoeopathy

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SUBSCRIPTIONS.—In accordance with a ruling of the P. O. Department requiring a higher mailing rate for magazines sent to subscribers in arrears, the publishers of the NORTH AMERICAN JOURNAL OF HOMŒOPATHY have set the subscription price at \$3.50 per annum, but a discount of 50 cents will be allowed for payment in advance, or within four months of expiration of a former subscription.

CONTRIBUTED ARTICLES, EXCHANGES, BOOKS FOR REVIEW and all other communications should be addressed to the Managing Editor, 1748 Broadway, New York. Articles are accepted for exclusive publication only. Editors will be allowed to republish selections on condition that credit be given to the NORTH AMERICAN JOURNAL OF HOMŒOPATHY.

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THE CALL FROM DETROIT

THE sixty-fifth session of the American Institute of Homœopathy will be held in Detroit during the week June 21-26.

In the constitution of the Institute the object of the organization is stated to be "the improvement of homœopathic therapeutics and all the departments of medical science." Primarily, therefore, the reason why homœopathic physicians should gather in large numbers in Detroit is the imparting or gaining of information which will be of value to themselves and their associates as practitioners of homœopathy. "Disregarding the question of "all other departments of medical sciences," there is certainly much that is susceptible of improvement in modern homœopathy and in the average practitioner's conception of homœopathic principles and practice of the homœopathic art. It will do none of us any harm to strengthen our faith in the old-fashioned homœopathy, if we may call it so, by which the

early masters achieved their triumphs, and at the same time we shall benefit from the knowledge to be gained at such a meeting that homœopathy is keeping abreast of the times and is proving itself more and more the prototype of the latest "scientific" medicine.

But it should not be a matter of self-interest entirely that urges us to make the trip to Detroit. If homœopathy is worth anything, it is worth any one's while to acquire some knowledge of it. Therefore we should hear the missionary call to testify, for the benefit of those unlearned in the art, to the fact that longer acquaintance with homœopathy but deepens our consciousness of its large place in therapeutics.

There is a right way and a wrong way to conduct this missionary work. The more it is done in the spirit of service to humanity, the better. Also the less that is said about "bigotry," "intolerance," "stealing of homœopathic ideas or drugs," the better.

So then, the NORTH AMERICAN hopes to see a large concourse of homœopathic physicians at Detroit assembled to put into effect the stated object of the American Institute of Homœopathy.

But the most effective measures for propagandist work flow from thorough organization, and the routine and special business to be transacted at Detroit calls for the careful deliberations of ALL the members of the Institute. The word "all" is emphasized out of protest to the custom followed by many of neglecting this part of the Institute's work. Since the Kansas City meeting the Institute has been incorporated, and its organization will presumably, have to be completed by the adoption of by-laws; and as these guide the operations of the Institute, it is of the utmost importance to every individual member that proper consideration be given to the propositions submitted to the meeting.

In its last issue the NORTH AMERICAN regretfully called attention to a business contract entered into by the Institute through its executive committee which, on the face of it, seems to lack adequate safeguards for the interest of the organization. The NORTH AMERICAN does not, as a general thing, approve of washing dirty linen in public, and would much rather have had the matter discussed solely in camera at Detroit. But too much is involved in this issue, and the urgency of the situation and its seriousness necessitated that the ascertainable facts should be in the hands of the members of the Institute in order that intelligent judgment may be reached and in order that special efforts to attend the meeting may be made by all who are concerned at the imperilling of their interests revealed in the editorial in the May issue of the NORTH AMERICAN.

Reports from different parts of the country indicate a general feeling that the NORTH AMERICAN has done a real service to the Institute and its members in bringing this matter forward. Whatever the issue of the matter, the NORTH AMERICAN will feel repaid if what it has done leads to a large attendance at the business sessions of the Institute and a full and free discussion. The time devoted to the transaction of business is all too short, and the tendency is to allow the few to rule, either for the sake of not unduly prolonging discussion or out of respect to gray hairs, it may be, to past services rendered or to an office held. As in civil life, we need the mass of the members to take an interest in politics, medical politics, this time. A young Turk party could inaugurate a number of reforms with benefit to the American Institute of Homœopathy.

CHILDREN OF TUBERCULOUS PARENTS

TWO of the papers read at the International Congress on Tuberculosis in Washington, which had to do with the examination of children of tuberculous parents, are worthy of more extended notice than they received in the account of the congress published in the NORTH AMERICAN for November, 1908. One was by Drs. Miller and Woodruff of New York, the other by Drs. Floyd and Bowditch of Boston.

The paper of Drs. Miller and Woodruff was based on observations made at the Bellevue Tuberculosis Clinic, and was published in the *Journal of the American Medical Association* for March 27. They found 51 per cent of the children examined to be tubercular. The earliest manifestations occurred in the lungs.

Of physical signs râles near the mid clavicular line seemed to them the most reliable. They regard the hypodermic tuberculin test as positively diagnostic. Of the other tuberculin tests the cutaneous was more satisfactory than the ophthalmic.

Malnutrition they found sometimes to be the only appreciable evidence of tuberculosis. They did not find that hypertrophied tonsils, adenoids, or enlarged cervical glands necessarily had any bearing on the diagnosis.

The paper of Drs. Floyd and Bowditch was based on observations made at the Boston Consumptives Hospital, and was published in *Archives of Pediatrics* for March.

In 679 children in immediate contact with tuberculosis at home,

they found 36 per cent to be tuberculous. They found 50 per cent with enlarged tonsils among the entire number observed.

Of physical signs they found lesions in one or both apices in 262 children, and in the other lobes in only 100. In this their experience differed somewhat from that of the Bellevue men noted above.

The lesson to be learned from both of the papers quoted from is this: That in each household where a case of tuberculosis exists, every other member should be examined.

Notes and Comments

Foods in Typhoid Fever—An Omission.—In the May issue of the *NORTH AMERICAN* the article on "Foods in Typhoid Fever," was credited solely to Dr. W. H. Van den Burg. This was an error and an oversight on the part of the *NORTH AMERICAN*, as it was understood that Dr. F. A. Lund of New York City, collaborated with Dr. Van den Burg in the preparation of the paper.

THE *NORTH AMERICAN* makes apology to Dr. Lund.

Cooperation for the Reduction of Infant Mortality.—The greatest factor in infant mortality, which is one of the disgraces of modern civilization, is the deaths from diarrheal diseases. And infantile diarrhea being comparatively infrequent among breast-fed infants, the causes is to be sought in unclean milk. Among the activities of physicians in preventive medicines, none have been more valuable or more successful than the various efforts put forth by the various milk commissions in various cities of this country which, after due inspection, etc., of the dairies and all engaged in the handling of the milk, grant permission for milk of a certain standard to be sold as "certified" or "inspected," as the case may be. In the milk clinics or consulting milk stations, high grade milk, modified for individual needs and put up into the requisite number of feedings, is furnished for sick babies, the modifications being prescribed by the attending physician and the case being put under the oversight of the station's visiting nurse.

As a rule, homœopathic physicians have not done their share in this work. For this reason the work done by Dr. Reuel A. Benson, in New York City, stands out the more distinctly, and his paper in this issue of the *NORTH AMERICAN* commands attention.

Damages for Eyesight Ruined at School.—If anything the school ought to provide a healthier environment than the home, and no parent ought to be able to say that the health of a child has been affected for the worse by attendance at school. Unfortunately this precept does not always stand the test of practice and every physician can recall a case in which communicable disease, mental and nervous strain, etc., has been attributable to the State's mandate that

education shall be compulsory. A woman in Indiana has sued her township for \$1,000 damages for injuries done to the health of her child. She claims that the child's eyesight was materially damaged at school on account of inefficient and wrong introduction of light, reflex nervous trouble followed the eyestrain, with impairment of nutrition, and finally the invasion of tuberculosis. It is said that physicians stand ready to testify that this impairment of health is, in their opinion, the result of unsanitary conditions at school, and the State Board of Health seems to be ready to co-operate in teaching so-called practical business men the money value of school hygiene.

The Summer Vacation.—The approach of the vacation season should suggest two ideas to physicians. First, there should be the early laying of plans for the doctor's own vacation. Every doctor owes it to himself and to his patients to take some respite from his labors. This applies equally to the busy man and the man who spends most of his time waiting for patients. This latter occupation is often far more trying than the cares of a busy practice and the change of environment will prove beneficial. If funds are low, a vacation need not prove much of a strain on resources. A fortnight's leisurely walking tour could be indulged in at very little expense and can be relied upon to furnish both enjoyment and recreation. So then, first the doctor's recreation. Second, the patient's recreation. Insist on there being one for every member of the family. Don't let the bread-winner toil all summer without a vacation in order to give the family a change. And, if possible, have a word to say as to where and how the vacation will be spent. It is a well-known fact that many people return home not only not having benefited by a vacation, but actually worse in health than when they started out. The two chief reasons for this are the unsanitary conditions found at many resorts and the failure to relax and to quietly enjoy the espites from customary duties. By way of suggestion in guarding against unsanitary conditions let it be said that it would be a good investment to tender the customary local professional fee to the health officer and ask him to give as full report as possible on the local situation—the sanitary convenience of the milk and water supply, the record for such communicable diseases as typhoid fever and tuberculosis enjoyed by the house or hotel under consideration. Such a procedure would have a threefold effect: it would give the inquirer the satisfaction of knowing that reasonable precautions had been taken; it would teach the proprietors the worldly wisdom of complying with the reasonable requirements of hygiene; and it would very likely prompt the health officer in particular to demand a higher standard of sanitation than is ordinarily thought necessary.

Southern Homœopathic Still Campaigning.—With characteristic energy, Dr. Edward Harper, former secretary and now president of the Southern Homœopathic Medical Association, is not resting on the laurels achieved at the recent New Orleans meeting of the organization, but is going right ahead to build up a stron

and healthy society and to cause a successful meeting at Hot Springs, Ark., next spring. This is good work. The South ought to prove a fertile field for homœopathy and there is doubtless room for many homœopathic practitioners in that territory.

City Planning. —While the proper laying out of a city has its esthetic side, it also has a side of interest to the sanitarian, for crowding means disease. From May 3 to 15 there was held in New York a conference on City Planning and Municipal Aid and among the addresses given should be mentioned "How City planning Affects the Public Health," "Fresh Air and Sunshine." There was a number of charts and photographs displayed showing the effect of letting a city develop anyhow on the health and well-being of its citizens.

Vaccine Deteriorated by Heat.—During the summer months and particularly during August and September when many vaccinations are called for prior to the opening of schools, physicians should bear in mind that vaccine cannot be relied upon after it has been carried around in the pocket for three or four days. A temperature of 60-C. renders the vaccine matter inert in five minutes; at body temperature (37 C.) it will last three days. At ordinary room temperature it will remain potent for a week or more. The cooler the temperature the longer it will last.

Correspondence

OCCASIONAL LETTER FROM LONDON, ENGLAND

FROM OUR CORRESPONDENT

DEAR NORTH AMERICAN :—

The uncertain English winter may now be said to have ended, and we find ourselves awakening to the promise of spring.

From the homœopathic point of view the past season has been one of unusual interest and activity.

The function held at the Mansion House deserves special notice. It took place on St. Patrick's Day which American readers need not reminding is the Irish equivalent for March 17th. The prime mover in the matter was the Lord Mayor, Sir George Truscott, a homœopath of very many years standing, and the gathering took the form of a National meeting to further homœopathy.

The surroundings which environ a Lord Mayor during his year of office can hardly be regarded as congenial to homœopathic propaganda and much prejudice required facing from sources which, being obvious, shall be nameless. But Alderman Sir George Truscott, always most amiable and tactful, is also a strong man, loyal and true to his principles, and the courage, good sense, and taste,

displayed by him, have increased, if such were possible, the general esteem and respect in which he is held.

In the arrangement and organization of the meeting the Lord Mayor had the advantage and cooperation of the British Homœopathic Association which, launched into being in but recent years, has by its judicious activity done much not only to spread general homœopathic knowledge, but to strengthen the faith and stiffening the backs of adherents.

The response to the Lord Mayor's invitation was worthy of the unique occasion. About two thousand persons were present, the audience was influential and a striking feature was the large number of city and professional men present, whose readiness to give up their time for an afternoon meeting may be regarded as a measure of their deep interest.

The Lord Mayor's opening speech was short, practical, and to the point. He had called the meeting he said, feeling that the time had come for a greater recognition of homœopathy, not only by the public generally but by the predominant school of medicine. It was something to have a system which could cure without hurting and which in spite of enormous opposing difficulties had forged its way in popular esteem as was indicated by the present large and influential gathering.

Lord Cawdor, who was First Lord of the Admiralty in the last Government and who is treasurer to the London Homœopathic Hospital, proposed the principal resolution by which it was decided to establish a fund of £50,000 to support the movement. Lord Cawdor is a man in the prime of life, robust and practical, and he made a great point by directing attention to the progress of homœopathy in the United States and claimed that what was good enough for America with its practical common sense, ought to be good enough for us.

Excellent speeches were also made by the Earl of Donaghmore, a witty Irishman, whose humorous and telling points were much appreciated. Sir Robert Perks, M. P., and several of the Doctors followed and before the meeting closed it was announced that £8,000 had already been contributed or promised.

Antim Tart. Cough.—A little girl aged four years, with whooping-cough of two or three months standing, had bronchitis and congestion of the lungs. Symptoms, very fretful before the cough, with great quantity of phlegm. The mother said that if the child got angry she immediately had a fit of coughing, and if she was fretful for some time, and did not cough, in order to relieve her of the phlegm she offered her something that she knew would make her cough; this always brought on the cough. Ant. Tart. at once cured the whooping-cough, bronchitis, etc.

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R. F. RABE, M. D.

CONSTIPATION AND SOME OF THE MOST PROMINENTLY INDICATED REMEDIES IN ITS TREATMENT.

ALEX. C. HERMANCE, M. D., HOMŒOPATHIC PHYSICIAN, VOL. III.

The intestinal apparatus should, in a healthy individual, complete its revolution once in twenty-four hours. During this period the whole process of digestion should be completed, from the entrance of food into the stomach to the expulsion of the feces. Any deviation from this should be regarded as a departure from health. However, in some cases, due to constitutional peculiarities, the bowels do not act more than once or twice a week, and yet the individual apparently enjoys good health. Constipation is a mere symptom, and not a disease, and dependent upon some other derangement of the organism, which must be found and corrected if possible, after which the troublesome costiveness so complained of by the patient will have disappeared. How often is this trouble treated as if it were a disease itself, and but with one symptom, especially by the old-school physician and by the mongrels, who, through indolence or ignorance, more frequently the latter, prescribe anything that will produce an immediate movement of the bowels, be it what it may, an ounce of castor oil or a Warner Liver-Pill; and the means thus used to removed the difficulty too frequently operates to fasten it upon the system. This very distressing trouble arises from a great variety of causes; sedentary habits, close mental application, grief, sorrow, derangement of the stomach and liver from improper food, cathartic medicines, astringents etc. From whatever cause, we must endeavor to find it, and, as good Hahnemannians, fit our remedy to the case according to our acknowledged law. I think I am safe in saying that the most frequent cause of this trouble is the taking of cathartics, ignorantly, perhaps, by the patients themselves, and the prescribing of them by the afore-mentioned physicians, the result of which as I said before, is to increase the difficulty and lay the foundation of incurable diseases, making life a burden to many an individual.

In the treatment of constipation the habit of the patient is first to be considered. There is no physician who has not often been amused by what the patients consider constipation. One thinking himself costive unless he has a movement two or three times a day, while another having that number a week considers his bowels regular. The habit of going regularly to solicit an evacuation is of much importance in patients that are in the habit of postponing the same. The diet also must be carefully considered, the drinking of strong coffee and tea or improper food being a prominent cause. Let us look for the pathological condition, find the cause if possible,

and prescribe, not on the sewer-flushing principle, but according to the law of similars, totality of the symptoms, the single remedy, and the dynamic power of the drug.

To mention all the remedies that may be useful in this trouble would be too much to attempt in a paper of this kind, so I have confined myself to a few of the most frequently indicated ones, giving but the prominent characteristics for the same.

AESCULUS HIPPOCASTANUM.—One of the most prominent symptoms of this remedy is the constant backache. Constant dull backache. Soreness, lameness, aching in the back, always worse from motion, especially walking (also bry.) constant urging with ineffectual effort (also nux vom.). Large, dark, dry stool, with feeling as if the rectum were full of sticks. Hemorrhoids, with the characteristic backache. Feeling of fullness, dryness and sticks in the rectum.

ALUMINA.—Constipation of nursing children (also verat. alb.) inactivity of the rectum, even soft stool requiring much effort to expel. No desire for nor ability to pass stool until there is a large accumulation. Ailments from lead poisoning (also opium). Stools hard, knotty, covered with mucus. (Compare with plumb., opium, and sil.)

AMM. MUR.—The feces are covered with a glairy mucus. Obstinate and extreme constipation, with much flatus. Hard crumbling stool (also mag. mur.). Stools large and hard, followed by a soft stool (also anac.). Particularly useful if hemorrhoids occur after suppression of leucorrhea.

ANACARDIUM.—Great desire, but with the effort the desire passes away. Frequent, ineffectual urging. The rectum seems powerless, as if plugged. Hemorrhoids. Sensation of a hoop or bands around parts. Hemorrhoids with constipation.

ANTIMONIUM CRUDUM.—Alternate diarrhea and constipation, especially of old people (also bry. and phos.) Stool hard, with difficult expulsion. The thick, milky white coating on the tongue, and gastritis aggravated by sour things, are prominent characteristics of this remedy.

BRYONIA.—This remedy and nux vom. are two of the first remedies we think of in this trouble, and for that reason they are too often given in an empirical way. The stool of bryonia is hard and dry, as if burnt. Severe frontal headache, coming on in the morning and gradually increasing until evening (also spigelia), or headache extending backward and down the shoulders, all troubles worse from motion. Very irritable, parched lips. Thirst for large quantities of water. This remedy is frequently indicated in troubles arising from warm changes in the weather. This I have often verified.

CHELIDONIUM. Stool like sheep's dung (also plum. rut. and mag. m.); constant dull pain under the lower and inner angle of right shoulder blade. Hepatic disease with jaundice.

IGNATIA.—Constipation from taking cold or riding in a carriage (also platina). Stitches from anus up rectum, inactivity with

anxious desire, prolapsus with every stool (also pod., rhus tox., and sep.), full of suppressed grief with empty feeling in the stomach, bad effects from the use of tobacco.

LYCOPodium.—Stool very hard and scant, and passed with great difficulty. Ineffectual urging, especially in the evening. Sensation after stool as if much remained, much fermentation in abdomen, loud rumbling and gurgling in bowels, red sand in the urine (also phos. sil., and dig.). Acidity and heartburn with drowsiness after eating. Aggravation from four to eight P. M. Sense of satiety after eating very little.

MAGNESIUM MUR.—Large difficult stool, which crumbles when voided (also amm. mur.) like sheep's dung (also plum. ruta., and chel.), covered with blood and mucus. Absence of desire; atony as with the bladder.

NITRIC ACID.—Painless constipation. Stool hard, dry and scant; head feels as if surrounded by a light band (also anac., merc. and sulph.). Sour eructations; sour bitter taste after eating (also nux.). Strong smelling urine, like horses'; fissures in anus; tearing and spasmodic symptoms during stool; lancinating after; even after soft stool.

NUX VOMICA.—This remedy is so well known I can say little about it. Large, hard stool, passed with difficulty, frequent urging without effect (also bry. and lyo.) Victims of drugs; high livers; blind and bleeding piles; sensation of stone or lump of lead in the stomach, frequent eructations of sour or bitter fluids; persons of sedentary habit and pregnant women (also bry. lyc. and sep.) frequent desire; passing small quantities; feeling as if not done; bad effects from coffee, rich food late hours; head feels distended.

OPIUM.—A most excellent remedy when indicated. Torpidity of the bowels after chronic diarrhea or abuse of cathartics (also nux); stool nothing but small, hard, black balls (also plum.); constipation from fright or fear (gels. has diarrhea from same); costive for weeks with loss of appetite; paralysis of intestines from lead poisoning.

PKORPHORUS.—Feces long, slender, narrow, tough like a dog's, very difficult to expel (also caust.). Alternate diarrhea and constipation of old people (also bry. and ant. c.).

PLATINUM.—Stool scanty, like putty, sticking to the anus like soft clay; constipation while traveling; low-spirited and very nervous; after an evacuation sensation of weakness or chilliness in the abdomen; suitable after lead poisoning; (also alum. and opium).

PLUMBUM.—Constipation with violent colic; stool composed of little, hard, black-brown balls (also opium) like sheep's dung (also chel. and ruta).

PULSATILLA.—Constipation consequent upon eating rich, greasy food. Alternate diarrhea and constipation. Adapted to females or persons of mild, gentle, yielding disposition.

RUTA GRAV.—Constipation following mechanical injuries; great difficulty in voiding stool on account of protrusion of the rectum, frequent urging with protrusion of the rectum; like sheep's dung.

SEPIA.—Sense of weight or lump in the rectum, not relieved by stool; especially suited to pregnant women, or females suffering with uterine difficulties; pain in rectum during and long after stool; hard, knotty, insufficient stool covered with blood and mucus (also mag. mur.) ; involuntary straining; yellow saddle across nose.

SILICEA.—Difficult expulsion of even soft stool; after much straining it seems to recede into the rectum after being partly expelled; the rectum seems to have no power to expel it; constipation of females particularly before and after menstruation, also of infants and scrofulous children.

SULPHUR.—Constipation with convulsions, alternating with diarrhea. First efforts are very painful, compelling one to desist, constant heat on vertex; frequent faint spells.

SULPHURIC ACID.—Much debility with a tremulous sensation over the body without trembling; knotty stools streaked with blood and very fetid.

THUJA.—Ineffectual urging with eructations; hard balls; obstinate constipation from inactivity or intussusception; violent pain in the rectum during stool.

VERATRUM ALB.—Chronic constipation of infants (also alum and sil.); inactivity, rectum seems paralyzed; much straining, with cold perspiration; great exhaustion and fainting after stool.

STUTTERING SPEECH

E. J. LEE, M.D.

HAVING recently attempted to cure a case of stuttering in a child, I have searched through the homœopathic literature at my command to find if any cases of this trouble had ever been reported as cured by internal medication. No such case could be found; therefore, I now report such notes on the therapeutics of the disease, as I have been able to gather from the materia medica and ask if any of our readers have had any experience in treating disease. I have greatly improved a case by the use of mercurius, but have not cured it. The remedy was indicated by the catarrhal symptoms rather than by the stuttering. The following symptoms have been gathered from the materia medica.

ACONITE.—Speech stammering; no power of articulation; he uttered only unintelligible sounds; he lost all power of speech.

ATROPINUM.—Frequent stuttering, especially at words difficult to pronounce; never used to do so; articulation indistinct, rapid and chattering.

BELLADONNA.—Speech rapid, interrupted; speech low, impeded; stammering speech; stammers like one intoxicated; indistinct speech, stuttering; difficult speech, difficult breathing, and great lassitude; afterward anxiety; paralytic weakness of the organs of speech.

BOVISTA.—Stammering; he stammered at times, particularly when reading; was not able to pronounce several words.

BUFO.—Stammering; difficult, impeded and unintelligible speech.

CANNABIS IND.—Stammering and stuttering; his lips failed of utterance as if paralyzed. (The arsenic patient cannot speak because he cannot close his lips.)

DULCAMARA.—Stammering from time to time, as if intoxicated; indistinct articulation, though he tried constantly to speak.

EUPHRASIA.—While speaking he recommences many times, not only repeating the first words of a sentence (a kind of stammering), but also after the periods, he frequently recommences, in order to select another expression; formerly he used to speak connectedly.

MERCURIUS.—Speech difficult on account of the trembling of the mouth and tongue. Speech stammering and usually very difficult; could scarcely speak from the state of agitation they were thrown in, the moment they were addressed or attempted to articulate; stammering, slow speech, difficult; entirely unable to speak on any excitement; stammered like a child; dreadful stammering; utterance embarrassed, indistinct and hurried.

OPIUM.—He is unable to talk with open mouth; he answered in a stammering manner, with interrupted articulation.

PHOSPHORUS.—Stuttered when endeavoring to articulate; speech difficult, weak and slow.

PLUMBUM.—Articulation imperfect, often even incomplete; sometimes, on attempting to speak, he uttered only confused sounds. more or less intelligible.

SECALE.—Stammers unintelligible words between the teeth; speech difficult and stammering; speech slow and weak; with a feeling on every motion as if there were always some resistance to be overcome.

SELENIUM.—A kind of stammering speech, so that he made mistakes in talking, uttered syllables wrongly, and could not articulate many words for many days.

STRAMONIUM.—Stammering speech; difficult and unintelligible; a kind of paralysis of the organs of speech; he has to exert himself a long time before he is able to utter a word; he merely stammers and utters unconnected sounds. Can articulate but the words he utters sound loud and harsh.

TABACUM.—While reading he cannot articulate; he reads very indistinctly, quite contrary to habit; speech difficult and unintelligible.

VIPERA.—Speech difficult and inarticulate; stammers a few unintelligible words, with weakness and sleepiness.

The patient I am now trying to cure is a strong, healthy boy, of six years. When trying to speak the tongue is turned upward, much saliva gathers in the mouth and he keeps moving one hand or foot. Eats heartily. What is the remedy?

STUTTERING SPEECH

ADDENDA BY S. L.

WHEN we ask "what is stammering and stuttering?" Kausmaul in his great work, "The Disturbance of Speech," answers it thus: Stammering consists in the loss of the faculty to pronounce certain letters correctly, while stammering a spasmodic loss of power, coming off and on, to vocalize sounds, especially the explosive consonants. Though the stutterer utters every single letter correctly, he cannot connect them to syllables on account of the difficulty to vocalize them. We may say, therefore, that the co-ordination of the muscular motion for letters is another function, and arises from differing central apparatus than that for syllables and words. Stuttering is a spastic neurosis of co-ordination; it is a dysarthria syllabasis, appearing at certain times and under certain circumstances, while in aphthongia spasms appear at every attempt to speak, and thus speaking becomes an impossibility. Stammering, dysarthria literalis balbuties, may be congenital or acquired, functional from wrong education and deficient exercise, or from organic causes in central parts of the nervous system, or localized motory nerves of speech, especially in the hypoglossus. Thus Kussmaul gives us two valuable hints. We have to look at the remedies for inco-ordination, a kind of localized chorea of speech, if I may say so. We deal with a neurosis plain and simple, and it is a well known fact that the longer this neurosis lasts, the more it becomes a habit, the more obstinate will it be to eradicate the vice. We have, therefore, a wider scope when we look for disturbances of speech than only from stammering and stuttering, and with due respect to our friend, the editor, we would wish to lead his attention to some other drugs which also show disturbances of speech as:

ANACARDIUM.—When speaking he finds it difficult to utter certain words, as if his tongue were too heavy; great mental weakness; he fails to know what and how to say it; heaviness of tongue, and sensation as if swollen; impeded speech.

ARTEMESIA VULG.—Speech unintelligible; can utter but single words and these only with great exertion; froth at the mouth.

ARGENTUM NIT.—Speech stammering, cannot talk from spasms of the muscles of the tongue and throat; ptyalism; limbs, especially his knees, start up at night, awaking him; hands tremble; foul breath.

ASAFEDITA.—Neurosis of hysterical and scrofulous people; speech unintelligible; tongue white, swollen; frequent jactitations in arms and legs; constantly chewing and working frothy slime out of his mouth.

CALCAREA OST.—Speech difficult and clumsy; tongue pushed upward and to the left; copious flow of viscid saliva; ravenous hunger, with weak stomach; bulimia in the morning; trembling motion of upper and lower limbs in spells.

CAUSTICUM.—Stuttering, difficult, indistinct speech; muscles of tongue affected so that speech is thick and words are jerked out; salivation; ravenous hunger, takes food in a hurried manner; twisting and jerking of limbs.

CICUTA.—Speech difficult from having no control over movements of mouth and tongue; great hunger shortly after a meal; irresistible desire to eat coal; jerking of limbs.

CROCUS SAT.—Absence of mind and forgetfulness, makes constant mistakes in words; music is the only thing that clings to his mind.

KALI BROM.—Disturbance of speech, emanating from brain, medulla or spinal cord; action of tongue disordered; stammering; slow and difficult after walking; profuse saliva, with fectid breath; fitfulness of motion, must be on the move.

LAC CANINUM.—Difficulty in articulation, owing to a paretic state of tongue causing stuttering if she talks fast, has to speak very slowly; mouth full of frothy saliva.

LACHESIS.—Stammering, letters s, b, t, w; stammering comes with second or third word or not in a whole period; saliva abundant and tenacious; hunger, cannot wait for food; jerking of extremities with restlessness.

LAUROCERASUS.—Indistinct speech and gets angry when not understood; unusual appetite.

LYCOPodium.—Cannot read, because he mistakes his letters; he can write correctly, but cannot read what he wrote, leaves out syllables and cannot find the right word for common things; tongue stiff; stuttering without appreciable cause.

PLATINA.—Stuttering, her voice sounds as if she had something in her mouth, as if the posterior organs of speech were covered and clumsy; hysterical disturbances of speech.

SPIGELIA.—Repeats the first syllable of the first word several times, after that speaks plainly; helminthiasis.

ZINCUM.—Echo speech; patients repeat in a monotonous, singing way the words and sentences of their neighbor without being conscious of it; weakness of the organs of speech when reading. (Tabacum.)

With the remedies mentioned by Dr. Lee we are certainly not without means to battle successfully with these disturbances of speech. But let us not be absorbed entirely in looking up the simillimum; there are other and equally important aids at our command for Kussmaul insists on careful nutrition, hydrophathy, gymnastics of the lungs, and careful watchfulness, so that the patients may pronounce every syllable clearly, slowly and distinctly, when we want to treat successfully their ailments. The patient must learn to use his will-power, and silence in company, especially during exciting conversations, cannot be too highly recommended.

Chelidonium.—Desire for very hot drinks; only water almost boiling will stay on the stomach.

CHARACTERISTICS AS TAUGHT BY HAHNEMANN

E. J. LEE, M.D.

In considering "Characteristics as Taught by Hahnemann," we have for our guide such parts of the *Organon* as treat of this subject, also a few notes and cases left by Hahnemann. Though Hahnemann's teachings upon this part of homœopathic practice is clear and unmistakable as far as it goes, yet we would be wise had we more of his sound and practical advice. The whole purpose of our present consideration of these 'characteristics' is to ascertain what part they are to have in aiding us to select the *simillimum*.

The work of selecting the homœopathic curative is a two-fold one, for we have to study the symptoms of the patient on the one hand, and on the other the drug provings from which we are to choose our remedy. As for the patient, we are to select from the results of a careful examination of those symptoms which are peculiar to the individual under treatment; this will necessarily exclude those symptoms which are diagnostic of the disease. These diagnostic symptoms are almost always useless as an aid to prescribing for they are to be found in every similar case of disease. As to the drug, Hahnemann tells us, in par. 118: "Each medicine produces particular effects in the body of man, and no other medicinal substance can create any that are precisely similar." In order to prescribe these drugs accurately, then, it is our duty to learn just what are the 'particular effects' of each remedy, that we may readily distinguish each drug from all the others.

This paragraph, on a casual glance, seems to give a false impression, for one can hardly recall a single symptom of any drug which is not to be found in the record of another drug. But on a closer examination of Hahnemann's words we find that they are correct.; he states that no two drugs produce "precisely similar" effects in the human body. A marked emphasis must be laid upon the words "precisely similar," for when Hahnemann's idea expressed in these words, is understood, then his meaning becomes clear and his statement is found to be true. As an illustration, let us take the great *polycrest*, sulphur; in the record of it as given by Dr. Lippe in his key to the *materia medica*, we find for each and every symptom, a list of other remedies having similar symptoms. But none of these drugs has "precisely similar" symptoms; or to take single symptoms, as examples, we find the empty sensation in the abdomen so marked with phosphorus under other drugs; so too, the bearing down of *sepia* is to be found with many other remedies, but these never occur as "precisely similar" effects.

As a further aid in learning just what these "particular effects" are, Hahnemann tells us, in par. 153: "In this search for the homœopathic specific remedy that is, in this comparison of the total signs of the natural sickness with the list of symptoms of available drugs, in order to find among these one bearing a pathogenetic

power corresponding to and resembling the disease to be cured, the striking, remarkable, uncommon and peculiar (characteristic) signs and symptoms of the case of sickness are to be especially and almost exclusively brought before the eye, for these especially must be very like the drug that is being searched for in the symptom-lists if this is to be the most suitable for the cure. The general and indefinite, such as loss of appetite, headache, weakness, restless sleep, discomforts, etc., if they are not more closely defined, deserve little attention, for one finds something about as indefinite in almost every sickness, and caused by almost every drug."

We are told the general and indefinite symptoms are useless because they are caused by almost every drug; these, then, are not among those symptoms which no two drugs produce in a "precisely similar" manner. The characteristic, that is the 'striking, remarkable, uncommon and peculiar' symptoms are then the ones which no two drugs produce in a "precisely similar" manner, and these are the symptoms which are to be used in deciding on the *simillimum*. The characteristic symptoms of any drug maybe termed the particular effects of that drug which no other drug produces in a precisely similar manner.

Hahnemann gives us yet another guide in the study of these characteristics, for he tells us that the mental symptoms are a surer guide to the proper selection than the pathological; he illustrates this by saying: "Aconite seldom or never effects a rapid and permanent cure when the temper of the patient is quiet and even; nor *nuxvomica*, when the disposition is mild and phlegmatic; or *pulsatilla*, when it is lively, serene, or obstinate; nor *ignatia*, when the mind is unchangeable and little susceptible to either grief or fear." (Foot note to par. 187' Why are the mental symptoms the most important ones? Because they are the most peculiar, the most striking and uncommon; because they have no pathological value. Mental symptoms seldom are of service in diagnosis; they are more indicative of the individuality of the patient than the physical symptoms.)

We are also told in the *Organon* that the totality of the symptoms is to be our sole guide in the choice of the homœopathic *simillimum*; that it would appear, is to be understood as meaning the totality of the peculiar and uncommon symptoms, for we have just been told that the others are useless, being found in almost every patient. Thus, in every prescription, the totality of the peculiar symptoms of the patient must be covered by the characteristics of the drug; these symptoms should be of equal importance in both cases. A characteristic symptom of a drug may be found in the history of a patient, but may not be at all peculiar of his sickness; some seemingly unimportant symptoms may be much more severe.

Thus we should not prescribe *chamomilla* for every baby that is quieted by being carried about in the arms; another symptom which *chamomilla* has not may be much more peculiar and uncommon. A symptom may be very peculiar as a concomitant to one disease and with another not at all so. Thus, for instance, a watery diarrhea, with colic, would not be peculiar or uncommon, but as a

concomitant of a bronchial catarrh it becomes a useful symptom, indicating, probably, antimonium tart. So, too, with such a symptom as profuse micturition, very many drugs have caused or have cured profuse micturition, hence this symptom alone, unqualified, is of little or no value in deciding one in the choice of his remedy. But if more closely qualified or defined this symptom may become very peculiar or uncommon; thus profuse micturition relieving a headache might indicate gelsemium or fluoric acid; if the profuse micturition were accompanied by swelling of the feet or ankles, it would probably call for eupatorium per. The same symptom, occurring with diarrhea, is found under fluoric acid and argaricus; during profuse sweat, under aconite, antimonium tart, dulcamara, phosphorus and thuja. So any common symptoms may be qualified or defined as to make it a peculiar or characteristic one.

As one is able to discriminate between symptoms, judging when they are peculiar and uncommon and when they are common and useless—just so successful will he be in his prescribing. Returning to chamomilla, for an example, we know that it is very common and general for babies to be quieted by being carried or rocked, therefore, a fretful baby so quieted presents nothing peculiar or remarkable. But a case of infantile convulsions so relieved is peculiar, and the condition becomes a valuable indication. Take other examples showing the necessity for this discrimination; phosphorus has this well-known symptom; "as soon as water becomes warm in the stomach it is thrown up." This is a characteristic symptom under phosphorus, but as vomiting after drinking is found under some two dozen remedies, how are we to know when the vomiting is due to the "water becoming warm in the stomach," or when it occurs simply as a consequence of drinking? So again, nausea on smelling food, which is so characteristic under colchicum, is to be found under at least two other drugs. Of course in practice we have no difficulty in deciding these questions after a reference to the accompanying symptoms, they are mentioned here simply to show the necessity of careful study of each case lest we mistake a common and general symptom for a characteristic one.

Characteristics, or key-notes, as they have been termed by the late Dr. Guernsey, have been misunderstood and misapplied; they should not be used as sole indicators for a remedy, but as guide posts, showing the remedy to be studied. Hahnemann calls the "striking, remarkable, uncommon and peculiar" symptoms the characteristic ones. And in the few samples we have left of his prescribing, we find he makes a very careful analysis of all these symptoms; no one or two are picked out and a drug given for these only. We find no record of his having given a remedy because a symptom goes from right to left; or because a patient is restless, and goes from bed to chair, etc.; or because red sand is found in the urine! Some very fine cures may have been made by such methods of prescribing, but they can be considered little less than chance hits. Secure a few symptoms from a patient that are really peculiar and uncommon with such a disease, cover these by reliable symptoms which

are characteristic of a drug, then one has a secure basis for his prescription.

We quote the notes of a case treated by Hahnemann to show our readers the careful and painstaking manner in which he studied out his cases; it will be observed that each symptom is fully analyzed and related drugs well considered. Case: "A washer-woman, over forty years old, had been sick more than three weeks, unable to pursue her avocation, when she consulted me.

"1. On any movement, especially at every step and worse on making a misstep, she has a shoot in the scrobiculus cordis, that comes, as she avers, every time from the left side.

"2. When she lies she feels quite well; then she has no pain anywhere neither inside nor in scrobiculus.

"3. She cannot sleep after 3 o'clock in the morning.

"4. She relishes her food, but when she has eaten a little she feels sick.

"5. Then water collects in her mouth and runs out of it like waterbrash.

"6. She has frequent eructations after every meal.

"7. Her temper is passionate, disposed to anger. Whenever the pain is severe she is covered with sweat. The catamenia were quite regular a fortnight since. In other respects her health is good.

"Now as regards symptom 1, belladonna, china and rhus tox., cause shootings in the scrobiculus, but none of them only on a motion as is here the case. Pulsatilla certainly causes shootings in the scrobiculus on making a false step, but only as a rare alternating action, and has neither the same digestive derangements as occur here (symptom 4 compared with 5 and 6) nor the same state of disposition. Bryonia alone has among its chief alternating actions, as the whole list of its symptoms demonstrates, pains from movement and especially shooting pains, as also stitches, beneath the sternum (i.e. the scrobiculus) on raising the arm, and on making a false step it occasions shooting pains in other parts.

"The negative symptom" 2, met with here answers especially to bryonia. Few medicines (with exception, perhaps, of nux vomica and rhus tox., in their alternating action, neither of which are suitable for the other symptoms) show a complete relief to pains during rest and when lying; bryonia does, however, in an especial manner. Symptom 3 is met with in several medicines, and also in bryonia. Symptom 4 is certainly, as far as regards 'sickness after eating' met with in several medicines (as ignatia, nux vomica, mercurius, ferrum, belladonna, pulsatilla cantharis, etc.) but in none so constantly and usually, or with the relish for food, as in bryonia. As regards symptom 5, several medicines certainly cause a flow of saliva, like waterbrash, just as well as bryonia. The others, however, do not produce the remaining symptoms in a very similar manner; hence bryonia is to be preferred to them in this point. Empty eructations (of wind only) after eating, symptom 6, is found in few medicines, and in none so constantly, so usually and to such a degree as in bryonia.

“To number 7, one of the chief symptoms in diseases (see Organon of medicine, par. 213) is the state of the disposition, and as bryonia causes this (7) symptom also in an exactly similar manner, therefore bryonia is for all these reasons to be preferred in this case to all other medicines.”

This is a very mild and simple case, yet Hahnemann gave it his careful attention, thoroughly analyzing each important symptom, until finally all drugs in any wise related to the case, are excluded and bryonia left as the ‘most similar’ remedy. A dose of this drug was given in a low potency, and the patient was able to work the next day.

Another instance of Hahnemann’s analysis of drugs may be found in a letter he once wrote his friend Stapf. The case was evidently one of those undeveloped cases, in which the symptoms do not indicate any remedy clearly, for it will be observed that Hahnemann suggests four remedies, one to follow the other as needed. Stapf had consulted Hahnemann about a patient, and mentioned *nux vom.*, *cham.*, *china*, and *puls.*, as best indicated. Hahnemann analyzed the case in this manner: “Notwithstanding that *nux vom.* produced perspiration standing on the forehead, perspiration when moving in general, perspiration during sleep; *chamomilla*, perspiration especially about the head during sleep; *pulsatilla*, perspiration during sleep, disappearing on awakening; *china*, perspiration when moving (crying), perspiration on the head especially (but also in the hair); there is more indication for *pulsatilla* by the itching of the eyes, which *puls.* has, especially with redness in the external corner of the eye after rubbing, with agglutination of eyelids in the morning; if not, *ignatia* would be preferable, which also cures itching and redness, but in the internal corners, with agglutination in the morning, in case the child’s disposition is very changeable—now too lively, next peevishly crying, which *ignatia* produces. If there should be, at the same time, great sensitiveness to the daylight, when opening the eyes in the morning, which is also cured by *ignatia*; or, in case of a mild disposition and a weeping mood in the evening, and a general aggravation of symptoms in the evening, *pulsatilla*. The frequent awakening during the night indicates *ignatia* more than *pulsatilla*; the latter has more a late falling a sleep. The itching of the nose has been observed mostly from *nux vom.* *Ignatia* and *cham.* have both, the latter more, pain during micturition; *pulsatilla* the most pain before urinating. The loud breathing has been observed of *china* and *nux vom.* from the latter especially during sleep. As these remedies correspond much with each other (*china* excepted), and one corrects the faults of the other (if only *ign.* does not follow *nux v.*, or *nux v.* is not given immediately after *ign.*, as they do not follow each other well on account of their great similarity), you can now judge as to the succession in which you may choose to employ *ign.*, *puls.*, *nux v.*, or *cham.*—if the first or one of the others should not prove sufficient. To give *cham.* there ought to be more thirst at night than at present and more irritability. *China* has little or nothing for itself, and is, therefore, not to be chosen.”

Now, we have been given three distinct statements in which Hahnemann sums up his advice in regard to the art of homœopathic prescribing. These statements cover the whole ground, both as to the patient and to the medicines. They are, briefly stated, thus:

1. Each medicine produces particular effects in the body of man, and no other medicinal substance can create any that are precisely similar.

2. In prescribing the striking, remarkable, uncommon and peculiar symptoms of the patient are to be studied, for these must especially be covered by the characteristic symptoms of a remedy.

3. The totality of the symptoms is the only guide in the selection of the homœopathic remedy.

It will be observed that all the important words in these directions are in plural; thus we read of 'particular effects' of drugs, of 'peculiar symptoms,' of the 'totality of the symptoms.' All indicating that in every case many factors are to be considered; in none do we read of single symptoms being used. Each drug has its particular symptoms, which, taken collectively, surely indicate that drug, but few, if any, drugs have one symptom which invariably calls for that remedy. Take lycopodium, for instance, it has a group of symptoms, which, taken together, can always be relied upon to indicate that remedy, but each individual symptom of this group can be found under other drugs. One could scarcely fail to know what remedy even these few symptoms call for. Aggravation from four to 8 P.M.; symptoms going from right to left, especially of the throat; fan-like motion of the alae nasi; clear urine depositing a red sandy sediment; backache before urinating; a full, bloated feeling after eating a little; one foot hot, the other cold.

The whole art of prescribing, then, consists in finding, for each patient, that drug whose 'particular effects' are most similar to the totality of the peculiar and uncommon symptoms exhibited by the patient. This, of course, excludes prescribing upon any one symptom, as has become somewhat a fashion. These single symptoms are very useful in indicating the drug or drugs one should study. After this brief review of Hahnemann's teaching and of his practice, we believe it is correct to state, as we have already done, that the characteristics of any drug are the particular effects of that drug which no other remedy produces in a precisely similar manner.

THERAPEUTICS OF THE THROAT: CISTUS.

E. J. LEE, M.D.

Throat in general. Dryness of throat; feeling of dryness and heat, worse after sleep; better after eating or drinking. Also a small dry spot in gullet (in larynx, con.), which is worse after sleeping at night; must rise and drink; eating relieves this dryness (berb., teller.) even better than drinking. Dryness is worse from midday to midnight. Constantly obliged to swallow to relieve the

dryness, especially at night. (Desire to swallow on account of burning in the throat: acon. bov.)

There is a feeling of coolness in the throat; inhaling cold air causes pain in throat. There are sensations such as a feeling of sand in the throat, or a feeling of softness (both peculiar to this drug.).

Of pains, etc., we find: Crawling-itching; periodical itching; tickling and soreness; tearing pain on coughing (all-c., phos.); rawness extending to chest; in morning sore pain in throat and dryness of the tongue (nux mos.).

Hawking of tough, gum-like mucus, which is tasteless, mostly in the morning. On back of throat (pharynx) are seen stripes of tough mucus (like kali c.); acet-ac., has films of mucus seen in throat). Feels much relieved after getting the phlegm up. Stitches in throat after mental excitement causes cough. The fauces inflamed and dry without any dry feeling; throat looks glassy. Externally there are scrofulous swelling and suppuration of the glands.

Larynx. Inhaled air feels cool. (Also brom., rhus. and sul.) Itching and scratching in larynx, with anxious dreams. Chronic itching. Feeling as if the windpipe were contracted. (Phos. suffocative contraction at night on waking.) Pain in trachea. (Under this heading it might be well to quote a peculiar symptom of cistus, given by Hering: In evening soon after lying down a sensation as if ants were running through whole body; then anxious, difficult breathing; is obliged to get up and open the window; fresh air relieves him; immediately on lying down again these sensations return.

Cough. Mental agitation causes cough; tearing pain in the throat from the cough. Expectoration is bitter, and relieves the patient very much.

Comments. Cistus has not very numerous throat symptoms, but most of those here given are peculiar to this remedy. The cough worse from mental excitement, which causes stitches in the throat, the feeling of softness, or that as if sand were in the throat, the pain on inhaling cold air, are all peculiar to this drug.

Dryness of the throat, etc., is also a prominent symptom; but many drugs have it. Nux mos., mouth, tongue and throat are so dry patient can hardly move the tongue. Senega, throat so dry it hurts to talk. Dioscorea, throat so dry can't even belch. Sanguinaria, throat so dry it feels as if it would crack; also burning, worse after eating sweets. The dryness relieved more by eating than by drinking is peculiar and is found also under berb. and tellur.: while phell and phyt. have it relieved after breakfast.

The cold feeling of cistus in throat is also found in stomach before and after eating, in whole abdomen, in nose, the eructations, saliva and breath feel cool, finger tips are sensitive to cold air. forehead feels cold externally and internally also. The patient is generally apt to be sensitive to cold air and worse from mental agitation and vexation. Compare with: Arg-nit., calc., carb-v., graph., kali-b., lach., nit-ac., paris, phos., sulph., etc.

THERAPEUTICS OF THROAT: IGNATIA.

GEORGE H. CLARK—GERMANTOWN, PA.

OBJECTIVE

Disease begins on the right side (lycop.)
Tonsils inflamed, hard, swollen, with small ulcers.
Increased turgescence of tonsils.
Redness, inflammation and soreness of inner mouth.
Whole inner surface of mouth sore.
Tendency to swelling of cervical glands.

SUBJECTIVE

Sensation as if palate were swollen, or covered with tenacious mucus.

Sticking in palate, extending to the inner ear.

Stitches in soft palate, extending to the ear.

Sensation in palate as if sore.

Constrictive sensation in pit of throat, causing cough, as from fumes of sulphur.

Retching (constrictive) sensation in middle of throat, as if there was a large morsel of food or plug sticking here, worse when not swallowing.

Pressure in throat.

Sticking low down in throat when swallowing, it disappears on continuing to swallow, and returns when not swallowing.

When swallowing, it seems as if one swallowed over a bone, causing cracking.

Sensation as though a plug were sticking in throat, noticed when not swallowing.

Needle-like stitches low down in throat, in quick succession, when not swallowing.

Sore throat; the internal throat is painful, as if raw and sore.

Pain in throat as from soreness, only noticed when swallowing.

Aching in throat.

Sore throat, stitches which are not felt when swallowing.

Sore throat, like a lump in throat, which is painfully sore when swallowing.

Sticking in throat when not swallowing, and even somewhat when swallowing; the more he swallows, however, the more it disappears; if he swallows anything solid like bread, it seems as though the sticking entirely disappears.

Throat worse when not swallowing and when swallowing liquids; better when swallowing food.

Choking sensation from the stomach up into the throat.

Pain in throat when touched as if glands were swollen.

Formication in the esophagus.

Tearing pain in larynx, much aggravated when swallowing and breathing.

Crawling in pharynx.

On eating there was some difficulty in swallowing food and drink.

He was unable to swallow bread, it seemed too dry.

Food seems to reach as far up as the throat in the evening before falling asleep and in the morning.

Pains in the angle of the lower jaw.

Pain in glands below the angle of the lower jaw on motion of throat.

Sub-maxillary painful after walking in open air.

Drawing pains in sub-maxillary glands, which extends into jaws, after which the glands become swollen.

Pressive pains in cervical glands.

Pains at first pressive, afterward drawing, in sub-maxillary glands.

Sticking in one side of throat and in parotid gland when swallowing.

AGGRAVATION—Walking in open air; sub-maxillary glands painful.

Breathing: tearing in lrynx.

Coughing: tearing in larynx.

Swallowing: tearing in larynx

When not swallowing: Constrictive sensation in middle of throat.

Sticking in throat.

Plug in throat.

Sticking in parotid gland.

From tobacco: the symptoms in general.

AMELIORATION—When swallowing: Stitches in throat.

Sticking in throat.

Other remedies having a sensation of plug in the throat, when not swallowing are: nat. mur. and sulph.

Capsicum has burning in throat, worse between the acts of swallowing.

Hahnemann says of ignatia: "It is suitable for but few cases of chronic disease, and then only with the intermediate employment of some other suitable medicine of more persistent action.

"Ignatia is not suitable for persons or patients in whom anger, eagerness or violence is predominant, but for those who are subject to rapid alternations of gayety and disposition to weep."

It is especially suitable to nervous and hysterical females of mild but easily excited nature, and finds a prominent place where symptoms arise from or are aggravated by fright and grief.

Department of Physical Therapeutics

Conducted by - - - WILLIAM H. DIEFFENBACH, M.D.

CLINIC AT FLOWER HOSPITAL

Monday, May 10, 1909

By WM. H. DIEFFENBACH, M.D. AND WM. TOD HELMUTH, M.D.

DR. HELMUTH: The clinic today consists of demonstrations of the use of radium in the treatment of non-operative malignant growths. The reason we bring this before you today, is on account of this treatment receiving more or less publicity, and as a consequence Dr. Dieffenbach and I have been deluged with letters and questions calling for all sorts of explanations and taking it from that standpoint we came to the conclusion that it might be interesting to you to see the actual work of this treatment.

I want to say, before we go any further, that, as you know, this is absolutely new and original, and as a consequence we are not yet prepared to give any great or positive statistics. However we have had some remarkable results, and just how far we are going to succeed in the future remains to be seen. Later on, perhaps, we will give you full statistics and tell you just what we hope to do and what we can reach.

I want to state before you all, that the whole credit of this discovery or original research belongs entirely to Dr. Dieffenbach and I have been only the man who has practically given the injections, done the mechanical part of the work. Dr. Dieffenbach has kindly consented to come here and explain to you something of the use of radium—what it is and how we use it. We have a number of cases that we will bring before you later on and I am sure after you have seen these patients and have seen the condition which they are in, that if we are successful in curing or even benefiting them, we have certainly made a step in the right direction. My great pleasure, ladies and gentlemen, is in introducing to you Dr. Dieffenbach.

DR. DIEFFENBACH: I want to thank Dr. Helmuth for the courtesy of his introduction and to state that I believe a great deal of the credit for the working out of the technic belongs to him

The discovery of radium about ten years ago ushered in a new era in physics, biology, and, as we hope to prove by the future use of it, also in medicine. M. and Mme. Curie did not discover this by accident. It was due to hard research along certain lines which they were investigating with the view of determining certain facts in physics, and their success in isolating radium or radium-bromide is due to indefatigable research. Some years previous to the discovery of radium by the Curies, Prof. Becquerel, of the Academy of Paris, had noticed that uranium and its various salts, when placed near a photographic plate, had the ability to fog that

plate, showing that certain emanations or rays were given off from this substance. These at that time were called the Becquerel rays, and no therapeutic value was attached to them. They were esteemed merely from the physical standpoint. They purified this uranium salt and when they had it absolutely purified they found that the rays were very much diminished, although the residue of the uranium gave off more emanations than the original compound. That led to the supposition that there must be something besides uranium giving off rays or electric charges, in addition to the original salt which they suspected was the source of these electric manifestations. They did a great deal of mechanical work, laboratory work, and Mme. Curie isolated an element which she called polonium—in honor of her native country Poland—which had radio activity and also shadowed the plate and working further along those lines they isolated the compounds radium bromide and radium chloride.

When we speak of radium we do not mean the element itself. We always have reference to some compound of radium, because radium itself has not been isolated as far as we know. It was found that these compounds had a number of interesting properties different from any compound in existence: It gave off heat in large quantities; it had the ability to fog plates, therefore it had actinic properties; it had the ability to throw off electrons into the ether, producing vibrations or radiations which had different properties and which were labelled by the Greek names—alpha, beta, gamma, delta and epsilon rays, each of which had distinct physical manifestations.

Dr. Curie at one time went across the Channel to London to deliver a lecture on the properties of this compound, and he had a small vial which he carried in his vest pocket, both to and fro, crossing the Channel and back to Paris. On his return home and undressing, he found he had a marked erythema from this little flask which he carried in his pocket, and the supposition came to him that this had distinct physiological properties that affect the human body; and he gave a small amount of this radium to the professors at the Paris School of Medicine and they commenced to test it. On the first case they found it had very similar properties to the X-ray which produced necrosis, destruction and inflammatory changes in the tissues, and the evolution of its local use has been gradual, so that now we have fairly well defined lines along which we can go.

The radium research work has been taken up in England with a great deal of enthusiasm lately, owing to the patronage of the King. They have started a radium institution there, in which King Edward VII is very much interested and are testing numerous cases of cancer, nevae, warts, various facial blemishes, etc., with a great deal of success with the local application of radium.

In this country Dr. Abbe has done a great deal of work along this line and some of his classical experiments are worthy of reproduction. He found that by placing radium on the tissues he could destroy cells or produce scar tissue, or fibrosis in an epithelioma, in very short order; and the classical experiment which he made consisted in introducing tubes of radium into a cancerous process leaving

the tubes in varying lengths of time, then, in cases of the breast, performing a complete Halsted. In one of these cases the pathologist made a report as to the exact nature of the conditions and showed that wherever these tubes had been introduced into the breast of this woman, the cancer cells had lost their nuclei and their protoplasm, many of them had been absolutely destroyed, and surrounding the destroyed cells was an area of connective tissue fibrosis; absolute scar tissue resulted from the introduction of these tubes. Some distance from these tubes, where the rays did not penetrate the cancer cells were just as active as before; showing that radium will cure only such cases as it can reach or which its radiations can reach.

The next question arose, how can we affect lesions which we cannot reach externally? and Braunstein, of Germany, was one of the first to inject local tumors with radio-active water, (which he made by distilling a compound of radium with water,) injecting it locally, and his reports in the *Muenchener Medizinische Wochenschrift* show that he has done similar work to that of Abbé and others who have used it locally.

Five or six years ago, in this amphitheatre, Dr. King demonstrated a new method, which we first used in the clinic here, of introducing coated sticks into malignant growths. We had celluloid pencils coated with this compound of radium and introduced that deeply into the tissues aseptically and attempted in that way to destroy malignant growths. The results were far from satisfactory except in superficial growths. There was one case of a large epithelioma of the ear which was absolutely cured and which I showed before the Pathological Society just a few weeks ago, and which has remained cured for four years.

Personally I started to use this compound in 1902, purchasing a tube which was considered fairly strong at that time but which I subsequently replaced by a more powerful tube, and the work that I used it for was practically local malignant conditions. I also attempted to use radio-active water, in one or two cases of inoperable cancer of the stomach, with the idea that radio-active water would inhibit or destroy or change the cancer cells in the mucous membrane of the stomach. The results, however, were not satisfactory. The patients died.

The case which has created a great deal of talk and which has become public within the last few weeks was one sent to Dr. Helmut for examination of a tumor in the right inguinal region. It was pronounced by the doctor as inoperable and the patient was sent to me to see if I could check or inhibit the growth with Roentgen or X-ray. I used the Roentgen ray for two or three months intermittently, using filters so as to prevent irritation of the skin or dermatitis. But in spite of that and because of the fact that we had to give heavy doses, we got such an irritation of the skin that we had to cease the treatment for a few months.

After the cessation of the treatment the tumor grew perceptibly larger and marked edema of the right thigh resulted, and the

patient in desperation asked me whether this was the beginning of the end. I replied that surgery having proved ineffectual in the tumor and the X-ray having proved only palliative, I knew of nothing which had been approved by medical experience to try in his case and that he would have to look forward to the growth of this tumor and possible exitus lethalis. I suggested to him, however, that theoretically, inasmuch as we have had the most brilliant cosmetic results from the use of radium in epithelioma of the skin and mucuous membrane and in lupus, if we could reach his growth with radium in some way, there would be a possibility—not a probability—of so influencing this lesion that we might either inhibit or contract it.

I would preface this by saying that three years ago we had another method or technic which appealed to us in inoperable cases and in cancerous uteri, in which we took a solution of gelatine mixed with a small quantity of radium and, after the surgeon had removed as much of the malignant growth as he was capable of, following up within a week or ten days this surgical procedure by local tamponage, applying saturated gauze along the lines of incision so as to prevent recurrence and also to prevent spreading of the malignant lesion in the vagina. I have two cases on my books; one particularly, a case of Dr. E. G. Tuttle, which was pronounced inoperable, but which the Doctor operated, successfully removing the great mass of the tumor, performing a hysterectomy, and then turning the case over to us for treatment with radium, so as to prevent further spread, inasmuch as there was involvement of the vagina. That case has been treated for over a year now and to all intents and purposes, so far as we can tell by examinations, there is no active cancer process in that vagina today. She is a patient of Dr. Swift and he is seeing the patient every few days and can corroborate my statements, and Dr. Tuttle can also corroborate the fact that the process has been either entirely destroyed or so inhibited that at present there is no sign of the tumor.

This being so, I suggested to this patient that if his abdomen could be opened and we could inject this tumor with radium gelatine—which is very diffusable and carries the emanations of radium with it through the tissues—we could possibly arrest its growth. It was done entirely as an experiment. We did not know what a quantity of radium would do if absorbed into the tissues and what its effect on the heart would be but the patient agreed to try the experiment out of deperation because there was no other loophole for him. He was operated upon in this amphitheatre by Dr. Helmuth, and perhaps Dr. Helmuth will give you his surgical technic. To put it briefly, he had a very bad night and had a number of physiological symptoms, which have been repeated since following the injection of radium and which it will be interesting to follow and corroborate; but after two or three days of lingering he commenced to improve and within five weeks Dr. Helmuth and I thought it was absolutely safe to discharge him from the hospital and he is now in his home in Tarrytown. I received a letter from him yesterday

saying he was very comfortable, that he was walking around in his garden and that the tumor itself gave no trouble at all. This case was reported to the students at the time of the operation. In fact, the students saw the operation and a few weeks ago when I finished my course on electro-therapeutics I mentioned the results to them and it is assumed that in that way publicity of the matter was disseminated.

I have a few things more which I would like to show you, so as to let you know what this almost mythical substance, radium, is. Few people have ever seen it. It is obtained from a black mineral, which I have here in powder form, called pitchblende, which contains a quantity of uranium, some barium, some bismuth, and a number of other minor minerals. It requires two tons of a good quality of pitchblende to secure one grain of pure radium and that quantity of this pitchblende must be worked over chemically, and that accounts for the great expense of this material. The fact that pitchblende itself is rather scarce (the Austrian government has a monopoly on its mining,) and the further fact that the laboratory methods of securing it are so tiresome, and require so much time, would alone justify the great expense of this compound.

This pitchblende after it has been thoroughly passed through the laboratory remains as either radium chloride, radium acetate, radium sulphate, or radium bromide. Those various compounds are used by different men. The pure radium which I will show you in a moment is radium bromide—the small yellow mass you can see at the end of this flask, barely the size of the tip of a knife—that is 10 m.g. of pure radium and the cost today in Hamburg is 4,000 marks. When it was landed in the United States it cost about \$1,200, i.e. for 10 milligrams.

I want to explain what we mean by activity and would state that the power of comparatively good pitchblende, which contains uranium oxide, is rated at 1, just as we rate the atomic weights of chemicals. We rate hydrogen at 1, and others according to that. This, in radiology, is rated at 1, and the compounds secured depending on their purity, receive numbers, such as 25,000, 8,000, or the pure, which is supposed to be 1,800,000 times stronger than the original pitchblende of the same quantity. Therefore when we speak of 25,000 activity radium, we mean a preparation of radium stronger in electric rays, 25,000 stronger in amount of heat and 25,000 stronger in the chemical energy which it possesses than the uranium oxide, the pure radium having 1,800,000 activity.

It is very important to have some method of testing these rays, so that we know whether we are receiving what we purchased or whether the radium itself is as active as it should be. This electro-scope which you see here, the Braun electro-scope, is used in Germany and is calibrated so as to be discharged in one second by a current of 100 volts. After the charge of this electro-scope we can, by holding a quantity of radium near it, determine whether it is active or not. (The presence of these sticks has prevented me from charging that as completely as I could have otherwise. The indicator is

going down without being touched. I have had these tubes too close to it.) We test this radium, coated radium or the solutions of radium, by holding these above the charged electro-scope—that amount for injections. The solutions of radium used are preserved in little bottles and must be kept at moderately high temperature to remain liquid and a small amount of an antiseptic is added to keep it absolutely sterile, and the injections made; the Doctor will show you in a few moments, the essential points in regard to this. This bougie we have used in cases of inoperable cancer of the rectum by the mere placing of the bougie against the cancer and getting the radiations against the diseased tissue.

I have a pathological drawing here which may interest you. First I will show you a photograph which we took with some of the radium pencils. That represents a pair of small scissors, a large key, a maltese cross—all photographed with these different preparations of radium, showing the penetration through opaque materials, very much like X-ray. The rays which we use principally and on which we rely for our therapeutic work are the beta and gamma rays, the gamma rays being very much like a mild X-ray, the beta rays being practically identical with the cathode rays of the X-ray tube.

This is a sketch which perhaps most of you can decipher. That represents radium placed over cancer cells which were subsequently removed. This shows cancer cells in full virility. This shows the squamous cancer cells with vacuoles—the nuclei and protoplasm having been destroyed, and this the connective tissue stroma—which follows an attack of radium. Radium sets up mild irritation, following which we get some scar tissue. You will also see radium alone can penetrate up to a certain line. These parts are still active and continue to prosper and produce cells of their own kind, while the upper portion is destroyed. If we could get the radium in here where these are, in some way, we could also destroy the deep cells as well as the superficial. The question therefore resolves itself into a matter of technic: If you can inject this radium into these deep tissues and get a diffusion of radium rays, you possibly, very probably can get destruction of all the cells which will be within the sphere of these radiations. If you do not reach these cells with your radium, your efforts will be successful only in the sphere in which the radium has touched the malignant tissue.

This is a sketch of an epithelioma, which shows how the cosmetic result are obtained: This represents an epithelioma of the upper lip. After two weeks it showed this change; after another month it showed merely these two small masses here, and gave a good cosmetic result.

The action, as already stated, is the destruction of the nuclei of the epithelium, following which we get a reparative scar tissue formation and a clean, healthy scar.

Like a good many other things, if you get too much of this you will almost produce what you are attempting to cure. Too much radium will produce an ulcer. Therefore the question of time

and repetition of treatment is of great importance in radium, as well as in all other remedial measures. Thank you, gentlemen.

CASES.

DR. HELMUTH :—We bring before your notice, first a case operated upon some six days ago. This case had a growth inside the abdomen, was operated outside this institution and it was found the intestine was too much involved; it was impossible to remove it, and an artificial anus was made. We bring in this patient to demonstrate the effect of the radium after a short space of time. He has lost all cachexia and the appearance in the face that goes with cancer, the face is filling out and even in the short space of time he has been in the hospital we can, we think, notice a small diminution in the size of the growth, but bring it in simply to show the effects of the radium after a little treatment. We are obliged to leave the draining tube in because we were a little bit afraid of just what might happen—We did not know whether there might be some little sloughing of the tissues and if that took place we wanted to be ready to take care of it so we did not attempt to heal the wound up by first intention. There you have the appearance of the wound. Here you have a little device which this gentleman has made for himself, which has proved to be a most satisfactory receptacle for any discharges that come from a wound of that kind. It is a small bag attached to a rounded piece of metal which goes about the waist and is held down tight. You can see from this patient that there is comparatively little or no enlargement there, which was quite prominent when the patient came to us. We can feel it yet, and it is too soon to expect a very great change in six days. We do not expect to do miracles, but I think we can make out a slight diminution in size. You can see from this man's face there is not very much cachexia about him now. The face is full and he looks in first-class condition and I think, and hope and trust, we are going to get a good result and I believe from all appearances we are going to be successful. This is simply a sample case after six or eight days' treatment.

No. 2: The next case is sarcoma of the thigh—not an osteo-sarcoma but simple muscular sarcoma. We injected this I think last Friday and we were very anxious to get results—something that we might show you that was definite and positive in the short space of time as a result. We put in the largest dose of radium of any we have had under treatment—I think pretty nearly a full ounce—and as a result of that injection this patient has had very, marked reaction. We are going to have Dr. Fobes read the history of the case so you can judge the effects of the mysterious material. We will first show you the growth. It extends into the joint and even if we wanted to make a disarticulation of the hip-joint, the involment is so great in the groin it would be absolutely

useless. Here we made our puncture, there is another. The punctures were directed first one way, making a wheel, then directed in the opposite side—and this all the way around the tumor, so we hope to make these wheels coalesce and control or obstruct any extension of this disease. Now this case comes to us after treatment by other methods. She has been treated by Coley's method in other institutions, and you can see she has had comparatively little or no results from that treatment. We hope to get this down, but whether we will or not remains to be seen. This inflammatory condition is practically all gone. Now the skin is white and not very much inflamed but day-before-yesterday that was all inflamed; the tissue was very tender, hot and sensitive to touch; but that is all gone. The temperature jumped yesterday to 104, so you can see there has been pretty severe reaction.

History read by Dr. Fobes: Patient, woman, 18 years of age, admitted May 4th. Family history negative as far as malignant growths are concerned. As far as previous illness is concerned, there is nothing to state. Eight months ago patient noticed a hard swelling on the right thigh, the size of a lemon; has never had it before and knows not how it started; it gradually increased in size; there has been no pain connected with it. It was treated with Coley's serum about two weeks before coming to this hospital, and there was no reaction evidently.

Entered Flower Hospital with normal temperature and pulse 80; continued in this condition until afternoon of May 7th, when radium was injected under local anasthosis; returned from operating room at 3.30 p. m. in usual health, at 4.15 was nauseated, vomited a large amount of mucus and bile and some dinner; five minutes later had severe chill, pain in both lower limbs, severe pain in legs which have continued ever since—at times so severe as to make patient cry out. Since the operation patient was nauseated three times up to May 8th, and vomited twice. Patient says she is nauseated all the time and has been so ever since the first afternoon of operation. On the evening of May 8th, patient complained of severe cutting pains all over the body, due to the reaction of radium, and especially a bad headache coming on every afternoon at about four o'clock and continuing all night when not asleep; feels sleepy all the time but cannot sleep. Temperature remained normal, 8 p. m. May 7th it went to 100, pulse 1.30; at midnight, temperature 98, pulse 1.30; 4 p. m. May 8th, temperature went to 101.8 with a pulse of 96; at 8 p. m same day, 102.8, and at 4 a. m. May 9th, it was 101.6; it gradually went up as high as 104 at one time on May 9th and has gone down gradually since then, so that now it is 101 and pulse 120. She still complains of pains all over the body, but not so much as previously.

Case 3: DR. HELMUTH: The next case that we will have before you is a very bad case of osteo-sarcoma. You will remember I said we had given an ounce of injection in this last case but that patient is in very much better condition physically than the one we are going to bring before you now and the reactions were so

severe we did not dare inject that amount in this patient, so I think, with Dr. Dieffenbach's advice, we shall inject only one to two drams and wait a certain time until that reaction passes over, and then inject again. I am sure when this patient comes in you will see that there is no question or doubt as to the diagnosis of these cases. That is the first question that was put to us—both Dr. Dieffenbach and myself—whether these cases that we have treated were really cancerous, or whether we had made a mistake. Now perhaps he has told you that we were fortunate in all these cases to have our diagnosis verified by other men; and in one case we have had such brilliant results from we have had examinations by two pathologists who are thoroughly up in their subjects. We will have the history read before seeing the case.

History read by Dr. Fobes: Patient, woman, aged 15 years, came into Flower hospital May 8th. Family history shows nothing but cardiac disease, and history of the patient shows no serious condition, measles being the only disease she has had. About two years ago, patient received a blow on her leg, and ever since then the spot which was hit has been tender to touch and slightly swollen. Last September it swelled very rapidly, the pain became very severe and increased until she could not walk. That is the entire history.

DR. HELMUTH: The syringe used is the ordinary one with a long point so as to penetrate two or more inches. We have no abdominal cases today but these we have are the most satisfactory to treat at the present time, because we can see exactly what we are accomplishing. Some of the growths in the abdomen, as the first, we cannot be very positive about for a long time, while these cases of growth on the surface we can watch and note progress exactly.

Notice the difference in the appearance of the faces—the patient just gone out and this one. The whole expression of the face is very poor indeed. In this growth we have the classical characteristics in form and appearance that you would expect to get—smooth, shiny, glossy appearance, peculiarly sensitive to touch, and it feels as if some fluid might be in there, which is very different from carcinoma, which has a peculiar hardness, a woody sensation. The characteristic veins are over the surface. The growth extends into the groin, but the enlarged glands are not there as we would find in carcinoma. We find also a lack of pain and atrophy of the muscles below the growth, growing down to practically nothing. We find the growth grows to a large size, even as large as this, without breaking down of the skin. Carcinoma is quite different, showing the growth to be deep, while this is on the surface. I do not think anybody here can say that is a wrong diagnosis. and that all helps us a very great deal. I shall make only two injections in this case. I dare not do more than that. We will put in a dram directed in this way, making a wheel to cover a surface two inches in diameter and then direct it in the opposite way; and as that contracts and goes down, we will go right around the tumor.

Of course I could give an anesthetic but I do not wish to have any more prostration than is absolutely necessary. We need all her vitality and do not want to sap it a bit more than we have to. The quantity injected in this case is worth \$25. We have had many applicants but the unfortunate part is we have not had the means with which to supply the radium.

Now we can watch that and if you gentlemen will stay here a week we will have an opportunity of reporting on these cases and letting you see what the result will be.

Case 4: The next case is for injection also, but it is a different variety of cancer. This is carcinoma of the breast. This woman has also been under treatment. I believe she has received tryspin at the Skin and Cancer Hospital. She absolutely refused to have an operation and you can see the breast is practically all there. This is the characteristic carcinoma which shows itself just exactly as this case which has gone out. I do not think there is any question or doubt in your minds. This patient is in much better physical condition than the last, she is up and around and I shall inject more than I did in the last because I think she can stand more of a reaction. I think none of you gentlemen can doubt that this is true carcinoma: There is a peculiar hard lump, like a piece of rock, no infiltration to it; and here there is breaking down of the skin, ulceration, that goes with a carcinoma, whereas the other grew to tremendous size without breaking down at all; and the axilla is full of glands coming on almost with the first nodule that appears in the breast; also the fixation of the tumor, growing fast to the muscles, while the sarcoma we could move around and push in different directions. This is absolutely fixed and if we could lift the arm we could not move it at all. From all these symptoms one would be pretty certain in making a diagnosis of carcinoma. If I could get a section I would be very much pleased, as that would remove any doubt as to the question of what it is, but unfortunately the patient will not allow us to touch her at all with the knife and so we will have to do the best we can. I will make four injections in this growth. I am a little shaky about going into the axilla but do not think there will be any danger of puncturing anything. If anybody doubts that being carcinoma I would like to hear them say why, because we want to be absolutely certain of our diagnosis. The injections of tryspin (presumably—she does not know what it was) were made in the buttock.

You can see the technic of the operation is comparatively simple except when you get into the abdominal cavity. That is another proposition, because in so doing you have to take as much care as in laparotomy.

Case 5: The next case is a recurrent carcinoma of the parotid and I think here you will have no doubt as to the condition. All growths in the neck after 40 or 50 years are carcinomatous. Sarcoma is possible.

I want to say with reference to the previous patient, we are a little careful of injections there because we are afraid that gelatine might be taken up into the circulation and result in an embolism.

In this case the growth is involving the region back of the ear, running up into the inferior axillary and up the base of the head, and the glands down here are more or less involved. The growth is slightly movable but has the peculiar hardness that goes with these cases. I would like to have an examination made because we have two things that might cause us to question the diagnosis: It might be lympho-sarcoma, it might be a carcinoma, or it might be a tubercular gland. I do not think it is tubercular gland but there is possibility. Of course if we should get a section and put it under the microscope that would clear it up at once and if he gives us an opportunity of taking out a section we will make a positive diagnosis. I will make only one injection, because the growth lies directly over all the large vessels and we want to be careful in case like this. The syringe goes in almost as if it were gristle.

That is all we have to offer you today for your clinic and we hope that later on we will have good reports to make.

Book Reviews

Leaders in Respiratory. By E. B. Nash, M. D. Author of "Leaders in Homœopathic Therapeutics," "Leaders in Typhoid," "Leaders in Sulphur" and "How to Take the Case." 188 pages. Cloth, \$1.50. Postage 6 cents. Philadelphia. Boericke & Tafel. 1909.

Dr. Nash has the happy knack of collating the chief symptoms calling for drugs, and in this little book has followed the lines which have made other of his writings very acceptable to the homœopathic profession. As a guide to the prescription it will be welcomed far and wide. As a piece of literature the book falls down. In places the diction is poor, the paragraphing is not according to Hoyle, and the use of special types for emphasis is not consistent. The drugs are first considered as indicated in the treatment of the pathological entities known as diseases of the respiratory organs, then they are arranged in repertory form.

Surgery; Its Principles and Practice. In five volumes. By 66 eminent surgeons. Edited by W. W. Keen, M. D., LL.D., Hon. F. R. C. S., Eng. and Edin., Emeritus Professor of the Principles of Surgery and of Clinical Surgery, Jefferson Medical College, Phila. Volume IV. Octavo of 1194 pages, with 562 text-illustrations and 9 colored plates. Philadelphia and London: W. B. Saunders Company, 1908. Per volume: Cloth, \$7.00 net Half Morocco, \$8.00 net.

Volume IV of this monumental work is fully up to the standard of its predecessors. As in previous volumes the different subjects have been handled by masters. Thus, the chapter on Hernia was written by William B. Coley; Robert Abbe contributed "Surgery of the Rectum and Anus;" John B. Murphy wrote on "Surgery of the Appendix Vermiformis," and George E. de Schweinitz was responsible for the chapter on the "Surgery of the Eye." The

last four chapters are of more than ordinary interest and deal with subjects not always discussed with works on general surgery. General Robert M. O'Reilly has contributed a chapter on "Military Surgery," in which ample reference has been made to the surgical work in most recent years. The question of "Naval Surgery," is discussed by Surgeon-General P. M. Rixey. The experience of naval surgeons in the Russo-Japanese war is largely drawn upon and several pages are devoted to Hospital Ships. Surgeon McCaw of the U. S. Army writes on "Tropical Surgery," and includes surgical procedure for leprosy, dysentery, abscess of the liver, and several conditions, the names of which are unfamiliar to the average practitioner. The last chapter is by Dr. W. L. Rodman, of Philadelphia, and deals with "The Influence of Race, Sex and Age in Surgical Affections." Among the other subjects treated in this volume are "Surgery of the Kidney and the Bladder and Surgery of the Intestines." A comprehensive index accompanies the volume.

Cosmetic Surgery. The Correction of Featural Imperfections.—By Charles C. Miller, M.D., second Edition Enlarged. Including the description of numerous operations for improving the appearance of the face. 160 pages. 96 illustrations. Prepaid \$1.50. Published by the author, 70 State St., Chicago.

That a book upon the subject of featural surgery seems to fill a demand is evidenced by the necessity of a second edition of this little work by Dr. Miller. The author notes that hostility to this branch of surgery both from ethical practitioners and from the medical press, has grown less, until there now seems to be a desire to know more of elective operations upon the face. The book is not a large one, and indeed, the author hesitates to describe all of his own operations, feeling that the results as yet have not been sufficiently proven. But a large number of operations upon the ears, nose and chin, besides a number for the removal of wrinkles, "crows-feet," etc., are explicitly described and well illustrated with numerous cuts. To any who are interested in this branch of surgery, this little book will come as a welcome help.

Revista Hahnemanniana.—With its June issue the *Reforma Medica* becomes the *Revista Hahnemanniana*, and will be published every two months at Calle 64, Sur 581, Merida, Mexico.

Summer-time is Sprain-time.—Some wit has said that "Summer-time is sprain-time." Golf, tennis, baseball and the other outdoor sports inaugurate a season of sprains and wrenches, and ankles, knees, wrists, elbows, shoulders, and backs pay the penalty of a missed drive, an overhand smash or a slide to base. The resultant conditions are remedied by the use of Antiphlogistine. By removing the products of inflammation, through the absorption of the liquid exudate from the swollen tissues, and by permitting free circulation of blood through the seat of the injury. Antiphlogistine acts as Nature's first assistant. Antiphlogistine should always be applied directly to the affected area as hot as can be comfortably borne, and covered with absorbent cotton and a bandage.

NORTH AMERICAN JOURNAL OF HOMŒOPATHY

Contributed Articles

GONOCOCCIC ARTHRITIS

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SOME years ago many of our large hospitals were crowded with patients suffering from a gonococcic invasion of one or more articulations of the body. Medication along the lines of the dominant school as given in rheumatic conditions was acknowledged to be of no avail. Careful symptomatic prescribing gave the best results, but was not particularly satisfactory.

The relative number of joint inflammations due to systemic invasions by the gonococcus has in the past few years noticeably decreased. This, without question, is the result of a better knowledge of the biology of the gonococcus, and therefore a more general appreciation of the fact that many serious conditions have their origin in a gonococcic urethritis. Since the constitutional effects frequently terminate in chronic invalidism, and occasionally in death, a proper understanding of the cause and treatment of the primary lesion is of paramount importance.

Gonococcic arthritis is due to an invasion of the joint by the gonococcus and its toxins. These are generally carried by the blood stream from gonococcic foci in or near the genito-urinary tract. Before Neisser discovered the gonococcus, gonorrhœa was considered to be a purely local disease, though the associated condition of the joints was designated as a gonorrhœal rheumatism. The detection of the gonococcus in diseased regions remote from the urethra has materially modified this opinion.

Post-mortem findings having revealed a few cases of gonococcic osteomyelitis,—the infection occurring in the ends of bones invaded by a seeming arthritis,—and the fact that following gonococcic arthritis of the ankle, exostosis of the os calcis sometimes occurred, requiring the surgical removal of the bony outgrowth, suggested the belief that active involvement of the bones could be demonstrated in gonococcic arthritis, though the disease was generally considered to be limited to the serous, ligamentous, and muscular parts of the articulations. Some months ago we commenced to have the electro-photographic departments of the Metropolitan and Flower Hospitals make roentgenograms of our cases of acute, sub-acute and chronic gonococcic arthritis. The interpretations of these roentgenograms by Dr. W. H. Dieffenbach seem to indicate that in gonococcic arthritis there is a varying degree of involvement of the bony structures, which disappears with the cure of the arthritis. The Doctor further in his letter says: "This is relatively new work. I know of no literature on gonorrhœal joint lesions from the roentgen or x-ray point of investigation, so that your observations require further corroboration. It seems to me, however, that the small circumscribed areas of sclerotic bone changes, being found in no other lesion, might be selected as a characteristic point for gonorrhœal osteitis and arthritis."

CASE I. A patient twenty-eight years of age who had a urethral discharge that was followed in five weeks by a swollen, red, and painful condition of the right knee. Two weeks later the left wrist and elbow became swollen, red, and painful to motion and pressure. After suffering thus for three weeks he entered the Metropolitan Hospital. A roentgenogram revealed the characteristic mottling. The synovial sac was slightly distended with fluid. There was a creamy urethral discharge which contained a few gonococci, streptococci, and some epithelial cells from the urethral walls. Mononuclear leucocytes and eosinophiles were absent.

Treatment. The joints were supported by rest in bed. Sulphur was given internally. The urethra was distended with a two per cent solution of argyrol, which was retained for five minutes three times a day. On the third day a urethral smear revealed only a few eosinophiles. On the ninth day all discharge had ceased. The arthritis rapidly improved, and a complete cure was effected.

CASE II. Patient twenty-eight years old. He gives a history of having had a gonococcic urethritis eight years ago, which continued for three months. Another infection six years ago, complicated by arthritis, was cured in three months at the London Hos-

pital. Two years ago he had a urethritis and a complicating arthritis, involving the feet and hands. This attack persisted for two months. Six weeks ago he again contracted gonorrhœa, and two weeks later was again suffering from painful swelling of the feet, with aggravation from pressure and motion. A week later the knees became involved. His urethral discharge contained many gonococci, a few polymorphous leucocytes, a few mono-nuclear leucocytes, urethral epithelium, mucin, and streptococci. There were no eosinophiles.

Treatment: Pulsatilla was given internally. His urethra was distended with a 2 per cent. solution of argyrol, retained in the urethra for five minutes three times a day. The patient was kept in bed. At the end of twelve days the urethral discharge consisted of only a slight amount of mucin; the arthritis was much improved. Two weeks later the patient was discharged cured.

CASE III. Patient thirty years old. He contracted gonorrhœa four years ago. During the fourth week of the disease it was complicated by arthritis of the wrist. He was cured only after months of treatment. Eighteen months later, having contracted a second attack of gonorrhœa,—which was followed in four weeks by arthritis of the hip and left wrist,—he entered Flower Hospital. For some time he was unable to turn in bed. Finally the hip slowly underwent resolution. The wrist continued to resist all forms of treatment. The fingers were swollen and could not be flexed. Both the hand and wrist were swollen and sensitive. The circulation was poor and the involved area was purplish-red in color. "Roentgenogram No. 592 shows areas of osteitis in all the distal phalanges, as compared with the lighter shadows of the proximal phalanx and the metacarpal bone. The small areas of circumscribed darkness (like in spots) the size of a pinhead, do not appear in any other lesions."

Dr. Dieffenbach thinks this mottling quite characteristic of the activities of the gonococcus in osseous structures.

There was a urethral discharge which contained gonococci. The pendulous portion of the urethral canal was strictured. Rectal examination demonstrated the left seminal vesicle to be extremely sensitive and about the size of a small sausage.

Treatment: Anti-gonococcus serum was given every fifth day for two months. An internal urethrotomy was performed. Eight weeks after his admission to the hospital, the gonococcic arthritis had so subsided that he was able to resume work. The urethral discharge and spermato-cystitis entirely disappeared. Roentgen-

ogram No. 1080 shows the same hand taken about eight weeks later when all evidence of bone disease, such as the former picture distinctly portrayed, had disappeared.

CASE IV. Patient thirty-seven years old. On admission to the Metropolitan Hospital he stated that he contracted his first



Fig. 1.

gonorrhoea five years ago. At that time he was in this hospital for five months. The records state that he had an associated epididymitis, ophthalmia, and arthritis. One year later, without any apparent cause, a urethral discharge appeared and continued for three

months. Since then the discharge has returned for about three months once a year. Each attack has been complicated by some pain and swelling in the toes, ankles, and knees. In November, 1908, there was a slight recurrence of the urethritis. Three weeks

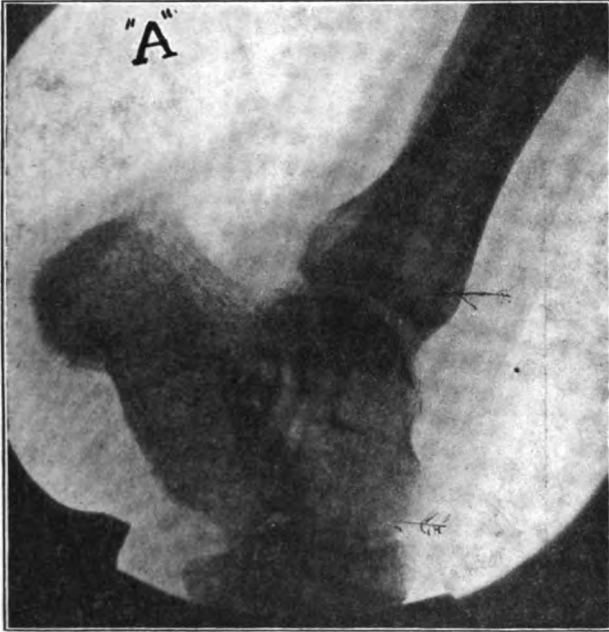


Fig. 2.

later the left knee became swollen and very tender to touch. A few days later the left ankle became inflamed. Examination at this time showed a slight amount of fluid in the synovial sac of the knee. Photophobia, lachrymation, redness, and pain characterized the left eye. The prostate was slightly catarrhal and the right lobe nodulated. Microscopic examination of the urethral discharge revealed a few gonococci, squamous cells from the urethra, mucin, many polymorphous leucocytes, and a few mononuclear leucocytes, the relation of the two latter being about one to five. There were no eosinophiles.

Treatment: The anterior urethra was distended for five minutes, three times a day, with a two per cent. solution of argyrol. Every second day the bladder was filled with argyrol 1-1000, and the prostate massaged. After the massage, the patient voided the argyrol. The patient was kept in bed. Hepar sulphur 6x was administered. Treatment was continued for twenty-nine days, with

no special results. Under hot saline rectal irrigations, the high frequency current to the prostate, and the instillation of argyrol (twenty per cent) into the deep urethra, with merc. corr. 3x internally, the next two weeks showed some improvement. At this time the urethral discharge contained a few gonococci, but no mono-



Fig. 3.

nuclear leucocytes or eosinophiles. All treatment was discontinued and anti-gonococcus serum given hypodermically every fifth day. In eighteen days the gonococci and polymorphous leucocytes disappeared. The joint lesions showed great improvement. Five weeks of this treatment resulted in a complete cure of the urethral discharge and arthritis. All evidence of the catarrhal prostatitis disappeared. The frequent micturition which had been present since his original infection corrected itself.

CASE V. Patient twenty-seven years old. He has entered twice at the Metropolitan Hospital. Four years ago when he was first admitted he was suffering from a gonococcal urethritis and arthritis. The arthritis was treated by applying an Esmarch bandage starting at the toes and continuing it up the leg to a point about six inches above the involved joint. By this means the cir-

ulation was arrested for about twenty minutes each day. Internal remedies were given according to homœopathic indications. The prostate was subjected to the high frequency current for ten minutes every third day, by means of the vacuum rectal tube. He was cured and remained seemingly well for about four years.

He again contracted gonorrhœa four months ago. In three weeks this was followed by an arthritis of the ankle. There was much pain, swelling, and tenderness. The roentgenogram print ("A") shows two areas of circumscribed sclerosis, similar to those found in roentgenogram No. 952. There was some inflammatory involvement of the right hip. Much pain resulted from the movement of either joint. There was a thick yellow, bland urethral discharge.

Treatment: The inflamed joints were supported. For the original lesion the treatment was given as outlined on the reproduced clinical chart of the Metropolitan Hospital, as prepared by the house staff.

Our cases of gonococcic arthritis have occurred principally in men of twenty to forty years of age. Generally they had weakened constitutions for overwork, underfeeding, excesses, or carelessness concerning the practice of some of the hygienic laws of health. A few gave a history of individual predisposition.

It is unusual for the arthritis to develop before the end of the first week of gonorrhœa, or later than the third month; that is, there was no systemic involvement until the gonococci (by their turf-like growth) have reached the deep urethra. While the lesions continue in the deep urethra, prostate, and seminal vesicles, a cure of the arthritis has been unobtainable. Anything which increased the activity of the genital lesion aggravated the inflammatory symptoms of the joint. As the genital lesions improved, the joints became more amenable to treatment.

The mono-articular variety principally attacks the knee, ankle, elbow, or wrist. This variety is often characterized by rather large effusions into the synovial cavity, producing a weakening of the joint. Should the condition become chronic, there may be some muscular atrophy.

In the poly-articular varieties the joints are involved one after another. The temperature is not high. There are no urinary changes nor is there any sour-smelling perspiration, such as is clinically characteristic of acute articular rheumatism.

Involvement of the tendons, if chronic, may result in contraction and deformity.

METROPOLITAN HOSPITAL CHART

RECORD OF HOUSE STAFF, WARD H.

Date.	Notes and Treatment.	Microscopic findings in the urethral discharge				
		Gonococci	Poly-nuclear leucocytes	Mono-nuclear leucocytes	Eosinophiles	Other elements
1908.						
10/2	Anterior urethra distended with argyrol 2 per cent t. i. d., retained for five minutes; pulsatilla 3x; rest and support of inflamed joints.	abundant intracellular	scarce	1 or 2 increased	none	streptococci
10/8		very few	abundant		none	
10/11		abundant intracellular		1 to 20 polynuclear	1 to 2 in each field	none
10/17		very few	few	1 to 20	not found	
10/20	Arthritis improving. Walks better. Urethral discharge much less.	none	few	1 to 10	not found	
10/24-30	No smear; argyrol discontinued.					
11/2						mucus and large epithelial cells
11/5	Urethra irrigated twice daily with permanganate of potash 1-4000; bladder filled with same and voided per urethra.	none	many	1 to 20	none	many large epithelial cells and mucus
11/14	Pulsatilla discontinued. Bryonia 3x.	3 or 4 pairs	abundant	scarce	1 or 2 in every field	large epithelial cells and mucus
11/17	Prostate massaged; seminal vesicles stripped every third day before evacuation of bladder; Microscopic examination of prostatic discharge revealed a large amount of mucus, few polynuclear leucocytes; few small epithelial cells; no microorganisms observed.	few	abundant	1 to 8 poly	1	a few large

11/26	Arthritis much more troublesome. High frequency to prostate per rectum every third day. Change permanganate solution to Argyrol 1-2000.	numerous	many	1 to 20	none	epithelial cells
11/29		none	few	few	none	large cells large epithelial cells
12/8	Can walk better.	none	many abundant	1 to 15 poly	none 1 in field	none mast cells 5 or 6 in field
12/14		few	abundant	1 to 7 poly	1 in field	mucus shreds and epithelium
12/24		none	abundant	1 to 7 poly	1 in field	
12/27	No smear.	few	few	none	1	
1909.						
1/21	Urethral discharge very trifling; condition of joints not quite so well.	very few	many	1 to 20	none	mucus
2/10	No improvement for past month; urethral discharge again thick and creamy; prostate enlarged, nodular, smooth, and soft; slightly sensitive. All treatment discontinued. Prescribed antigonococcus serum 2 cc. hypodermatically every fifth day.	few	few	none	none	epithelia
3/7	Arthritis more troublesome; tuberculin skin test applied. No reaction.	many	few	none	none	
3/17	No change in urethral or joint condition. Patient does not sleep well; feels worse.					
3/30	Prostate normal in size not tender; serum discontinued; distend bladder daily with argyrol 1-1000; massage prostate and void urine per urethra. Esmarch bandage ten minutes daily.	many	few	none		epithelia few epithelia little fibrin
4/1		none	none	none	none	
4/10	Ankles greatly improved.	none	none	none	few	
5/4	Arthritis much improved; can walk with ease; practically no urethral discharge for one month.					

Briefly, the treatment of gonococcic arthritis is as follows. The indicated remedy from a homœopathic standpoint should be administered in all cases, in conjunction with local treatment. Altho neither produces satisfactory results.

Argyrol has proved to be an efficient gonocide. It destroys gonococci without injury to the tissues. Therefore, when gonococci are present argyrol must be considered as an efficient controlling agent. Experience teaches that for involvements of the anterior urethra the canal should be slightly distended for five minutes, three times a day, with a two per cent. solution of argyrol. Involvements of the deep urethra respond to irrigations with argyrol (1-1000). Massage of the prostate and stripping of the vesicles may be required. Electro-therapeutic measures are extremely beneficial in hastening resolution of infiltrated areas. In some of the most stubborn cases where the gonococcus has entered the deep genital glands and produced marked systemic disturbance, the anti-gonococcus serum is very efficient. Rest may be the only local measure necessary in acute gonococcic arthritis. In the subacute case the march bandage should be applied. This bandage should commence at the extremity and continue up the limb to a point about six inches above the involved joint. The bandage should be applied for about twenty minutes each day, if the patient can stand it. Large serous effusions should be evacuated by means of a trochar and cannula and the sac irrigated with a 1-1000 solution of argyrol. Gonococcal arthritis terminating in deformity demands a forcible breaking of the adhesions. This measure should always be preceded by a few weeks' treatment with the anti-gonococcus serum. Gonococcal arthritis cannot be cured until all lesions of the urethra and its immediate vicinity are corrected.

INTESTINAL AUTOINTOXICATION *

BY CARL HERMAN WINTSCH, M.D.

Newark, N. J.

I ASK your thoughtful consideration of a subject the importance of which to every physician and surgeon is being more generally realized every day and of which very little is known. The text books do not give us much assistance on this subject and have not aroused the interest which the subject merits. It is written in the hope of arousing your interest, and I am convinced that

*Read before the New Jersey State Homeo. Med. Soc.

long this subject will receive the attention of the profession, and laity that it deserves.

Prof. Elie Metchnikoff contends that among the factors that play a part in the production of old age the occurrence of the microbes of decay in the large intestine is important. The bacterial flora of the intestines furnishes a rich field from which trouble may arise. Bacteriologists have estimated that each day the adult body gets rid of from twelve to fifty billions of microbes.

This may be brought about by the taking of too large quantities of improper food or by certain intestinal conditions. The toxic bodies circulate in the blood and we get functional disturbances in tissues remote from the intestines.

The importance of intestinal autointoxication as an etiological factor of disease is still in doubt, and in no subject in medicine is there today more confusion. During normal digestion in the intestine toxic bodies are formed, and if these are introduced into the circulation in sufficient quantity intoxication occurs.

The chronic existence of toxins in the circulation leads to organic changes in other organs of the body. Experiments have shown that poisons are generated in the colon, and recent investigators have shown that the brain, liver, lungs, kidneys, etc., are frequently invaded by the bacillus of the colon.

It has also been demonstrated that disease producing toxic substances are formed in health independently of bacterial action. As one becomes familiar with the poisons contained in the intestinal tract, he is forced to admit that mankind is constantly tottering on the brink of destruction. Our Creator foresaw all these dangers, and provided the body abundantly with safeguards with which to destroy or to eliminate them as soon as they are formed. For autointoxication to occur, there must be a local or general impairment of physiologic action. As long as the organs and intestine work in harmony and perform their individual functions, and there is no lesion of the intestinal mucosa, all poisons are rendered harmless.

Schiff ascertained that by injecting certain alkaloids into a branch of the portal vein, the proportion of poison in the blood as it comes from the liver was much lessened. The blood also takes from the organs of the body bacterial poisons, and renders them inert.

Autointoxication from the intestinal canal is that pathologic condition depending upon the absorption of poisons generated within the alimentary tract as the result of chemic processes or of putrefaction or fermentative changes of bacterial origin.

Autointoxication may take place from any portion of the intestinal tract. Some claim that it occurs more frequently in the large intestine. The contents of the colon is made up of refuse products of food, the excrementitious portions of the digestive fluids, water, gases, leucomains and ptomaines. Bouchard says, "The organism in its normal state, as in its pathological state, is a receptacle and laboratory of poisons. Some of these are formed by the organism itself, others by microbes, which are either the guests, the normal inhabitants of the intestinal canal, or are parasites at second hand, and disease producing." The peptones of normal digestion contain poisonous alkaloids, and a solution of them, when introduced into the blood of an animal, produces general disturbances and death. Poisons are constantly formed within the organism in health.

Dr. Park states: "There takes place within the intestinal canal such a putrefaction as produces ptomaines which are at the same time toxic, and cathartic in their action, so that the irritating material is expelled by the virtue of the very poisons it has produced."

The absorption of poisons is facilitated by anything that will cause a lesion of the intestinal mucosa, or weaken the walls of the intestine, as the accumulation of feces, tumors, strictures, ulcerations, colitis, inflammations, operations etc. It is at times very difficult to determine in cases of autoinfection and intoxication where health leaves off and disease begins, due to the fact that these poisons are physiologic factors and, as soon as the system becomes susceptible, they become active pathologic factors. The most frequent cause of autointoxication is "constipation" especially when complicated by a fecal impaction. It also results from chronic diarrhea. The most typical cases of autointoxication in the intestines are found in patients suffering from stricture of the rectum and colon. As a result of the accumulation of poisons, systemic intoxication is induced.

If nothing is done to prevent the continued formation and absorption of these poisonous products, their effects soon become manifest. When you have a patient suffering from anemia, complaining of headache and a feeling of lassitude, impatient, careless, does not care to read or talk but is inclined to melancholia, and the face has a greenish yellow complexion, foul breath, impaired digestion, loss of appetite, dizziness, palpitation, neuralgic pains, suspect autointoxication. These patients are very often treated for biliousness, malaria or grip, and change their physicians often, until one is found who makes a correct diagnosis, removes the cause, and cures his patient.

The circulation, as a result of autointoxication, is disturbed. The pulse may be slow and full, or rapid and feeble, and the patient complains of faintness. The skin shows the effect of intoxication by its pale, muddy, unhealthy color.

The most common manifestation in the nervous system is a sensation of drowsiness. Though the patients feel drowsy, they are poor sleepers, they dream and roll about the bed, and on rising in the morning do not feel refreshed. Some forms of insanity and epilepsy are due to and aggravated by autoinfection.

The treatment should be directed to the condition of the bowels. If due to obstructive conditions in the bowel, remove the obstruction if possible. Constipation must be relieved. Saline cathartics such as Llorach or Carabana water given one hour before breakfast are valuable in intestinal autointoxication.

To prevent recurrences remove the underlying cause; if due to food, change the food. The diet should consist of nutritious fluids and be of a farinaceous nature. Meat, fats, and raw foods should be avoided, also alcohol, coffee, tea and tobacco. The ideal food is vegetables. The advantages of vegetable foods are the giving of vegetable albumen, in such a form that it will do least harm; the production of large quantities of feces, on account of the cellulose that the vegetables contain, causes regular evacuation of the bowels. If this diet produces gastric disturbances, add a little meat once a day, which should consist of roast poultry or mutton well cooked. The diet must be kept up for a long time. In very severe cases put the patient upon a milk diet.

Of all the methods employed, the lactic acid production in the intestine by lactic ferments is the one which finds the greatest favor today.

Tissier proved "That in culture mediums containing more than 10 per 1000 of sugar, the mixed ferments of the albuminoids and the acid ferments of the hydrocarbons are able to arrest the action and developments of another ferment which attacks the albuminoids and in these same conditions, a strong mixed ferment prevents the action and development of weak mixed ferments."

It has been demonstrated that the lactic bacillus will traverse the stomach, incubate in the intestine, multiply in the digestive tract, and continue for a long time to exert an inhibitory influence on the growth and toxic effects of the putrefactive organisms.

Sterilization of food is impossible; you might as well try to sterilize the air, but we must try to lessen the number of bacteria; which can be accomplished by the giving of intestinal antiseptics.

A hygienic life is especially to be recommended. "Where the sun does not go, the doctor does." This is very true for there are few germs that can survive even for one hour the rays of the sun. The patient should spend as much time as possible in the open air to assist the body in getting rid of the poisons contained in the exhaled air, and the poisonous products excreted which are so poisonous that accumulation in the body may result in death. The skin should be kept clean and active by the use of warm or hot baths, which help to eliminate the poisons through the skin. Of great importance are the kidneys, and the best diuretic is water, one to three quarts a day. Plenty of outdoor exercise is very beneficial, and should be taken daily. Exercise is life, and the absence of it is a sure sign of death, for every organ that fails to receive its due exercise shrivels and health suffers.

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THE CARE OF THE INSANE PREVIOUS TO COMMITMENT*

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I WISH to call your attention to the mental injury done insane patients, and the bad mental impressions which the State Hospital authorities have to overcome owing to the ill-advised treatment these unfortunates receive before they come under hospital care.

There is an effort being made by the President of the Lunacy Commission, by Dr. Meyer of the Pathological Institute, and Dr. William Russell, the Medical Inspector, to alleviate some of the hardships incident to the care of the insane previous to commitment.

Dr. Russell was appointed to look into this matter, and his report was submitted in April, 1908.

The recommendations which were lately made by the Lunacy Commission and have received such wide newspaper notoriety, are the outcome of the report. The recommendations state in brief that

*Read before the N. Y. State Hom. Med. Soc.

the care of the alleged insane person be transferred from the poor-authorities to the health-officers of the towns. This, I have no doubt, will be of material assistance in the care of these cases.

To quote from the Insanity Law: "Nor shall such (insane) person be committed as a disorderly person to any prison, jail or lockup for criminals unless he be violent and dangerous and there is no other suitable place for his confinement; nor shall he be confined in the same room with a person charged with or convicted of crime."

In the rural districts where they have no general hospitals or other adequate facility for caring for insane patients, the only suitable place, according to the law, for a disturbed case is the jail or lockup. Even in large cities, the first man to see an insane case is usually the police surgeon, who of necessity lacks the knowledge to recognize at the earliest moment a mentally abnormal prisoner. It is obvious therefore, that even with the proposed improvement in the law, there will still be much to be desired in the care of these patients.

Another step in looking to the better treatment of patients is the establishment of psychopathic receiving-hospitals in the large cities. The first appropriation for this purpose has been made for New York City. In the next few years we will probably see dotted all over the State in the populous cities, hospitals of this description which will assist in caring for the major part of the acute insane in the large cities. When these hospitals are talked of in your communities, I hope every one will do his share to help the good work along. I regret that it will be some years before these hospitals will be established.

One of the late acts of the Legislature, now something over a year old, whereby patients can be sent to State Hospitals on emergency commitments, has been of great benefit to the community. This law allows two physicians to send a patient to the State Hospital without the necessity of a judge first signing the papers, if, in their judgment, the patient needs immediate care. Only comparatively few patients come under this clause of the law.

Patients mentally ill are treated the same to-day as they were one hundred years ago, by being thrown into common jails with the filth and felons incident to such a place.

The majority of the laity and a large number of the medical profession have a horror of an individual of an unbalanced mind; often their only thought is to get that person off their hands at the earliest possible moment, fearing that the patient will do himself

or someone else a terrible injury, of the nature of which they are in ignorance.

I have known of police officers who have records of bravery in the face of danger, who were cowards when they had an insane man to deal with; feeding the patient by passing his food through the bars of a cell; never opening the door until an overpowering force was present to handle the crazy man.

In the line of duty I have visited the greater part of the towns in the Gowanda district, which is mostly rural in character, and have looked into the accommodations for caring for the insane before they came into the hands of the Gowanda State Hospital.

A description of one town-jail will cover all the rest. In the backyard of some building a frame shack is built, about fifteen feet square, in which are generally about two cells seven feet long by three feet wide, made out of heavy timbers, like cages for wild animals. They are usually filthy in the extreme, with no toilet facilities. Along the side of the cell is a board bench with no bedding, and frequently vermin can be seen, left by the previous occupants.

Then we have the small cities of from ten to thirty thousand people, where a jail is located. These places are generally somewhat cleaner, but the associations are no better and the patients are left to care for themselves as best they may. Some cities do the best they can under the circumstances: They hire a nurse to take care of the patient until the attendant from the State Hospital arrives. In one of these cities the jail is in the basement of the city building, insufficiently ventilated and quite poor.

Even in our large cities where we have State Hospitals in the city limits, the right care of this unfortunate class is very much neglected. In some of the cities I have seen they are thrown into the common police cells, which are simply furnished with a board along one side and a hopper in the end which flushes every minute, and patients while under observation are kept there from one to three days.

I will cite a few cases to show the ill effects, if not actual dangers, through which patients pass when confined in these inadequate places.

One man, a cocaine-fiend, believing he was to be tortured to death, climbed up the side of his cell, diving off backwards in an endeavor to kill himself to avoid the torture his enemies were to inflict upon him. This same jail held for two days an insane epileptic, who fell in a seizure, striking his head, causing a severe laceration.

One town has its jail across the street from the police station. No one remains to watch the prisoners, so one patient suffering with incendiary mania set his mattress on fire, and it was only the outcries of other prisoners who attracted the attention of passers-by that saved the patient and all other prisoners from a terrible death.

The State Hospitals have received several women suffering with puerperal mania who have been shut up from one to three days in jails or prisons.

I recall one particularly regrettable case coming under my observation while connected with the Gowanda State Hospital, that of a refined, well-educated school teacher, suffering with manic-depressive insanity, from which she soon recovered, who felt that she would never be able to live down the disgrace of her four days' detention in jail and the publicity incident to it.

Young girls suffering with both the excited and depressed forms of manic depressive insanity have been picked up on the streets and thrown into prison while their mental condition was being inquired into.

I have seen cases sent to jail suffering with manic-depressive insanity, dementia præcox, alcoholic hallucinosis; and one case of alcoholic paranoia, where the man believed the Maccabees were after him and every man he met was of this organization; this was more firmly fixed on his mind when he found he was kept in jail.

A case in point is that of a man who had had a depressed attack of manic-depressive insanity and was confined in a State Hospital, from which he was discharged recovered in a few months. A year later he developed a manic attack, and on a certain Friday evening he committed a criminal act, was arrested and put in jail. Although he was in a town where he was well known and it was perfectly evident that he was again insane, all the efforts of his physicians to get him at once sent to a hospital failed. Being the last of the week, no judge was obtainable to try his case and this highly excitable, curable patient was kept in prison from Friday until Monday when the court again opened.

The major part of these cases had not been declared insane, but were held on a charge of disorderly conduct until they could prove themselves innocent by being adjudged insane, when they were considered invalids and sent to a hospital.

I have gone into homes where physicians have so loaded their patients with hypnotics that the patients had to be carried to the train; when they commenced to recover from the effects of the drug, their second condition was worse than the first.

I have seen in private homes, patients strapped in chairs with clothes-line, where they had been kept from twenty-four to forty-eight hours, as everyone was afraid of them.

Do you wonder, Gentlemen, that State Hospitals have considerable to overcome before the actual care of a patient can be commenced? If you will stop and think what an effect such treatment would have on a normal individual, and how much worse and lasting it must be to an overwrought and nervous organism, you can readily appreciate how important it is that these mental invalids should be treated as patients and not criminals.

Now the question arises, how can we help these sick people? The first thing is to keep these patients out of the hands of the police. There is just as much sense in turning over a case of delirious typhoid or pneumonia to an officer of the law, as a case of mental derangement. I would suggest that mental patients be sent to general hospitals in the large cities, and in the rural districts they should be cared for in the homes of the town authorities. I am speaking of those cases who have no homes of their own. During the past year only one case in ten admitted to the Gowanda State Hospital was of a disturbed type.

The question of greatest importance is the selection of a nurse. She should be kind but firm, and it is much better for the patient that none of those who care for him should be of the immediate family. Impress upon the nurses and attendants that these people are not criminals but patients, and the same pity should be had for these people as for delirious cases. If a nurse cannot be obtained on account of financial reasons or otherwise, there are always friends who can be pressed into service. We will suppose that we have a competent nurse who will carry out our directions to the letter. We have two types of patients to be looked after; one, the wildly disturbed which causes so much trouble and fear, all the way down through the grades to the other, which is depressed, quiet and desperately suicidal. I will endeavor to outline a method of care for the two extremes while still at home. Intermediate cases of less pronounced type can be cared for as seems best by the methods I will outline.

One of the first rules to be remembered is that no patient after once being pronounced insane should be left alone, as none of them can be trusted regardless of how harmless the patient appears.

Again, there should always be a sufficient force present to handle the patient without injury to him.

The greater number of the insane, if they find they are to be

firmly controlled, will readily give in and cause no further trouble. We have the delirious type, that is, delirium tremens, diseases causing delirium and the delirious insanities. I would call your attention for the treatment of these delirious cases to my article on "Delirium Tremens," read before this Society two years ago, wherein I gave at length my treatment for the deliriums.

These conditions are to be controlled by tact, hydro-therapy and the indicated homœopathic remedy. I would strongly advise against the use of mechanical restraint in these cases as many of them already have ideas of persecution, and when tied down these become certainties; the patients tear themselves to pieces in their endeavor to escape, and frequently die.

Another thing which I strongly condemn is the indiscriminate use of hypnotics; the patients are quieted, but how much worse the result. Most of these delirious cases are disturbed in part, at least, from some poison retained in the system, which we should try to eliminate as rapidly as possible. By giving a hypnotic we dam back the very thing we wish to get rid of. The use of hyoscin I cannot speak too strongly against, for we as homœopaths know only too well what the secondary effect will be. The homœopathic remedies most used in disturbed cases are hyoscyamus, belladonna, and stramonium; to differentiate these roughly, one would say:

Hyoscyamus: jolly, happy, laughing, talking and exalted.

Belladonna: morose, ugly, trying to fight.

Stramonium: vivid hallucinations of sight and hearing, with great fear from these figments of the imagination.

Hydrotherapy in these cases has been of the greatest benefit in the hands of myself and many others, used as hot packs and warm baths.

We now turn to the depressed type. Here the thing we have most to fear is suicide, and we should guard against this by every means in our power. In every case of insanity, whether excited or depressed, self-destruction, whether accidental or premeditated, should be considered a strong probability. Most depressed cases are physically, as they are mentally, sluggish; their bowels are very constive; the skin is dry and does not react. The greatest benefit has been obtained in these cases by massage and stimulating baths. Mild saline cathartics to clear the system are given with beneficial results. The physician himself should be cheerful and fearless in his care of these cases.

In summing up the care of the mentally unbalanced while waiting to be taken to a State Hospital, I would say:

Under no circumstances should a patient, or even a person suspected of insanity, be confined in a jail or prison, but they should be cared for in a hospital or home, the same as any other sick person.

Never for one moment trust an insane person.

Always have a sufficient force present to handle a patient without injury to himself or anyone else.

Do not use hypnotics; they are unnecessary and only retard your patient's eventual recovery.

Avoid mechanical restraint, for it frequently does harm to patients by fixing a transitory delusion or hallucination.

Your best hypnotics are hydrotherapy, gentle but firm persuasion, and above all your carefully indicated homœopathic remedy.

THE MARRIAGE PROBLEM AND THE PHYSICIAN'S PART IN ITS SOLUTION

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FROM the editorial page of a Boston newspaper¹ is taken the following, which appeared last December under the heading "Horrible Statistics."

"The Census Bureau has just made its report on the marriages of the last twenty years. There have been nearly a million divorces, the average being one for every twelve marriages. In some States the average is greater, in others less. Divorce has increased in Massachusetts rather less than in most States. Nevertheless we have gained 17 divorces for every 100,000 inhabitants. But, taking the country as a whole, divorces are increasing three times as fast as the population.

Now to the public at large the marriage problem is to all intents and purposes, the divorce problem. And although a statement like the above excites after all only a limited amount of comment, yet the great majority of those good citizens who constitute "the bulwark of the nation" would doubtless, if their attention were attracted to it, highly approve the heading "Horrible Statistics," and be very properly shocked at the state of affairs so recently brought to light.

But as it happens the divorce problem is but a single phase of the marriage problem, however lamentable and startlingly conspicuous it is. Also in the discussion of divorce—a discussion comparatively spasmodic and infrequent—the public, the press, and the pulpit consider chiefly if not exclusively causes which

are but secondary to others lying deeper, and which are at the root not of the divorce problem alone, but of the entire marriage problem itself. We know or we ought to know that this is not merely unfortunate, but dangerously wrong; and that were it only a matter of the alarming increase in the number of divorces in proportion to augmented population, it would still be reason enough for those who know more about the underlying causes to make them widely and fully known, to demand that they should have a public hearing, with a view to arousing a public sentiment productive of remedial measures.

True it is that this may not be a pleasant task, but that is beside the question. When marriage instead of being a safeguard to the community is rapidly becoming discredited as an avenue to greater health and happiness, to a greater identity of interests between men and women, and to the fulfillment of the ideals of home and a more stable existence, it is time that everything pertinent to the question, and especially everything that is vital should become common property. This is the point, and not whether it is a pleasant, a thankless, or a difficult task.

The present public attitude of distaste and disinclination for a wider and more saving knowledge is largely due to three factors, namely, ignorance, prejudice, a bad conscience. To all these charges the medical profession itself must plead guilty to a greater or less extent. I will not dwell on this, however, but write as to professional men and women clear-visioned in sexual matters, unprejudiced as to the need for greater general comprehension of them, and with good consciences as to their own thoughts and actions.

Marriage is a failure according to the popular interpretation because of some one or more of the following reasons: too great precipitancy in marrying; ignorance of house-keeping on the woman's part, or non-support on the man's; mercenary motives; the desire for social advancement or freedom from certain restrictions; cruelty; notorious unfaithfulness; sterility; desertion; alcoholism or the drug habit; "incompatibility of temperament," that all-embracing phrase; lax divorce laws inviting the repudiation of marriage obligations for almost any cause defensible or otherwise. In the great majority of instances, however, the basic reason is of sexual origin.

Now whatever protest may be occasionally raised because of the full accounts given in the newspapers of some particularly unsavory case in the divorce courts, the fact remains that the

press is not debarred from reporting domestic infelicities in extenso, no matter how pernicious an influence such a recital may have on the minds of a certain not small proportion of readers. Or let any tragedy the outcome of unbridled lust occur, and the news is spread broadcast by nearly every journal in the land, the court proceedings detailed, and the whole horrible business "featured" in Sunday editions, with numberless photographs of degraded men and women principally concerned, as occurred in New York two or three years ago in a notable instance not yet forgotten.

But let the educated man or woman, with the burden of the dense ignorance of the people as a whole of any correct and saving knowledge of the true causes that furnish the largest proportion of divorce and other cases involving the relation of the sexes, let them attempt to give enlightenment in things sexual, and to natural obstacles will be added a score of artificial ones; custom, prejudice, and prudery will give tongue as if hydra-headed.

Yet would it not seem a self-evident proposition to physicians, at least, that marriage is a union, an alliance, requiring for its success some preparatory training. Like citizenship upon which it has the strongest possible bearing, early and continuous teaching will best qualify each member of the community for the privileges and duties of adult life.

Bitter experience proves that unless boys and girls as they approach puberty are instructed as to the nature and functions of the sexual organs, they are very unlikely to take proper care of them, or in the least to realize that these organs are anything except shameful appurtenances to be ignored if possible, or if not, then to be secretly dallied with either alone or in the company with the like-minded for the satisfaction of impulses they vaguely believe to be as wicked as their gratification is enjoyable. What preparation is this for marriage, an association more intimate and responsible than any other in the business or social world, but too long regarded, save sentimentally, as a mere incident in life. Surely marriage should be the most universal and productive sphere of the activities of men and women, and a stimulus to the highest development of the race. But so long as neither sex is required to intelligently qualify for it, failure in the majority of instances is well nigh inevitable.

It is pertinent to ask if the medical profession is doing its part in moulding public sentiment so that youth may soon re-

ceive this invaluable education which will serve also as the greatest possible protection to civic health, whether marriage is the invariable outcome or not. While undoubtedly a very large number of physicians are endeavoring to better existing conditions through personal instruction, and through such admirable agencies as the National Purity Federation, The American Society of Sanitary and Moral Prophylaxis, The Chicago Society of Social Hygiene, etc., they are by no means a unit either in conviction or service.

One or two instances of this unrecognizing spirit will suffice. In an editorial appearing in a semi-western homœopathic medical journal not much more than a year ago,² the proposal of a Chicago physician that marriage should be regulated by government, and contracted only by permission after physical examination of the contracting parties was condemned in the following intemperate and inapposite language:

"Here is an odious outrage proposed upon human rights, the entertainment of which can only occur in the mind ignorant of history, ignorant of human nature, and densely ignorant of the true and only function of government. A hundred times better it is that a million bow-legged men should marry a million cross-eyed women, and each couple have a dozen bow-legged, cross-eyed children, than tha a single man, however humble, should be denied the right to select his own married partner."

Comment on such balderdash is unnecessary. Another instance, however, better deserving of consideration occurred but a few months ago when a prominent physician of Ohio read a paper before his State Medical Association—not homœopathic—on "The Medical Profession and Purity." In conservative, dignified language he pointed out the need of sex education at all ages before and after marriage; presented statistics of venereal diseases, and of others the consequence of infection, and made a manly appeal to his hearers for co-operation in the great work of remedying existing conditions.

Then, according to the official report from which I take the incident, the first man who opened the discussion said:

"The medical profession is not used to discussing that kind of a paper. If that man had been a minister he would not have gotten a chance at this body. It was a good paper, but is hardly susceptible of discussion."

And another physician while acknowledging it was a good paper said, in effect, that he questioned the propriety of instructing young girls in regard to sex knowledge, lest it draw their minds too much to that part of their nature. He spoke of young

women he knew who entered upon marriage "absolutely innocent of any knowledge whatever of sexual life," said he thought most men would prefer such, and ended by saying that he thought it better to allow young people to develop in the natural way."

Quite so; and physicians ought to know pretty well by this time what the "natural way" is among the masses and the classes alike, and it is by results that most methods are judged to-day. The Surgeon-General of the Army in 1904 reported "more soldiers rendered permanently unfit to follow their professions by syphilis than by any other disease, and the ratio of syphilis to gonorrhoea among the men as one to four, among officers one to one." Soldiers are not a continent class; picture for yourselves the devastation wrought by them in and out of wedlock.

In 1906 it was estimated that 16,000,000 of people infected with venereal diseases were walking the streets of the United States. In that same year it was stated that two-thirds of our men and women marry. The census of 1900 showed there were about 20,000,000 men in the United States between twenty and fifty-five years of age, and in 1907 the estimate was made that between 70 and 80 per cent. of men had or had had gonorrhoea.⁵ A still larger percentage is claimed as the result of gonorrhoeal infection of women forced to undergo abdominal operations. And still marriage is a failure!

Now do men deliberately infect their wives or even deliberately expose themselves in their young manhood to venereal infection knowing the consequences of self-indulgence? Not by any means. Nine times out of ten these men who make up the 70 or 80 per cent. cited who are sexually dangerous to themselves and others were boys who were allowed "to develop in the natural way."

And the women, chiefly married women, who are rendered sterile by infection, who come to the operating table in such numbers, or who drag out an invalid existence at home, who conceive a pardonable disgust for the marriage relation, they also were allowed "to develop in the natural way," and, as the physician already quoted said, so doubtless it is true, that most men would prefer them uninstructed; lest being instructed, we may add, they come to require as clean a bill of health from their would-be husbands as they are prepared to furnish.

There is something more behind the widespread opposition to sex education than custom and prejudice; there is the uneasy conscience that, while pleading guilty to sexual sins, would fain hush them up or gloss them over, in other words let bad enough alone.

Surely it is time for the members of the medical profession, so much better qualified than any other body of men and women to act as leaders and teachers, to co-operate as never before in giving aid in the solution of a problem affecting directly the integrity of our national life, our national character and development.

Causes other than sexual enter largely into the marriage problem, but many of them are in a way self-curative. Women, for instance, are initiating widespread movements for better household education, the development of business capacity teaching their sex the value and proper expenditure of money. Men and women both are actively engaged in warfare with the excessive use of alcohol and tobacco. The dangers of the drug habit are calling forth appropriate legislation, and fruitful denunciation by the press. The man who does not support his family has public opinion strongly against him, and receives little countenance from his fellows. The wife-beater meets with no such tolerance in this country as he has long received across the water.

Therefore while the physician's part in the solution of the marriage problem is still to bear his testimony, supported by indisputable facts, to the evil effects of the indiscriminate use of alcohol and drugs on the nervous system even it may be to the third and fourth generation, still the great, and, in proportion to its extent, almost unoccupied field of work peculiarly his own is the one I have pointed out.

To touch upon still another phase of the subject. There is a cruelty worse than wife-beating, that of sending the young girl to the marriage bed all unprepared for the new relation she must sustain. It is no less cruelty to the honest young man newly-wed to allow him to approach his bride without knowing that even had she preliminary education for wifeness, its consummation should be deferred until growing familiarity with his presence and marital attentions should awaken in her a natural desire for a perfect union.

My own professional experience recalls personal knowledge of a case of the entire failure of a marriage between two young physicians in the west, simply and solely because of the above reason. Yet it was undoubtedly a marriage of mutual affection. Our medical schools do not graduate sufficiently educated men and women, although they are doubtless well educated in the recognized branches of medicine.

Many cases of frigidity so-called are really primarily due to the pitiful ignorance which has caused undue haste on the part of the husband in establishing marital relations. Women are not "cold-blooded," but they often do require time for the full development of their sexual capacity.

Normal marriage was never intended to be based on any merely platonic affection. Too many women are misled by the exaggerated secretiveness regarding sexual matters, and by the deprecatory attitude society superficially assumes, until they come to believe that the sexual impulses are immodest, even highly reprehensible. Let us change this false and fatal viewpoint, be frank, and clean, and decent. Let us be unashamed of any part of our nature bestowed by an All-Wise Creator to be recognized and used in his fear, and with due regard for the rights of others. Let us openly oppose the monastic and conventual life; advocate normal marriage, and aid in qualifying youth for it; demand that the light of right knowledge be let in on dark places, as the police call to their aid in the shadowy slums the glare of the electric light, which makes the deeds of darkness difficult of secret commission.

The sins of pathological marriage, of excessive indulgence in the sexual act which, reacting upon both participants, paves the way to separation or divorce from mutual satiety and loathing, of the perversions which produce mutual dissatisfaction and ill health whether due to abnormal sexual desires or directed to the prevention of conception, of criminal abortion with its thousands and thousands of cases known to the profession, and its sequence of sterility and disease, all these sins can be largely eliminated and certainly greatly lessened by a widely disseminated knowledge of what constitutes right sexual relations.

Education has been the war cry in the tuberculosis campaign, a slogan leading to world-wide victories. Out of education has come a revulsion of public sentiment creating strong disapproval of the man who would conceal the existence of a case of consumption from the proper authorities, or of the infected individual who would be so criminally careless as to expose his family or the community to contagion through careless personal habits, and the law has power to punish the offender. Yet the human carriers of venereal diseases go unchallenged. By cup, spoon, towel, contamination of toilets, by soiled underwear and bed linen, as well as by personal contact, these diseases may be spread in homes, hotels, or wherever the affected person may go, and go he may wherever he chooses. He may marry and poison wife and children without fear of fine or imprisonment. Under the ægis of "privileged communications" the mouth of the physician may be sealed even should he be called into court, and although the culpability of the accused be known to him in every damning detail, and the welfare of the community as well as all that sanctifies marriage be endangered.

Everywhere the medical man must report cases of smallpox, yellow fever, bubonic plague, cholera, tuberculosis, scarlet fever, etc.; of gonorrhœa and syphilis he need as a rule give no account. But the day is coming, shame upon us that it has not yet arrived, when these loathsome and contagious diseases will be added to the list.

How can marriage be anything but a problem aside from all the recognized economic factors entering into it, when the economic to say nothing of the moral factor of sterility, outraged wives, of blinded and otherwise afflicted offspring is permitted, even encouraged, to exist by failure to adopt safeguards such as those employed against other less appalling diseases?

In some states laws partially covering this ground and including physical health as a pre-requisite to marriage have been enacted or are being framed but in so few states as merely to indicate the magnitude of what remains to be done. Laws cannot make people good, but if they are wise laws, honestly interpreted, and honestly enforced, they can restrict and punish evil-doing, and make it increasingly difficult.

Of prostitution as a complication of the marriage problem I will say nothing, save that it is estimated that to the 138,000 who die annually of tuberculosis in the United States there are 40 to 50,000 deaths of prostitutes,⁶ and almost any man of the world can conjure up for himself the relative proportion of the probable infection caused by the two classes, to say nothing of the living professional prostitutes in the United States, numbering 300,000, and their clandestine counterparts whom no man can number.

The above inadequate reference is chiefly made to emphasize the great need of hospital facilities for the treatment of venereal cases. In the *New York Medical Journal*, May 2, 1908, Dr. Knopff states that in New York, where Noeggerath claims that out of every thousand men married eight hundred have had gonorrhœa, the City Hospital and the Metropolitan Hospital are the only two institutions having beds, only 153 in all, for the treatment of venereal diseases as such.

Similar conditions prevail in all our large cities where venereal diseases chiefly flourish. It is a ghastly commentary on our common sense that we refuse a suffering man or woman hospital treatment in the early acute stage when sequelæ might be prevented, and then when stricture, prostatitis, or as the case may be, salpingitis, peritonitis, gonorrhœal rheumatism, affections of the brain, spinal cord, organs of sense, etc., etc., develop, open hospital doors and let them in for prolonged and indefinite periods.

A bill has recently been introduced in the national legislature for the appropriation of a quarter of a million of dollars for a sanatorium for the tuberculosis to be established in Colorado. Very good, although our country is already dotted with sanatoria; so there are a million and a quarter of cases of tuberculosis all the time. But stop, there are 16,000,000 of cases of venereal diseases. How about making some even partial city, state, or national provision for the staying of the greater scourge?

We must turn from this discussion, however. The marriage problem even in its phases peculiarly adapted for the consideration of medical men is many-sided, and cannot be presented in its entirety in any one paper. But that which has been emphasized surely may suggest that there are a number of ways in which we can and ought to exert ourselves toward establishing more normal conditions. We can, if we will, bring about such a change in public sentiment that the old illusion of innocence through ignorance may vanish to be replaced by the saving reality of purity through right knowledge, expressed not in fanaticism but in normal living.

Some of the means to be adopted subject to additions and modifications may be briefly summarized.

Education first of all, for education from the youngest to the oldest is the *sine qua non*. But first let us say education of parents, clergymen, lawyers, of teachers and students in normal schools and universities. There must also be education of the general public as I have outlined in other papers, and instruction in the upper grades of elementary schools, but with discretion and in some natural connection such as the study of biology affords, and such instruction should be given only by the best qualified medical men and women.

Physiology and hygiene, also, are not subjects to be assigned to teachers as convenience or expediency dictates, but teachers specially trained or physicians should be the instructors. Text-books on hygiene and physiology should be revised, and passed upon by our state medical societies independently of any school board.

Again in connection with the education and the evolution of intelligent public sentiment, we must have helpful legislation, legislation to check counter prescribing in pharmacies which wrought untold mischief in venereal diseases; legislation to eliminate from newspapers advertisements of quick cures for all sexual ills, and the thinly disguised lure of the abortionist; legislation safe-guarding marriage by requiring freedom from infectious disease in the case

tracting parties; legislation requiring under penalty the reporting of venereal disease; radical revision of the law of "privileged communications," for as has been well said: "Professional confidences in law so far as venereal diseases are concerned, seem born to protect the guilty at the expence of the innocent."⁸

There is a close connection between these last two measures advocated. Dr. M'Kee of Cincinnati sums it up as follows: "If we must report mumps and measles on account of their contagiousness, why not syphilis and gonorrhœa? Effective measures should be taken to prevent anyone suffering from syphilis or gonorrhœa from communicating it to others, in spite of the law of confidential communication. One who knowingly communicates these terrible maladies is a criminal of the worst type, and should be dealt with according to law."⁹

There should be immediate revision of the laws on obscenity so that physicians and scientists writing on vital questions of the sexual life may not be as now at the mercy of a capricious censorship, the imposition of fines, or imprisonment.

These and many other measures with, as has been said, any necessary modification are entirely practicable, and their adoption is but a matter of time. Time, however, should not be wasted; delay means a constant increase in the number of polluted and sterile marriages, of diseased offspring, and of other direful social consequences.

Finally, in this connection it is peculiarly appropriate to urge that general practitioners inform themselves more fully about modern methods of diagnosis and treatment of syphilis and more especially of gonorrhœa. "No other disease," says the *Medical Bulletin* editorially,¹⁰ "needs the advice of a specialist more than gonorrhœa." If the general practitioner elects not to treat these cases, or will not fit himself for their exacting demands upon his skill, let him turn them over to the specialist, and not allow them to wander about causing new infections, and, it may be, developing sequelæ of permanant detriment to their own health and usefulness. All the resources of modern science applied to the diagnosis and treatment of venereal diseases are not more than each infected individual requires, but too seldom receives, and the specialist, at least, will give no mere cursory attention and instruction since he has announced himself ready to assume a responsibility the extent of which is well known to him.

But when all has been said, when the human best and the human utmost have been done to make marriage a safe, satisfactory,

and permanent contract, there will still remain the problem which the factor of human nature always introduces. Human nature, however, has already demonstrated its tremendous capacity for development, its capability of reaching great heights as well as great depths, therefore we should not despair of a still greater attainment, that of the happy medium, the constant normal level of well-being.

The physician's part in this evolution is evidently to turn away from the old-time drugging panacea for all ills, and while discarding scientific medication, to devote his energies more abundantly than hertofore to social service as leader and instructor of those movements for the improvement of the race peculiarly accord with his province, namely, that of securing a perfect interaction between the organs and functions of man. There can be a normal human body without a normal mind, and *vice versa* nor success in marriage or the begetting of offspring until men and women are educated to the normal life, and a knowledge of that which makes normal living possible.

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HOMŒOPATHY AND IMMUNITY *

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DURING the last score of years the number of advances made in the realm of medical sciences has been very great. To the laboratory workers, perhaps, more than to the clinicians has been given the scientific demonstration of the major part of these now ascertained facts been due. Many phenomena not previously fully understood have received full explanation and are now evident to all. Among these may be mentioned the relation between the mosquito and malaria, the etiology, course and specific treatment of diphtheria, tetanus, bubonic plague and cerebro-spinal meningitis, as well as the etiology of syphilis, of smallpox, of vaccinia and of influenza.

*Read before the New York Co. Homœo. Med. Society.

During this same period other phenomena have been very carefully studied and while still not completely explained, yet our knowledge of them has so much increased as to lead us to hope that the full explanation is very close at hand. Such is the case with the etiology of yellow fever and of cancer, and with the methods of producing natural and artificial immunity as well as with the various phases of drug action.

The results of certain of these researches have been of particular interest to homœopathic physicians as they so clearly bear out the contentions concerning our peculiar method of drug therapy.

If time permitted it would be of value to take up the various tenets of the homœopath and see how well the latest results of laboratory study are proving their stability. Thus could be demonstrated that the single remedy is now extolled by all schools as the proper way to use drugs and that the dose should not be repeated until the earlier one has finished its action. It would also be possible to remove forever the favorite witticisms concerning the much-ridiculed small dose of homœopathy, at least as far as the "low potentists" are concerned, by indicating that our third and fourth decimal dilutions are comparatively crude drugs beside the sixth, eighth or even tenth as recommended by the physiological and bacterial therapist. The great discussion would come concerning the main bulwark of our faith, the law of similars. Even this section would prove too large for the time now at our command.

One part, and one part only, can be considered: the relation between the homœopathic law and the production of immunity. One of the leaders in the non-homœopathic part of the medical profession has announced that after many years of fruitless efforts and rather vain strivings, there has been finally found a law in therapeutics, a guide in all treatment. This law, this guide, is said to be the law of immunity. It is receiving much study and investigation at the present time and is in the opinion of the speaker the best explanation of our medical aims yet given. By it we learn that all our efforts must be made toward increasing to the highest degree the resistance in a given individual and in maintaining it at that high level. The means employed are immaterial. Surely the homœopath will as earnestly agree to all possible immunization of the patient as will any other. In fact, to the homœopaths is universally acknowledged the increased attention of dietetics and hygienic subjects that until our advent were largely neglected. In these, as in the use of surgery, of antiseptics, of antitoxins, of hydrothermo, and mechano-therapeutics, of climate, exercise, etc., all schools are united. These methods of immunization are common

to all. In other words, with which we are all so familiar, "a homœopathic physician is one who adds to his knowledge of medicine a special knowledge of homœopathic 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."

We only differ, then, from our friends in the dominant school by our ideas concerning the use of drugs. In all else we immunize our patients in the same ways as do they. The question then arises: does the method of using drugs as at present employed by any school of medicine coincide with what we recognize to be a law efficient in all other methods, the law of immunity? To give an answer to this question is the object of the speaker. Before attempting to answer it, however, a brief consideration of a new method of measuring immunity and of artificially increasing it will be beneficial.

Sir A. E. Wright has, by his introduction of the opsonic index, enabled the medical profession to estimate with an accuracy and minuteness hitherto impossible, the resistant power that any given individual possesses against a given bacterial infection. By this method also it is now possible to watch the variation in this power as influenced by various agencies. To the normal degree of resistance, that shown by a healthy person, is given the figure 1; deficiencies being indicated by decimals .8, .6, .45, etc., according to the amount present, while anything above normal is indicated by figures such as, 1.3, 1.75, 2.3 etc. Description of the technique here employed is, I am sure, unnecessary with the present audience. Further than this it is also possible to go as we can not only estimate the opsonic index but we can learn how to most accurately raise it by appropriate measures. These measures are according to Wright, the use of bacterial emulsions made preferably from the patient himself, artificially cultivated in the laboratory and sterilized by heat and by antiseptics. They are not dissimilar to our much despised homœopathic nosodes.

As an illustrative case let us take a person suffering from furunculosis due to infection with staphylococcus pyogenes aureus. Here the staphylococcus opsonic index is almost invariably below normal, averaging perhaps .5. In such a condition the disease may, when untreated, persist indefinitely and even when under the care of the most capable of the "regular" practitioners may prove most intractable. By this new method of treatment a culture is made, preferably from the patient himself, and incubated for a day. The resultant growth is then washed off, emulsified in normal

saline, standardized and sterilized. A small amount, about our sixth or seventh decimal dilution, is then injected hypodermatically. Following this very infinitesimal injection the opsonic index is found to fall in a few hours to .4 or lower and the clinical symptoms may show temporary aggravation. Shortly, however, the index rises to the point originally noted, passes it and in a few days reaches .7, .9 or 1, as the case may be. Without further treatment it will then fall to its former level. The dose being repeated there is again a temporary fall and clinical aggravation, with shortly after a still greater amelioration. The index may now become as high as 1.7, 2 or even 2.5. The high degree of resistance is then maintained by occasional inoculations every four to ten days, as the case requires, until after all clinical symptoms have disappeared. The beneficial effects of this method of treatment are now recognized by adherents of all schools, the results above indicated as an example being beyond contradiction. In a large number of infectious diseases the appropriate emulsions introduced subcutaneously produce results that surpass any following the various ones in vogue among the members of the "regular" profession. The use of tuberculin offers a very vivid illustration of the similarity of preparation between those of opsonic therapy and those of homœopathy.

Time prohibits the amplification of this topic as it bears but indirectly on the subject of immunity. Following the above outlines it is noted that a substance which in large amounts is capable of producing a certain definite disease or series of symptoms possesses the power, when introduced into the bodies of those having that disease or series of symptoms, of increasing the resistance of that individual and, as we erroneously call it, of curing him. In other words, a cure is obtained by using small amounts of a substance similar to that causing the disease. This is explained by the fact that the natural resisting forces of the entire body are more or less injured by the introduction of the vaccine. In their efforts to offset this, nature not only repairs the injury, but, as in many other of her departments, repairs it to excess. If then, this repair consists, as it does, in the production of various anti-bodies these are produced not only in sufficient numbers to neutralize the toxic bodies but appear in large numbers above what is needed. This superfluous supply remains in the blood by means of which it is transported to the entire body. Possibly in its travels it encounters some suppurating forces. It then promptly unites with the toxin bodies to prevent injury to the tissue by rendering them

innocuous. The more abundant these anti-bodies, the more effect the containing serum is in its contest with the bacterial invasion. The method of using these vaccines, the preferable autogenous emulsions, the phases of aggravation and amelioration, the size of the dose and the interval between them all suggest the similarity to homœopathy. This is further suggested by the fact that those who used the smallest possible amount to produce the desired effect and that too large a dose decreases the degree of immunity while a small one has no effect. Too frequent repetition is also harmful rather than beneficial. So many resemblances are noted that it is but natural to inquire if perchance the properly selected remedy as used by the homœopath does not act in a manner akin to the vaccines. While for obvious reasons the action of a drug on a disease is less specific than the production of certain anti-toxins by a definite toxin, yet it should be possible in some cases at least that the influence of the drug on the opsonic index should be susceptible of demonstration. A number of such observations have been made in London, in Ann Arbor and in Boston Universities. They will now be considered somewhat in detail. Some have already been reported; others are here given for the first time.

By a peculiar coincidence these studies were begun in all these places at essentially the same time, each investigator being ignorant of the work of the others. It is also gratifying to know that all came to essentially the same conclusions.

Wheeler, in London, worked part of the time with Wright, by whom, in fact, part of the observations were made. His results are, therefore, of unusual interest. In the course of his work with the opsonic index and bacterial inoculations, Wheeler found the index to tuberculosis to be uniformly low, averaging about .7. It was suggested by Wright that he take a few treatments of tuberculin. Wheeler, however, feeling comparatively well and wishing to make a few experiments, carefully studied his case from a homœopathic standpoint and decided that phosphorus was his indicated remedy.* The accompanying chart will illustrate the effect of the drug. It will be seen that on March 22nd and 28th the index was .75; from April 1st to 9th one dose of phosphorus 3x was taken daily. On the 4th the index was 1.43; on the 8th 1.57; and on the 11th, two days after the cessation of the drug, it had fallen to .74.

In the second chart, made in April, the same drug was used

*At the meeting at which this paper was read, the author presented charts on a screen. It has not been feasible to reproduce these in this article, but it is believed that the text is sufficiently clear without them.

and was followed by a rise in the index, although a less striking one than was earlier noted. The highest point reached was 1.04.

In chart three it will be seen that the index was .77 on May 6th. Phosphorus 3x was taken daily for three days. On the 10th the index was 1.8, falling three days later to .7 again.

Chart four shows a very distinct effect from phosphorus 30th. On May 10th the index was .7 and between that date and June 9th was .93, .81, and .93 on three successive tests. From the 9th to the 14th one dose of phosphorus 30th was taken daily. On the 14th and on the 20th the index was .4, from which point it gradually rose to .7 on the 27th and 29th after the drug had been discontinued. Again on July 19th the index was .74 and on the 23rd .85. Three daily doses of phosphorus 3x were then taken. On the 26th the index was 1.2; on the 29th 1.23; on August 2nd 1.03 and on the 12th .81. Still later on Sept. 20th the index was .98 and on the 21st .97. On the 23rd three drops of phosphorus 3x were taken. Two hours later the index was .97; the next day 1.75; the second day 1.1 and the third day after .81.

It will be seen, I think, that the effects are identical as far as their influence upon the opsonic index is concerned to those produced by the use of vaccines. It is far from my wish to weary you with useless repetition, but in a matter of this importance it seems wise to bring forward all the possible evidence even at the risk of prolixity. It seems therefore very wise to include a chart made from the experiment performed by Dr. E. A. Neatby. The Doctor found his index on three successive days to be .86, .81, and 1, respectively. One-twentieth of a grain of phosphorus was then taken. In about four hours the index was .75; in twenty-four hours it was 1.25 and in two days was 1.59. A few days later it had fallen again to normal. Here we have the typical negative phase followed by a greater positive one. That his action is specific seems to be indicated by the fact that the index to staphylococcus remained unaffected throughout. Dr. Burret of Ann Arbor has made investigations with echinacea in connection with its influence on the staphylococcus index. To my regret I cannot present the charts to you, as the article containing the figures has been mislaid. He was able, however, to demonstrably increase the index in a material number of his cases.

Along somewhat similar lines we have in Boston been working as opportunity permitted during the past two or three years. The nearest to any of the preceding investigations have been our studies of the influence of hepar sulphur from the staphylococcus

index. This has been used in various strength from the 1x to the 200th, and on a number of different individuals. The results are not yet all tabulated for each series of experiments, but those that are complete will be given.

After a number of investigations I found my own index to staphylococcus to be uniformly high, averaging 1.2. One dose of hepar sulph. 1x was taken. In twenty-four hours the index had fallen to 1. In two days it was 1.1 and in eight was once more 1.2. One of my assistants showed an index of .96. Four doses of hepar 6x at half-hour intervals were taken. The next day it was .64, the second day .77 and in eight days it was once more normal. This well agrees with our well-known contention that this drug taken in material amounts hastens suppuration. We can see that it causes an absolute lowering of the index and thus decreases the degree of immunity.

Along somewhat divergent lines but with the same aim in view the following experiment was performed, through the courtesy of Professor Southwick. A patient came under our observation suffering from a chronic diarrhea. Neoplasm and tuberculosis could apparently be excluded. Her index to various organisms other than the colon bacillus was practically normal. To this it was .45. She remained at the hospital for three weeks for observation, without medicinal treatment. No improvement in any way was noted. As natrum sulph. had in the past helped her and particularly as it seemed to be the indicated remedy, it was decided to give it hypodermatically and in the 200th dilution. The chart shows the result. Later it was decided to use the 30th and to give it by mouth. The effect you can see.

Following the occasional use of the drug in the higher potency the index will be seen to have steadily risen till it reached 1.6. At this time the same drug was given about every third or fourth day but now the 30th was used, which was given in water by mouth. The index then rather abruptly fell, as will be seen, although the favorable clinical picture continued unaffected. When the patient left the hospital the intestinal activities were apparently normal and she seemed very well.

I may say that all of these counts were made by myself personally, that every estimation was controlled by a second one, and that in no instance did I know what the case was until the work was complete and the results recorded. It would seem, therefore, that we could here exclude both the personal factor of the wish being father to the thought and the possibility of inaccuracy. And

now, gentlemen, what is the profit gained from all these various experiments? Is it merely theoretical, unimportant data, or is it something that is of distinct benefit? In so far as it tends to change any of our already existing ideas concerning drug action the benefit will probably be nil. In that it gives us an opportunity to prove to skeptics and doubters the foundation for our firmly-held faith it must be of great value. For years our opponents have been loudly demanding proof of our claims, proof not from clinical results only but proof as indicated by the measures that they set for various forms of their own work. And for years this form of proof has not been forthcoming, as no known means for demonstrating it existed. At last, however, this means has become known and must be used to the utmost extent if we are to meet these contentions in a successful manner. With the knowledge of the effects of bacterial vaccines, in minute doses, and with our increasing knowledge of the effects of infinitesimals and of the phenomena of ionization, the objection to the homœopathic dose no longer holds good. The time of repeating the medicine is no longer a stumbling block, as the opsonic therapist now gives treatments sometimes as seldom as once a month if the effect of the preceding dose can be shown to be still persistent. Even the single remedy is now all but universally recognized as the desideratum in medicine.

The last barrier remaining, and it is the vital one, is the law of cure, *similia similibus curentur*. And even this, seems to be rapidly disappearing as our knowledge increases. Two aims may be said to actuate the various physicians: one is called the production of immunity, without drugs; the other the selection of the indicated remedy, together with production of immunity by all other means.

In the former case all hygienic, dietetic and climatic conditions are employed in order to make the patient as well as possible. To this is added, if it be a suitable infectious disease, use of the proper vaccine. If, however, the disease be not of infectious origin, nothing further can be done. With the latter, on the contrary, all these same things are done, even to the use of vaccines where possible, but this is not necessarily the end. In the non-infectious cases and even frequently in those of infectious origin there is still another reinforcement. If all these things fail to sufficiently raise the degree of immunity, there is yet left for the latter physician another, and often extremely important means of increasing this resistance; that is, the use of the properly indicated homœopathic remedy. Just as in infection the staphylo-

coccus or the streptococcus or the tubercle bacillus given as a vaccine, stimulates to an increased degree of resistance certain parts, tissues or organs, so does the homœopathic remedy seem to stimulate its appropriate parts, tissues or organs to increased activity. With the vaccines we know that the action is due to the production of anti-bodies to neutralize the injurious action of the bacterial toxins. Nature, when repairing injury, as has been said, does so to excess, the result being that in addition to the anti-bodies required to neutralize the toxin, many more are formed and these additional ones are ready to counteract the effect of any other of that particular kind of toxin that may be present in the body.

Why is not the same true in a broader sense as regards the homœopathic remedy? The symptom picture shows the particular kind of injurious material present and the particular parts needing stimulation. From our materia medica we learn what drug possesses the power of acting in this manner upon the healthy individual. It is then used in smaller doses as a medicine. It injures to a very slight degree these particular parts, tissues or organs involved, thereby stimulating them to produce anti-bodies not only sufficient to counteract the drug present but in great excess, such as will antidote or render innocuous those noxious conditions already present. In each case a cure follows by enabling nature to produce her own artificial immunity. In the one instance we use vaccine; in the other, a homœopathic drug.

It is not a question of whether a vaccine is a homœopathic or an isopathic agent, as the real actions of both are practically identical. It is a question in both cases of rendering the person artificially immune to the disease or to the series of symptoms from which he is suffering. It seems sufficient to state that the actions of a homœopathic and of an isopathic agent are based on the same law of nature and that both these are merely illustrations of the now well-known production of artificial acquired immunity. In other words, we are in possession of a method of treating the sick, introduced years ago by an unusually brilliant man; this method has not been understood by many as it has not been possible to give to it definite proof from the strict experimental standpoint of the laboratory; it is only now beginning to be open to explanation by this material or ocular means. We, in common with the entire medical profession, are now coming to realize that homœopathy is not in possession of an arbitrary, limited standard, but that its *similia similibus curentur* is an expression of a great underlying principle of nature, the production of artificial immunity.

This immunity, produced by drugs, by vaccines or by whatever agency, follows the use of the identical or the similar material in small amounts that is in larger amounts producing the disease and is a manifestation of the universal attempt of nature to repair all injury in excess.

We treat no diseases, gentlemen, when we use drugs or other measures for curative purposes; we cure no diseases. Our aim must be to assist nature in her natural and normal reaction to all abnormalities of whatever kind. This we can do, this we have been doing and this we must continue to do. The measures employed by all physicians are becoming less and less dissimilar and more and more closely approximate those with which we are familiar. And all these measures that prove efficient must rest upon this now well-recognized law that is at present known by two different names. We, calling it by the means employed in making use of it, speak of it as the law of homœopathy. Others, after the ends attained, call it the law of immunity. And so by whichever name it in future may be known, the law itself must remain unaltered, and its intelligent employment must always be, as it has been in years past among homœopaths, the aim and goal of every conscientious physician.

DISCUSSION

By GEORGE FREDERICK LAIDLAW M.D., New York.

In the name of the Society, I wish to thank Dr. Watters for this interesting and instructive paper. Also, I congratulate the Society. Times have changed. Some fifteen years ago I was severely criticised in this Society by one of our older members for presenting a pathologic topic in a homœopathic society. My address was an innocent little thing on the pathology of cancer, demonstrating by pretty red and blue charts the supposed cancer parasite. My critic said that this was no subject to bring before a homœopathic society; that we should leave these things for the old school men; they did it better. Passing the delicate compliment to my budding pathological ability, I congratulate this Society upon assuming the position that pathology and bacteriology really do interest the homœopath, that we have some concern with them, that we welcome among us a distinguished pathologist to tell us what he knows and, more surprising than all, to tell us what he knows, not about pathology but about our own chosen field, therapeutics. I fear that in his address Dr. Watters is too courteous. When he tells us that it is unnecessary to describe the technique of taking the opsonic index before such an audience, because we already know all about it, he flatters us. When he tells us that our distinguished member, Dr. Copeland, has read such an able paper on this subject that he is afraid he can add little to our knowledge, I must say that the Doctor either is extremely polite or he doesn't know us. Let us

be honest about this matter. Let us acknowledge that there are not three men in this room who ever saw an opsonic index or who could explain intelligently what the opsonic index was. Now why is this so? As the Doctor truly points out, much of this opsonic work tends to confirm the homœopathic idea. Why should not the homœopaths have done all this? Why did they wait for the allopaths to demonstrate their own system? Why is it that the homœopathic school flourished so rapidly in the first half of this century but in the last half has absolutely not grown or developed in any way? Why is it homœopathy proves so sterile? Why has it come to an absolute *impasse*?

I think this matter is well explained by a Vienna historian, who has recently died, Hugo Magnus. He points out that in medical history there have been three tendencies, the religious, the philosophical and the scientific, that truth in medicine is marked by an equal balance of these three tendencies. Whenever one of these three tendencies has gone ahead uncorrected by the others, medicine has run into error. For instance, the theological tendency, the relation of man to the divine powers, has frequently run to excess with witchcraft, worship of relics, the fear of the sun and the moon and the rising and setting of certain stars, the evil eye. All the forms of gross superstition which have developed in medicine have been due to an excessive development of its religious side uncorrected by science and exact observation.

In recent years old school medicine has developed an extreme scientific tendency. It has thrown out of calculation everything that could not be seen with the microscope or demonstrated by chemical reactions. It left out altogether the religious element, the relation of man to the higher powers; it ignored the fact that human beings could have interest and demands which were not satisfied by the microscope and the test tube. It left a great gap in its system and Christian Science and the faith cure floated in to fill up the vacancy.

On the other hand, the philosophical side when over-developed runs to hair-splitting speculation, gets away from the facts of the earth; develops a beautiful theory, builds a pretty house with the roof, windows and the veranda all around it and when its system is complete its development stops absolutely; for when its system is once constructed, it refuses to look at the facts around it, refuses to recognize any facts that contradict it and will recognize only such facts as agree with its system. That is the present state of the homœopathic school today. They built their philosophy, they finished their building and then turned from the scientific method of examining the world around them and relied upon their philosophical system as the beginning and the end of wisdom, and that is the reason for its present sterility.

Our failure to develop the facts of pathology and bacteriology in support of our system is due to the fact that we trained our young men in a philosophy and we turned them away from science. We neglected to train our young men in these sciences of pathology and bacteriology and it is a caustic comment upon our foresight that

this very pathology and bacteriology that we have for many years despised and regarded as useless, is coming to be the thing upon which we rely to demonstrate the truth of our philosophy.

I will next take up the question of immunity itself and the proposition of Dr. Watters that the law of immunity and the law of homœopathy are really identical. On this question I do not wish to be dogmatic, but there are two points which seem to me to necessitate keeping these two ideas apart or at least thinking it wise not to state the law of immunity and the law of homœopathy in identical terms. The first difference that I see between the law of immunity and the law of homœopathy is the fact that while immunity is largely a matter of preventing disease, homœopathy is largely a matter of cure. Such diseases as rabies and tetanus can be prevented in the animals; but when those same animals have already developed the disease, the medicine which gives immunity is absolutely useless to cure. In some diseases, as diphtheria, immunity and cure are produced by the same substance. In other infectious diseases, immunity is readily produced but cure is impossible. On the other hand, with the homœopathic remedy, cure is often possible, but prevention of disease occurs much less frequently.

The second distinction that I would make between immunity and homœopathy is the fact that in securing immunity a progressively increased dose is necessary. For instance, in immunizing a rabbit against rabies or staphylococcus or pneumococcus, we begin with a very minute dose which is comparatively harmless and gradually increase until a fatal dose can be taken with immunity. Unless you do increase doses in this manner, you do not secure immunity. On the other hand, with a homœopathic remedy, I am not aware that any such increase in dose is necessary to perform a cure. We generally treat the case from beginning to end with practically the same dose, varying only the intervals.

There is no denying that immunity presents points of exquisite homœopathicity. For instance, if you immunize an animal against the toxin of the tubercle bacillus. If you use dead bacilli to immunize but not against the bacillus. If you use dead bacilli to immunize, he will be immune to dead bacilli but not to living bacilli. If you wish to immunize an animal against living bacilli, you must use living bacilli to immunize. You see the exquisite homœopathicity in this requisite, not only of the similar substance but of the absolute similimum. Then again, in making a protective serum, you can immunize an animal against one strain of pneumococcus, the one you happen to have in the laboratory. But this rabbit may be sensitive to a pneumococcus that is kept in another laboratory across the street. In order to secure a protective serum which is adapted to as many cases as possible, it is now the habit to imitate the old shot-gun prescription and immunize the rabbit with half a dozen kinds of pneumococci or streptococci or staphylococci, as the case may be, drawn from half a dozen different sources in the hope that the pneumococcus or streptococcus which is attacking the patient will happen to match one of those used in protecting the rabbit. This is the polyvalent serum. However, in spite of this

apparent homœopathicity, there are the two wide differences referred to between the practice of immunity and the practice of homœopathy.

Then again, personally, I do not feel like making much of an argument upon the opsonic index. I think I am stating it correctly when I say that the very existence of the opsonist is not yet universally admitted and is opposed by many good authorities. The taking of the opsonic index requires such an exact technique, such an amount of time, of labor, with such strong possibility of error, that I personally would be very slow in basing any strong argument upon opsonic work in its present state of development. However, I do know this, that whether the opsonic theories prove correct or not, that this is the kind of work on which the future of homœopathy depends. This is the kind of work which our school needs to bring it into line with modern thought, to correct its ultra-philosophic tendencies and bring it back to cold scientific facts. And it is to men like Dr. Watters, competent pathologists, that we must look for the next great advance in the homœopathic therapeutics.

Spelling of Medical Students.—G. Dock, M.D., New Orleans, (*Journal A. M. A.*, April 10), gives his observation of the mistakes of spelling in the examination papers of medical students. He doubts the existence of many incorrigible bad spellers, and thinks that poor training is responsible in nearly all cases. He also allows for mistakes that can be easily explained by slips of the pen or mind, such as confusion of ei and ie, of single or double e, and other double letters. He also overlooks an isolated phonetic spelling, but gives a list of some of the more flagrant examples he has encountered in his experience. He also notices the mis-spellings of proper names, and shows why he thinks there is a close relation between such mistakes as he has submitted and imperfect technical training in other respects. The causes of the condition are, he thinks, chiefly the following: (1) Imperfect training in the precollegiate years; (2) imperfect scrutiny of candidates for admission to the medical schools; (3) looseness with respect to scholarly fitness all through the medical course. The fact that his observations were made on two-years' students in a university, shows the need of greater care as to scholarship. The habit and effort for improvement has not been required, and Dock has been told by the constant perpetrator of a blunder that he did not come there to learn English. Dock thinks that a constant determined effort will be needed to alter this state of affairs.

Motor Car Miscarriage.—Dr. E. P. Davis in the *Medical Record* says miscarriage due to riding in motor cars is common. Motoring is most dangerous to the patient during the third and fourth months of pregnancy.

North American Journal of Homoeopathy

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SUBSCRIPTIONS.—In accordance with a ruling of the P. O. Department requiring a higher mailing rate for magazines sent to subscribers in arrears, the publishers of the NORTH AMERICAN JOURNAL OF HOMŒOPATHY have set the subscription price at \$3.50 per annum, but a discount of 50 cents will be allowed for payment in advance, or within four months of expiration of a former subscription.

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THE DETROIT INSTITUTE MEETING.

THE sixty-fifth meeting of the American Institute of Homœopathy held in Detroit, June 21 to 26, was one of the most memorable in the history of the organization. The two matters of importance that will linger in the memories of those who were present were the acceptance by the Institute of the articles of incorporation and the prolonged and animated discussion on the Institute Journal question.

The American Institute of Homœopathy is now a corporate body, organized under the laws of the District of Columbia. Its business affairs are administered by a Board of Nine Trustees, three of whom retire annually. The first board consists of Dr.

Jas. H. McClelland, Pittsburg, Eugene H. Porter, New York, J. Gregg Custis, Washington, to serve for three years; George R. Des Moines, William Boericke, San Francisco and Jos. P. C. to serve two years; and John P. Sutherland, Boston, E. H. M. St. Paul, and Gaius J. Jones, Cleveland, for one year.

The officers of the Institute are members of the Board of Trustees ex-officio, so that to the above list must be added the names of the president, James W. Ward, San Francisco; first vice-president Herbert D. Schenck, Brooklyn; second vice-president, S. M. Hobson, Chicago; treasurer, T. Franklin Smith, New York; secretary, J. Richey Horner, Cleveland; registrar, W. O. Fox, Hot Springs, Ark. This Board of Trustees is required to meet twice a year—once in December, and on the opening day of the Institute meeting at the place where the meeting is held.

This Board of Trustees will go into office on September 1st, on which date the prerogatives of the temporary or first year trustees will be transferred to them. The Board will then organize and the officers of the Institute become ipso facto officers of the Board of Trustees.

As to the Institute Journal, while there was a number of members present who would prefer to receive the Transactions in volume form, and many others who were sick and tired of the music and lack of harmony produced by the contract made between the Journal Committee and the Medical Century Company, the prevailing sentiment seemed to be that now that a journal has started it had better be continued for a time, at any rate.

As between the Journal Committee and their adherents and those opposed to an official journal, there was no question as to where the logic of the situation lay. It was stated clearly by editors and publishers of other homœopathic journals that the establishment of an Institute Journal had already affected their incomes and its continuance in its present form inevitably meant the ultimate extinction of all but the official organ of the national society. The field was not large enough for all. This would deprive several societies of their official organs and would be to the detriment of organized homœopathy in those states. Evidence offered, and was not gainsaid, that at the time the contract

signed between the Journal Committee and the Medical Century Company, the latter organization "was not a corporation but a corpse," its charter having been annulled by the state of Illinois for failure to make reports required by the laws of Illinois under which it was incorporated. It was shown that under the present arrangement, the Institute owned and controlled nothing, merely hiring space in the journal issued by the Medical Century Company.

Those of the Journal Committee who addressed the meeting contented themselves with playing to the gallery. The members of the Institute were besought by one speaker not to send him back empty handed to someone to whom he personally had promised an Institute Journal; another speaker wanted the contract ratified because he had a mother who was a good homœopath; a third orator thought the present arrangement should continue because Dr. W. A. Dewey was such a good fellow; a personal appeal for the support for the committee constituted a fourth plea; and to crown it all, those present were urged to lose sight of the business side of the transaction, the technical details of the proposition, and to think only of the grand work the journal would accomplish.

Five or six hours were consumed in the discussion on the floor, and much more time was given to it out of the meetings. Finally, in sheer desperation, seeing that no immediate solution seemed in sight, it was resolved "that the report of the Journal Committee be received with its amendments, and the Journal Committee be instructed to continue in charge until the new Board of Trustees is organized and in position to take charge of it, as prescribed by the certificate and articles of incorporation."

The NORTH AMERICAN understands this to mean that the matter remains in statu quo until the Board of Trustees goes into office on September 26th. The journal will continue to be published until that time by the Medical Century Company according to the terms of the alleged contract. When the trustees assume office it will be for them to determine whether in their opinion, the contract as it now stands is binding upon the Institute. If it is decided that it is not binding, it will be the duty of the Trustees to make arrangements for the publishing of a journal of some sort. The Trustees will be under no obligations to make a new contract with

the Medical Century Company, if such a body is legally in existence at that time, nor will they be under obligations to secure the services of Dr. W. A. Dewey, as editor.

This interpretation of the resolution the NORTH AMERICAN believes to be in accordance with the intentions of Dr. Runnels, who conceived the idea of reference to the Board of Trustees, and those who were opposed to the ratification of the alleged contract, and accepted the resolution for the sake of terminating discussion at the time being, content to rest their case with the Board of Trustees.

As to the scientific program, a number of papers of more than ordinary interest were presented to the Institute and its allied societies. Dr. E. Stillman Bailey made a further announcement concerning the properties and clinical uses of the radio-active substance he claims to have discovered, and in the discussion of this paper Dr. Dieffenbach gave the technique and results of the remarkable work being done in New York by radium in the treatment of inoperable tumors.

The chairman of the Bureau of Sanitary Science deserves congratulations and commendations of his fellow members for an array of fine papers contributed at his request. The Wednesday evening session, occupied by a popular talk on Consumption and its Cure, attracted the largest audience of the week.

Dr. Foster was out of his element as presiding officer over a business meeting, and made the more pertinent the suggestion previously offered that a chairman of business sessions be appointed, leaving the Institute free to elect a president whom it desires in honor without reference to his acquaintance with parliamentary procedure.

The members of the local committee worked hard and did their best for those present. The press committee was particularly energetic and it is doubtful if fuller reports have ever appeared in local papers. As it happened Detroit was full of visitors at the time, there being three other conventions in session, so that hotel accommodations were at a premium. It is reported that seven members of the Institute occupied one room.

The election of Dr. James W. Ward, of San Francisco, means that the session next year will be called to order in Los Angeles.

It is said that the meeting will be postponed until some time in July that the journey to and from California and side trips can be made a part of a summer vacation.

NATIONAL ASSOCIATION FOR THE STUDY AND PREVENTION OF TUBERCULOSIS

THE fifth annual meeting of the National Association for the Study and Prevention of Tuberculosis was held in Washington May 13, 14 and 15, 1909. The session most largely attended was the one at which Ambassador Bryce, Speaker Cannon, and Drs. Osler and Welch spoke. All commended the work being done by the Association. Dr. Osler mentioned particularly the need of keeping up the enthusiasm by getting more workers, and of getting more money to carry on the work. He said tuberculosis was so firmly rooted in the human race that it would probably take three generations to reduce the mortality to the point where typhoid fever was now.

Dr. Vaughan, of Ann Arbor, presented a paper urging education as the best preventive of tuberculosis. At a subsequent session, Mr. Poland, Superintendent of Education at Newark, N. J., presented the same idea. Both thought the school was the place to begin, that the coming generation might learn how to avoid the disease.

The principle feature of the clinical and climatological section was the presentation of a paper by Dr. R. C. Rosenberger, of Philadelphia, in which he claimed to be able to isolate the tubercle bacillus from the blood early in the disease. Dr. Rosenberger had published a paper to this effect previously, so that a number of the attending bacteriologists were able to discuss the paper after having tried his methods. The consensus of opinion was against the essayist. All of the discussors had tried to isolate the tubercle bacillus from the blood, and all had failed except in one or two instances out of a large number of trials.

Notes and Comments

Comparative Materia Medica.—In 1906, 1907, there appeared in *The Medical Brief* a series of articles on Homœopathy versus Allopathy, from the pen of Dr. N. Lisca, of Walla Walla, New South Wales, Australia. Dr. Lisca makes another contribution to our contemporary in its March issue, this time dealing with "Therapeutic Scepticism." He attributes such scepticism to the prevalent belief that there is no definite law for the therapeutic administration of drugs. Such a law he asserts can be found in the principle of similars, which can be traced in the dual action of drugs familiar to many who know anything of homœopathy as such.

Dr. Lisca regrets the attitude of his friends in the dominant school who plead that the law of similars is not true because it can not be true. He denies that he has any brief for homœopathy, but desires to present a series of sketches of comparative materia medica in the hope of hastening "the time when this great therapeutical law shall become the legitimate patrimony of the medical profession throughout the world, and when the sufferers benefited by it shall no longer be counted by thousands, but by millions."

The first drug sketch presented is of *podophyllum peltatum*. The uses to which it is put in allopathy are summed up in half a page; a page is devoted to its homœopathic indications. The preparation recommended is the 3x. In answer to the question whether the homœopathic medicinal properties of *podophyllum* are to be taken seriously (e. g. the possibility of curing prolapsus ani with the 3x), Dr. Lisca puts it down that "believing or disbelieving has nothing to do with this matter at all. We are not asked to believe, but we are morally bound without being asked to do so to give this thing an honest trial."

Noses Made to Order While You Wait.—Dr. H. R. Allen, of Indianapolis, has described in the *Lancet-Clinic* (Vol CI, No. 19) a New Process for Making New Noses in Twenty Minutes. The second step in the procedure is given as "Model a half-a-dozen or more different noses that are appropriate to the other features of the face." And step 3 is "If desirable, model other features of the face that need improvement." We must confess that we should, in all probability consume all of the allotted twenty minutes for the completed operation in fashioning one plaster nose, and even then could not guarantee that it would be appropriate to the other features of the face. Must the already over-burdened medical college faculty list be swelled by an instructor in modeling? There is, of course, one advantage in starting in this way; the patient has some idea of what he is going to get. Dr. Allen expresses this idea very enthusiastically: "The new method permits the patient to select his own features, because you have a nose of any shape or size desired."

International Homeopathic Review

Conducted by

R. F. RABE, M.D.

STICTA PULMONARIA

C. CARELTON SMITH, M.D., PHILA

I PROPOSE to call your attention to a remedy which has a most marked action upon the mucous membrane, viz., *sticta pulmonaria*, which, when judiciously employed, has displayed marked curative effects in nasal and bronchial catarrhs, whether administered in the lowest, highest or medium potencies. It is an indigenous plant, and therefore meets many of those cases of sudden colds ending in catarrh of head and chest, which are so common during the changeable winter weather. And not only do we find it frequently indicated in acute attacks of the character just mentioned but also equally efficacious in chronic nasal catarrh which has lasted for many years.

All the provers felt a dull, heavy pressure in the frontal region and at root of nose, similar to that occasioned by *nux vom.* This was followed by darting pains in the temporal region, burning in the eyelids with soreness of the balls in closing the lids or turning the eyes, and also marked inability to concentrate the mind. These symptoms continue to increase in severity until a cough is developed, which is very severe in its nature, hard and racking, provoked by constant tickling in the larynx, and finally extending into the chest. These symptoms, given in a general way, are the result of various provings, which, though fragmentary in their nature, have nevertheless enabled our school to make some important cures. But, to be more specific, and in order to get a clearer idea of the remedy, let us place the symptoms in a group as far as we are acquainted with them.

Under mind we find a general confusion of ideas, the patient must talk, even though no one is listening to him. Under head we find sensation as if the scalp was too small, or drawn too tight over the skull. Pains in right side of head of a darting and shooting character. Catarrhal headache, even with nausea and vomiting. Under eyes we find severe burning in the lids, with soreness of the balls, worse on closing the lids or looking from side to side. Under nose we find that the patient wants to blow that organ constantly, but no discharge results. And the mucous membrane becomes so dry as to be quite painful, while scabs form rapidly which are difficult to dislodge. Under throat we find that the soft palate becomes so intensely dry patient cannot swallow without great pain. Now take this group of symptoms as we have recorded them, and you cannot fail to observe a vivid picture of influenza, as we so frequently meet with it in this latitude.

The cough of this drug is always dry, and invariably worse at night, preventing sleep. It is noisy and racking, accompanied by a splitting headache in frontal region. The tickling which causes

the cough is so incessant that the patient soon shows signs of being completely worn out, and if not speedily controlled, in some cases becomes croupy in sound; can neither lie down nor sleep on account of it.

There are several remedies which we may compare with sticta, and observe at the same time the points of difference.

The stuffed feeling at the root of the nose we also find prominently under *nux vom.*, but this latter drug has the fluent coryza by day and the dry coryza at night, and the three a. m. aggravation, which do not obtain under sticta. The sticta patient feels better in the morning and worse in the afternoon. Sensitiveness to the inspired air we also find under *rumex*, *kali bi*, *phos.*, and *dulcamara*. But under *rumex* the parts are so exquisitely sensitive to even the warm air of the room that the patient is forced to cover his face and head with the bed-clothes or stuff a handkerchief in his mouth; while under *kali bi.*, *phos.* and *dulc.* the patient must needs be exposed to the cold, damp outer air in order to bring about this aggravation.

The inspired air in the case of *actea racemosa* does not affect the larynx as we find under the remedies just alluded to, but the air seems to penetrate in to the skull and upon the brain, causing a cold sensation.

As to the dryness of the nostrils, we must compare sticta with *arum triphyllum* which is very important. The patient who requires sticta, constantly blows his nose, but no discharge follows the repeated efforts. While the *arum tri.* patient has a perfectly dry nose (breathing through his mouth), yet there is a constant discharge, which excoriates the nostrils and skin of upper lip. A similar symptom is found under *nit. ac.* And in differentiating further with regard to excoriating discharges, I would add just here, that *cepa* excoriates the upper lip; *mercurius* the alæ and columnæ of the nose, while *arum tri.* excoriates both nostrils and upper lip, the left nostril generally the worse.

There are several peculiar symptoms belonging to this drug which we will enumerate together, viz: 1. The patient feels as if her legs were floating in the air. 2. Pain passing through from sternum to spine, with sensation as if abdomen were full of yeast, fermenting. 3. Pulsation, right side of sternum down to abdomen.

Remarks.—A great many persons who have had sad experience with the old school fully believe that nasal catarrh cannot be cured by any method. But by showing our skill in the use of carefully selected homœopathic remedies, we will win many a patient over to homœopathy. Shortly after the first fragmentary proving of sticta was published many years ago, I had obtained a vial of tincture for the purpose of potentizing it, but before I had the opportunity to do this, I came across a lady who was suffering with all the acute symptoms of a fully developed attack of influenza. I remarked to her that she ought to be treated for it, to which she replied that it would be of no avail, as all previous attacks had to get well of themselves, her physician being unable to afford her

the slightest relief, beside informing her that catarrh could not be cured. I urged homœopathy upon her, and, after a little persuasion, she consented to try my prescription, which consisted of a drop or two of sticta tincture in a half glass of water, a teaspoonful once in two hours. The result was a speedy cure, to the patient's great astonishment.

A gentleman consulted me with regard to a chronic catarrh of fifteen years standing. He explained that he was constantly blowing his nose, but no secretion took place. Beside this, dry scales frequently formed upon the mucous surface, which not only added greatly to this misery, but also prevented his smoking with any degree of comfort, on account of the obstruction to his breathing. If, said he, you can improve my condition so that I can hold a cigar in my mouth and smoke it without the necessity of removing it every moment, I will be satisfied. I put him on sticta, and when I was through with him he could hold a cigar between his teeth until it was reduced to the merest stump.

A CASE OF LOBAR PNEUMONIA OF THE LEFT LOWER LOBE

By T. A. LEHMANN, M.D.

Long Island City, L. I.

ON April 14, 1909 I was called to see Rev. C. F. E., age 68, and found him suffering from a lobar pneumonia of the left lower lobe. The length of time of the existence of the pneumonia is uncertain, although prior to my visit the patient had been ill for three weeks. The physical examination of the chest on April 14 disclosed dulness on percussion over the left lower lobe, diminished respiratory murmur, increased vocal fremitus and rapid breathing. No rales were present at this time. The temperature was 100.4°, respiration 44 and pulse 102.

The patient complained of rapid breathing, little cough, but suffered no pain. His face was markedly flushed and of a decidedly coppery hue. Lassitude and adynamia were pronounced. No medicine was given and the patient refused all nourishment but water. On the third day bronchial breathing was added to the physical signs already present and a cold clammy sweat appeared on body and limbs, more during the night and morning. One dose of phosphorus c. m., Skinner, was now given. At this time slight pain in the left lower axillary region was complained of on coughing and deep inspiration. No special change was observed until April 20th, when the temperature dropped to normal, although the respiration continued at 44 and the pulse, small and dicrotic, at 100. The patient was now decidedly adynamic, very slow and undecided in expressing his wants and lying continuously on his back. On the 21st phosphorus c. m. was repeated, followed within twelve hours

by a temperature of 96, a pulse of 90 and more regular as well as of better quality. The respiration was now 30. A heavy brown fur covered the tongue. Two small, soft, yellow-green stools were passed on this day and 24 ounces of clear, light yellow urine voided, the patient in general feeling very comfortable. This state of improvement was maintained for the next three days. On the 25th day of April the patient complained of heaviness of the chest and the pulse continued 102, the respiration being 30. Accordingly a third dose of phosphorus c. m. was now given, followed by a pulse of 80 and respirations 24 on the 26th. The patient slept at intervals during the day, the tongue being more moist. The patient had no complaints of any kind and on the following day the temperature again became subnormal and remained so until May 3. In the absence of any complaints but with the subnormal temperature, the small, irregular and intermittent pulse, varying between 90 and 100 and again dropping to 50 on April 30, digitalis 500th, three doses at intervals of twelve hours, was given, with the result that the pulse on May 2d had reached 70, the quality being improved—not intermittent, although still irregular. On May 3rd the pulse was full, strong and regular, 90 per minute, respirations normal, sleep normal. From this time on the pulse continued full and regular, temperature and respiration normal. Physical signs showed marked improvement, crepitant and subcrepitant rales again appeared and resolution rapidly progressed to normal. During the entire illness, the nourishment was entirely liquid and included wine and water, some champagne to which the patient had always been accustomed.

The atypical course of the disease, without crisis, the great physical depression, the pronounced cardiac asthenia, the advanced age of the patient and the prompt response to the remedies chosen, more particularly to the digitalis in so infinitesimal a dose, are facts worth recording.

The reason for publishing this case is the fact that its reporter is a physician of the old school, who has desired to put homœopathy to the test and who wishes to express his satisfaction that such a case could recover without the usual remedies and heart stimulants in common vogue.

A Case of Neurasthenia —The following case of neurasthenia from overwork merely illustrates the use of a much neglected tool of the homœopathic physician, viz., the repertory. In the case presented no claim of cure is made, although the remedy disclosed by the repertory analysis has done much good. Of interest is the fact that in the analysis certain "particular" symptoms, such as swelling and painfulness of the mammæ preceding the menses, have to be ignored, for the reason that the remedies having this symptom would not entirely meet the totality of the symptoms in the case, even though the totality be considered from the standpoint of quality or rank, rather than from that of mere numerical value. In passing, it may be observed that in accordance with the teachings of Kent symptoms may be divided into three classes, common,

general and particular. The first is of little value unless further modified and is found under most remedies, e.g., simple malaise or nausea. A general symptom is a ruling one, predicated of the patient himself, as an individual to be distinguished from any other individual. It is expressed in the phrase, by the patient himself, as "I feel so and so." "I am worse before a storm, or in damp weather, or before my menses," etc. Among the "generals" are to be classed the mental symptoms, likewise the menstrual symptoms, the desires and aversions of a patient. In contradistinction are the "particulars" which are predicated of an organ or part, e.g., "My stomach burns," "I have a sticking pain in my eye," chest, etc. Such "particulars" may be and often are of high rank but are always included in and ruled by the "generals." The greater includes the lesser always. Hence, in beginning an analysis with a general, the danger of overlooking the desired similitum is avoided, a statement which cannot apply where the process is reversed. As in logic, if the premises are correct the conclusions also will be correct. Miss K., aet. 38, short, blond, active temperament. Father died of pyelitis following diabetes. Patient had marasmus at 6mos., lasted 1 yr., had diarrhea for 1yr., profuse and offensive stools. First menses at 17 yrs., regular until 2 yrs. ago, then began to be early and scanty and of short duration (1 to 2 days) with pain in r. ovary. Flow very pale in color. Menses now last a few hours only and are very scanty. Before the menses headache in forehead, vertex and occiput <lying down> cold open air, >rest Mental concentration difficult, memory poor. Feels > if she flows more. Headaches are also excited in the interval between menstrual periods by hurry, excitement, emotions, overwork, etc. Ravenously hungry preceding a headache. During headache no desire for food, which<. Bowels always regular. Sweets and fats cause headache and flatulence. Dorsal and cervical spine sensitive to touch. Cold feet, cold hands, easily frostbitten. Neuralgic pains along the intercostal nerves. General <in wet weather. Before the menses the mammæ are swollen and painful. General <from physical or mental exertion. Thirst <, for cold drinks. Craves acids.

Repertory Analysis

Menses early. Menses scanty. Menses short duration; pale. <before menses <wet weather >exertion, physical or mental. Mental concentration difficult. Memory poor. Craves acids. >cold open air.

Using remedies of higher and highest rank only: Scanty menses: *alum.*, AM C., *apis*, *arg. n.*, *ars.*, *art. v.*, *asaf.*, *aur.*, *bar. c.*, *berb.*, *bov.*, *bufo.*, *cact.*, *calc. carb.*, *carb. an.*, CARB. S., *carbo v.*, *caul.*, *caust.*, *cimic.*, *cocc.*, CON., *cycl.*, DULCL, *ferr.*, *ferr. car.*; *ferr. ph.*, GRAPH., *hep.*, *ign.*, *kali ar.*, *kali c.*, *kali p.*, *kali s.*, LACH.; *lil. t.*; *lye.*, *mag. c.*, MANG., *merc.*, *nat. a.*, *nat. c.*, NAT. M., *nit. ac.*, *nux. m.*, *nux v.*, *petr.*, PHOS., *plb.*, PULS., *sabad.*, *sars.*, SENEG., SEP., *sil.*, *staph.*, SULPH., *vib.*, *xanth.*, *zinc.* (Kent p. 707).

Early menses: *am c.*, *arg. n.*, ARS., BOV., *bufo.*, *cact.*, CARBO AN., CARBO V., *caust.*, *cimic.*, COCC., *con.*, CYCL., *ferr. p.*, *ign.*, KALI AR.,

KALI C., *kali p.*, *kali s.*, *mag. c.*, MANG., *nat. c.*, NAT. M., *nit. c.*, NUX M., NUX V., *petr.* PHOS., *sep.*, *sil.*, *sulph.*, *xanth.*, *zinc.* (Kent p. 706).

Before menses *am. c.*, BOV. *carbo v.*, *con.*, *kali c.*, *mang.*, *nat. c.*, *phos.*, SSULH., ZINC. (Kent p. 1300).

Physical exertion <: *carbo v.*, *con.*, *kali c.*, NAT. M., *phos.*, *sep.*, *sulph.*, *zinc.* (Kent p. 1287).

Difficult concentration: CARBO V., *con.*, *kali c.*, *nat. m.*, PHOS., *sulph.* (Kent p. 22).

Desires acids: *carbo v.*, *kali c.*, *nat. m.*, *phos.*, *sep.*, *sulph.* (Kent p. 481).

Wet weather <: *carbo v.*, *sep.*, *sulph.*, (Kent p. 1348).

Weakness of memory: *carbo v.*, *sep.*, *sulph.*, (Kent p. 707).

> in open air: *sep.*, *sulph.* (Kent p. 1274).

Pale menses: *sulph.* (Kent p. 707).

Lloyd Brothers Bulletin for July, 1909, contains a condensed article by Prof. H. W. Felter, M.D., on "Summer Diseases of Children and Their Remedies," which will be of decided interest to homœopathic physicians. Translate the term "specific medication" into "homœopathy" and substitute the title "chamomilla" for that of its active principle "matricaria," and the reader at once feels himself on familiar ground. Thus do our friends rediscover homœopathy. It is pertinent for us to ask the source of their provings of matricaria, for example. Let those of us who contemplate their lives from the homœopathic school and plunge into the troubled maternal sea of the A. M. A. ponder well before they break their shackles. The indications for some of the remedies mentioned in Dr. Felter's article follow:

Specific Medicine Aconite.—Fever with quick, small pulse and marked irritation.

ACONITE

Aconite is employed to *slow* the pulse and is especially indicated when it is *small*. It is the child's sedative, and is employed in the entire range of fevers and inflammations. It exerts special influence on the throat and larynx, and is thus used in the treatment of quinsy and croup, being the most certain remedy for the latter we possess. It exerts its most marked influence on mucous membranes, and is thus used in acute diseases of the bronchial tubes or intestinal canal. In irritative diarrhea and in sporadic dysentery we use it with the best results. The small and frequent pulse together with light and oft-repeated chills, are the indications.

Aconite is one of the most certain remedies we have to reduce the frequency of the pulse in certain conditions of disease. And the condition that in which there is a want of power on the part of the heart, and a like want of innervation to the capillary system of blood-vessels.

INDICATIONS.—The small, frequent pulse.

USE.—As a sedative in fever; in disease of the throat or larynx in the early stage of tonsillitis or quinsy; in irritative disease of the small intestines in dysentery.

DOSE.—℞ Sp. Med. Aconite.....gtt. v. to x.
Water..... $\frac{3}{4}$ iv.

MISCE.

SIG.—A teaspoonful of the dilution every hour.

Poisonous in Overdoses

Specific Medicine Veratrum.—Occasionally useful; pulse full and bounding, with increased temperature and restlessness. To allay vomiting, if the dose be small; large doses provoke emesis.

VERATRUM

Veratrum is employed to *slow* the pulse, and is especially indicated when it is full and strong, the *large* pulse being the prominent feature. The deep red stripe down the center of the tongue—marked—is a characteristic symptom, calling for veratrum. Fullness of tissue—not contraction—is found in cases where veratrum gives its best results. It is a remedy, both locally and internally, in erysipelas with full tissue and bright color, and in chronic disease with full pulse and increased temperature. (Drug Treatise No. IV gives an exhaustive study of Veratrum and will be mailed physicians free, on application.)

INDICATIONS.—The full, strong, frequent pulse; surface flushed.

USE.—Lessens the frequency of the heart's action and removes obstruction to the circulation. The remedy for *sthenic* fever and inflammation. A remedy in erysipelas, used internally and locally.

DOSE.—℞. Sp. Med. Veratrum.....gtt. v to xx.
Water $\frac{3}{4}$ iv.

MISCE.

SIG.—A teaspoonful of the dilution every hour.

Poisonous in Overdoses

Specific Medicine Ipecacuanha.—Marked gastro-intestinal irritation with nausea or vomiting and long narrow tongue with redden tip and edges.

IPECAC

Ipecac is especially the remedy for acute disease of the mucous membrane of the intestinal canal, whether diarrhea or dysentery. It is an excellent remedy for nausea, when the tongue is contracted, or elongated or pointed, and it is a prominent remedy in the treatment of infantile pneumonia. We generally employ it associated with aconite.

Ipecac has come to be an important remedy for active forms of hemorrhage, especially for hemorrhage from the lungs. It is a remedy for irritative cough, with deficient secretion, and in pneumonia and bronchitis it is frequently indicated by these symptoms.

INDICATIONS.—Irritation of mucous membrane, with increased circulation.

USE.—To relieve irritation of the gastro intestinal mucous membrane, a remedy for vomiting, especially for cholera infantum and for dysentery. To arrest hemorrhage from any portion of the body.

DOSE. ℞. Sp. Med. Ipecacuanha....gtt. v to gtt. x.
Water, $\frac{3}{4}$ iv.

MISCE.

SIG.—A teaspoonful of the dilution every hour.

Emetic in Overdoses

Specuic Medicine Matricaria.—Great unrest and peevishness; irritable disposition; nothing satisfies patient; stools green and pain colicky.

MATICARIA

Matricaria is a leading remedy in nervous manifestations, particularly those of children and women. It has a twofold specific action worthy of note, *viz.*; upon the nervous system, subduing nervous irritability, and upon the gastro-intestinal tract, relieving irritation. The former action is most profound, and it is exerted upon both the sensory and motor tracts. Matricaria will benefit a patient who is restless, discontented, irritable, and impatient. If a child, it is appeased only when being carried. It is therefore an important remedy in nervous disturbances of dentition and in morbid susceptibility to pain, where the pain is out of all proportion to the actual discomfort experienced. It is a remedy for the unrest accompanying pregnancy, as well as for the nervous twitchings, cough, and false pains. It forestalls hysteria, and is an important agent in overcoming the erethism

which gives rise to hysteria, and to infantile convulsions, though of little value during their occurrence. It is a good remedy for the nervous phases of amenorrhœa, dysmenorrhœa, and other forms of disorders of women. *Matricaria* is a most useful remedy in summer bowel disorders of children, whether accompanying dentition or not. The patient is fretful, the condition one of irritation, not atony, the stools are fetid, may excoriate, are green and watery, or slimy, or yellow and white lumps of undigested curds imbedded in a green mucus. For flatulent colic of infants *matricaria* is one of the best remedies in use.

USE.—Stimulant tonic and antispasmodic. In gastro-intestinal debility; flatulent colic; atonic constipation, and nervous prostration.

DOSE.—℞. Sp. Med. *Matricaria* ℥ j.
Water ℥ iv.

MISCE.

SIG.—A teaspoonful every hour.

Specific Medicine Dioscorea.—Bilious element predominant; skin dry; abdomen contracted; pain constant attended by exacerbations and of the severe colicky type.

DIOSCOREA

Dioscorea is a specific for bilious colic, and is also employed in acute diseases where abdominal pain and tenderness are prominent features. It is a valuable remedy in the early stage of puerperal peritonitis, and is especially valuable in the treatment of typhoid fever when there is tenderness on pressure and tympanitis.

It is a feeble but certain diaphoretic, and allays irritation of the nervous system.

Dioscorea is a remedy for other kinds of colic, and for several forms of abdominal neurosis. After pains are relieved by it, dysmenorrhœa is benefited by it when due to spasmodic irritations of the cervix uteri. It often allays the irritation and pain attending the chronic gastritis of inebriates. (Drug Treatise No. XIV gives an exhaustive study of *Dioscorea* and will be mailed physicians free, on application.)

INDICATIONS.—The skin dry, the abdominal muscles contracted, constant pain, with exacerbations.

USE.—As a remedy for bilious colic; to relieve abdominal irritation.

DOSE.—℞ Sp. Med. *Dioscorea* gtt. x to ℥ i.
Water ℥ iv.

MISCE.

SIG.—Teaspoonful often repeated (15 to 30 minutes).

Specific Medicine Colocynth.—Abdominal uneasiness with tormina and griping evacuations. A leading remedy generally added to the special sedative mixture.

COLOCYNTH

Colocynth is a remedy for visceral pain. The large dose is an irritant cathartic, producing watery exactions. The indications for the small dose are: Cutting, twisting, boring, or griping pain, and if of the stomach or bowels, accompanied by a desire to evacuate the bowels; colicky pains in the iliac, umbilical, or hypogastric regions; dysentery with tormina in right iliac region, or diffused over the abdomen; diarrhea with mucoid passages, accompanied with tenesmic, colic-like pain; constipation with dry, ball-like feces and sharp, griping rectal pain; flatulent discharges and flatulent eructations; cutting, visceral neuralgia, and contractive and tensive rheumatic pain. Bearing in mind the foregoing, it is of great value in visceral neuralgia, indigestion, dyspepsia, flatulent, worm and bilious colic, cholera morbus, cholera infantum, diarrhea, both acute and chronic, liver disorders, chronic constipation, ovarian neuralgia, orchialgia, neuralgia of the fifth nerve, lumbago with amenorrhœa. The small, fractional dose must be employed.

USE.—In disease of the intestinal tract, with spasmodic constrictive pain, and tenesmus.

DOSE.—℞. Sp. Med. *Colocynth* gtt. v.
Water ℥ iv.

MISCE.

SIG.—A teaspoonful every one to three hours.

Specific Medicine Gelsemium.—Great restlessness and excited circulation, flushed face, contracted pupils, and marked tendency to determination of blood to brain; convulsive movements. Dose must not be too large lest vomiting be provoked.

GELSEMIUM

Gelsemium is the remedy for irritation of the nerve centers, marked by flushed face, bright eyes, contracted pupils, and increased temperature.

Gelsemium exerts a specific influence upon the brain, and to less extent upon the spinal centers and sympathetic. It relieves irritation and determination of blood, and the disordered innervation that flows from it.

Gelsemium exerts a direct action upon facial neuralgia, and headaches from cerebral hyperemia and nervous excitation. Pungent heat of the surface, with fever and restlessness, calls for this drug. Few remedies are as effective when the above indications are present, in spasms of children, and in spinal, cerebral, and meningeal inflammations. A thin, resisting os uteri gives way under its use, and spasmodic urethral stricture is readily overcome by it. (Drug Treatise No. IX gives an exhaustive study of Gelsemium and will be mailed physicians free on application.)

INDICATIONS.—Flushed face, bright eyes, contracted pupils, increased heat of head, and general headache.

USE.—In determinations of blood and inflammation of the brain, in fever and inflammatory diseases with the above symptoms.

DOSE.—℞. Sp. Med. Gelsemiumgtt. x to xx.
Waterʒ iv.

MISCE.

SIG.—A teaspoonful of the dilution every hour.

Poisonous in Overdoses.

Specific Medicine Belladonna.—Dullness and hebetude; child sleeps with eyes partly open; strong tendency to congestion.

BELLADONNA

Belladonna is the remedy for congestion, especially of the cerebro-spinal centers. The indications are dull eyes dilated pupils, and somnolence or coma.

The symptoms calling for the use of Belladonna are usually very plain; the patient is dull and stupid, and the child drowsy, sleeping with its eyes partly open; the countenance expressionless; the eyes are dull, and the pupils dilated or immobile; as the disease continues, respiration becomes affected and the blood imperfectly aerated.

Belladonna is the remedy for urinary affections, particularly for children; especially when associated with capillary inactivity and a tendency to congestion, throbbing pain in the region of the kidney, and urinal incontinence or conditions in which it proclaims its power. It overcomes spasms of the body orifices. Some forms of whooping cough are relieved by Belladonna, and it is an all-important remedy in the exanthemata and in sore throat of a dry, deep red, and swollen character, with great difficulty in swallowing. Mental hebetude and the dull, expressionless countenance are very clear indications for Belladonna. (Drug Treatise No. X gives an exhaustive study of Belladonna and will be mailed physicians free on application.)

INDICATIONS.—Dull face, dilated pupils, dullness of mind, and tendency to sleep, impaired capillary circulation of the skin.

USE.—In congestion of the brain and spinal cord; in congestive disease of any part; in scarlet fever, and in some cases of whooping cough and sore throat.

DOSE.—℞ Sp. Med. Belladonna.....gtt. to gtt. x.
Waterʒ iv.

MISCE.

SIG.—A teaspoonful of the dilution every hour.

Poisonous in Overdoses

There are others, but the foregoing suffice for the purposes of illustration. How familiar these indications sound. Of *matricaria* it is said: "If a child, it is appeased only when being carried." Shades of Hering, what think you of this!

Otorrhea.—When aural suppuration is once established, of course surgical procedures must be employed,—free vent for the pus, removal of necrotic tissue, asepsis, and *dryness* of the parts. (To prevent suppuration the prolonged application of cold, sometimes of heat, and often a free incision are invaluable measures.)

Local treatments or operative measures enable the internal remedy to act more promptly and efficaciously; but, on the other hand, the proper medicine will ensure rapidity and permanence of the beneficial effects of an operation. As in surgery, generally, an operation does not cure—it merely puts the part of the body involved into a more favorable condition for recovery, which may then be either spontaneous or aided by internal medication.

In August, 1892, a boy, ten years old, came to me for otitis media suppurativa dextra of seven years' standing; there was a large perforation of the membrana tympani and a profuse, offensive, bloody, thick, yellow discharge. Operation was out of the question, as he was white and anasarous from so bad a mitral insufficiency that it did not seem possible for him to recover. (Hydrogen dioxid was used to keep the ear as clean as possible, and the main reliance was placed upon internal medication, his principle remedies being tellurium, kali sulph., kali phos., elaps and ars. iod.) Progress was satisfactory but slow; slight recurrences requiring occasional attention at intervals of months for a couple of years, when finally he called himself well. Bryonia, arsenic and gelsemium were necessary at times and at last cardiac compensation was so well established that he experienced no bad effects from playing the violin and riding a bicycle.

As to adjuvants, I have had the best results with hydrogen dioxid, electrozone, pyoktanin blue (in fresh solution), formalin, bichloride, and succus calendulæ; wiping the accessible parts dry, and sometimes a light dusting of powdered boric acid or of calendulated boric acid. Each has failed, and each has proven efficacious when others failed.

INTERNALLY

PULSATILLA is good for profuse, bland, thick yellow or yellowish green muco-purulent discharge or pus. There may be itching deep in the ear, or vertigo, maybe nausea. Pains violent, as if something were forcing outward, or darting, tearing and pulsating. Deafness and roaring. Aggravation from warmth, in the evening till midnight. Relief by cool air.

This remedy is especially useful in negroes and children; after scarlatina; in acute cases, before or just after the appearance of a discharge.

HEPAR (calcium sulphide) is the first remedy usually thought of for acute or chronic suppuration, but is not always the right one. Give it for a fetid, thick, purulent discharge with great sensitive

ness to touch, and ready bleeding. Relief from warmth—from wrapping the head warmly. There may or may not be pains in the ears; if present they are sharp.

The patient is probably irritable, with hasty speech and actions; he is sensitive to the open air, feels cold when others present do not. Hepar follows pulsatilla well, and is especially useful if the patient has taken a great deal of mercury. If given in material doses ((one-tenth grain) too soon it will probably precipitate a suppuration that might otherwise have been avoided.

Dr. H. P. Bellows gives hepar if the pain continues, and the discharge seems inadequate, after incision, or spontaneous perforation of the drum head, the leading indication being scanty discharge with localized tenderness.

MERCURIUS (solubilis or vivus) is suggested by pulsation of the pus at the inner end of the external auditory meatus. The discharge is thinner than under pulsatilla or hepar, is excoriating, bloody, offensive—may have a metallic brassy odor. The pains are dull constant, or stitching, tearing, with soreness or burning. The patient perspires much without relief, is worse from warmth and at night. Of course there is deafness. Sounds vibrate in the ears. The tinnitus is ringing and roaring, pulsating. Polypi.

SILICEA is perhaps more frequently useful in persistent chronic otorrhea than any other remedy, especially after operations and if the bone is affected. It promotes repair of the drum-head after suppuration has ceased.

The discharge is foul, thin, often scanty, or bloody. There may be sharp, drawing or stinging pains; hissing, singing or roaring tinnitus; itching in the ears, relieved by digging, scratching or cleansing the ears. With deafness, particularly for the voice, there is oversensitiveness to loud sounds. Relief by wrapping the head warmly. In a prolonged case it may be well to change for two or three weeks to lapis albus, which is the silico-fluoride of calcium.

TELLURIUM is very valuable, even if the odor of the discharge is simply offensive instead of like brine or fish pickle. The membrana tympani is dark purple with vesicles like phlyctenules, suppuration and perforation.

The discharge is thin, watery, very excoriating and irritating, causing redness and vesicles or pustules wherever it touches. The ear itches with painful throbbing in the external meatus.

KALI PHOSPHORICUM. Offensive acrid pus, dirty, brownish, watery. Deafness, blunted perceptive power. Tinnitus—humming, buzzing—with weakness and confusion.

KALI SULPHURICUM. Ear-ache with thin, yellow discharge. Sharp cutting pain under the ears; tense, stitching pain under the mastoid process. Worse in heated room. Polypus in meatus.

KALI BICHROMICUM. Chronic, suppuration, stringy, yellow discharge, especially if associated with nasal catarrh or rheumatic pains in various parts of the body that alternate with nausea or indigestion. Indolent ulceration.

KALI MURIATICUM. Chronic suppuration, stringy, white dis-

charge. Abundant granulations or hypertrophied mucous membrane of the middle ear. The most valuable single remedy for the deafness following purulent or catarrhal otitis media.

ELAPS. A thin, yellow green, maybe bloody discharge that is somewhat irritating; it stains the pillow-case clear green. The mucous membrane (especially of the naso-pharynx) may be cracked and dry.

PSORINUM is to be given to patients subject to glandular and cutaneous affections who do not respond to the apparently indicated remedy. The obstinate otorrhea is thin, ichorous and extremely offensive. There is an offensive odor to the whole body, and often itching.

THUJA, if the patient has had gonorrhœa or has been vaccinated. The discharge is bland and thick, smelling like putrid meat.

CALCAREA PICRICA has been found useful for prolonged or recurrent cases with muscular weakness and want of will power.

Ars. iod., aurum, calc. phos., calc., iod., hydrastis kali iod., lycopodium, mezereum, nitric acid, petroleum and sulphur will also well repay study. (

The condition of the naso-pharynx and eustachian tube must always be taken into account, and the totality of the symptoms should be covered if possible. An unexplainable and otherwise unimportant symptom may determine the choice of the successful remedy.—

JOHN L. MOFFAT.

Viscum Album in High Arterial Tension.—Dr. Le Breton-Oliveau (Thèse de Bordeaux, 1908) was led to study the action of extract of mistletoe in albuminuric hypertension after reading the results of Gaultier's experiments in Dieulafay's laboratory. Gaultier found that intravenous injections corresponding to 0.25 cg. of fresh plant exercised a powerful action upon the central vaso-motor system; it augments the heart-beats, diminishes reflex action, and dilates the pupil. Dr. LeBreton-Oliveau has tried the effects of the drug in fourteen cases of hypertensive albumuria (chiefly in pregnant women) and finds that it brings about speedy lowering of arterial pressure followed by amelioration of the albuminuria, especially if used in conjunction with a strict regime lacté or regime déchloruré. He prefers injection of repeated small doses of the drug to injections either subcutaneous or intramuscular, as the quantity used can be larger and its action is more certain and continuous. (*L'Art Médical*, June, 1908, p. 469.)—J. G. B.

Viscum album should be thought of in failing compensation of the heart, when dyspnea is pronounced, aggravated when lying on the left side.

Diphtheria Antitoxin.—*The Leipziger Populare Zeitschrift für Homœopathie* for March, 1909, contains a long and most interesting article on diphtheria, by Dr. Med. Martin Baltzer of Stettin. Dr. Baltzer wrote to several old school physicians who had

originally opposed the use of diphtheria antitoxin, to find out whether these physicians still maintained the same opinion. The following replies were received and will be of interest to those in our school who believe in the universal application of antitoxin both as a prophylactic and curative remedy.

Prof. Dr. Cassowitz under date of Dec. 14, 1907, states: "I maintain the same point of view exactly, regarding the serum, as at the time of the publication of my article, because all that was formerly known concerning it, objectively considered, proves the absolute ineffectiveness of this therapy"

Prof. Dr. Bourget, under date of Dec. 15, 1907, states: "I am convinced that the serum (antitoxin) is not the specific remedy. I do not use it either in the hospital or in my private practice. The last statistics (Dec. 1907) of the cantons of Lausanne, give 660 cases, of which 186 were treated with antitoxin, with 16 deaths, or 8.6% and 474 cases treated without antitoxin with 2 deaths or 0.42%.

Dr. Ziegelroth wrote, date not given, "I am an opponent of diphtheria antitoxin and never employ it. During this year (presumably 1907) there died in Berlin, 800 children of diphtheria and all of them treated with antitoxin."

Kali carbonicum.—Sacral pain:—one of the most frequent female complaints, especially among the multiparous lower classes, where the woman is obliged to speedily resume household cares or business. These women whose exhausted vitality is depicted in their faces, complain of various phenomena, which denote the intensive debility of the body, but particularly of sacral pains which at last drive them to the physician. On examination, cardiac trouble and the very common pulmonary (apical) catarrh being excluded, we find that the cause is chiefly located in the pelvic region: relaxation, prolapse, chronic inflammation from a gonorrhœal infection, retroflexed uterus and other anomalies. The retroflexion plays a chief role and exceeds in frequency all other conditions of the female tract. Local and surgical measures aside, women who trace their trouble to a neglected confinement with sequent anemia or to some sudden exertion, lifting or carrying some heavy burden or to insufficient nourishment, are very often—with proper nutrition—greatly benefited by kali carb. Farrington rightly says that kali carb. is too frequently neglected in practice. The potency is also of importance, and the 12x has served the author best in many cases, not alone in female diseases, but in pertussis, bronchitis, asthma, dyspepsia, chronic nasal catarrh; why, it is difficult to state, but the fact remains. Thus, boy aet. 14, suffered from periodic attacks of asthma apparently reflex from a nasal condition of years' duration. After operation by a specialist, the trouble did not completely disappear. When an attack comes on, kali carb. 12x gives certain relief; the 3rd, 6th, 15th, 30th dil. are of no avail. DR. STOLMEYER, *Leipsiger Zeitschrift für Homœopathie*.

SANICULA

J. E. LILIENTHAL, M. D. *San Francisco.*

IN the congress of American Physicians and Surgeons, held at Washington during September, Dr. C. C. Rice, of New York, presented the report of the Committee on Mineral Springs. He states that over eight hundred letters were sent out to the different springs and that the answers in the majority of cases were not only unscientific, but also unsatisfactory. He states further, that nine-tenths of the mineral waters of the United States are still unanalyzed.

This is a sad commentary, and not without interest to us as homœopaths. The old school, who never miss an opportunity to have their fling at us at the smallness of the dose prescribed by members of our school, are staunch adherents of the benefits to be derived by a "cure" at one or other springs, forgetting that the remedial agent for which that particular water may be prescribed contains perhaps but a fraction of a grain in a gallon.

It gives me pleasure to call your attention to a proving of the Sanicula Spring, Ottawa, Ill., by Dr. J. G. Gundlach, made from the water itself and potencies, and also one by Dr. Sherbino, of Texas, of potencies. If the provings be verified and in part they have already been done, S. promises to be an antipsoric of no mean value.

Our own state teems with mineral springs of undoubted value, and I trust the example set by these gentlemen will cause some of my hearers to emulate their example and give us provings which will result in benefiting not themselves but our cause as well.

Analysis, Prof. Silliman, Yale.

The water is without odor or color, and of an agreeable and slightly saline taste.

Sodium Chloride,	92.7905
Calcium "	23.5699
Magnesium "	23.2687
Sodium Bromide .....	.3220
" Iodide .....	.0826
Lithium Bicarbonate	trace
Sodium " .....	.9776
Calcium "	14.3494
Potassium Sulphate	5.1246
Ferrum Bicarbonate .....	.0979
Calcium Sulphate	9.6236
Sodium Phosphate .....	.0045
Borax,	trace
Alumina, .....	.0117
Silica, .....	.5394
Organic matter,	trace

170.7734

Carbon acid cub. in. at 60° F.....25.6

Density of water.....1.0022

*Read before the San Francisco Medical Club.

Lack of energy, with no stability of purpose; jumping from one work to another; never finishing what has been commenced. Depression of spirits, with a feeling of some impending misfortune. Child stubborn and willful, gets angry and throws itself backward. Drosera.—Mental restlessness when reading; cannot dwell long on one subject; must always change to something else.

The depression, with feeling of impending misfortune, we find marked under Calc-c., as well as the stubbornness and the irritability the latter also recalling the mental symptoms in childhood of cham. and china.

Like borax, it has < from downward motion. Not alone was this symptom developed in a child, but the doctor who could not endure the downward motion of elevator, has been cured of this failing since making his proving.

Dull headache, which seems to be felt in the morning; gets worse about noon, and is better toward evening. The pains are < from motion, leaning the head back, cool, open air and wrapping head up warm, rest and sleep.

Great accumulation of dandruff was noted in all, the hair becoming dry and lusterless, in this reminding us of alum and kalic., but it has the itching more marked when the head gets warm.

Like calc. the child sweats profusely about the head and neck during sleep, wets the pillow all around.

In scrofulous diseases of the eye, especially in severe cases of blepharitis, S. promises to be useful, its action being similar to graphite etc., having the same sticky discharge which dries, forming white scales and having an ulcerated surface underneath the scabs. Lids agglutinated in morning. Upon the nasal mucous membrane we find it producing a profuse, thick, acrid discharge, which, as it becomes thicker, forms into scabs and clinkers, which are thrown off both from the anterior and posterior nares. The character of this discharge, with its tendency to form clinkers, reminds us strongly of kali b., but differs in its concomitants, as the dryness at night with the < of the discharge in-doors, and in the mornings bear resemblance to the < of nux.

Dr. Sherbino reports a clinical symptom similar to what we find under squills. "On awakening the child rubs its eyes and nose with the hand." Mouth dry, and still no desire for drink; apthæ on tongue and insides of lips and cheeks, with foul breath. Appetite is improved but food is not assimilated, as the patient emaciates; the digestion is slow, and we have bloating after eating, causing the person to open the clothes; sour, acrid erutations, nausea coming on while eating, with vomiting of the food; in children the vomited matter is in large curds. The vomiting of large curds with falling off to sleep is similar to æthusa, but the sanicula condition is a later and graver condition. Emaciation, especially about the neck, more pronounced and the stools different. It may be watery, as sometimes the æthusa stools are, but it is oftener lumps of curds, smelling like rotten cheese. It need not be always of this character, in fact, the stools are apt to be changeable, at times resembling the magn. carb. condition, at other times more like rheum, having the character-

istics of turning green after standing, but lacking the sour smell which accompanies the rheum stool.

The effect on the stools seems primarily to cause an increase in quantity and to cause the stools to become softer, this is followed by a paretic condition of the lower bowel, with inability to expel its contents, immaterial if they be soft or large, hard and dry, or at first part hard, second natural in consistency.

During stool intense straining, with tendency for the stool to slip back on stopping to catch his breath. This intense straining, to the extent of even grasping the seat, finds its only resemblance under alumina, but the slipping back of the stool when having been partly expelled has its counterpart in silicea and magn.mur. All have the straining, even with soft stools, but the pains with all three are more in anus and rectum, while under sanicula the perineum not alone pains during but continues to feel sore and burn several hours after stool. (lyc., contractive pains in perineum for many hours after hard, scanty stool.)

The urine is increased in quantity, frequently obliged to rise during night.

Menstrual flow irregular in time, but seems to be increased in quantity, and has been prescribed successfully for menorrhagia. It needs further proving in this direction. Leucorrhœa smelling like strong fish-brine; this odor seems to be peculiar to the remedy, as the male prover had the same odor about the glans after intercourse. Cough caused by a tickling under the sternum; with so much soreness of the chest that he holds the chest with hands; <in the morning and in warm room and from laughing and speaking; and >in in open air, with considerable rattling in chest and expectoration of yellow, mattery lumps.

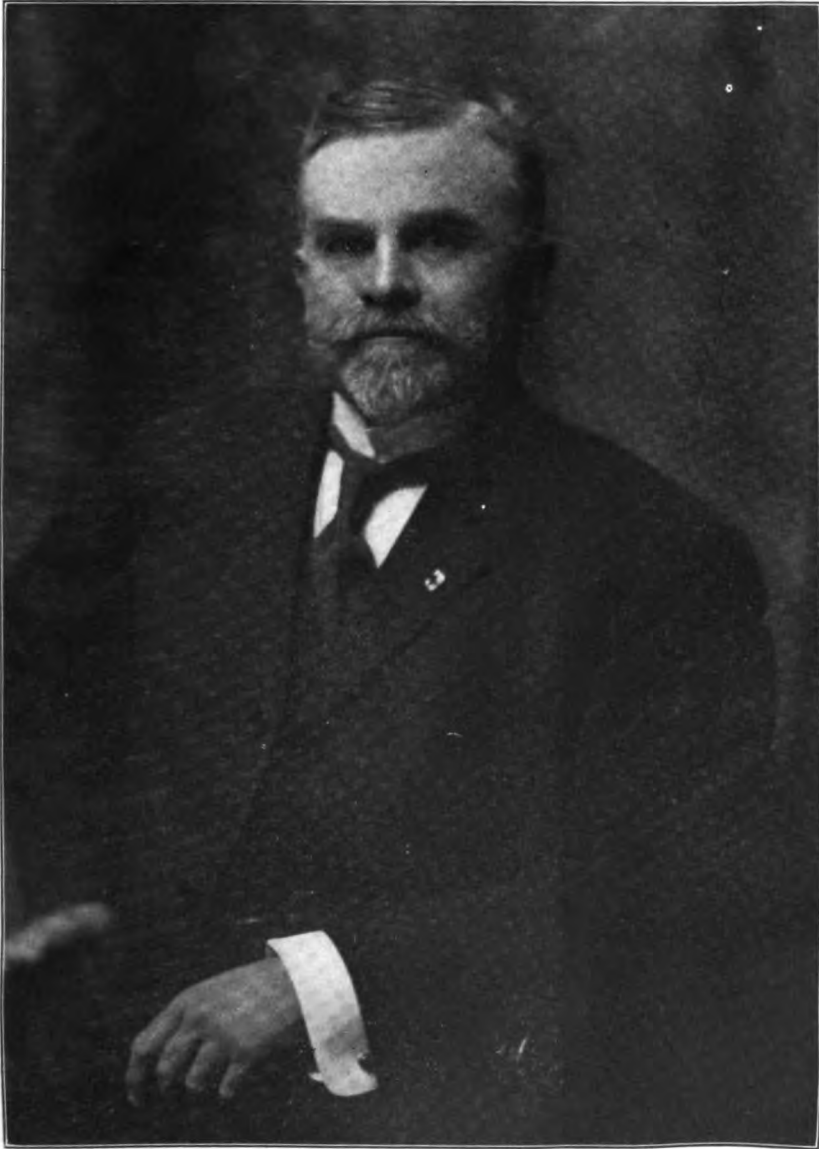
The symptoms of the back remind us strongly of rhus as far as the concomitants are concerned. We have some amelioration from motion, also by pressing against some hard substance and by lying on the back. It is a tired, weak feeling, more in the lumbo-sacral region, coming on in the morning after rising, increasing until noon, gradually passing away in the course of the afternoon.

The symptoms of the extremities require further proving, but we have some symptoms reminding us of calc. and sulph. The hands and feet are cold and clammy, with considerable foul, fetid perspiration between the toes. We find, on the other hand, a contrary condition. Heat of the palms and soles, so that the prover sticks out the feet to cool them.

I do not wish to weary you with the full synopsis of the symptoms, which you can read for yourselves. If I have succeeded in awakening any interest for the drug, or for examining the springs of our own state, my purpose has been attained. It has been used clinically in enough cases of inanition to prove its value; and certainly the emaciation, the disturbed abdomen, the perspiration about the head and neck, all symptoms which we have all met with so often in these conditions, are indications enough to lead us to make a closer study of this natural spring in such cases of marasmus as we may be called upon to treat.

American Institute of Homœopathy

65th Annual Session, Detroit, Mich.



JAMES W. WARD, M. D., San Francisco, Cal.,
President-Elect of the American Institute of Homœopathy.

JAMES W. WARD, M. D., who was elected president of the American Institute of Homœopathy at its recent meeting in Detroit, was born in Minneapolis, Minn., March 14, 1861; he removed to California in 1871, graduated from the San Jose high school and began the study of medicine in Santa Cruz, Cal., in August, 1878, and graduated from the New York Homœopathic Medical College in 1883. In the same year he received appointment for Ward's Island Hospital staff, which position he resigned to become, by competitive examination, the resident physician of the Hahnemann Hospital of New York. After two years' service in the Hahnemann Hospital of New York he settled in San Francisco in 1885. He lectured on physiology in the Hahnemann Medical College of San Francisco for three years; was professor of gynecology and abdominal surgery in the Hahnemann Medical College of the Pacific twenty-one years; president of the California State Medical Society 1900 at San Francisco; member of the Board of Health of the State and County of San Francisco January 1, 1902, president of the Health Department of San Francisco, from January, 1903 to March, 1907 inclusive, resigning voluntarily from the Health Department and receiving the privilege of appointing his successor. The work done in the Health Department was with special reference to the introduction of homœopathy into the various municipal appointments under the direction of the Department of Health. This work has been of lasting importance and has pushed homœopathy in San Francisco fully a quarter of a century ahead. The establishment of all the branches under the control of the Department of Health in substantial form has created a permanent and fixed position for homœopathy, fully recognized at the present time. The management of the earthquake and fire periods of 1906 and the subsequent control of the situation so that no epidemic of any kind followed the disaster stands alone in history following such disasters. His practice is confined largely to surgery into which he brings the strong convictions of the wide range and absolute necessity of careful prescribing as a feature in securing surgical success. As one of the founders of the Hahnemann Hospital in San Francisco, he has given to San Francisco the strongest clinical arm for teaching in the Hahnemann Medical College of the Pacific. He has held the position of Dean of the Hahnemann Medical College of the Pacific, and is just entering upon his tenth year of service. He is a member of the San Francisco County Homœopathic Society, the California State Homœopathic Society, honorary member of the Southern California Homœopathic Society, member of the American Institute of Homœopathy, and an honorary member of the British Homœopathic Association.

The Hahnemann Medical College of the Pacific graduating class '09, seven in all, joined the American Institute of Homœopathy, the faculty paying their initiation fee and first year's dues.

AMERICAN INSTITUTE OF HOMŒOPATHY

65th Annual Meeting

BUSINESS SESSIONS

When the 65th annual meeting of the American Institute of Homœopathy was called to order at 3 p. m. Monday, June 21st, there was present a larger and more representative gathering of members than usually assembles at the first session.

President's Address.—Dr. W. D. Foster, of Kansas City, president of the Institute, devoted the greater part of his preliminary address to a discussion of the Institute Journal question, claiming that he had signed the contract with the Medical Century Company, under a misapprehension, and giving it as his belief that the said contract was null and void and should not be ratified by the meeting; that the same service as was being rendered could be obtained for less money. Recommendations were also made for certain changes in the method of electing officers.

Publication Committee's Report.—Dr. Horner in behalf of the Publication Committee reported that as a result of the work of his Committee, copies of the business transactions of the Institute were sent to the members about the middle of May, there being multiple causes for this delay, not the least of which being the embarrassment that the volume should be issued, 256 pages, for \$750., whereas the book as it stands runs 410 pages and costs \$1,069. The president recognized the condition of confusion following the illness and death of our late and honored secretary, Dr. Frank Kraft, which was well-nigh insurmountable, and commended the satisfactory manner in which Dr. Horner handled the situation.

Incorporation Committee's Report.—The Committee consisting of Drs. Swormsted, Hooker and Bailey, reported that after carefully going over the laws of the City of Washington and the District of Columbia, it had decided that the District of Columbia was the best place to incorporate and therefore made recommendation to the Institute at Kansas City, at which time and place the Institute adopted said recommendation and appointed a committee of three members in Washington, Drs. Swormsted, Custis and King. Accordingly this Committee took out papers of incorporation under the laws of the District of Columbia and then held a preliminary meeting, selecting as their associates Dr. T. Franklin Smith, treasurer of the Institute, and Dr. James McClelland, one of the oldest ex-presidents of the Institute. The committee later held a meeting which was attended by Drs. Smith, Custis and Swormsted and under the law, an organization was perfected. At this meeting, held October 31, 1908, Dr. Custis was unanimously elected president of the American Institute of Homœopathy as incorporated under the District of Columbia. Dr. Custis was presented by Dr. Swormsted and congratulated the American Institute, an incorporated body, on the fact that they now live under the munificence of the law and have all the privilege and possibilities of manhood and jur-

isdiction in the land. Under the laws of the District of Columbia the incorporators are the board of trustees for the first year; and a majority of the members of that first board of trustees must be residents of the District of Columbia. Consequently the personelle of the present board is as it has been given. After the expiration of that first year, the present incorporators can pass all of their privileges, prerogatives and responsibilities to such members of the new board as may be elected by the Institute itself. But this cannot be done until the Institute authorizes the transfer from the unincorporate to the incorporate body. Dr. Custis, on behalf of the incorporators, reported further that they did, after their organization, form a constitution and by-laws for their government. These by-laws provide for the election of nine trustees to serve in groups of three for terms of three years, and they in conjunction with the officers elected yearly shall constitute the board of trustees ordered by law, thus providing for the transaction of business at all times.

The Journal Committee, through its chairman, Dr. B. F. Bailey commented upon its virginal efforts, expressing satisfaction at the outcome, and to correct shortcomings recommended several amendments to their contract which had been assented to by the Medical Century Company, i. e., raising the amount stipulated for illustration from \$100. to \$250. per year and to furnish space for table of contents, list of Institute officers, schedule of prices for reprints and to print index and title-page at the end of each year; providing also that in case of disability of the editor, his successor shall be mutually satisfactory to both parties to the contract; any matters in dispute to be settled by arbitration, the Institute to select one party, the publisher one, and they two to select a third. In conclusion the Committee tendered its resignation. It was moved and seconded that the report be adopted, following which there was full discussion in which earnest pleas were made for consideration of the various state journals whose future existence is imperiled by the advent of the Institute Journal and consequently the propagandism of homœopathy by the local societies more or less crippled.

Nominations for Office.—The secretary read the following nominations. For president: Gaius J. Jones, D. A. MacLachlan, C. E. Sawyer and James W. Ward; first vice-president, Jos. Hensley, Herbert Dana Schenck; second vice-president, Sarah M. Hobson; treasurer, Thomas Franklin Smith; for secretary two terms had to be supplied—one, the short term, from the adjournment of the present session until January 1st, 1909, and the long term from the latter date until January 1, 1911. The nominations were for short term, J. Richey Horner; and for the long term, Henry C. Aldrich, Joseph H. Ball and J. Richey Horner; for registrar, T. E. Costain, W. O. Forbes and G. A. Huntoon; for censor, J. B. Garrison; for trustees of the Institute, nine to be elected, three for three years, three for two years and three for one year, the following:— three years, James H. McClelland, Eugene H. Porter, J. B. Gregg Custis; for two years, George Royal, William

Boericke, Joseph P. Cobb; for one year, John P. Sutherland, E. H. Mann, Gaius J. Jones.

The Committee on Resolutions, to correct an oversight in preparing amendments to the by-laws last year offered in writing to amend article VII, section 4, so that the president-elect shall within thirty days of his election appoint chairmen of the bureaus and standing committees provided for in the by-laws, to serve during his term of office.

The Board of Censors.—On the recommendation of Dr. Cowperthwaite, the name of Dr. Anschutz was passed upon favorably as an honorary or associate member of the Institute. Dr. Anschutz has been elected an honorary member of the society of France and while not in active practice is doing a great deal of good work for homœopathy.

The Committee of the Whole, through its chairman, Dr. J. P. Sutherland, recommended that the report of the Journal Committee be received with its amendments and the committee be instructed to continue in charge until the new Board of Trustees is organized and can take charge of it in accordance with the certificate and articles of incorporation.

The Interstate Committee submitted its report, strongly condemning the use of benzoate of soda and other preservatives in food. This point was emphasized by Dr. Carmichael who said we wish to show that in this great American Institute of Homœopathy we are opposed to these preservatives which seem to have come into favor and that we uphold the stand taken by Dr. Wiley in his opposition to the same. On the motion of Dr. Schenck, our three representatives in Washington, Drs. Custis, King and Swormsted, were appointed to present this matter to the President on his return home.

Election of Officers.—Secretary Horner reported the result of the election, 316 votes having been cast. The election of Dr. James W. Ward as president was received with cheers. Dr. Ward was escorted to the platform and introduced by President Foster: Dr. Ward responded most kindly, considering his election of the greatest significance; its responsibilities will be shared by the entire California delegation, he stated, and that he takes it not as an unusual tribute to himself but that it expresses the recognition of California's needs and wishes; its campaign was one simply of invitation. On behalf of the physicians of California, Dr. Ward thanked the profession for the generosity bestowed upon California in 1906 for which they shall be ever grateful, pledging himself for the welfare of the Institution and that which it bespeaks.

The Senate of Seniors nominated Dr. T. Griswold Comstock, of St. Louis senior president for the ensuing year. The action of the convention was wired Dr. Comstock who has been incapacitated for some years from being professionally active and is practically helpless as to physical movements but retains mental vigor to a considerable degree.

Other elections were announced as follows: first vice-president, Dr. Herbert Dana Schenck; second vice-president, Dr. Sarah M.

Hobson; treasurer, Dr. T. Franklin Smith; secretary, Dr. J. Richey Horner, for both the short term and the long term; for registrar, Dr. W. O. Forbes received 126 votes and Dr. T. E. Costain 121 votes; a later voting resulted in the election of Dr. Forbes, of Hot Springs, Ark.; censor Dr. J. B. Garrison; for the board of trustees, there was one candidate for each position, each receiving the full vote, as announced elsewhere.

The Council on Medical Education and Propagandism, through its chairman Dr. George Royal, made a lengthy report of valuable work done; first a letter was sent to each examining board setting forth the condition of the medical colleges and recommending that graduates of all our eighteen colleges be admitted for examination before all the boards. This letter was followed by a letter from the other school, which fell into the hands of our Council, asking these same boards not to receive the graduates of our colleges or certain of them for examination, but so far no state board has refused any of our college graduates to come before them for examination. The efforts of the Council were directed first and foremost to improve the colleges, simply stating their condition rather than demanding favors. On July 21, 1908, the members of the Council met in the office of Dr. J. P. Sutherland, with the following summarized result: the appointment of Dr. J. B. Garrison, of New York, treasurer; Dr. W. A. Dewey, Ann Arbor, chief field secretary and other members of the Council associate field secretaries; the remuneration of each: chief field secretary \$2,000. per annum; assistant field secretary, \$10. per diem—traveling expenses of each to be in addition to this amount. The plan of procedure is to secure increased attendance in colleges, increased membership in our organizations, to issue literature to assist in the work; the first step in the latter effort was to find out who were homœopathic patrons on the faculty of literary colleges and also ascertain the membership of the homœopathic profession, and the Council now has a complete card system of all the homœopathic physicians of the United States which includes the known address of over 11,000 homœopaths, and 1,500 whose addresses are unknown or unverified—100 of the latter being graduates of the past year. There is also on file a card list of localities for homœopathic physicians, arranged by states; card lists of health boards, boards of examiners, municipal officers, members of boards of education, U. S. pension examiners, etc., all of which lists are being revised daily. It also possesses a complete list of boards of medical examiners, with designating remarks to show to what school of medicine each belongs, society affiliation, etc. In Minnesota a competitive examination on the life of Hahnemann was held among the high school students and for this purpose there were distributed copies of the essay by Dr. Arndt of California, written for the 150th anniversary of Hahnemann's birth. In order to make just award the judges also had to inform themselves regarding Hahnemann and his principles. During the year the Missouri College of Homœopathy, St. Louis, suspended work, and the College of Minnesota is in a most unfortunate condition.

Of the Propagandism Fund, \$2,700. was received of the \$5,000. pledged last year, and \$630. on the \$2. per year plan suggested by the honorary President, leaving in prospect of receipt \$3,176. The report concluded with request that the council be authorized to continue the work, and suggested following the plan of sending auxiliary field secretaries, i. e., send a man to a state meeting in his vicinity as occasion offers, rather than to have the chief field secretary travel great distances with proportionate traveling expenses. This report was approved by the Institute and a vote of thanks tendered to those who worked so faithfully during the past year.

It was reported that Dr. Young announced the Washington State Homœopathic Society had reorganized and will hold its meeting early in July, and it was suggested that as many as can do so attend this meeting while en route to the Institute meeting in California, July 11-16, 1910.

On Thursday morning a telegram was received announcing the death of an ex-president, Dr. T. P. Wilson, who was a member since 1865.

Dr. Sutherland moved that an expression of sympathy and affectionate regard on the part of the Institute be forwarded to one of our venerable ex-presidents, who recently met with an accident by means of which his hip was broken and he is crippled for life, Dr. F. H. Orme of Atlanta, Ga.

A resolution was passed making the minimum requirements for matriculation in our medical colleges a four-year graded high school course.

Interstate Committee.—The report regarding the various states represented, called attention to the fact that no important medical legislation had been attempted in New York except an effort to deprive the college in New York City of its enlarged and important ambulance district which was given to it after one of the allopathic hospitals voluntarily gave it up. In New Jersey the osteopathic bill was defeated after a little more strenuous fight than in former years. Pennsylvania now has three boards of medical examiners. The bill was introduced at the last legislature for a single board, and was bitterly fought. In Texas, the board of regents is still considering whether or not they will permit the chair to be established which the large petition calls for.

The Constitution and By-laws, of the American Institute of Homœopathy as incorporated was submitted by Dr. Custis, to go into effect September 26th, 1909. The proposed amendments as printed in the announcement were accepted as the property of the Institute, rather than of any committee, and considered in connection with the Constitution and By-laws, which were taken up section by section and article by article and adopted with the amendments referred to.

The Committee on Clinical Research, through Dr. James Krauss, recommended that this committee hereafter be known as the American Association for Clinical Research; that it be permitted to proceed with the organization of an independent association

for clinical research; to be independent of all existing national bodies, provision to be made for representation through respective committees; that it be empowered to invite, on behalf of the A. I. H., various medical bodies, especially the A. M. A., National Eclectic Association, Army Navy and Marine Hospital Service, affiliated hospitals and bodies, requesting officials of foreign states, city and country hospitals to affiliate and to cause the opening of hospitals under their control for the purpose of systematic scientific research on lines proposed by the Institute in 1908 and 1909, and directed to make a yearly report on the progress and achievements of clinical research.

Conference with A. M. A.—Dr. Schenck reported that the Committee appointed at the Kansas City meeting from the New York State Society had approached the A. M. A. and asked for the appointment of a committee to join our committee in the reproof and testing of some drugs so that the law of similars might become universally known and adopted as a scientific fact by medical provers of all schools; valuable and rapid progress in so difficult a proposition was reported; the delegates of the A. M. A. accorded them a most kindly reception and evidenced themselves to be open-minded to take up an investigation of homœopathy. It was put to them as the investigation of the law of similars; and this and the other facts that are collaterals to that, that we call homœopathy, will come when that is accepted. The committee requested permission to continue, feeling reasonably sure that it will be able next year to report this plan well in hand and ready for active work. While the work of this committee is much similar to that reported by Dr. Krauss, this is much broader as it endeavors to establish a universal rule for the treatment of disease.

The Committee on Drug Proving reported through Dr. Custis they had a great many provings and had been able to meet all expenses without calling on the Institute. The provings are not ready for publication in full but the results attained are most extraordinary; the committee has had the assistance of the Government and the drug experimented with has been standardized by the government; the modified preparation has not only satisfied the government, but shown that the drug as triturated by Dr. Clapp, who has taken that in charge, meets all the requirements of the Bureau of Agriculture and shows a greater strength if anything than that which they have used with animals. Checking up of investigations on both sides showed them to be in harmony. Fuller report is promised later.

The Trustees.—In response to inquiries, Dr. Custis emphasized the fact that at the business session Thursday morning it was moved, seconded and adopted that the Institute accept the articles of incorporation and on the proper date (September 26, 1909,) transfer themselves to that body; that under the law of organization, the trustees had to formulate and adopt a constitution and by-laws for their government, which they did in Washington; and that in the interim the Institute unincorporate continues under the constitution and by-laws which have prevailed with such amendments as were proposed and adopted; that the trustees elected to-day in

connection with the officers elected today will become the trustees and have all authority on the 26th day of September, 1909; that the word "trustees" as used now refers to the incorporators and according to the wording of the law they become the trustees for the first year and until September 26th, *i. e.*, according to the act of incorporation of the District of Columbia.

In the A. M. A. and other associations the property and control has been passed over to a board of trustees who have absolute control of the expenditure of money, the holding of property, etc., and that brought about a great deal of dissatisfaction. In order to avoid this and not to rob the officers of any prerogatives and to keep up the interests of the members by having an election every year, we make this provision which according to the legal advice received, renders it perfectly proper and right. A body of this kind has to be governed by a board of trustees; consequently we designate the president and other officers and they hold the same title and have the same duties and prerogatives in the Board of Trustees as they have in the Institute itself. That is the reason for that. The ordinary executive committee of the Institute goes out of existence with the adoption of this plan.

The Intercollegiate Committee, through Dr. C. E. Walton, reported that there were 31 representatives of 16 colleges present at their meeting and submitted the resolution presented at last year's meeting in regard to the advancement of students from one class to another without removing conditions. The total number of students last year is 1003; total number of graduates, 248. In reply to the query whether all the colleges are in good standing, Dr. Walton said none of them have been egregiously condemned; there is no college that is prohibited from doing business at the old stand but we want some of them to do it a little better.

Committee on Drug Proving, Final Report.—16 Provings of the drug were made under the supervision of the Department of Agriculture, standardized by them, and supplemented to the work they have been doing on animals. 18 of the provings were on exhibit during the session of the bureau of materia medica. The method is to first have the drug prepared and standardized by the Agricultural Department; then Dr. Clapp personally supervises the preparation of the different dilutions and they are distributed to the different colleges, the University of Iowa, the University of Michigan, the college in Kansas City and the one in New York having taken the most active part in this work. Most extraordinary results were found, results as one would expect to obtain from the lesions found in animals who have been given the drug until it produced death. These will all be tabulated and appear in the Journal of the Association. The method of verification of symptoms is not yet completed, therefore report under the seal of the Institute of Drug Proving is not yet ready for final publication.

Dr. E. P. Mills, of Ogden, Utah, extended an invitation to the members to stop off on their way to California next year, and see "us Mormons," promising fine treatment.

The Committee on Resolutions recommended for adoption the

resolution presented through the Bureau of Sanitary Science, that paragraph 3, section 2, of article 1 of Ethics of the A. I. H., be changed so as to read: A physician is bound to keep secret whatever he may either hear or observe while in the discharge of his professional duties respecting the private affairs of the patient or his family, unless it is probable that such secrecy would result in harm to others, in which event it becomes his duty to protect the innocent party or parties. In response to Dr. Ames's caution that we will be liable to suit for damages and malpractice in divulging conditions found, Dr. James C. Wood, of Cleveland, announced himself the author of this "child" and would be responsible for it. It is the outcome of a paper presented in the Bureau of Sanitary Science, entitled the tragedy of the gonococcus, which cited four clinical cases in each of which the unsuspecting party was infected by a man suffering with a gonorrhœal discharge. The object of the resolution is to free physicians from the shackles of the code of ethics which prevent protecting the innocent party after having exhausted every effort to dissuade the young man from entering into a marriage contract when he is morally and physically unfit to do so. The attorney of the Physicians' Defense Company of Fort Wayne, Ind., and others, were quoted as holding there is nothing in the legal enactments of the various states to prevent physicians from giving such information. The resolution was adopted with the intent to have the authorities specify that physicians must report infectious diseases.

The Institute passed a resolution extending a vote of thanks to its officers for their painstaking efforts during this session.

The President, on behalf of the Executive Committee, returned thanks for the kind resolutions passed, and also thanked Dr. E. P. Mills for his invitation to properly entertain visiting members next summer.

A resolution was passed extending a vote of thanks to the representatives of the Detroit daily papers for the valuable reports of the convention, and the secretary requested to acquaint the gentlemen with this expression of appreciation.

The Social Side.—Detroit's welcome to the Institute was exceedingly cordial and hearty, being in fact a reiteration of the hospitalities extended by this City of Conventions to our gathering thirteen years before. Many improvements were noted in the homes, public buildings and pleasure resorts, all giving evidence of the progressiveness of its citizens. The new Y. M. C. A. building afforded ample meeting rooms for the various sessions of the Institute and affiliated societies. The formal business session occurred on the afternoon of the first day, concluding with appropriate memorial services for our departed members. In the evening the President's address was delivered in the auditorium of the Y. M. C. A., at which time the governor of Michigan welcomed the delegates. A reception by the Meissen Society was given later in the evening at the Cadillac Hotel; and Tuesday morning these ladies also gave a "Greeting Meeting." Mrs. Oscar LeSeure entertained the ladies at four o'clock tea, at her residence, which

was the occasion of renewing friendships of former years and entering into new. Through the courtesy of the local committee, a steamer was placed at the disposal of the Institute Wednesday afternoon, for a visit to Belle Isle and other points down the river. The Phi Alpha Gamma secured headquarters in the Y. M. C. A. building and gave a smoker Friday evening. The Ustions, who have recently changed their name to Pi Upsilon Rho, held a warm-welcome meeting Friday evening. The topic for discussion was "How the Fraternity can best help our colleges," and a general good time was had. Various alumni meetings were held Friday evening and entertainment provided at the electric park which was well patronized. The Institute Fraternity, composed of the women physicians who are members of the A. I. H. held its meeting as usual on the evening of the fourth day, at the Hotel Cadillac, Dr. Margaret Hassler-Schantz, the president, presided and after the formalities of necessary business details had been attended to, those present to the number of twenty-five sat down to dinner prepared for this occasion. This association has a distinct mission in looking after visiting physicians and making all acquainted with one another while attending the Institute meetings, and doing all within their power to promote the interest and welfare of the local societies to which the members respectively belong. The incoming officers are: President, Dr. Annie Whitney Spencer, Batavia, Ill., Vice-president, Dr. Florence Ward, San Francisco, Cal., Secretary-treasurer, Dr. Marcena Ricker, Rochester, N. Y.

The Bureau of Homœopathy was presided over by Dr. Joseph C. Fahnstock, of Piqua, O., who was appointed by the President owing to the death this spring of the regular chairman, Dr. J. B. Kinley of Denver. The contributors to the program were mainly specialists who gave the homœopathic treatment of the disease to which they devote themselves, as that of tuberculosis, by Dr. W. M. Dake; pneumonia, Dr. D. M. Gibson; surgery, Dr. C. E. Fisher; typhoid fever, Dr. J. Leonard Jennings; heart disease, Dr. Geo. F. Laidlaw; skin diseases, Dr. C. D. Collins, Chicago; roman fever, Dr. D. Mattoli, Florence, Italy, and epilepsy, by Dr. P. L. Mackenzie, Portland, Ore. The part devoted to the propagandism of homœopathy was contributed to by Drs. W. John Harris, of St. Louis, Dana Fletcher Downing, of Roxbury, Mass.; and by Dr. Daya S. Kaistha, of Amritsar City, Punjab, India.

The Bureau of Sanitary Science and Public Health received extensive publicity through the address of its chairman, Dr. H. Franklin Staples, of Cleveland, O., in which he made a strong plea for the cremation of the dead in place of inhumation; he also advocated the establishment of a school where prospective health officers may be taught and trained in the profession of sanitation. Heretofore efforts have been directed to protect the healthy person from the sick, but practically nothing has been done to shield him from the dead. The Doctor also gave valuable statistics on tuberculosis which causes 150,000 deaths annually in the United States, the average age being 32 years so that the loss of life measured by time is 4,800,000 years per annum. Dr. James C. Wood, of Cleveland, in his paper entitled "The Tragedy of the Gonococcus,"

created much favorable surprise by recommending the amendment to the code of ethics previously cited.

Other notable contributions to the program were by Dr. W. H. Watters, of Boston, Dr. C. A. Weirick of Chicago, Dr. Eugene H. Porter, New York, Dr. James W. Ward, San Francisco, Dr. Guy L. Kiefer, Detroit, Mich., and Dr. Albert Hinsdale of New York. The program concluded with an open evening session, at which Dr. Hills Cole, of New York, gave a lantern slide talk on "Consumption and its Cure," and Dr. Watters of Boston told of the "Vaccine Treatment of Typhoid Fever," which was profusely illustrated with charts and diagrams. The public availed themselves most freely of this rare opportunity to become enlightened on these important topics.

The Bureau of Pedology was under the auspices of two of our prominent women physicians: Dr. Sarah M. Hobson, of Chicago, chairman, and Dr. E. Louise Orleman, of Detroit, secretary. An excellent program was presented, to which the following were contributors; Dr. Harlan P. Cole, of New York; Prof. James E. Armstrong, Chicago, Dr. John Hillman Bennett, Pawtucket R. I., Dr. C. Gurnee Fellows, Chicago; Dr. W. J. Hawkes, Los Angeles; Dr. Genevieve Tucker, Davenport; Dr. John Galen Locke, Denver; Dr. Josephine M. Danforth, Cleveland, and Dr. C. Sigmund Raue, Philadelphia.

The Bureau of Clinical Medicine afforded another opportunity for the exercise of the great executive ability of its chairman, Dr. Edward Harper, of New Orleans, whose efforts have instilled new life into the Southern Homœopathic Association of which he is president. Dr. Watters of Boston presented "A Pathologist's View of Homœopathy" in his usual scholarly manner. The general excellence of the program is attested by the following names of contributors: Dr. J. P. Cobb, Dr. James Krauss, Dr. S. R. Geiser, Cincinnati; Dr. G. J. Jones, Cleveland; Dr. H. V. Halbert, Chicago; Dr. H. B. Minton, Brooklyn; Dr. A. M. Cushing, Springfield, Mass., Dr. B. F. Bailey and Dr. Fred G. Ketchum, Springfield, Ill.

The Bureau of Materia Medica was in charge of Dr. Joseph F. Fahnstock, of Piqua, O., Dr. Crutcher being unavoidably absent on account of the illness of his wife. The program included contributions from the pen of Dr. Rudolph F. Rabe of New York; Dr. G. P. Waring, Chicago; Dr. James T. Kent, Chicago; Dr. Julia C. Loos, Harrisburg; Dr. W. A. Dewey, Ann Arbor; Dr. H. R. Miner, Falls City, Neb.; Dr. Julio F. Convers, Bogota; Columbia, S. Am.; Dr. W. H. Hanchette of Sioux City, and Dr. E. J. Kendall of Detroit. One of the most unique papers of the Institute was presented in this bureau by Chandra Sekhar Kali, L. M.S., M.C., Calcutta, India; being a proving of "Naja Tripudians;" the venomous cobra di capello, the cobra snake with the hood, the bite of which is fatal in a short time. Although the deaths in India from the bite of this snake are appalling, yet it is the favorite of the snake charmers who handle these reptiles with astonishing ease and freedom, even when in possession of their fangs. Dr. Convers also made a valuable contribution in the presentation of "A New Mineral Salt—Chloriodide of Calcium and Sodium."

Book Reviews

Hydrotherapy.—A Brief Summary of the Practical Value of Water in Diseases for Students and Practicians of Medicine. By William H. Dieffenbach, M.D., Professor of Hydrotherapy, New York Homœopathic Medical College and Flower Hospital, etc., etc. Cloth, 267 pp., illustrated, \$3.00. New York Rebman Company, 1123 Broadway.

Dr. Dieffenbach deserves the thanks and congratulations of the profession for this handbook on Hydrotherapy. While all that could be said on the subject is not included within the covers of this volume, the author has, by judicious and clever condensation, given to the general practitioner, all the facts relative to the rationale of hydrotherapy and its application that he can profitably use. In this study of hydrotherapy, the writer gives evidence of his training in homœopathy. After a careful exposition of the physiological effects of water on the human economy, he enters upon a discussion of the principles of cure involved in hydrotherapy, and shows that "innumerable quotations taken at random from any modern work on hydrotherapy" point "unerringly to the underlying principle or law, which has its analogy in drug therapeutics and has been expressed by the formula *similia similibus curentur*." Physicians will welcome the clear technic of the various procedures as described by Dr. Dieffenbach, and the appropriate measures that will be found useful in a wide range of diseases are fully indicated. The author does not stop at the discussion of external applications, but takes up the question of lavage and irrigations and hydromoclysis. There are some valuable observations on the drinking of water, and particularly appropriate at this season, on fresh water and sea water bathing. Many readers will be glad to get the study of the phase of autotoxemia, termed by Lehman "carbonacidemia," presented in Chapter XX.

International Homœopathic Medical Directory, 1909.—New Enlarged Series, Fourteenth Year of Publication. London, Homœopathic Publishing Co., 12 Warwick Lane, E. C. Price 2s. 6d. net, United States and Canada, 60 cents or with insertion of name and address, qualifications, hours, etc., one dollar.

The NORTH AMERICAN welcomes this useful little publication once more, in spite of the fact its own office address is wrongly listed. The list of practising homœopaths in England and her dependencies, on the continent of Europe and South America, must prove of value to the globe trotter with homœopathic convictions. It is a pity that some arrangement cannot be made to provide for a much fuller list of the homœopathic physicians of the United States.

A Guide to the Twelve Tissue Remedies of Biochemistry. The Cell-salts, Biochemic or Schuessler Remedies. By E. P. Anshutz. 91 pages. Cloth, 75 cents. Postage, 5 cents. Philadelphia. Boericke & Tafel, 1909.

This little book is designed to meet the wants of those who wish a brief introduction to the principles of biochemistry and will serve as a stepping-stone to the larger work of Schuessler himself, the Manual for the Biochemical Treatment of Disease, an Abridged Therapy, or to the still larger and more comprehensive work of Boericke and Dewey, The Twelve Tissue Remedies. To the homœopathic physician, the so-called Schuessler remedies are used exactly as any others, upon their known symptoms produced by homœopathic provings made in the usual manner. However enticing the theories of biochemistry may appear, they can have little weight with the successful homœopathic prescriber who knows exactly what reliance is to be placed upon them.

NORTH AMERICAN JOURNAL OF HOMŒOPATHY

Contributed Articles

THE PRINCIPLES OF MEDICINE*

BY JAMES KRAUSS, M.D.

Boston, Mass.

THE principles of medicine, expressive, as they must be, of the widest uniformities of medical experience, enter into the consideration of every method or measure employed in the practice of medicine. It is my firm belief that of all the urgent problems now confronting the medical profession, there is none more vital than a critical, scientific inquiry into the principles of medicine. It is possible that medicine can mean much to one and a little to another, but whether it means much or little, medicine stands for something definite; and no one can determine the validity of therapeutic measures and circumscribe their usefulness who has not made his very own the principles that underlie the real art of medicine.

In daily practice, the immediate result occupies the attention and principles are often lost sight of. I need not cite proofs, for it is common knowledge that many a practitioner of medicine to-day practices all the arts of medicine except the art of medication. The fear of medicine, first brought about by the danger of heavy dosing, has lately passed into a feeling that medication is wholly useless, and this feeling has been imparted to the general public. The public has been told that medicine is an inexact science and that surgery is an exact science. The public believes these statements to be facts, and is content to mistake a puttering overactivity, the very sign of therapeutic impotence, for genuine achievement. The obvious character of psychotherapeutics, of mechanotherapeutics, of hot air, of cold air, of light and electricity, of the X ray and radium,

*Read before the So. Homœo. Med. Association.

has impressed both physicians and public, and the medical press finds space to dilate on everything but actual medicine, on the power of the mind, on the reward of faith, on the deftness of the hand, and on the assured response of nature as the actual curer of diseases.

Medicine is nothing if not the whole art of healing; not merely one part of it, but the whole. In this light, it is my purpose to consider the principles of medicine and to elucidate, if possible, their bearing on our daily work and on the present phase of scientific medicine.

We find at the very threshold of medical history, in the treatise on the winds given by Hippocrates, the statement that medicine consists of addition and subtraction, of taking away from what is excessive and of adding what is wanting. Nothing is more obvious than that in the practice of medicine we continually add and subtract. To dispel any doubt on this point, let us proceed in the most approved scientific fashion and exemplify the method of addition and subtraction in the proper treatment of a patient.

A patient comes with a series of complaints. They point to faulty hygiene, faulty nutrition, faulty oxygenation, faulty intellection.

A. We examine into the diet. We analyze the digestive habits, the capacity for absorption, the power of assimilation, and the state of elimination. We analyze the food stuffs, ascertain the nitrogenous, caloric and psychic values. Then knowing what is wanting, we add that which is wanting; and knowing what is in excess, we subtract that which is in excess. We do not guess. We perform a mathematical calculation of dietetic masses to meet the physiological requirements. We apply scientific facts and processes in an exact manner. We ascertain the likes and dislikes, the satisfaction of appetite and hunger, and we have the psychic food value for our patient. We ascertain the quantity of food ingested minus the quantity excreted in the feces and we have the digestive food value of our patient. We ascertain the nitrogen contents of the food ingested minus the nitrogen output in the feces and we have our patient's capacity for nitrogen absorption. We ascertain the amount of nitrogen absorbed minus the output of nitrogen in the urine and we have the state of nitrogen metabolism. It is more difficult, and at present perhaps out of the question, to obtain mathematically the metabolic food value of carbohydrates and fats, since we cannot accurately measure the daily output of carbon dioxide and water by exhalation, but the day may not be distant when we shall be

able to ascertain the state of carbon metabolism by calculating the amount of carbohydrates and fats absorbed minus the carbon dioxide and water exhaled. Whether that day ever comes or not, we shall continue to apply the proper diet by addition and subtraction. When the patient eats too much, we shall give him less. When he bolts his food, we shall tell him to masticate. When he emits sugar in his urine, we shall curtail him in, or forbid entirely, the use of carbohydrates.

B. We examine into the patient's heat capacity and heat production. We know that calorification results from oxygenation and that oxygenation of the tissues takes place as a consequence of the respiration of air and the ingestion of food. We know also that heat is produced by exercise and is conserved by rest, especially sleep, and by external heat. As we are not faddist and do not think overwell of athletic prowess for ordinary men, we let our patient exercise within his normal limits of anabolism and catabolism. We avoid disproportionate muscular development, for we know that this means a brief span of life. We want to give the patient a long life and therefore do not overdose him. We want him to enjoy his exercise. The psychic factor of enjoyment in itself produces more heat. We have him exercise where he can have fresh air and where the air is pure or tolerably pure, for existence itself depends on healthy aeration, each adult being supposed to consume from twenty to thirty ounces of oxygen in twenty-four hours, forty per cent during the day and sixty per cent during the night. In spite of the present methods of exposure and refrigeration, we do not expose our patient to the extremes of air or climate. We consider carefully the elevation, the latitude, the soil, the temperature, the humidity, the sunlight, the seasons, the winds. We expose our patient to nothing that would be excessive for a normal, healthy person. But whatever we may do that will increase the heatmaking powers and with them the heat of the patient, we are merely adding a quantity of that which he already has; and if we find that the heatmaking powers of our patient are overproductive and then attempt, as we should, to decrease their activity and with it their action, we merely subtract a part of that which he has in excess.

c. In a similar way, we examine the mentality of our patient. We have reason to believe that there is a connection between psychic and physical factors in the causation and manifestation of disease, and we analyze the phenomena of consciousness and subconsciousness, intellection and emotion, the objective and subjective mind of

our patient, until we have revealed before us his past and present experiences in thought and feeling. We release the inhibiting power of the conscious will and proceed to harmonize into one normal whole the conscious and subconscious mentalities of our patient, by reasoning and education, by persuasion and exhortation, by sympathy and suggestion. When we thus have removed vicious mental habits, growing out of unfortunate experiences in the past, and when we have changed faulty mental habits into sane and wholesome ones, we have been merely adding, in the one case, to the mentality that was in want of mentality, and in the other case, we have been taking away the excess of a certain part of mentality.

The method of addition and subtraction is the one we employ par excellence when we are called upon to adapt the elements of hygiene, food, water, light, air, exercise, occupation and mental pabulum to normal physiological requirements. We employ this method also in therapeutics when we use medicines as food and when we use mechanical measures, and under mechanical measures we include also surgery. For instance, when we give iron as a food, we add, to supply a supposed deficiency of iron in the blood, iron being the carrier of oxygen to the tissues. In surgery, we subtract when we excise tumors, resect necrotic tissues, amputate gangrenous limbs, incise abscesses and drain infected cavities; we add when we close wounds, ligate bloodvessels, transfuse blood, transplant tissues, reconstruct deformed and defective parts. We treat fractures by apposition of the broken fragments, that is, by addition. We treat dislocations by reduction of the dislocated part from its new, abnormal position, that is, by subtraction.

The employment of addition and subtraction in the treatment of disease rests on the theory of the healing power of nature, the *vis medicatrix naturæ*. We add what is wanting and subtract from what is excessive in order to leave our patient with his physiological processes as nearly unbroken as possible and then trust him to "nature" for his ultimate cure. No one will say that mere adding to and subtracting from the physiological economy can be the entire equivalent of a cure. It is after our adding and subtracting that the true therapeutic force of nature steps in.

The healing power of nature, the *vis medicatrix naturæ*, has been a bone of contention since the beginning of medical history. What is this *vis medicatrix naturæ*? The observation of centuries has developed the fact that patients sometimes get well when all the circumstances appear to be against a possible recovery. The recovery under such circumstances was considered at certain times

a miracle; at saner times, the work of the healing power of nature. One explanation after another followed. Alkmæon said that disease is due to disharmony of the elementary qualities of the body. Therefore, nature cures by harmonizing these elementary qualities. Hippocrates said that most diseases result from a want or an excess of the four cardinal humors, blood, mucus, black bile and yellow bile; and that nature overcomes diseases by a natural process of three stages, crudity, coction and elimination. Nature is the supreme healer, provided there is no obstruction to the elimination of the disease products. This idea percolates with few modifications through the centuries. Galen said that nature decides and cures diseases; that no one can be saved unless nature conquers the disease and no one dies unless nature succumbs. Paracelsus said that nature is sufficient for the cure of most diseases; and two thousand years after Hippocrates, Sydenham took a big step farther when he declared that disease is nothing more than an effort of nature to restore the health of the patient by the elimination of the morbid matter, and that the *vis medicatrix naturæ* is the healer of men. The self-protective and recuperative powers of the human organism have for ages held the attention of grateful observers. Physiologists have noted the constant growth and rebirth of tissues from the smallest discernible matrices, nails, hair, epithelium, connective tissue, blood and lymph vessels, fat, muscle, bone and nerve fibres. Pathologists have disclosed what are supposed to be some of the protective agencies of natural immunity. The regeneration of blood after a severe hemorrhage, first of the plasma, then of the white corpuscles, and lastly of the red corpuscles, has filled every observing physician with admiration for the recuperative powers of nature. Every one of us has seen the restorative effect of sleep; the natural attempt to dislodge foreign bodies from the larynx by cough, from the stomach by vomiting, from the conjunctiva by lachrymation. We have seen mucus gradually envelop foreign bodies and then remove them from within the body. We have seen poisons finally eliminated through the kidneys, the liver, the bowels. We have seen necrosed tissue replaced by new, organs take up the work of their disabled fellows, tissues and whole organs, like the nose, the ear, and even fingers, become reattached after disunion. We have seen the filling up of gaping wounds, the covering over of large ulcers, the union of fractured bones, the metaplastic reformation of original tissues from connective tissue. There can be no doubt that the organism has an inherent tendency to react against the invasion of foreign elements and to repair an

injury inflicted by disease or trauma. The limit of so-called self-limited diseases is supposed to depend upon the length of time during which the body can produce a sufficiency of its own curative agencies, whatever these may be; and the inference is that what the organism through its natural processes is doing in the case of self-limited diseases, it can do and does do in all other diseases.

It is upon this theory of the healing power of nature that the system of therapeutic nihilism has been built and it is plainly on the same theory that all mechanical therapeutics is based, whether the measures be physiological, physical, chemical, surgical or psychic:

A. Psychotherapeutics is based on psychomechanics. Psychomechanics is only a part of physiological physics, the psyche of man for medical purposes not being a hyperphysical or extraphysical consideration. It is well known that castration performed on a person, male or female, not too advanced in life, alters decidedly the psychic nature of the person. The psyche of man is bound to a physical, organic base. The healing occasioned by psychotherapeutics, introducing no new, extraneous element into the body, clearly depends on the healing self-sufficiency of the organism.

B. Food therapeutics takes its origin in the inference that as diseases are caused by errors of diet, so diseases can be cured by the correction of diet. Joost van Loom said that food properly given is the best medicine. But is food medicine? Does the carbohydrate free diet of the diabetic, for instance, constitute medicine? In regulating the diet, we merely adjust the physiological elements for the mechanism of nutrition, and a resulting cure clearly must depend on the healing power of the organism.

C. Surgery and mechanotherapeutics proper, including orthopedics, massage, gymnastics, vibration, and, if we must include it, also osteopathy, represent mechanical manipulations which, in the best sense, are only adjustive. The object is to adjust the human mechanism in certain of its parts according to physiological tenets and requirements, while the final cure is left to the power of the organism. This fact is most clearly brought out in the method of mechanical hyperemia recently introduced by Professor Bier in the treatment of many conditions that were formerly, and are still many times, subjected to the knife, but which Bier treats mechanically by bandaging, suction and hot air, on the distinct theory that the circulating blood is the agent employed by nature in the cure of diseases. In all mechanical methods of treatment, we find emphasized the aim either to put the patient in a position favorable to his recovery, or, as in Bier's method, to produce distinct hyper-

emia with the hope that the circulatory changes will accelerate the processes of tissue metabolism and eliminate the morbid and morbid matter.

D. Hydrotherapeutics rests mainly on surface hyperemia and in order to promote this hyperemic reaction, in many cases hot water is employed to precede cold water and the application of cold water is followed by active or passive exercise.

E. Thermotherapeutics, however employed, whether through air, light, water, exercise, electricity, has its basis in the production of hyperemic reaction.

F. Electrotherapeutics is based mainly on the hyperemic effect which electric currents produce through their action on the vasomotor nerves. Phoresis is mechanical, the medication carried along the path of the current depending on the action of the medicine employed and not on the current. The action in electrolysis and the cautery is mechanical, not dynamic, destructive of all cells within reach and not selective of particular cells.

G. Phototherapeutics, likewise, depends for its usefulness on the active hyperemia induced in the part under treatment, the degree of hyperemic reaction determining the selection of light rays, chemical rays, X rays and radium emanations.

All mechanical measures depend for their therapeutic result on the response of the organism. These measures act necessarily like external stimuli, like reminders for the disordered organism to put itself in order. In health, organic reaction does not require for its automatic assertion the close application of external stimuli, but in disease, when the automatic impulses of organic action are more or less in abeyance, external stimuli of a mechanical nature may serve to arouse the reaction in the hope that repeated reaction will result in automatic permanency.

Mechanical therapeutics goes today commonly under the name of physical therapeutics. This latter term I believe, does not fully express what is meant by mechanical therapeutics. Physical agents act by virtue not only of their physical but also of their chemical constitution, as, for instance, light through its chemical rays, electricity through electrolysis. Physical therapeutics has its counterpart in chemical therapeutics, but chemical agents are also often made to act mechanically. There is such a thing as drug therapeutics that aims at mechanical results quite as much as does physical therapeutics. Hahnemann called it Allœopathy. If one is candid and impartial, one must admit that the term Allœopathy (not allopathy, as some translators of Hahnemann have it and certain followers

and detractors persist in using it, the former in blissful ignorance of Hahnemann's intent, the latter in just ridicule of a ridiculously unmeaning term which Hahnemann himself repudiated) correctly expressed the indirect method of mechanical drug therapeutics. This method attacks a healthy part of the body in order to relieve a diseased part. The basic idea is the Hippocratic theory that nature cures diseases provided there is no obstruction to the elimination of the disease products. The idea of elimination as a method of cure is to this day the corner-stone of therapeutics for most practitioners. At first, the disease products were eliminated by derivation, then by revulsion, a sort of derivation practiced as far away from the disease as possible, so as not only to eliminate the disease products but also to arouse the system to increased curative activity. The ancients favored elimination by venesection; the Arabs preferred purgation, but as late as the end of the eighteenth century, physicians were fined and imprisoned if they allowed a patient to die without being bled. Emesis was long a favorite initial treatment for fevers, like pneumonia. Diaphoresis and diuresis were to hasten expected crises. Blisters and issues and artificial ulcers were to bring the disease products to the external surface, and when nature was nevertheless lagging and failing, the necessity of impressing her by counter-irritating, alterative or stimulating effects and of building up the patient's strength by tonic treatment grew into medical consciousness. The method is wholly mechanical and indirect. It aims to remove mechanical obstructions and accumulations, and where there are none, to keep the channels of elimination open. The drugs used are merely adjuvants to the healing power of nature, and as adjuvants, applied to act vicariously on healthy parts, are necessarily given in appreciably large doses. The disease itself is not attacked, for nature is supposed to accomplish the cure. The disease is said to have run its course or not to have run its course, to have passed its crisis or not to have passed its crisis. Finally, the method has come to be used, like any mechanical method, as an adjunct to direct medication.

Whatever position a physician may occupy, whether he be hostile or friendly to mechanical treatment of disease, he cannot close his eyes to the fact that while mechanical therapeutics may not have done the most of possible good, it has nevertheless been of inestimable value to the progress of the art of medicine. The mechanical schools of thought have performed a most important and necessary work. They have helped to clear the atmosphere from ancient superstitions and airy speculations, have insisted upon the consid-

eration of the body, its functions and its diseases, on obviously mechanical lines, and have paved the way for scientific observation and verification. The great redeeming feature in the allœopathic, or indirect, method of medication is the implied recognition of the fact that there is some underlying state basic of disease. Allœopathy is an indirect attempt to reach this basic state and thereby remove the disease. From indirect medication it is only a step to direct medication. Hippocrates, with all his reliance upon nature, felt the necessity of direct therapeutic interference. Asclepiades bitterly complained that nature not only does not help but she even harms. Mechanical therapeutics is not the whole of medicine, nor is it the essential part. The essential part of medicine is specific and direct, not mechanical and indirect.

Specific medication has been tabooed because of a misunderstanding of the term specific in connection with medicine. It is the common belief that a specific medicine is one that will remove a certain disease under any and all circumstances, and as this does not appear possible, it is said there are no specifics in medicine. Medicine does not provide for types, but only for individuals. A type is an abstraction. An individual is a reality. Medicines may for convenience be studied with types of disease, but are always applied to individuals, and probably there never were and there never will be two individuals afflicted with a type of disease having exactly the same phenomena of the type in the same degree. Even in epidemics, individual differences are constantly noted. Without these individual differences, the work of medicine would be short. Specific medication means merely direct medication, medication that attacks a diseased part directly, not by circuitous routes. Opium is rightly considered a specific for pain because it quiets pain by attacking the source of pain. Mercury is a specific for early syphilis because it removes the eruptions of early syphilis. Iodide of potash is a specific for late syphilis because it stops the destructive processes of late syphilis. The unconscious or conscious desire for remedies that will attack disease directly and will remove it in its essence or entirely occurs throughout history as the animating impulse of the progress of medicine. Hippocrates wrote that some diseases can be treated best by contraries; some by similars. Theophrastus said diseases are best cured by similars. Galen held that health is maintained by supplying similar with similar, while disease is overcome by opposing contraries to contraries, each malady having its own specific. Paracelsus sought for specifics, "Arcana," to remove the essence of diseases. Bacon and Boyle said specific

agents were possible for the cure of disease. Campanella sought specifics. One of Sydenham's three precepts was to search for specific remedies, which, he was convinced, must exist in great numbers, and he deplored the fact that he himself could find only one, China. After centuries of groping empiricism and more or less undisturbed imaginings, Hahnemann finally discovered by experiment that each drug is a specific, but for certain disease phenomena only, phenomena like those which the drug is capable of producing in the healthy body. Simple and natural as this discovery seems to be, it made possible specific, direct medication.

According to the quantity used, drugs produce two large categories of effects: first, mechanical effects, owing to mere tissue contact or chemical affinity, when the drugs are used in bulk or large dosage; and, secondly, dynamic effects, owing to organic, protoplasmic union and selective cell reaction, when the drugs are used in small dosage. A knowledge of these effects, mechanical and dynamic, is absolutely necessary for intelligent pharmacotherapeutics. Drugs given in bulk are not assimilated by the organism. Many medicines appear unchanged in the urine because given in too large doses. A large quantity has the effect of mass, a common effect, that is, an effect common to all the units making up that mass. A small quantity, especially when sufficiently small, will have the effect of the unit, the molecule, the ion, or whatever else the unit may be. The mechanical effect of bulk, weight, surface or chemical reaction, obtained through large dosage, has its counterpart in the dynamic effect of elective affinity between drug and organic protoplasm, an effect of union beyond mere mechanical or chemical explanation. In the history of medicine, one thing stands out plainly. Before Hahnemann, cures were made with massive doses. With Hahnemann came, for the first time, the small dose. Pharmacomechanics received its counterpart in pharmacodynamics. Mechanical therapeutics received its place as a simple adjunct, when necessary, to dynamic therapeutics.

Dynamic therapeutics is either antipathic or homœopathic. Brunton says that homœopathy and antipathy are one and the same thing as regards drugs and differ only in the dose. Homœopathy and antipathy are one and the same thing in so far as they both are direct methods of dynamic medication, but they are not the same in anything else.

Hippocrates, in his work on air, water and locality dwells on the fact that no disease arises without a natural cause, and in his work on the winds, from which I have previously quoted, he says

distinctly that if one knows the cause of a disease, one may prescribe the necessary remedy by taking it from contraries, and then says emphatically that this method of treatment by contraries is most in accord with nature. The treatment of disease by contraries, known as antipathy or enantiopathy, appealed in a like degree to those who believed in seeking out the cause of disease, to those who considered it sufficient to know the common or general characters or qualities of disease, and also to those who contended that neither cause nor general character but the predominant symptom or symptoms required therapeutic attention. Asclepiades taught that diseases appeared in three possible forms, relaxation, contraction, or a mixture of relaxation and contraction; and he advised relaxation when there was contraction, constriction when there was relaxation and attention to the predominant condition when two were mixed. Empirics observed, but dogmatists held the fort. To excogitate the cause or general character of disease, became an alluring occupation. Conjecture ultimately led to investigation, but conjecture antedated investigation for well nigh two thousand years. Galen recognized three kinds of disease causes, the antecedent, the predisposing or exciting cause, and the internal cause or essence of disease, and the indications for treatment were to be taken from the nature, that is, from the essence, the character of the disease, as he says: "Given a disease, determine its character as hot or cold, moist or dry, by an effort of imagination; having done so, select a remedy which has been catalogued as possessing opposite qualities." Diseases were indeed determined by imagination, and imagination exercised a much protracted rule in treatment. To Galen, for instance, opium is cold, hence causes cold, and to overcome this coldness, must be mixed with a remedy which is hot, like castoreum. So long as imagination was untrammelled, all fared well, but when it came against a new reality, the utter helplessness of medicine based on imagination became sadly apparent. When syphilis suddenly appeared in Italy during the campaign of Charles the Eighth in the winter of 1494-1495, the physicians were so helpless in combatting the disease that it spread like wildfire all over Europe, and the great and learned Albert Haller has attributed the modern reformation of medicine to this epidemic of syphilis and the manifest helplessness of dogmatic medicine. The reformation came indeed, but later, with the better light of experimental medicine. The iatrochemical schools vied with the iatrophysicists for supreme recognition. The sickbed became a battlefield, for as true a historian as Sprengel says that the iatrochemical schools have caused more

deaths than the wars. We need not quote from those hostile to antipathic medication. Oliver Wendell Holmes and other clear-headed men have despaired of this heroic method. Drugs were used to produce their intended effect in comparatively large doses, and the doses were increased as the patient became habituated to the use of the drugs. Sylvius and Willis declared that the cause of diseases was sometimes acidity, sometimes alkalinity, and the acid required an alkali and the alkali an acid. Hoffmann saw spasm and want of spasm as causes of disease and treatment was by antispasmodics and spasmodics. Antipathy is the bulwark of modern so-called rational therapeutics, which requires that a drug never be given without a physiological reason, and the physiological reason becomes apparent in the use of such drugs as antipyretics for fever heat, antihydrotics for moisture, antiseptics for sepsis, anodynes for pain, hypnotics for sleeplessness, and so forth. The method has become physiological and dynamic in that it attacks specific symptoms, actual effects of disease; and it is rational in so far as it seeks to alleviate symptoms which by their intensity make function impossible and life a threatening burden. When Leyden says in the *Deutsche Klinik* that formerly where a specific remedy was wanting, physicians treated symptomatically, and characterizes this symptomatic treatment as a miserable proceeding without plan or method, he refers to antipathy. When the attempt was made to go to the root, the cause of disease, antipathy took a part of the effects and made it the cause. A priori systems of medicine were the result. Then, when therapeutics was to be made rational antipathy took general characteristics, like spasm, fever, plethora, metabolic states, circulatory conditions, as the equivalent of diseases, and finally took aggravated symptoms, such as pain, as physiological indications for direct treatment. Antipathy is a very convenient method of drug application. All that is required is to formulate an indication in order to counteract it with a remedy having an opposite effect. Antipathy is the method used par excellence for overcoming imperative conditions when time and confidence may be necessary before effective curative treatment can be established. Antipathy is the specific or direct method of palliation.

Homœopathy, on the other hand, is the specific or direct method of cure. It does not, like antipathy, single out a symptom for its intensity and treat it as the all of an individual's affliction or as a point where the vicious circle of disease may be best broken by imparting a sufficient well directed shock. Homœopathy considers all the symptoms of a patient as expressive of his disease and applies

a remedy which has been proved by previous tests capable of producing in the healthy body a series of symptoms similar to those presented by the patient. The remedial effect is substituted for the natural disease effect on the ground, taken by Hahnemann, that a weaker dynamic affection is consumed by a stronger dynamic affection which, though different in kind, is similar to the weaker in expression or manifestation. In homœopathic medication, we remove the disease by removing all its effects. To attempt to remove a part of a disease by a remedy having similar effects, is crude homœopathy. The treatment by similars was made possible by Hahnemann's discovery of pure pharmacodynamics, whereby we were for the first time in the history of medicine enabled to compare disease phenomena with actual drug phenomena, and choose, with accuracy and a high degree of certainty of success, the remedy homœopathic to the disease. Once the pathogenetic action of a drug is ascertained, the medicinal use is indicated for homœopathy. Allœopathy requires large doses because a drug affecting a healthy part for the purpose of relieving a diseased part must produce a mechanical effect. Antipathy also requires large doses, although not so large as allœopathy because in palliating symptoms by opposite effect the drug must exert its toxic action. But homœopathy requires a small dose because the drug to affect a diseased part by substitutive or curative action should produce no more than a slight aggravation to prove that the medicinal effect is stronger than the disease effect.

With the discovery of homœopathic medication by Hahnemann a century of struggle ensued and the struggle is not yet past. What can be the reason? Is the boon of dynamic therapeutics, in its specific curative form, not worth the having? I have endeavored to bring together the most serious objections ever raised against homœopathy and Hahnemann, and to ascertain the reasonableness of their value:

1. It has been objected that Hahnemann was extremely ambitious and out for gain, and for that reason set out to "reform" medicine. As far as the truth of homœopathy is concerned, we cannot care whether it was the result of ambition or of a desire for personal gain. We must test truth by the criteria of truth. If Hahnemann was frail, he was only human. My opinion, however, is that all his frailties put together could not equal the proposition that because an author is ambitious his work cannot be good.

2. It has been objected that Hahnemann denied the *vis medicatrix naturæ*. Hahnemann is not the only one that has denied it.

Openly or impliedly, it is denied by every physician who practices direct, specific medication. Hahnemann had the great wisdom to see that because nature as a whole carries all things within her adjusted and attuned in one sublime harmony, it does not follow that the natural force of an individual human being is self sufficient for sickness. In spite of all the beautiful natural adjustments occurring continually before our eyes, it must be affirmed that the healing power of individual nature is greatly exaggerated. Otherwise, there would be no sickness whatever in the world. I venture to say that disease is not, as Sydenham averred, an effort of nature to restore the health of the patient by the elimination of the morbid matter, but disease is because nature cannot restore the health of the patient by any process whatever within her reach in the individual. This is so obvious that it ought not to be argued any further.

3. It has been objected that the rule, *similia similibus curentur*, rests on a positive error. The error, however, has never been clearly set forth. The error must be either in the observations that led Hahnemann to formulate his rule or it must be in the deduction he made from those observations. The observations were of two kinds: (a) That china caused in Hahnemann's own healthy body all the characteristic symptoms of intermittent fever for which china had been the favorite remedy since Sydenham's time; (b) that of two similar diseases occurring in an individual at the same time, the stronger disease consumes the weaker. The first observation had never been made before Hahnemann, but has been made since and can be made again by anyone who doubts it. It is remarkable that through a whole century no doubter has been able to disprove what, if it were not true, could be so easily disproved by the same method that Hahnemann used to prove the virtues of drugs. The second observation has been made by others, notably by Hippocrates, who also came to the conclusion that, as one pain soothes another pain, so should similars be used in treatment. When the two titans of medicine, Hippocrates and Hahnemann, agree in observation and conclusion, it is safe to say that epigones cannot prevail with mere assertions. Moreover, if the observations and the deductions made from them were erroneous, it does not follow that the rule, *let likes be treated by likes*, is erroneous. Its validity has been established by the conscious practice of a hundred years.

4. It has been objected that the explanation of the cure by similars is erroneous. It must be said that *similia similibus curentur* is merely a practical rule for the selection of a remedy, a rule

of medical art deduced from a few particulars and validated by practice; and while Hahnemann explains the curative action of the homœopathic remedy on the ground of substitution, whereby the stronger similar medicinal action consumes the weaker disease phenomena, since both medicine and disease affect the same parts of the organism, it cannot be too strongly set forth that the rule of similars does not profess to explain the part that the homœopathic remedy performs in relation to the disease or to explain the mode of action whereby the homœopathic remedy performs the cure. There are good homœopaths who decline to accept Hahnemann's explanation and yet make excellent use of his rule to arrive at the correct remedy. Whether drugs cure by strengthening the reactive powers of diseased tissue, which is assumed by Wright's modern opsonic theory; or whether drugs cure by arousing the *vis medicatrix naturæ*, which necessarily rests in the untouched healthy tissues, an assumption made by Hippocrates, Sydenham, Grauvogl, Bakody, Price; or whether drugs cure by substituting a so-called medicinal disease for the natural disease, as was assumed by Hahnemann, Hahnemann's discovery of the medicinal property of drugs by reason of their dynamic action on the healthy body remains the same. For homœopathy it is only necessary to ascertain the pathogenetic action of any substance and its medicinal application becomes at once apparent. The explanation of the cure by similars is of no consequence so long as the rule of similars guides to the correct remedy.

5. It has been objected that homœopathy takes cognizance only of symptoms and not of disease, that Hahnemann did not believe in pathology and pathological anatomy. As to the latter part of the objection, all that can be said is that Hahnemann did not believe in the pathology of his day. Who does? Conjectures and theories that had given zest to medical history but no satisfaction for more than two thousand years constituted the virile part of pathology. The humoral pathology of Hippocrates had not yet given way to the cellular pathology of Virchow. Conjectural etiology had not yet ripened into modern bacteriology. But Hahnemann did believe in pathology, for he insists on the careful consideration of objective symptoms, and the particular province of pathology is to note, analyze and classify objective phenomena of disease, which classification then constitutes pathological anatomy. The problem of pathology is not the consideration of theoretical concepts of disease. That problem is extrapathological. The problem of pathology is not arbitrary speculation, but a plain proposition. It is this: Given

a certain disease, investigate what tissues of the body are changed by the disease from the normal, and in what manner changed. Pathological findings are merely objective symptoms, products or phenomena of disease, and the fact that the most inclusive phenomenon is taken for the name of the disease, as a matter of convenience for classification, does not alter the nature of the findings. in science, we deal only with phenomena. We cannot deal with anything else. We have nothing else to deal with. We merely postulate phenomena. To object to the position taken by Hahnemann that the symptoms, that is, the subjective and objective phenomena of disease, form, for all medical purposes, the entire disease, is to object to the proposition that an individual is equal to the sum total of all his organs and functions.

6. It has been objected that homœopathy does not consider diagnosis, that Hahnemann precluded diagnosis. If this could be said of Hahnemann, it cannot be said of most of his followers. A correct diagnosis is a necessary mark of medical competence because it opens before us the problem of therapeutics: Given a certain disease, what will remove or modify it in the safest, pleasantest and most expeditious manner? Considered in this light, Hahnemann made a precise diagnosis. It was his especial aim to diagnose the individual disease in hand by observing and noting down the subjective and objective symptoms of the patient and by analyzing them, which is all that any man can do. That he did not synthesize his diagnostic observations into one comprehensive term for purposes of synthetical classification, as is done, and properly done, today for the purpose of comparing clinical experiences, of avoiding therapeutic illusions, of forming an approximately correct prognosis, is not a valid argument that he did not diagnose his cases. With Hahnemann, synthetic diagnosis was not of importance because it made no difference as to the necessary treatment, and because he was convinced that the too emphatic consideration of synthetic diagnosis often led to error in treatment. It is a fact that disease types frequently present different symptoms in different individuals. Moreover, that synthetic diagnosis is not a therapeutic necessity, is proved by Wright's opsonic treatment, which is most successful in autogenous vaccination. When opsonogens are taken from other individuals having the same type of disease, success is not so uniform; and for autogenous vaccination, a synthetic diagnosis is certainly not a necessity.

7. It is objected that Hahnemann did not recognize cause or essence of disease, and nevertheless classified all chronic diseases

under the heads of psora, syphilis and sycosis. The latter part of the objection proves conclusively that Hahnemann believed in diagnosis and pathology, even though he, like other pathologists, committed an error in his nomenclature in so far as he made three terms serve for classifying a numberless array of disease conditions which we have since learned to classify under less comprehensive and more explicit terms. But his idea in making the classification is as correct today as it was then. Hahnemann's idea was that disease becomes chronic because of an underlying, unremoved state of infection. Infection, miasmatic and venereal, is the constantly recurring and reiterated thought throughout his work on chronic diseases. His PSORA is not the itch, as is persistently given out both by fatuous admirers, who feel that a suppressed itch is the most splendidly conceived short cut for the explanation of most chronic diseases, and by ignoble detractors, who, seeing the foolishness of the proposition, persist in putting it forth with no concern as to whether Hahnemann really had that thought or not. Hahnemann did not say that psora is the itch caused by the itch insect. He knew of the itch mite, just as the French did, who very much like himself, considered the term "gale," the itch, the general equivalent of most forms of skin disease just as eczema is considered by many today. Hahnemann said distinctly that psora is the most extensive miasmatic disease, and then defined it as a sort of internal itch which may exist with or without an eruption upon the skin. "A sort of internal itch" cannot be taken to mean "the itch." The expression can be taken only to indicate that what the itch is in relation to external diseases, so psora is in relation to internal diseases. Hahnemann used the term ITCH only for the purpose of comparison, both as to the annoying nature and the then extensive distribution of the diseases going under the term ITCH. All one has to do is to read his enumeration of the ailments he considered psoric, and to read his notes on the various diseases, to find that Hahnemann considered psora to be exactly what we today consider the term intoxication, infectious intoxication and auto-intoxication. We are concerned with the meaning of Hahnemann, not with his lexicography. But his justification for coining a term when he had no better term at hand, when the etiology of infectious diseases by specific infectious agents and of non-infectious diseases by metabolic disturbances was not known, does not extend to his followers, who cling to the term and sacrifice the meaning that is behind the term. It ought to be sufficient for the most ardent disciple of a man to use the thought and not the garment, especially when the new and fitter

garment contains only the old thought. It is more appropriate to stop using terms that have become ludicrous in the light of clearer knowledge and to apply one's self rather to the elaboration of the thought than to the retention of an antiquated garb. No one ought to speak today of psora, of "syphiloids," and "syphilitic infection from tertiary lesions," and headaches due to "gonorrhoea long suppressed," and not showing any other sign of suppression, as it appears in an article lately written, and otherwise well worth having been written. Hahnemann would not write or speak so to-day, for he knew better than anybody else that terms of classification are not for eternity but only for use until better terms, based on improved knowledge, can be had. Hahnemann believed that the cause and essence of disease cannot be recognized outside the phenomena of disease, but he did not disbelieve that there is a cause for every disease and that every disease has its essence. A disease is always more than its cause; and his belief that the combination of the external cause and the internal disposition makes disease has found a firm ally in the late conception of the toxic rather than the merely bacterial origin of infectious diseases. As the ultimate cause of a developed disease is, at best, only a subordinate condition for therapeutic procedure since cause and effect have become one in the disease, and we can match disease phenomena with drug phenomena, it would seem that we should be courting error to seek out that which is not reachable by the eye or hand. Symptoms are sensible phenomena, and when objective require no further proof of their presence; and when they are subjective, deceit and incompetence, the only sources of possible failure of proof, can be avoided. But to prove impalpable causes, requires an open door for theory and conjecture, with error constantly stalking in and out. Hahnemann distinctly insisted that the manifest cause be always removed first; and no one can remove a cause that is not manifest unless he removes it with the effect.

8. It has been objected that homœopathy knows no other office than cure, that Hahnemann cared for nothing but cure, and that such a position is an impediment to medical progress. The office of medicine is to cure, not to theorize. Even theories become of value only in so far as they bear on curing disease. The theory of phagocytosis has grown in value with the appearance of opsonotherapeutics. The side chain theory has gained in appreciation since it has become known that Ehrlich is utilizing his theory in chemotherapeutic studies with the aim of discovering new chemical substances with specific curative properties for certain infections. If

medical progress is impeded by the very object for which medicine is in existence, we may well be satisfied if our object is attained. The question is: Has our object been attained? It becomes apparent that the most vital question of the day is to ascertain in how far this object has been attained. I believe we are on the eve of having this question fairly put and squarely answered. The American Institute of Homœopathy has taken the initial step by appointing a committee on the formation of a National Association for Clinical Research, and it will be the duty of this committee, if its chairman conceives his duty aright, to formulate such plans as will make the scientific investigation of the principles and methods of medicine an imperative obligation on all who are really concerned about the progress of medicine. When we have ascertained by incontrovertible tests the present status of medicine, its principles and methods, their natural extent and limitations, it will be time to discourse on the homœopathic method of cure as an impediment to medical progress. It may be proved that homœopathy, in a maze of useless theories, has been the mainstay of medicine.

9. It has been objected that the provings of Hahnemann and his followers are of no scientific value. The objection is made that the symptoms are too many, as though numbers made or unmade science. The principle of proving drugs on the healthy human body is certainly unassailable. It is the only method by which we can obtain reliable knowledge of the action of drugs. If only a small part of the time now spent in the correction of the disturbances caused by overdosing were spent in a critical scientific inquiry into the actual effects of drugs on the healthy body, we should soon be in a position to know whether the symptoms attributed to the drugs are really too many, in the sense that they are not caused by the drugs. The answer to this question is clearly interwoven with that belonging to the inquiry into the principles of medicine.

10. It has been objected that homœopathic drugs do not have any value, that the "potentization" leads into impossible mathematical immensities and absurdities. Before the advent of serum therapeutics it was also objected that homœopathy used disgusting disease products, but this charge has disappeared since serum therapeutics has come upon the field and it has been proved that what appears disgusting in the mass may be very beneficial in small quantities. When Koch introduced his tuberculin, the reason why it disappointed the hopes placed upon it was because of the comparatively large dose used; and as soon as tuberculin was given in attenuated dosage, it seems to gain in value and usefulness. The

tuberculin, though attenuated, had greater "potency" than when it was not attenuated. Why? Because drugs, no matter whether they be of animal, vegetable or mineral origin, affect the body dynamically by their inherent qualities and not by their mass. A favorite illustration of the futility of potentization by dilution is that of the light, which, travelling at the rate of 40,000 geographical miles a second, would require 54 years, 117 days 18 hours, 28 $\frac{4}{7}$ minutes to traverse a decillion geographical miles, a decillion being taken for the mathematical equivalent of the thirtieth centesimal potency. The thirtieth centesimal potency is the favorite point of attack because Hahnemann, at one time, used this dosage extensively; but homœopathy does not begin with the thirtieth potency, nor with the twentieth, nor with the tenth. Hahnemann himself insisted that the dilution of drugs has its natural limits. The absurdity of the argument lies in the supposition that the energy of a drug can be measured by mileage. The argument is erroneous both in its terms and in its reasoning by analogy. Light moves through the immensity of space. The drug moves through a multitude of microscopic cell units. Light penetrates through velocity of motion. The drug penetrates through molecular or atomic disassociation. It has been calculated that one milligram of mass represents about sixteen trillions of molecules; that the diameter of a single molecule is four ten millionth parts of a millimeter; and it has been proved by some of the greatest physicists that nature works only with the smallest mathematical magnitude. Dilution does not necessitate mileage, nor years, nor the contents of the ocean. Dilution does not necessitate cessation of effect. On the contrary, diluted drugs have an increased range of potency, just as steam has a wider range than water. The liberated molecules have a larger field for action by virtue of their surface expansion. Drug quantities are not to be taken in a mathematical or a physical sense, but in a physiological, dynamic sense. The division of drugs into their molecular constituents facilitates their reception by the organism and the results speak for themselves. The cures are not cures by nature, for nature would have produced the cures, if she could have done so, before the attenuated drugs were given. Nor can it be said justly that the resulting cures were produced by mental effect rather than the attenuated drugs, because animals, whose avenues of mental approach preclude the possibility of Christian science and suggestion influences, have been cured by the attenuated drug just as readily as human beings have been cured.

It is not my intention to exhaust the whole list of apparently reasonable and unreasonable objections raised against Hahnemann and homœopathy. Hufeland's famous objection that one medicine can-

not satisfy the several indications presented for a prescription, has been refuted by the modern tendency of all schools of medicine toward monopharmacy. Aspersions that Hahnemann was a mystic and dreamed homœopathy into existence, that he was not the discoverer of homœopathy, that he really did not benefit medicine, and, if he did, the benefit derived was such that medicine could have had that benefit even if he had never been born, that the art of medicine would have progressed without Hahnemann just as well as it did with him, fall by the wayside. One might just as well say that America could have been discovered without Columbus as to say that medicine could have developed without Hahnemann. The fact remains that America was not discovered without Columbus, because Columbus discovered America, and the fact remains that modern medicine was not developed without Hahnemann, because Hahnemann discovered the tools of precision that were necessary before the application of medicine could be exact, definite, direct, scientific. In medicine, we can now appeal to proof without having to fall back on precedent, and we can ask for reason without having to submit to quotations from authorities as equivalents of reason. The day of authorities by the grace of college or community is passed. Hahnemann's work constituted a veritable reformation in medicine. The astonishment of his contemporaries was that he could successfully deny all previous medical postulates. The historian Haeser, unfriendly as he is, declares that Hahnemann's ideas and postulates were perfectly new, peculiar, unheard of. Hahnemann is beyond question the discoverer and elaborator of the curative method of dynamic therapeutics. He discovered the method when he found that cinchona bark caused in the healthy the phenomena of intermittent fever which it cured in the sick. He elaborated it when he set about proving other drugs for their action on the healthy body. He fortified it when he noted that each drug caused not merely one symptom, as had been supposed, but many symptoms, entire disease pictures. He completed it when he proved that a disease picture in an individual is best overcome by a medicinal remedy that is known to produce a similar disease picture in the healthy, provided the manifest cause of the natural disease is first removed, and the disease is not one for hygiene, palliation or mechanical treatment.

It is time that propaganda of enlightenment be carried into the organizations of physicians. There are still too many who say with Abercrombie that medicine is the art of conjecturing, the science of guessing. The Hippocratic power of observation must be joined with the Baconic power of induction for diagnosis; and to the Hip-

pocratic power of observation must be joined the Aristotelian power of induction and the Hahnemannian power of reasoning by analogy for therapeutics.

One may determine numbers of facts, demonstrable or dogmatic, without principle, but only principles will clarify and classify properly. A scientific physician is not a man who merely collects facts. Facts must be measured and weighed. Facts must be made into truths. Questions must be answered not with hypotheses, but with observations having an anatomic and physiologic substratum. It is not a sacrilege to approach the work of medicine in a critical spirit, and when a critical and scientific inquiry, such as we hope for, will be made into the principles of medicine, it will be found, I believe, that

1. There are only two principles of medicine, one mechanic and one dynamic.

2. There are apparently four methods of treatment, addition and subtraction for hygiene and mechanical therapeutics, elimination for alloëopathic medication, opposition for antipathic, and substitution for homœopathic medication; but in reality there are only two methods, for elimination is a sort of indirect subtraction and opposition partakes of both addition and subtraction.

In treating a patient, we add and subtract for hygiene, mechanics and palliation; and we substitute when we cure.

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PYREXIA AND ANTI-PYRETICS*

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PYREXIA is one of the most complex of all symptoms most constantly present in pathogenic disturbances of metabolism. Despite the fact that a large number of investigators have pursued series of investigations, as yet science is without an altogether satisfactory solution of the subject.

Since pyrexia is so common in a large variety of disorders and not an unusual symptom and only one of the many symptoms of deranged metabolism, it is reasonable to suppose that combatting this one symptom—losing sight of all others—would not be reaching the desired result. Nor can I see the propriety of setting any temperature line in continued fevers, since we know it varies in effect in dif-

*Read before the So. Homœ. Med. Assn.

ferent cases. 102° temperature may be more serious to one than 104 or 105 to another, or at least there may be no seeming grave symptoms from a high temperature. For instance, I have had under observation a case of typhoid fever, in an adult, whose temperature never exceeded 102 and still resulted fatally. All other usual symptoms, as delirium, diarrhea, etc., were unusually severe.

Since toxemia is a leading factor of pyrexia in many forms of fever, it would seem more important to combat this condition, rather than directing all our forces toward overcoming the pyrexia.

Pyrexia, in infectious diseases, has been defined as "a response in the metabolism, to the invasion of micro-organisms and toxic disturbances of the nervous regulation of temperature." The deduction to be drawn from investigations, we conclude, is that pyrexia is a complex phenomenon occurring as a result of infection, injury, nervous shock or disturbance, the causal relations of which are as yet far from being wholly understood. Hyperpyrexia we understand to be merely an aggravated pyrexia, and though always being a symptom of grave danger, is not so likely to be accompanied by fatal results in children as in adults. How to successfully combat pyrexia has long been a fruitful subject for discussion.

When, for instance, an elevation of temperature is produced by a special germ, as that of an infectious fever, danger may come from the bacterial toxine bodies, as well as the injury due to heat. Therefore, patients suffering from such diseases cannot endure as high a temperature for the same length of time as those who are suffering from thermic fever or what is popularly known as "sun-stroke." In the latter case, the system has but the one depressing factor to fight. It matters not what the nature of the infection may be, or what may cause the rise, the indication remains the same, get rid of, by reasonable and rational means, the superfluous amount of heat, but not by suddenly knocking it down by anti-pyretics. Two most important points in the management of pyrexia are, first and foremost, abstinence from food, and second, the use of water, in some form (warm or cold) internally and externally. In this brief and fragmentary paper, the suggestions as to the management of fever will be more particularly for those of enteric origin, as typhoid and intermittents, rather than the acute infectious disorders, as scarlet fever, measles, pneumonia, etc., though the principles underlying may be applied to all diseases of high temperature, regardless of nomenclature.

We all know that fevers of an enteric variety, if early recognized and appropriate treatment instituted, are more easily managed

than if taken in hand at a more advanced stage. If now, the patient be put to bed, properly nursed and bathed, a large percent of cases would recover without further treatment.

At the very earliest stage of malaise indicating the approach of enteric fever, the patient should be put to bed and allowed fresh soft water, moderately hot, for the purpose of maintaining the normal fluidity of the blood. This treatment would in many instances abort the disease, no matter what the theory of its origin may be, and protracted and fatal results would be rare.

Given a case of incipient fever, what is the usual procedure? The patient is put to bed, which is important. A fever patient of any degree of severity, no matter what the nature or cause, should be in bed. This is a point frequently not emphasized by the physician, and the patient is wasting valuable time by being on his feet. Then the first question that is usually asked is, "What shall the patient eat?" That to him, to the attendants and to the relatives is a very important matter, since starvation is feared. He is then given milk, and again milk, even if he does not desire food or even loathes it, until his tongue is thick, heavy and white, and the digestive tract more and more sluggish, the pyrexia higher and higher. The patient gets no better, but worse and so continues indefinitely in spite of remedies and baths and spongings. The indiscriminate use of milk in this disorder at this stage, is not only useless, but harmful. What should be the procedure? There is no question that the routine use of sweet milk, regardlessly prescribed, is one of the worst mistakes in the dietary of fevers, especially typhoid. Sweet milk is really almost a solid food, which we are prone to forget. We cannot trust sweet milk to pass through the bowel without forming curds and thus producing a medium for the growth and development of those germs which are found in the bowel, not to speak of the dirt and filth that is taken with the milk. Pure, sweet milk has a place in the dietary of fevers, but its value has been overestimated, and hence too often prescribed. When the intestinal tract is in condition to digest food, buttermilk is by far preferable; also is wine whey admirably adapted to many cases.

What is the pathological condition in typhoid fever? The blood swarms with bacilli and is poor in white blood cells. The lymphatics are enlarged; the entire respiratory tract is in a state ranging from simple congestion to active inflammation. The mucous membrane of the stomach may be involved to the point of ulceration. In the small intestine the mucous membrane is in a state of catarrhal inflammation. Peyer's patches and the solitary follicles are swollen,

ulcerated, necrotic. The spleen and the mesenteric lymph glands are also enlarged and inflamed. Microscopically, the cells of the lymph channels and the small blood vessels show marked proliferation and marked increase in size. Rapid degeneration and coagulation of these cells are followed by the formation of thrombi, obstruction of the vessels and death of the tissues. The liver and kidneys show spots of necrosis and inflammation. In other words, all of the organs, digestive, assimilative, and excretory are more or less involved and their functions deranged.

What are the indications for treatment? Rest the inflamed or ulcerated tissues, just as we would treat a wound. The mere fact that the treatment is in the sphere of medicine does not justify the physician in ignoring surgical principles. Under these conditions, frequent feeding is illogical, as it would be in acute gastritis. To feed an adult in health every two hours for weeks would impair the digestion. True, there is present in this condition, rapid emaciation, not due to lack of food, however, but to failure to digest and assimilate that which is taken. Lack of appetite and diarrhea are nature's protest against its presence, her appeal that the physician give the parts rest. When the most easily digested food fails of digesting, the fearfully and wonderfully constructed diet lists worked out by some so-called leaders in our profession are an insult to the diseased bowel. We have all seen cases that were running a normal course suddenly brought to the verge of the grave by hemorrhage or perforation. The frequency with which both of these conditions is preceded by some indiscretion in diet is recognized by all. Granted that the pathological condition as described be true, the chief aim should be to spare the intestinal tract, by withholding food until the patient is convalescent, and his alimentary system in condition to digest and assimilate food. Until this point is reached, food, liquid or solid, is ingested solely for putrescence and blood poisoning from the absorption of putrescent material from the intestines.

I recently saw a case of typhoid fever in consultation where the process of putrescence had been going on for weeks and weeks on account of feeding the patient large quantities of milk. Reducing the food supply practically to nil, giving him for a time warm gelatine and wine whey and agaricin, the patient made a rapid recovery. The idea that a patient suffering from pyrexia or hyperpyrexia with disordered digestion needs large quantities of food and that he will die without it, should at once be abandoned. The nearer the fasting point can be approached and maintained in early

stages of continued fever, the sooner can we look for a reduction of temperature. Not only during the early febrile stage will this rule hold good, but also when the condition has approached relaxation of the bowels. The diarrhea of a typhoid patient aided by the proper remedy can very happily be controlled by the restriction of food. Water cool or hot, lemonade or orangeade or warm gelatine flavored with lemon or orange juice are often sufficient and aid the elimination of impurities with which the system is saturated.

Bry., bell., baptisia, phos., aconite, veratrum, muriatic and phosphoric acid, hyoscyamus, stram., agaricus, all show from their pathogeneses that they produce fever and are useful in combating it. The medicinal anti-pyretics, however, especially the tar derivatives, are beyond a doubt harmful. A distinguished regular physician recently said that "the chief advantage of the medicinal anti-pyretics seems to be that, through their employment, the patient is enabled to die with a fairly normal temperature." Hydrotherapeutic management is a great aid in pyrexia of various degrees and intensities, not for the sole purpose of directly reducing the temperature, however. The aim in its use is to get rid of secretions, to brace the heart and the entire nervous system. This may be employed in various ways, hot or cold, the comfort of the patient always to be considered. Some bear cold well, while others prefer hot baths or hot spongings. If the patient be a cool kali individual, he will prefer the warm; if he be full and plethoric (a lime patient) he may prefer the cold. Damp bandages around the body from the armpits to the hips and freshened as often as they become hot, act well in some cases. It may be equally as effective to apply ice bags to the inside of the thigh and under the armpits, which obviates frequent disturbance of the patient and also gives greater security against the inattention of the careless nurse, as the renewals will be less frequent.

SOME UNCOMMON INDICATIONS FOR CINA*

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IN his original work entitled "Systematization of the *Materia Medica*," Dr. A. Teste, of Paris, classes cina in the first section of the arsenicum group and again under the group of chelidonium, thereby basing his classification upon the most common symptoms of the remedy: its action upon the digestive apparatus.

*Read before the So. Homœ. Med. Assn.

Dr. W. H. Burt, in his *Physiological Materia Medica*, calls it a cerebro-spinal and also insists mainly on its power to so modify the condition of the intestinal tract that it indirectly causes the expulsion of worms. He states moreover that the real vermicide effect is to be obtained by administering the alkaloid santonium in doses of one or two grains of the first decimal trituration, three times daily.

Both authors, however, mention other nervous symptoms produced by cina, such as "epileptiform convulsions, with foaming at the mouth, but without loss of consciousness."

Professor Farrington—*Clinical Materia Medica*—states its uses not only in worm affections but also in some eye troubles (objects look yellow), in whooping cough (gurgling sound after the paroxysm), in intermitting fever (pale face during hot stage, canine hunger and clean tongue), and, finally, like stannum, in convulsions, but only when due to reflex action from intestinal irritation caused by the presence of parasites.

My purpose here is to confirm the curative action of cina in a purely nervous malady without any signs of worms of any kind or of the peculiarly characteristic symptoms of the worm diathesis, as I have had occasion to see in actual practice three of such cases.

By characteristic symptoms of the presence of worms I mean, of course, the peevishness, the grinding of teeth, the talking during sleep, the picking at the nose, the emaciation, the voracious or capricious appetite and the blue margin under the lower eyelid. All these "worm symptoms" were conspicuous by their absence in my three cases. Useless to add that no worms were seen either before or after the treatment.

Dr. Raue, in his *Special Pathology*, mentions cina among the remedies for chorea, but the symptoms therein recorded as indicating it were entirely absent from my three cases; they are: "Distortions commence by a shriek, involve the tongue, esophagus and larynx and continue even through the night. Frontal headache, enlarged pupils;" then follows the usual worm picture: "dark rings around the eyes, itching at the nose, ravenous appetite, pain around umbilicus," and ends with: "all pointing to irritation of the intestines by worms."

From the pathological standpoint my patients were suffering from echokinesis or convulsive tic, a nervous complaint for which our colleagues of the old school have a name but no remedy. Reversing this bad habit, I prefer to leave the disturbance of the healthy equilibrium that annoyed my patients nameless and point out the clinical fact that cina cured them simply because it has pro-

duced similar effects on healthy provers. Although differing in some individual conditions, of temperament, age, etc.,—one being a lad of fifteen, another a boy of thirteen and the last a girl of ten—the three cases presented the same characteristics and can be studied as one. My first, in chronological order, was the young man, who belonged to a homœopathic family and had not been drugged; the other two had been dosed for a couple of months with bromides, hyoscyamus in large doses and the inevitable strychnia to “strengthen their nerves,” naturally without any relief whatsoever, until a sympathetic friend advised them to try homœopathy.

They jerked, they twisted, they made faces and grimaces, they could not write decently because their hand would jump up unexpectedly, they had to stop their music lessons because their fingers improvised the most strange variations and they were thoroughly miserable, but these absurd motions were not constant nor as violent and disorderly as in ordinary cases of chorea. Before striking the right similitum in *cina* I had tried *tarentula* and *tanacetum* without success. But as soon as *cina* was given the amelioration began and became more and more marked until the patients were cured, as all homœopathically treated cases should be: *Tuto, cito et jucunde*.

I will now state their symptoms in their order of predominance and intensity and point out the corresponding pathogenetic fact—with its number as recorded in Allen’s *Encyclopedia of Materia Medica*:

185—Twitching of limbs. Taken the Archives of Homœopathy as effect of the powder on children. This symptom is emphasized both by large type and the asterisk.

186—Jerkings and distortions of the limbs. An effect of overdosing—presumably with the crude drug.

44—Pulsation of the superciliary muscle; a kind of convulsion—from a proving by Dr. Gross. This is the most annoying symptom because it is the one that more often distorts the face into a grimace.

227—Sudden inward jerking in the fingers of the right hand—from a proving by Abner. This symptom was very marked in the ten-year-old girl; the other two cases had all sorts of jerkings in the fingers of both hands.

246—The child stretches out his feet spasmodically.

247—The child’s left foot is in constant spasmodic motion. Both these symptoms being from provings by Staffpf.

Besides these five disagreeable symptoms the patients seemed to enjoy perfect health, there being no signs of any intestinal irrita-

tion whatsoever and no moral symptoms except the idiosyncrasies of each. During the course of treatment one of them had a slight bronchial catarrh which yielded in five days to the proper remedy.

Cina was administered steadily for two months in the case of the young man who had never taken chemical drugs and three months and a few days in the other two cases. The potencies used were: 6, 12, 30 and 200 in rotation and the frequency of the doses was also constantly changed from once a day to once a week according to the patient's progress. I have been able to keep in touch with the three patients for the last ten, seven and six years and they are free from any recurrence of any nervous disturbance.

TWO CANCER CASES *

BY DE AGOSTINO MATTOLI, M.D.

Rome, Italy

IN December 20th, 1906, I for the first time saw Mrs. S. of New York City. She was seventy-five years old, of strong constitution, never had been sick until two years before when she began to have gastric derangements, anorexia, difficult digestion, sometimes constipation and sometimes diarrhea and dull pain in the region of the liver. She had been treated homœopathically always and her doctor had sent her to Italy hoping that the trip and outdoor life in a mild climate during the winter would help her general condition. She had been losing flesh for one year and when she reached Naples, about a month before I saw her, she took a severe cold that pulled her down considerably, so that when she reached Rome, about three weeks before calling on me, she had been unable to leave the hotel or go downstairs to her meals. Upon examination I found the patient very weak and emaciated, could hardly speak aloud, complained of continuous dull pain in the epigastric region and oppression on the chest. She had jaundice, ascites, dyspepsia, pulse small and intermittent, edema of the inferior extremities; the caput medusae was noticeable. Urine voided in 24 hours, 800 grams, showed the presence of glucose 0.80 p.c.

Upon palpation of the region of the liver I found a hard tumor, that seemed connected with the liver, the inferior margin of which extended down as far as the umbilicus. There was the characteris-

*Through the courtesy of Spencer Carlton, M. D.

tic sign that almost all tumors from the liver have, respiratory modification, because with every respiratory movement of the diaphragm the tumor moves down with the liver.

My diagnosis was primary cancer of the liver and guided by the symptoms presented by the patient I prescribed *nux vom.* 3rd every three hours. The next day I found the patient a little better. She could take a little more liquid food (milk, beef juice, yolks of eggs) and said she felt a little stronger. General condition the same.

The husband of the patient, naturally alarmed by my bad prognosis, and hoping that surgery might do something for her, asked me to call a consultation with some clever surgeon, and as Dr. S. of Detroit, U. S. A., considered one of the best consulting surgeons of the the State of Michigan was then in Rome, I sent for him. He confirmed my diagnosis but gave the patient only a month or two to live. Later on I called Professor D., the first surgeon of Italy, and he confirmed the diagnosis and prognosis already made, as did also a few days later a third surgeon, a younger man, who saw my patient. Mr. S. was especially distressed that the doctors should consider it doubtful, if not impossible that he should be able to take his wife to New York alive, but I consoled him by explaining the resources within our system of therapeutics, that the regular school men were ignorant of, and declared that I still hoped not to cure the patient but to improve her general condition sufficiently to send her home safely and a little better in health.

The next remedy I prescribed was *hydrastis can.* tincture applied externally over the region of the tumor once a day, and the same remedy, third dilution, six drops of water morning and night. The patient gradually began to feel better, especially relieved of the dull epigastric pain and the dyspnea that had been very troublesome and disturbed her sleep at night.

By the end of February the patient was able to go down to the dining room once a day with the aid of her nurse, the ascites, and all the other symptoms had diminished; the urine was 100 grams in 24 hours and showed only traces of glucose. The tumor was about the same size.

By the first of April the patient was able to take a little solid food (boiled eggs, scraped beef, chops, gluten bread, gluten maccheroni, etc.,) and by the end of April she improved generally still more so that on May 8, she was able to sail from Naples for her home in New York. The medicine she took had been always *hydrastis can.*—as she stated above and occasionally she had had *nux vom.* 1st and 3rd dilution.

After her arrival in New York she was examined by several homœopathic physicians of that city and I had the satisfaction of receiving a very appreciative letter from Mr. S. telling me of the entire approval of my treatment by my colleagues of New York and saying that they were still following the directions for the care and treatment given in Rome.

She lived through the following Winter until the Spring of 1908 and passed away, as they wrote me, slowly, from exhaustion without suffering.

SECOND CASE

Mrs. M. an American lady of very delicate constitution, sixty-eight years old, came to my office toward the end of March, suffering with rheumatic pains in the right arm, shoulder and shoulder blade. I asked to examine her but she refused, saying that she had taken cold and that was all. Judging from her symptoms I prescribed bryonia and said that I could not give her other medicine until she would submit to an examination. On the first of April she returned suffering extremely, for examination. I found in the right breast a tumor, the nature of which was plain: a cancer. (It proved after the operation to be a scirrhus carcinoma). From her history I had gathered that the tumor had begun, after a blow upon the part affected, about two years before, as a hard lump that did not give any pain and to which the patient had given no importance whatever. In this case the growth occurred backward also and the glands of the axilla had become enlarged. The patient had lately been losing flesh, as she said, and the color was not so good as before, and she felt weak and did not sleep well. She absolutely refused to try any medical treatment and on April 5th was operated upon and the breast amputated; all the cavity of the axilla was emptied of all the glands that, in great number, surrounded the big vessels of the arm pit. The convalescence was very slow, as the wound did not close entirely because of the lack of vitality of the tissues and the presence of very few good granulations, until May 15th. Her color was always rather cachectic, the arm a little swollen and so weak she could hardly move it. The supraclavicular glands on the right side were enlarged and of the same consistency as the tumor we removed some weeks before. The patient seemed older than before the operation, easily tired and greatly depressed. Her tongue was white, she complained of a bitter taste and had all the symptoms of atonic dyspepsia. I advised her strongly to begin the homœopathic treatment and this time my advice was followed at once. I gave her *hydrastis can.*, 3rd dil., 6 drops night and morning, and

hydras. to be used locally over the scar and the right clavicular region every evening. After two weeks she began to show a decided improvement in the general condition, flesh, color, strength, etc., and after about a month the pain and the swelling of the arm ceased entirely. Her arm grew stronger so she could carry her umbrella, fix her hair, etc. The swelling over the supraclavicular region remained stationary, the patient's weight increased several pounds. Undoubtedly so far this remedy has improved her greatly and I will later on report the future progress of this patient and others affected with malignant tumors that at present are under treatment.

It is a great comfort to see with every day how much we can do for sick people "given up" by our regular school colleagues. Sometimes it is an improvement, sometimes a cure, but even when the patients must die, we can prolong their life and make their death easier.

THE WHY OF THE ACTION OF PHOSPHORUS EXPLAINED BECAUSE OF ITS ELECTRO- TONIC ATOMIC VIBRATIONS*

BY WM. LAWRENCE WOODRUFF, M.D.

Long Beach, Cal.

PHOSPHORUS, The Unique! It stands out alone. It is in a class all by itself. No other element in the whole field of materia medica can produce such dire results on the human cell, or so promptly relieve disease when it is indicated as does phosphorus. What is the picture its toxic dose creates? It is one of destruction, of infiltration, of degeneration; it prostrates, its prostration is not the result of over stimulation, neither is it caused by a sedative action, it prostrates because it destroys, no other element has this property, from the same cause. The picture it produces stands out bold and alone. Why can it produce these results? In what way does it disorganize the blood and destroy the cells of muscle, nerve, bone and brain? Why does it cause cells to degenerate? How does it produce exudations into liver and lung tissues? In what way does it cause bone cells to necrose? Why is it that when an overdose is given ecchymosis and hemorrhage are the result? Why is it that stupor and torpor are caused by it, and that when all these symptoms are present in disease, it so promptly relieves them? Why is it

*Read before the So. Cal. Hom. Med. Assn.

that in the whole field of *materia medica* there is no one remedy that better proves the law of similars than does phosphorus, and have you ever realized that it does this in a way all its own? We will show how this is so.

Cowperthwaite says: "It acts powerfully upon the vegetative and nervous systems and upon the blood, tending in each to disorganization and destruction, causing disorganization and destruction of organic substances. It causes congestion and inflammation with exudations into parenchymatous tissues, with torpor and paralysis. It also causes decomposition of blood and organic tissue, especially of the brain, spinal marrow and bones.

"It acts especially on the brain, bones, blood and lungs. It causes hemorrhage and ecchymosis. In the bones and teeth it causes necrosis. It causes exudations into lung tissues and fatty degeneration of the liver and muscle cells. In all mucous membranes it causes inflammation and degeneration, especially is this so of the respiratory and digestive tracts."

This is surely a picture of destruction and death most gruesome. It stands out with a boldness and completeness all its own. It has long been known that it produced these results, but how and why are questions that have long been asked but never satisfactorily answered, and it is only by an understanding of the law of vibration, that an answer is possible.

To answer it we must for a moment investigate this law of vibration and ascertain some of the rules governing it. The atoms of all matter are formed of electrons, both positive and negative, the atoms of each and every element having their definite number of electrons. The electrons in the atom are always in a violent state of vibration and this vibration creates magnetism, each and every element because of the definite number of electrons that compose its atoms has a definite rate of vibration and a magnetic field peculiar to itself, indeed this is what makes its individuality.

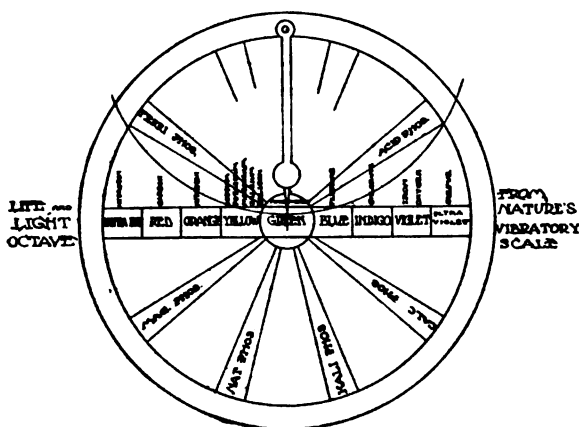
The rate of vibration of the phosphorus atoms is determined in two ways: First, by the number of electrons its atoms contain, which is about 23,870 electrons, both positive and negative, to the atom, and the second is the relative excess of the negative electrons over the positive electrification.

In Mendeleeff's Periodic Table Modified, found in Volume I, "Therapeutics of Vibration," page 110, phosphorus will be found in group 5, series 3; this is about in the centre of that group of elements of which organic life is formed. This would seem to indicate that the atomic vibration of phosphorus was about equi-distant

between the elements having the highest and lowest rates of vibration of this group.

Spectroscopic analysis of this element confirms this, for the spectra developed is of a whitish green color, and it throws a faint green light wave on the screen. This quite definitely fixes its rate of electronic atomic vibration, and indicates that it vibrates in the same key as do the green light waves. This would place its registration or key of vibration in the center of the life and light octave, and give it the same rate of vibration as that of green light. Its toxic and therapeutic activities confirm this conclusion.

Consult the diagram accompanying this article and you will see how it illustrates this point. Here is a wheel. Intersecting it



on parallel lines is a scale that I have named the life and light octave from nature's vibratory scale. You will notice that the hub of the wheel encompasses the center key of this octave. This is the key in which the phosphorus atoms vibrate. It is also the key of vibration of the light waves; it is more than this; it is the key of composite vibration of white light or sunlight, and it is the key in which the cells of normal healthy men vibrate, it representing the composite vibration of the normal healthy human body. These are facts fully set forth and explained in volumes I and II, "Therapeutics of Vibration," and "Therapeutics of Light Vibration." From the above facts will we draw our conclusions?

Remember that a given definite rate of vibration creates a special and definite magnetic field, that because of the magnetic field of a given cell it attracts and draws to itself elements of a similar magnetic field. Thus we have the reason why phosphorus,

when present in the system in large quantities, becomes a part of about all the cells of the body, because it has a vibration in the same neighborhood as do the cells of the different organs and tissues and a similar magnetic field. Because of this it is attracted by them when present, either in large or small quantities, and becomes a part of them. While it is normal for it to be present in these different cells in certain definite quantities, if this normal quantity be exceeded, the excess becomes a foreign body and is there only because it has displaced others of the normal elements that should normally be present in these given cells.

There is another reason why phosphorus can push past, as it were, the elements that should enter into normal cell life and usurp their place. It is because the elements it displaces are stable elements, that is they belong to that group in which the positive and negative electrons are in balance and it is only when combined with phosphorus that their vibration is sufficiently raised for them to be attracted and appropriated by tissue cells. Phosphorus, as we have shown, is in the group of unstable elements, therefore very active, and can push past and crowd out those slow, less active elements, and usurp their place in the cells of the different tissues, if it be present in sufficient quantities.

As soon as an element is attracted and appropriated by a cell or group of cells, out of its normal proportion or combination, that instant function becomes deranged, malnutrition ensues with all the complications known as disease, by whatsoever name called, following.

All other elements cause disturbed function in the cells, by either raising or lowering cell vibration. Not so with phosphorus, for its vibration is the same as normal cell vibration; it does it by usurping the place of other elements that should normally be attracted to form normal and perfectly healthy cells, thereby keeping them out of their proper place in the cell. This is because it has a similar magnetic field with normal cell life and is therefore attracted to the cell the instant it enters the system, be it in medical or toxic dose.

When this unbalance and disturbance in the function of the cells take place, because of an excess in the number of phosphorus atoms present in the cell, degeneration, disorganization and disintegration follow as a consequence; it could not be otherwise.

If the excess of phosphorus atoms be but few then we have fatty degeneration or infiltration, if they be greatly in excess, disorganization, degeneration and disintegration quickly follow with

toxic inflammation, stupor, torpor, paralysis, prostration and death.

All other elements either over-stimulate cell vibration and cause prostration, or else have a direct sedative action. Phosphorus simply destroys because it supplants the natural elements that go to make up the healthy normal cell, and this causes the whole train of disease herein enumerated.

At first in studying this remedy I could not understand why it, like the rest, did not have the double action, best illustrated by the swing of the pendulum reaching either way and attracting cell vibration, either excessive or deficient towards and to its own key of vibration. I say the absence of this dual action puzzled me, but now it is all clear. When the one action of an element is to disintegrate and to destroy tissue, only prostration, with lowered cell vibration, can follow. Phosphorus only produces symptoms by acting in one way; every symptom it causes points to prostration, destruction and death. The symptoms indicating its use consequently must come from this same direction, and they do, and now we know why it can only lift up cell vibration towards and to its own key of vibration, which is that of normal life.

Thus again we see the law of similars confirmed. Phosphorus in toxic doses disintegrates and destroys cells, disorganizes blood corpuscles, it prostrates and paralyzes because it destroys; in therapeutic doses its vibrations stoop down and pick up a similar very slow cell vibration, raise it up towards and to its own key of vibration, which is normal cell vibration and health. It relieves and cures the same class of symptoms it causes in toxic doses; like cures like. In every instance, as in the above, it will be found that the law of vibration confirms the homoeopathic law and tells the reason why.

When two or more elements are combined they have a composite vibration peculiar to that combination, with an individualized magnetic field. It will be noted that in the illustration the several spokes of the wheel represent phosphorus in combination with others of the elements that enter into the formation of organic life, six of the fourteen elements combining with this element. Thus is again shown its great importance. It will be noted that the pendulum hangs from the rim of the wheel and rests on the centre key of the octave. In phosphorus we showed that it did not affect cell vibration higher up the scale than its own key of vibration either in its toxic effects or in its medical action; with these compound elements it is different. The swing of the pendulum

illustrates their full action, their vibrating force reaches either way up or down the scale, attracting and drawing cell vibration from either direction, from either above or below their individual key of vibration, towards and to their own key of vibration. Phosphorus is the only element I know of that is an exception to this rule.

Phosphorus combines with four elements having a lower atomic vibration than itself; it reaches down and lifts up the vibration of these elements to a point on the scale approximately midway between the two keys of vibration. These elements are known as stable elements, that is in them there is an even balance between positive and negative electrons. Their action on cell life is reliable but not aggressive. In combining with phosphorus they become more active and aggressive, but not nearly so much so as is phosphorus. Natrum phos. has the lowest rate of vibration of any of the four combinations; next in rate of atomic vibration is magnesium phos., the next step up the scale is kali phos.; this is closely followed by calc. phos. These are four short steps ascending the scale and illustrate in their action the law of succession, as enunciated by Hahnemann, as well as the law of similars. These remedies act on both sides of their key of vibration. They reach up to higher rates of cell vibration and attract and draw down cell vibration towards their own key of vibration. This overcomes diseased conditions caused by a too high rate of atomic cell vibration. in these high-strung, keyed-up conditions they draw down cell vibration to the normal key of vibration. Their principal line of action is to raise cell vibration towards and to their own key of vibration. This they can and do, but they can never raise cell vibration above their own key of vibration. Thus we see the necessity of having remedies that succeed one another, that are true complements one to the other. In a given case the cell vibration is quite low, considerably below the atomic vibration of natrum phos.; the symptoms indicate this remedy; it is given, and it raises cell vibration up to its own key of vibration, and it does this because it becomes a part of the cells afflicted; now it can do no more; other elements are lacking in these cells and must be supplied before it can become a normal healthy cell; the symptoms now point to magnesium phos. as being the next in succession; its key of atomic vibration being next higher on the scale, it is administered, and it is attracted to the cell because it has a similar magnetism to that of the group of cells hungering for it. As it becomes a part of these cells, it raises their vibration up to its own key of vibration. It has done all it

can do, and must be followed by another element or remedy with a key of vibration still higher up the scale and nearer that of normal cell vibration. The symptoms now point to kali phos., it vibrating in the next higher key on nature's vibratory scale. It too is attracted to and becomes a part of the cell, and raises the cell vibration up to its own key of vibration, but still atomic cell vibration is below the normal and the symptoms point to calc. phos. as being the element deficient in the cell structure, so it is administered. It enters the circulation and is carried to the **hungering** cells, where because of the peculiar magnetism of the cells created by their specific rate of vibration, and because it has a similar magnetic field, it is attracted to and becomes a part of the cells. This supplies the deficiency and raises the cell vibration to its **own** key of vibration.

Remember this is all any specific rate of vibration can do, still the cell is not perfectly fed, it is yet **hungering** for other elements, its atomic cell vibration is yet too low and considerably below that of normal cell vibration. What shall we do to make a perfectly fed normal cell? What will raise its vibration up to its normal key?

Phosphorus will raise it to its normal key of vibration, but does the cell need any more phosphorus, and is there not an element or two that it is yet deficient in? It is always best to supply a deficiency, rather than put into the system what might be a foreign body, especially one that might tear down the cells that we have been building up.

Consult the illustration on page 540. There we will find that phosphorus reaches up to iron and oxygen, the two elements that it combines with that have an atomic vibration considerably higher than its own.

This time by combining with these elements it creates composite vibrations considerably lower than that of the elements combined with.

The action on cell life of these two combinations is again fully illustrated by the well-known action of the pendulum. While they may, and often do act to lower an extremely high cell vibration to their own key of vibration, by bringing it towards the normal key as some of the symptoms caused by toxic doses indicate, usually their line of action is to stoop down and pick up a lower cell vibration, with a key considerably below that of the normal for healthy life.

So now it would seem best and safest for ferrum phos. to follow as the logical sequence of calc. phos., for it to reach down

to the present key of vibration, pick it up and raise it up towards its own key of vibration and to that of normal healthy life or even somewhat above this point. This it can do because its own key of vibration is somewhat farther up the scale than is the composite key of normal healthy life.

This remedy restores the cells to their normal key of vibration and to health; thus we climb the scale step by step until the normal is reached and health restored, using the remedies as they are indicated one following the other in succession, as their different groups of symptoms appear. These different sets of symptoms are caused by the different rates of cell vibration created as the scale is climbed up the life and light octave towards the normal key of composite vibration, and to perfect health, each tone or rate of cell vibration causing a set of symptoms that indicates the remedy having the next tone or key of vibration and that was the logical succession leading up to cure. Now we know the reason why one remedy often cannot complete a cure. It is because it can only raise cell vibration up to its own key of vibration, then the remedy next higher in the octave is the one of logical succession and the one that the symptoms present point to and thus the scale is climbed to the position or key of normal cell vibration.

In studying the symptoms of ferri phos. it will be noted that the preponderance of its symptoms are those caused by rates of vibration found in the lower half of the life and light octave, those denoting relaxation, prostration, debility; and now we have the reason why this is so, and why it so promptly relieves them and restores to normal conditions.

Phosphoric acid with ferri phos. are the two most active compounds of phosphorus, and when we study their composition from the standpoint of vibration, with the aid of the accompanying diagram, the reason why is apparent. Phosphoric acid is composed of hydrogen three parts, phosphorus one part, and oxygen four parts, H_3PO_4 .

In the pathogenesis of this remedy we have both the characteristics of its component parts, one modified by the other. It will be noted that oxygen has the highest vibration of any of the fourteen elements save sulphur. The why of this is fully set forth in Vols. I and II, "Therapeutics of Vibration," it vibrating in the same key as the visible violet light waves. In this combination phosphorus reaches up and tones down the vibrations of oxygen, hydrogen helping somewhat in this, so that the composite vibration of this remedy is probably in the neighborhood of commencing

indigo light waves. This, as will be noted, is considerably above the composite key of cell vibration of normal healthy men.

In too large doses it increases and raises cell vibration up towards and to the crest of the wave, and, in many instances where inherent vitality is low, carries it over the crest and plunges it into the abyss below, consequently it produces, in persons of low vitality, extreme weakness and prostration and the full line of symptoms accompanying it.

Because of a lack of oxygen in the cells of these patients there is a lack of metabolism, debris is retained in large quantities, the patient is loaded with matter that should be eliminated. This is a condition usually present in old age, and is one of the principal causes of senile debility. It is a condition whenever present that is best met by phosphoric acid. I have for many years considered this remedy the best and most often indicated tonic in persons past middle age or in people of any age who simulated the conditions usually present in the aged. This is the chief field of action of this remedy; because of the riotous oxygen atoms present, it rapidly raises cell vibration up towards and to the normal, it rapidly increases metabolic action of the tissue, thus facilitating the elimination of the effete matter and lightening the load that has been weighing down all of life's processes and producing sluggish functioning of all the organs.

Phosphoric acid changes the picture, it adds tone to the system, it stimulates all the eliminating organs to throw off the stirred up dead matter, it raises cell vibration, thereby restoring cell magnetism to its normal field, so that the cells can attract and appropriate their normal food elements and take on more healthful life. It is as much a cell food as any of the other phosphorus combinations for it is formed of the elements that go to make up cell structure.

This remedy also acts above its key of vibration in attracting and drawing down cell vibration that is considerably above its own key of vibration; by this sedative action one is quieted and soothed, becomes stronger and less nervous, thus all the symptoms are relieved. It lowers this too high cell vibration to its own key of vibration, when its complement, the cell food next lower on the vibratory scale, gets in tune with it and carries the cell vibration further down the scale to its normal key and promotes normal conditions. The key note of this remedy is old age conditions, no matter in what age they be found.

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A PLATFORM FOR THE MEDICAL PROFESSION

THE medical profession in America, outside of a comparatively few specialists, seems to be passing through a period of economic stress. It is harder now to derive a satisfactory income from the practice of medicine, and to lay up an odd dollar or two, than it has been for many years past; and in spite of diminishing income the cost of living increases almost daily

A number of things have contributed to affect the doctor's income. Bacteriology has taught us the cause and suggested the means for prevention of a number of diseases and bacterial

vaccines and sera of various kinds tend to lessen the duration of treatment. The medical profession as a whole has had to suffer from the nihilistic attitude of a majority toward drug therapy, a minority which has attracted public attention because of the reputation of many of its members, although the reputation was gained in other fields than therapeutics. The public has not learned to attach due weight to the therapeutic ideas of Dr. Jones, the eminent pathologist or of Dr. Smith, the well-known authority on diagnosis. The daring advances and remarkable triumphs of surgery have thrown a glamor over the surgeon and have tended to belittle the medical practitioner among many people, while the readiness of the doctor to play second fiddle to the surgeon has caused many who "fear the knife" to seek counsel and advice regarding their ailments outside the medical profession. The financial stringency and business depression of the past two years have driven many people away from the family doctor, whose bills they could no longer afford to pay, to the patent medicine counter of the drug store or the free hospital or dispensary.

Coincident with all of the above, there has gone on a recrudescence of an old philosophy under various guises and exhibiting numerous varieties. This movement has been aided and abetted by the ultra-materialistic attitude of thought and expression of the modern physician, by a general revolt against dogma and orthodox theology, and, we are tempted to think, by the women's club movement, which has been responsible for the acquirement of much shallow learning. Many women seem to think it an evidence of intellectual culture to be able to prate learnedly in abstruse terms, of the real meaning of which they have no cognizance.

This tendency on the part of the laity to run after "a new thing" has pointed the way for the development of new cults, some more or less allied to the science of medicine, as for example, osteopathy and chiropractics, others totally opposed to it as seen in the naturopath and the faith healer.

A recent writer has been at some pains to collect data upon which he can base an estimate of the number of people who have drifted away from the doctor of medicine to the various forms of

“drugless healing.” In these are included suggestive therapeutics, magnetic healing, christian science, mental science, osteopathy, naturopathy, physical culture, refraction and optics, faith healing, food scientists and Emmanuel healing. The aggregate number of practitioners deriving a more or less satisfactory living from these unorthodox, and, in many cases, illegal types of the healing art is estimated at 28,300; and to their revenue contribute, so it is said, 17,600,000 followers. Roughly, there are 620 followers to every irregular practitioner, and if the balance of the population of the country is divided up among licensed practitioners, graduates of medical colleges, there would be about 590 to each physician. But numbers would not be the real test in this instance, for in the clientele allotted to the physician are quite a large number of people who are too poor to pay bills, or are dead-heads, while the practitioners of the various cults enumerated above, have succeeded in attracting to themselves more than their share of people with long purses. In ten years time, if their adherents increase as rapidly as they have in the past decade, and the present rate of increase among the medical profession is maintained, the doctor will have to support himself on the business from about 200 individuals.

It would seem, then, that the medical profession faces an economic crisis.

What is to be done about it? Shall we go before our legislatures and seek to have the irregulars legislated out of existence? It is a futile task; and just as the homœopaths and eclectics grew in numbers and flourished under the oppression of the dominant school, so will the “persecution” of the osteopath, christian scientist, etc., react upon the whole medical profession. If we are to retain the confidence of the laity we must prove ourselves worthy of it by harmony amongst ourselves and by diligence in study to increase our competence to treat the sick. We must have faith in our therapeutics.

Dr. E. G. Jones, whose estimates we have drawn upon above, suggests the following platform as one on which we can present a solid front to the world.

“Whereas we believe it to be the business of the doctor to heal the sick,

Therefore, we hold the following propositions to be self-evident:

1. That it is the duty of the physician to use every means in his power to cure his patients.
2. That a therapeutic fact is of value to us, no matter from what source it may come.
3. That we are opposed to useless surgery, believing it to be the duty of the physician to give his patients the best medical treatment that skill and experience can give them, and to only use surgery when necessary.
4. That we love and honor our Alma Mater and have perfect confidence in its faculty to judge of our qualifications to practice as an M. D. Therefore we insist upon our diploma being the passport for us to practice our profession anywhere under the American flag.
5. We are not afraid of competition with our brother physicians, and we do not ask to be protected by medical laws which prevent graduate physicians from practicing.
6. We welcome to our ranks any reputable physician, no matter what his system of therapeutics may be.
7. We claim the constitutional right of every American citizen to use any remedies that may help us to heal the sick. We are opposed to any man or society of men dictating to us what remedies we shall use or what medical journals we shall read.
8. We are aware of the fact that much harm has been done in belittling the study of materia medica and teaching the uncertainty (thereof), thus making medical nihilists of so many of our profession. Therefore, we earnestly advocate the diligent study of the action of our remedies, in health and disease, that we may all the sooner form a definite system of therapeutics, containing remedies that have a positive remedial action upon certain diseased tissues."

The above platform is a curious mixture of advanced and retrograde ideas. Plank or proposition 3 is not well stated, although the idea in the mind of the writer is evident, and the lesson is to be taken to heart. As to proposition 4, the medical profession is not yet prepared to undo the work of the last 15 or 20 years in the upbuilding of an educated profession; but it is true that the very laws intended for our protection, or at least, for the protection of the public, have proved shackles upon ourselves; and there is an urgent cry for modifications which shall set no local bounds on the practice of the profession, on the one hand, and which shall bring into the profession men capable of healing the sick, on the other hand.

While the adoption of some such platform as the above may be productive of good, more than organized reform is necessary.

The success attained by individual members of the profession shows what can be done; and the individual doctor must stand or fall by his own results. In the parlance of the day, the people are "from Missouri" and the doctor must "deliver the goods." Unfortunately, this warning needs to be heeded among the followers of Hahnemann. There is too much surgery, too much specialism, too much nihilism, and too little faithful and intelligent prescribing among graduates of the homœopathic colleges.

Notes and Comments

A Cry from Macedonia—The NORTH AMERICAN has contended on more than one occasion that a larger field for the propagandism of homœopathy exists among so-called old school practitioners than among prospective students of medicine. The July issue of our much esteemed contemporary, *The Medical World*, prints a request for information from Dr. E. Holland, of Berlin, Md., which is worth quoting in full as an evidence of what is going on in the minds of many who are out in the field dealing with patients looking to them for relief from suffering in the pleasantest, quickest, safest and simplest manner:

First.—Has Hahnemann's theory of supprest diseases been investigated or proven false? We admit it is contrary to scientific teaching of 1909, but as it is upheld by equally as learned men, there should be no reason why it should not be investigated, for the benefit of humanity.

Second.—Are all anti-vaccinists subjects of pity for their dense ignorance? Have they no claims for consideration? They believe sanitation has done more than vaccination. Dr. J. Compton Burnett has written a book entitled "Vaccinosis," setting forth the evils. This book should be read by every seeker after truth who is not too prejudiced to read it. Prejudice both closes our eyes and unfits us for honest investigation.

Third.—Has internal vaccination been honestly investigated by the allopathic school? If it could be proven better than the scarification method, why not investigate and adopt it? Are there not many more cases of tetanus following vaccination than die of smallpox? If so, surely there must be some ground for objection.

Again: Will Dr. Cottew (June WORLD, page 250) please state how he knows infinitesimal doses only produce like results? If he has never investigated that subject, his judgment is premature; to say the least, unkind, and he owes Dr. Thornhill (May WORLD, pages 201, 202) an apology. The public demands of us our best, and expects us not to let prejudice close our door to knowledge. Our beliefs should not be substituted for real knowledge.

These queries are not askt thru curiosity, but as I have read much of both sides, I want to know why, after one hundred years, there has not been a settlement of opinion. Many of us want to know the truth. Passing by with contempt does not satisfy inquiring minds. Derision never answers argument. I am an allopath, and a graduate of Jefferson."

Huchard and the French Homœopaths—The homœopathic physicians of Paris and its environs celebrated Hahnemann's birthday by meeting together at a banquet, at which a number of members of the "official" school were present as guests. Prof. Huchard was invited, but sent a letter which was read at the meeting, in which he said that his health would not permit him to join in such evening functions. After stigmatizing the words "allopath" and "homœopath" as "ugly," Huchard said: "The words separate us, facts bring us together. The law of similars, pointed out by Hippocrates, established by Hahnemann, has been confirmed in a striking fashion by Pasteur. Here are three names which have become, in a manner inseparable. It is a triple alliance far exceeding in value any other." To those homœopaths who have chided him for not openly joining their ranks he replied: "At my age progress is slow and steps are counted, as is proper when one is actuated by the precept—*Scientia non facit saltus*." Said Huchard. "Neither on one side nor the other have there been any 'advances.' In the search for truth in which everybody shares, we must occupy ourselves with only one thing—the observation of facts. This is what must guide us; must bring us together and unite us, not discussion and argument."

The Need for Consultation in the Diagnosis of Incipient Tuberculosis: If we are going to make real headway in the campaign against tuberculosis, one of the contributing factors must be the early diagnosis of the disease; diagnosis at a stage when 50 per cent. and upwards of the cases are curable. The making of a diagnosis involves a careful consideration of the clinical history, a judicial study of a temperature chart recording the takings at two-hour intervals from early morning to late night, and a physical examination of the thorax.

The family physician ought to be able to arrive at a true estimate of the clinical history, provided he attaches the right importance to a "run-down condition" apparently corrected by rest from business, change of air, improved environment, and appropriate medication; to frequent or protracted colds which end up in a cough; to persistent winter coughs; to pleurisy and intercostal neuralgia; to "tiring between the shoulders"; and to recent attacks of grippe, pneumonia, bronchitis, typhoid fever, measles, or some other disease.

An accurately taken temperature chart showing a rise of even a few tenths of a degree during the day may corroborate the clinical history and point to an active focus, while a subnormal temperature would excite the suspicion of a focus now in a quiescent stage.

A physical examination is a much more difficult matter. It takes time—a half an hour is the least that should be given to it—and large experience is necessary for a conclusive estimation of the findings. It is not too much to say that when the clinical history and temperature chart are not absolutely negative, it is well to seek the opinion of an expert diagnostician. While perhaps not as dangerous, early tuberculosis is as serious a matter for a patient as appendicitis; but it will often require a consultation with an expert to convince the patient that anything serious is the matter with him.

The general practitioner should feel as free to suggest an examination by a specialist as he would were the case one calling for a technical examination of the eye or ear.

"Muscle Spasm" and "Lagging" in Pulmonary Tuberculosis: Two diagnostic points that will be of value to the medical profession in examinations for pulmonary tuberculosis, have recently been emphasized by Pottenger of California. In the *American Journal of the Medical Sciences* (May, 1909), he drew attention to a spasm of the muscles over the infiltrated areas, caused by the irritation transmitted by the inflamed areas in the lungs. At times the muscles over an apical lesion stand out sufficiently to be noticeable on inspection; if not, palpation will detect the muscular rigidity. If both lungs are involved the degree of rigidity establishes the relative activity of the disease process.

This rigidity or spasm of the muscles leads to the second diagnostic sign—"lagging." The examiner stands behind the patient with his thumbs in the supraspinous fossæ, the fingers extending over the clavicles and upper ribs. If the lesion be one-sided, it will be observed that the affected side does not move absolutely synchronously with the other, it lags behind a little. It may be slower in beginning to move or may not rise as high as the other side during inspiration. This phenomenon is attributable to the impaired motion of the rigid musculature on the affected side.

Genius and Tuberculosis: Considering that the proportion of deaths from tuberculosis is so high, it is not, perhaps, remarkable, that many men of genius have fallen victims to the disease. Among such can be mentioned Jane Austen, Richard Baxter, Honore de Balzac, Elizabeth Barrett Browning, Samuel Butler, Francis Beaumont, Marie Bashkirtseff, Stephen Crane, Ralph Waldo Emerson, Goethe, John Richard Green, Edward Gibbon, Thomas Hood, Nathaniel Hawthorne, Dr. Samuel Johnson, John Keats, Immanuel Kaul, Charles Kingsley, Sidney Lanier, Moliere, John Milton, Thomas de Quincey, John Ruskin, Jean Jacques Rousseau, Sir Walter Scott, Percy Bysshe Shelley, Lawrence Sterne, Schiller, Robert Louis Stevenson, Spinoza, Robert Southey, Mme. de Stael, and Henry Thoreau. The majority of these found an early grave; some lived to old age.

It has been suggested that the genius of many of such illustrious writers was stimulated, if not kindled, by the disease; but it is not unsafe to say that the genius was there before the disease, and it is probable that the genius was responsible for the disease. The student and the writer pouring over books or bending over manuscripts, invite lung lethargy, and shallow breathing; a cramped chest, and lack of sufficient exercise in the open air are the most potent causes of pulmonary tuberculosis.

Acquired Venereal Infections in Children—In the May issue of the *Johns Hopkins Hospital Bulletin*, Dr. Flora Pollack draws attention to the frequency of venereal infection among children, both white and colored. Many of these infections are undoubtedly transmitted through the medium of towels, cups, etc., but Dr.

Pollack insists that a surprisingly large number, as seen in Baltimore, at any rate, result from criminal infection.

In these cases of criminal infection it is nearly always a girl that is the victim, the age being from 5 to 15 years. The perpetrators of the deed are usually of the uneducated class, and are, of course, the victims of venereal disease. The rape is committed, not so much for sexual gratification as in obedience to a folk-lore tradition or superstition that a person infected with either gonorrhoea or syphilis may get rid of it by infecting another, and preferably "an untouched virgin." Most of the victims are themselves children of the same class as the "infectionists" as they are called, but occasionally children of a higher station in life are assaulted. The author of the paper maintains that there are at least a thousand cases of criminal infection a year in the City of Baltimore.

A Neglected Function. One of the points brought forward most strongly by those who have favored an Institute journal, is that such a publication would serve to keep the members in close touch with the organization, and be a means of communication between them and the officers and committees. Practically, however, as it is working out, this function seems to be neglected—in some particulars, at least. An official organ would naturally be expected to make strong editorial pleas for full attendance at the annual convention, but it was pointed out at Detroit that the *Journal of the American Institute of Homœopathy* had made no special mention of the Institute meeting in its June, May or April issues. The July issue did not appear until several days after the corresponding issue of the NORTH AMERICAN was in its subscribers' hands, and the account of the Detroit meeting printed in the official journal was not nearly so full as that we gave to our readers. The contention of many that the Institute journal can be no more of an improvement over its predecessor, *The Medical Century*, than a stream can rise higher than its source seems to be making good.

Gain in Membership of the A. M. A. At the annual meeting of the A. M. A. held recently at Atlantic City, secretary Dr. George H. Simmons reported that during the year a loss in membership of 2,558 had been offset by an accession of 5,150 new members. During the past ten years, during which Dr. Simmons has been the general secretary the membership has grown from 7,997 to 33,935, an increase of 424 per cent. These figures show the value of efficient organization; at the same time they should not be the source of discouragement to homœopathic physicians since the proportion of homœopaths who are members of the Institute is probably greater than the proportion of members of the A. M. A. to the total profession.

Overworked Living Hygienically. Overwork and hygienic living in the fullest sense would seem to be incompatibles, but the RICHMOND LEADER states that it has been figuring on some of the rules suggested by Irving Fisher, of the Committee of One Hundred on National Health, and has arrived at the conclusion that exact compliance with them would require about twenty-six hours a day.

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Conducted by

R. F. RABE, M.D.

ON THE RELATIVE WORTH OF SYMPTOMS—WITH SOME REMARKS ON BORAX

By Dr. C. VON BOENNINGHAUSEN,

translated by CARROLL DUNHAM, M. D.

Alg. Hom. Zeit., Vol. 53, 1856.

AMONG the various elaborations of the *Materia Medica Pura* of Hahnemann of which such an abundance have been made in modern times, I miss one whose importance has only of late years become fully evident to me. This is a statement of the time which elapsed after the taking of the remedy before a given symptom was observed. Passing over the value of worthlessness of all other alleged deficiencies—although younger critics have put forth nothing better or more serviceable—I have in view to say something on this topic only, because it appears to me to be of no little importance in practice.

If my old (seventy-two years) memory does not mislead me, it was the genial C. Hering—I do not recall when or where—who first (and up to the present time he is the only one who has called my attention to it) pointed out to me that the proving symptoms which manifested themselves last were the most important for employment in curing, and were far from being only secondary and useless in therapeutics.

Certainly, at the first glance, there seems to be a paradox in this, as in many other things, that this indefatigable investigator has asserted. But to be willing to form an apodictic opinion prematurely, from the mere aspect of the thing, would in this case be all the more unreasonable, because every homœopath can, without difficulty, obtain in the records of the provings sufficient certainty of the correctness or falsity of this assertion. He needs only to compare, in the four volumes (second edition) of antipsoric remedies, certain symptoms which were latest observed, with the brief indications which were given by Hahnemann himself in his introduction to each proving from his individual experience as pre-eminently belonging to these remedies, and which have been abundantly verified as such in our practice. He will thereby be convinced that the analogue to these indications is in most cases contained, and sometimes exclusively, in such late-observed symptoms.

A truth, therefore, appears to lie at the bottom of this assertion of Hering's, which till now has been little observed, and which makes us regret that, in so many new as well as old provings, so little attention has been paid to a statement of the time at which the symptoms manifested themselves after the taking of the drugs, and especially in the case of those peculiar symptoms in which mainly the individual characteristics of the drug must be sought. Although the fact that a knowledge of the importance of such a statement

of the time must have been reserved to later comparative studies may serve as an excuse for former provers, yet this omission is not on that account less worthy of regret, and we are often obliged to first discover by the long process of experience that which might then have been supplied us by putting together of some little figures and letters.

It may be interesting to consider the above mentioned observations with regard to other remedies also, namely, to such as are seldom used, and about which Hahnemann has left us no especial teachings in this respect. Among others, borax appears particularly fitted for such an investigation (*Chron. Krankheit*, II, 28), where the time of the phenomena is almost throughout sufficiently specified by Dr. Schreter. I think I may be allowed, therefore, as a proof of the above general remarks, to make a few observations upon it which may serve at the same time as a contribution to the more precise characteristics of this too-much-neglected remedy. If therein I deviate from the newer (so-called scientific) fashion of proper treatment of the subject, I beg my readers to remember that my object here is only an especial and limited one, and above all that I make no secret of belonging to the old Hahnemannian school (now almost extinct).

BORAX.

At the very beginning in both symptoms 4 and 5, of which the first was observed during five weeks, the second during three weeks, a peculiarity meets us which belongs to no other remedy in the same way. It is anxiety on sudden downward motion, and is by no means to be confounded with the but slightly similar symptoms which we have of carb. veg., sep., and sulph. According to my experience, this anxiety clearly expresses itself in a swing, almost never when it moves backward. I have observed this by no means unusual symptom not only in children, but also in two adult women, and in every case regarded it as a useful one, and it also by the result proved itself to be of value not simply for this, but also for the other existing trouble. Sickness from riding, especially on the back seats, as well as seasickness, has little in common with this, and evidently borax will not be of use in these cases, although in some forms of the latter this remedy might well be tried.

2, Not less characteristic appears symptom 7 (without statement of time) as regards violent fright from the report of a gun, even at a distance, and I regard this only as it were in passing, because in my experience it is an excellent remedy for hunting dogs which are shot-shy, a fault which, as my hunt-loving colleagues know, occurs not seldom, and is often difficult to cure. Moreover, there are persons, especially children, who start at every shot and receive from it a great and unnatural fright. Just so, excessive fear of thunder appears to belong here.

3. Among the symptoms which affect the eye, we come upon two, viz. 77 and 78, which are pre-eminently peculiar to this remedy, and which until now were observed only in the working of silic. and puls. It is that peculiar kind of inflammation of the eyes which is caused and kept up by the growing-in of the eye lashes, thus

constantly irritating the ball of the eye, and which is not permanently cured even when allopathically the corpus delicti has been removed and the lashes torn out by the roots. Every one of us has probably found the admirable working of borax proved in many cases of this kind of inflammation (of course, the other symptoms must correspond), and it only remains to be noticed that symptom 77 was observed after six weeks and symptom 78 after 35 days.

4. Among the morbid phenomena of the ears from the symptoms 88 to 106, and in connection with which symptoms 51 and 60 must be considered, those have, by the curative results, proved themselves to be the most marked which were connected with ulceration of the ear. But these are symptoms 95, 96 and 97, which first showed themselves on the twenty-seventh day and the nineteenth day. Symptom 51, just mentioned in this connection, first appeared after the thirty-second day, and at the same time with symptom 96.

5. Scabs in the nasal cavity, with inflammation and shining redness at the tip of the nose, which are not seldom met with in (psoric) persons who have neither at any time been syphilitic nor been abused with mercury, often find (with sep. or sil.) their remedy in borax, as many, also, of us may have experienced. But the symptoms which apply here—109, 111 and 112—do not stand among those which appear in the first days after taking the remedy, but date from the tenth, sixteenth and eighteenth days. It is probable that many among us have, like myself, had opportunity to cure by means of this remedy painful erysipelas, commonly on the left side of the face (the similar bell. erysipelas, generally occupies the whole face or only the right half) which is unendurable, especially when the muscles contract in laughter. The two symptoms which apply here—120 and 121—were not observed until from the thirty-first to the thirty-fourth day.

7. Of the toothaches which are cured quickly and lastingly by borax, I recall only the one which corresponds with symptoms 137 and 139, connected with symptom 133 by reason of the influence of chilly weather, and with symptom 136 on account of aggravation by cold water. I call attention to the fact that the two first-named symptoms appear on the fortieth day.

Moreover, this remedy, according to symptoms 147 and 148, and in connection with symptom 125, is not infrequently very successful in the teething of children in which cases it must be ranked among the most useful of our remedies: especially in cases in which the symptoms 150 to 153 are present at the same time. Here also I remark that the symptoms 147 and 148 were observed after forty and thirty-six days respectively.

Borax has long been known to allopathy as a frequently efficient remedy in aphthous mouth affections of children, the practice being to pencil the mouth with it. Every one of us, too, has seen its satisfactory operation in this often very troublesome disease of childhood, when, in other respects, it has been homœopathically chosen, that is, when there has been no contra-indication. There can consequently be no doubt of its relative curative action in this connection. Now, the four symptoms which relate to this affection

in the proving all appeared very late, viz., 150 after four weeks; 121 after thirty days; 152 after thirty-three days; and 153 after five weeks.

9. Symptoms 218 to 223 correspond with great distinctness to a form of spleen affection, and, indeed, with clear and apparently exact indications which would appear to insure the correct choice of the remedy in any case. I must confess, nevertheless, that I have never seen in any kind of spleen affection any result worth mentioning from the administration of borax; and I mention this fact here only for this reason, because the symptoms to which I refer were all observed very early, and, indeed, only a few days after the drug was taken, and only symptom 22 occurred after fifteen days. This negative fact seems worthy of some notice.

10. Among the urinary symptoms—267 to 280, together with 434—those have best and oftenest approved themselves in practice, to me at least, which were latest observed. Among these belong especially the frequent unriuation at night, observed, according to 268 after twenty-four days, according to 434, after thirty-four days. The same is true of the symptoms occurring after micturition as detailed in 275 to 280, among which the soreness in the urethra has presented itself to me the most constant. Symptom 276 gives this as occurring after the thirtieth day, and 278 after the twenty-sixth day.

11. According to my experience, the preference is to be given in borax in too early or too long-continued menstruation; although with this remedy, as with many others, the tardy appearance or short continuance of the discharge is no contraindication. The first named peculiarity, however, is represented by symptom 294, as observed after twenty-five days, and by 295 after seven weeks.

12. Among the chest symptoms, the most marked is a painful affection of the intercostals, especially of the right side, with which the cough and respiratory symptoms stand in immediate relation, as well as the sneezing (34) and the sleep symptoms (435). Although the majority of these symptoms occurred within the first eight days after taking the drug, it must yet be observed that the question here concerns almost exclusively an acute affection, and that, nevertheless, symptom 349, according to which the aggravation when lying on the (right) painful side occurs, had lasted full four weeks. The contradictory symptom 435, which states the contrary, but which experience shows to have but little value, and which has never been corroborated in my experience, was observed within seven days. I think myself warranted in saying, therefore, that borax can be profitably administered only in recent acute attacks of this nature, and in such I have never tried it, since for these other approved remedies stand us instead.

13. Although galactorrhœa of nursing women occurs under several drugs (acon., bell., bry., calc., chin., con., iod., lyc., phos., puls and rhus.). I have, nevertheless, in repeated cases found symptom, 360, which occurred in the thirty-second day, of approved value, especially where, in addition to other corresponding symptoms, there was present the "unpleasant feeling of emptiness in the emptied

(sucked-out) breast," which is mentioned in 360, and which occurs under no other remedy.

14. We have possessed hitherto, so far as I know, only one remedy which corresponds to the ulcers on the backs of the finger and toe joints, such as not unfrequently occur in chronic (psoric) patients, viz., sepia; for under nux vomica relief in such cases is to be expected only in the finger joints, and is seldom permanent. Borax furnishes us a second and a very efficient remedy, according to symptoms 385, the time of which is not given; 387, observed after thirty days, and 405 after fifteen days. It may be remarked here that, other symptoms corresponding, borax deserves the preference when, according to symptom 408, the skin is very unhealthy, and the ulcer corrodes in its periphery, which is not wont to be the case in these ulcers under sepia, at least to the same extent. Especially for children is borax suitable.

15. It may finally be observed that the predominant chilliness which is quite peculiar to this drug, and furnishes an excellent indication for its use, was likewise observed very late, viz., after twenty-three, fourteen, thirty-three days, and even after five weeks.

To avoid confusing the uncertain with the proved, I have confined myself in the foregoing statements to a comparatively small number of established facts, although surely among the effects of borax are to be found many other objects of cure. What has been said, however, is quite sufficient to accomplish my immediate object, and to show that the statement of Hering, referred to in the beginning, is based upon fact, and is strikingly confirmed by experience. There is, therefore, abundant reason for a caution against the practice of regarding, as many do, the late observed symptoms, especially of long-acting drugs, as secondary curative symptoms; an overhastiness, of which, though he subsequently corrected it, Hahnemann was guilty in some of his earlier provings, without at that time suspecting his error, and in consequence of this some symptoms still remain distinguished by this *mala nota*.

On pain of being charged with heresy by our younger colleagues, who, disregarding the repeated and urgent warnings of Hahnemann, operate only with low potencies and with frequent doses, I, by reason of my many-yearred and wide experience, hesitate not to affirm distinctly and assuredly that precisely those morbid phenomena which are deepest-rooted are most quickly most surely and most permanently cured by the administration of such remedies as (if appropriate in other respects) furnish corresponding indications among their latest observed symptoms; and especially is this the case when these remedies are given in very high potencies, and in small and infrequent doses. Whoever has experienced the contrary, let him communicate his experience unreservedly but truthfully—for only by the honorable and frank interchange of manifold, even be they contradictory, experiences, can we bring the entire simple truth into the clear light of day, and only when this is done will genuine, pure homœopathy either fall away into deserved oblivion, or finally victorious, unite under her banner the whole medical world.

Hom. Physician, 1889.

ON GONORRHEA IN ITS CONSTITUTIONAL ASPECTS

(With special reference to the Sycosis of Hahnemann.)

J. COMPTON BURNETT, M. D.,

London Monthly Homœopathic Review, London.

FOR years past I have thought that it would be a very desirable task to be undertaken to investigate afresh those diseases that give the groundwork of the bipathology of the Seer of Coethen, and I have often wondered that the vigor and enterprise of some of our number of this generation have so long left this field of research comparatively untilled—that is, untilled in this generation. For, in our gropings after truth, each succeeding generation gains a little on its predecessor, by the general progress of knowledge, and by the slow movings of the human mind toward as much of certainty and of finality as seems attainable for the limited and finite.

And then, whether we believe in psora, syphilis and sycosis or not—that is, as they were taught by Hahnemann—a large part of the work done by the homœopathic school during the past fifty years is more or less tinged with these doctrines; and, moreover, anything taught by so able an observer as was Hahnemann deserves serious investigation at our hands. And, whatever may be said of the therapeutics of general medicine, positive diagnosis has distinctly advanced during the past decade, and I submit that it is desirable that our own position should be reviewed in the light of this advance.

When I had given the first Hahnemannian lecture, known as "Ecce Medicus," I certainly thought one of my followers in the orator's chair would have tackled the Coethen phase of homœopathy, and exhibited it in the light of modern research and experience, so as to determine for us of this generation how much of it still holds good, and what part, if any, must be considered as no longer tenable. But, thus far, the work has not been done since then, and I, therefore, will proceed to consider the subject in part here.

Mr. Punch is a great authority for us in this country of spleen and gravity, and, as we all know, his reiterated advice in regard to things to be done is that if you want them done well, do them yourself.

Hahnemann, as is well known, spent his younger and more vigorous days in demolishing theories and hypotheses; indeed, he threw them all right out of his mental window, and made a fresh start with medicine sans pathology, sans theories, sans everything, in fact, but the therapeutic law of similars, which is still for many a very filmy theory indeed. However, the law of likes is no more a theory for us; for it is the one thing common to our body; outside of the law we practically agree about nothing, and yet, notwithstanding this almost general disagreement amongst us, our friends, the enemy, will have it that we and the medical profession at large are not solidaire; surely the fact that we disagree about almost

everything that is of vital importance should offer them sufficient evidence of their and our solidarity.

But, as I said, we agree on our fundamental law, except that some of our number of late years have had sad searchings of heart about the law also! It is a rule, they say, not a law! Or, again, it is a method. So that, as a matter of fact, we do not quite agree about anything whatsoever. Therefore, we may at any rate, claim to be very professional to the full extent of the proverb, that "doctors differ". As to whether we should speak of the idea of similars as a law or as a rule, the contention that it is a rule rather than a law is, I submit, quite groundless. But as some have been captivated by the reasonings of those who pose as the champions of rule as against law, it might not be amiss to point out that the whole contention for the rule is based upon the poor grammar of the disputers. I have, thus far, never known of a German or Frenchman go in for 'rule,' and that for the very sufficient reason that they understand the use of the subjunctive mood, which cannot be said of all Britishers, no matter how learned they may be. In order to really understand Hahnemann on this point, it is absolutely essential that one understand Latin and German composition, more particularly in regard to the subjunctive. Those who contend for 'rule' had better scuttle out of their position as quietly as they can, lest some one, some of these fine days, take the trouble to pour out a vial of wholesome ridicule upon their 'rule'. The same remarks apply in regard to the question of the noted formula of the homœopathic school—viz., whether we should say *similia similibus curantur*, or *similia similibus curentur*. Of course the reply is that both are correct, they both express precisely the same thing, only the one is in the indicative and the other in the subjunctive. I do not admit that it is in the imperative. In some of the old hermetic works you will find it put *similia similibus curari*; which is, of course, precisely the same thing, only in another mood. You will also find *simile a similia curari*; hence, it is really, in more ways than one, merely a matter of mood.

However, everything in this world is comparative, and comparatively speaking, we do agree that like cures like; and, be it notion, law, rule, or method, we so far agree to admit that these words, *similia similibus curantur*, express something positively demonstrable in clinical life.

All of this falls within that phase of the development of homœopathy anterior to the sojourn of Hahnemann at Coethen. And this part has been really almost completely exhausted, so let us go over to Coethen and hear the oracular pronouncement that all chronic disease is primarily due to three somethings—psora, syphilis and scyosis.

When a man comes out of the land of darkness of school teachings, and throws over school physic (I do not mean brimstone and treacle, which was my school physic), and passes into the comparative glare of Hahnemannic therapeutics, he is generally considered perturbed by the violent change of climate—i. e., from darkness to light. He requires some time to acclimatize. At first he usually has

an acute attack of homœopathic enthusiasm, a vertible fever that yields neither to aconite nor to pyrogen, and he makes a tabula rasa of everything, and a good deal beside.

But when a few failures have sobered him down a wee, he goes back into himself, and finds out a few things for himself. He finds that belladonna will cure the delirium of tuberculosis of the meninges, and other of its symptoms, but the patient in the end dies all the same. He gives baptisia, arsenicum, serpent poisons, acids, etc., in low fevers, but his patients are very apt to die in the end, all the same. He has a patient given to picking his nose, or things in general, and after considering the merits of arum triphyllum, conium, helleborus, lachesis, selenium, stramonium, and the like, and exhibiting them, he finds—the worms live on still!

In fact he learns to discriminate and to differentiate between the true initial and all-along-the-line similarity, and that which is ultimate and superficial only. When a man in his homœopathics arrives at this stage of his developmental process, he is apt to do one of three things, viz.: he may, 1st, throw your homœopathy clean overboard; or, 2d, admit the limitedness of its sphere of application; or, lastly, he may set about procuring a pathology to fit his therapeutic doctrine. I have gone through all these stages myself now, and am beginning to understand the Coethen etiologic phase of homœopathy. If space would allow, I would seek to encompass this etiologic phase of homœopathy in its entirety; but, as it will not permit this, I have chosen only one of the three Hahnemannian chronic so-called miasms for consideration, and that sycosis.

I have a special reason for choosing sycosis—I mean the sycosis of Hahnemann and not the sycosis autorum, viz., our knowledge on the subject has much increased of late years, for science has been shining upon it.

Now, leaving syphilis and psora quite out of consideration, I propose to inquire into the Hahnemannian doctrine of sycosis in the light of modern science and experience.

First of all I would make a preliminary observation in respect of the word miasm, which is current in homœopathic literature in a very peculiar sense: Hahnemann himself calls the supposed cases of chronic disease miasms, and his translators carefully and conscientiously translate the word by itself.

Now, in English miasm means an infection floating in the air; the effluvia or fine particles of any purifying or noxious bodies rising and floating in the atmosphere—in fact exhalations. Therefore it is hardly accurate to use the English word miasm, or its pure Greek form miasma, as the English equivalent of the word miasma as used by Hahnemann, or, if you do, you must carefully define the use of the word first, for our word miasm, being derived from *miaino* to soil, to defile, to polute, to dirty, might etymologically stand as the translators of Hahnemann have it, *but to miasma* means not only a defilement, a soiling, a befouling, but also an impure exhalation, in which restricted sense only it has come into use in English. Miasm in our vernacular means impure particles or effluvia in the atmosphere, and nothing else. What Hahnemann meant when he

used the Germanized miasm was not at all what we understood by miasm, but was rather what we now understand by virus when applied to the primary form of a disease, and taint when used to denote the later phases. If in speaking English in these days we talk of the syphilitic virus or taint, the gonorrhœal virus or taint, the virus of itch, the itch taint, we are expressing ourselves, so far as the words are concerned, accurately, and everybody knows what we mean, but when we speak of the miasms of those diseases we are really, as I must admit, using jargon, and so gratuitously mystifying ourselves. Ague is supposedly due to a miasm, syphilis to a virus. So much, therefore, for the word miasm, as wrongly used in homœopathic literature. I say wrongly, because it tends to obscure, and in all conscience the thing is obscure enough without any verbal mystifications.

Now, let us go on to inquire what Hahnemann understood by sycosis. The highest authority on the exegetics of homœopathy is, I think we will all admit, Dr. Dudgeon, and he says (*Lectures on Theory and Practice of Homœopathy*, 1854, p. 300): "As regards the third of Hahnemann's chronic miasms, sycosis, or the condylomatous venereal disease, the notion of its independent nature has been considerably contested, not alone by allopaths, but also by some of our own school. The disease always arises in consequence of impure coitus, and appears in the form of dry or nasty looking or soft and spongy excrescences in the form of a cocks-comb or cauliflower, easily bleeding, and secreting a fetid fluid, and sometimes accompanied by a sort of blennorrhœa from the urethra. Their seat is the glans or foreskin in the male, the vulva and its appendages in the female. Their removal by the ligature or cautery, actual or potential, is, according to Hahnemann, followed by similar growths on other parts of the body or other ailments, the only one he mentions being shortening of the flexor tendons, particularly fingers.

"It is," Hahnemann alleges, "the rarest of the three chronic miasms, and, as I before observed, it is very doubtful if it be a peculiar disease and not rather a form of syphilis. The secondary effects Hahnemann describes as rising from it must certainly be rare, for I can state from my own experience that I know several persons who have had such venereal condylomata burnt off many years ago who have never had the slightest trace of those after-effects Hahnemann alludes to; though at the same time I am bound to admit that I think I have observed a connection of certain pseudo-rheumatic affections and inveterate gleans with the fig-wart disease." Thus far Dr. Dudgeon.

So the only after-effect of the fig-wart disease mentioned by Hahnemann is a shortening of the flexor tendons, particularly of the fingers, and yet Dr. Dudgeon speaks of "those after-effects Hahnemann alludes to!"

It can thus hardly be maintained that Dr. Dudgeon puts sycosis before us in a very clear light, though his remarks in regard to gonorrhœal rheumatism show the accurate observer, and John Hunter had observed the same thing long ago. That people do get venereal

warts admits of no doubt whatever; that they are a form of syphilis, as stated by Dudgeon, is not now generally admitted.

Hahnemann very clearly differentiated between syphilis and sycosis, because he found that mercurius helped to cure syphilis but not fig-warts, and modern experience and science are seemingly on Hahnemann's side on this point. Dudgeon very properly objects to considering diseases as sycotic simply because they can be curatively modified by nitric acid and thuja. But then we cannot entirely ignore the aid obtainable from this source; for instance, a very bad chronic ulcerated sore throat that yields straightway to full doses of iodide of potassium tells a tale we all understand without any commentator. I have long been puzzled by Hahnemann's division of drugs—i. e., how he arrived at them—and I am beginning to suspect that he made them largely by an appreciation of the *ex-juvantibus et nocentibus* teachings. And a number of his indications are, beyond any doubt, derived from the time-old *signaturæ rerum naturalium*. Thuja to wit.

Now, I complain that the great exegete of homœopathy, Dr. Dudgeon, whom we all delight to honor, devotes too little attention to the doctrine of sycosis; he neither establishes it nor does he demolish it. Dr. Dudgeon mentions it in passing, throws doubt upon it, and then leaves it. Dudgeon's doubt as to the separate nature of the condylomatous venereal disease is based on his observations that he had known persons in whom the condylomata were burnt off many years ago, and yet the flexor tendons of their fingers had never become shortened! I can say the same, and, no doubt, we all can, but we have equally seen plenty of people who had syphilis many years ago, and who have never had any later manifestations of the disease, but that in no way militates against the specific nature of late, later and latest manifestations of syphilis where they do occur.

Dudgeon speaks with no great respect of those homœopathic practitioners who have regarded ordinary warts as evidence of sycotic infection, because Hahnemann distinctly declares such warts as of psoric origin. This looks like a formidable indictment, but one which vanishes when more closely examined. It is quite true that Hahnemann puts common warts, encysted and other tumors, down to the very large account of psora, but he does not say 'all' warts, only some. And herein *des Pudels Kern*, as I will proceed to show.

Let us now go to Hahnemann's own account of sycosis and see if it tallies with Dudgeon's. Turning up the *Chronische Krankheiten* we come upon the chapter devoted to the subject, and find it is just as scant and unsatisfactory as Dudgeon's exegesis of it. Hahnemann only devotes one small chapter of four pages to it, and Dudgeon's account of it is quite correct, except that he fails to point out the strange statement by Hahnemann that sycosis is an epidemic affection, "*Nur von Zeit zu Zeit herrschend war.*" and ever getting more and more rare.

Common gonorrhœa, Hahnemann says, does not appear to

penetrate the whole organism, but only to irritate the urinary organs locally.

His remedies for sycosis are a few globules of thuja³⁰ and nitric acid³⁰. His remedies for the common clap are a drop of fresh parsley juice, if there is much urging to urinate, and copaiva balsam about one drop of the mother tincture when there is less inflammation, and if these do not do the trick, why you get a gleet which is psoric. According to Hahnemann, therefore, there are two kinds of gonorrhœa, or clap, the one with condylomata, which is constitution infecting, and in which the urethral flux may occasionally but not often be wanting, and which constitutes his sycosis, and which must be monoposically cured by thuja³⁰ and acid nit.³⁰, leaving each from twenty to thirty days' time of action.

I would here remark, with some emphasis, that Hahnemann very distinctly differentiates between local irritation and an organismic evil in regard to the dose. When he wants to treat the organ or the part, *topico*—specifically he uses the mother tincture—or simple juice of the plant—and when he wants to treat the organism he uses the higher dilutions; and I may say that my own observations tally with this view exactly, with this difference, viz., that for the *topico* action the small material dose has to be often repeated. Before we go any further, let us note that Hahnemann uses the word *miasm* for the cause of the common noncondylomatous clap as well as for the other.

Let us now resume for a moment. According to Hahnemann there are two kinds of clap, the condylomatous, which is constitutional, and is to be cured monoposically by thuja and nitric acid; and the common clap, which is merely a local affection of the urethra, and is to be cured by the juice of *petroselinum sativum*, monoposically also, if much urging to urinate; or a drop of the balsam of copaiva when there is less inflammatory irritation.

This is all Hahnemann tells us about his sycosis and his common gonorrhœa.

We have now considered Dudgeon as exegete and Hahnemann as the originator of the doctrine of sycosis, but we have not herewith overmuch light, and conceptions not too clear. During the past forty years there have been very numerous authors who have written on Hahnemann's sycosis. Boenninghausen, Wolf, Grauvogl, Hering, H. Goullon and many others, and it would be very interesting to follow these thinkers in their yearnings and gropings after truth, in their desire to harmonize the facts of science with their veneration of the master.

But I am afraid the task is too great, and, moreover, I prefer another plan. I suggest we take, first of all, Hahnemann himself, as likely to know most of his own mental offspring. I suppose that the majority of us feel that we know most of our children after the flesh, and a man may fairly, I should think, be considered an authority on his own mental offspring also.

I quite agree with the principal exegetists of Hahnemann that it does not follow that because thuja and nitric acid may cure a complaint that therefore said complaint is of syctic nature, as Hahne-

mann understands it; but, inasmuch as we conclude that grave ulcerations, which yield readily (at least temporarily) to the iodide of potassium, are in all probability of a certain specific nature, so in like manner it may fairly be conceded, at least for the sake of study and argument, that what can be cured by the two great anti-sycotics may very probably be of sycotic nature.

Let us take merely the standpoint of probability, that much may be safely conceded without any great danger to scientific truth. Therefore, I invite you to consult Hahnemann on the subject of sycosis under the headings of thuja and nitric acid. Well, the Hahnemannian pathogenesis of thuja does not help us a bit, and, oddly enough, nitric acid is classified by Hahnemann as what? as an antipsoric! So we see that Hahnemann classifies nitric acid as an antipsoric after having mentioned it as second in order for the radical cure of sycosis. Then, again, although he classifies nitric acid as an antipsoric, he mentions warts (of the psoric kind?) and also condylomata and inguinal adenomata as curable by nitric acid, while the symptomatology of this acid clearly portrays gonorrhœa (S. 375 to 389).

Hughes tells us that our only pathogenesis of nitric acid was first published in the second edition of the Chronic Diseases, containing 1,426 symptoms. This cannot be correct, for my edition is the first, 1828, and it contains a pathogenesis of nitric acid, with 803 symptoms.

Well, with all this we get no clear conception of Hahnemann's sycosis, as an adequate basis for the huge structure which some of his disciples have built upon it, and which is the sycosis of the homœopathic authors, but I am not satisfied that it is Hahnemann's.

I propose now to consult Ameke's History of Homœopathy on the point, and on page 138 of Drysdale's translation, read "Besides this 'psora' there were other fundamental causes, viz., 'sycosis,' the phenomena connected with gonorrhœa and 'syphilis'." Though there may have been some substratum of truth in these views, Hahnemann nevertheless far transcended the limits of probability, and fell into a great error." Here, then, according to Ameke, as translated by Dr. Alfred Drysdale, and edited by Dr. Dudgeon, we find sycosis defined as "the phenomena connected with gonorrhœa." So, according to this, sycosis and the clap disease, the Tripperseuche are identical. This positive statement of the identity of the gonorrhœal disease in its entirety and the sycosis of Hahnemann so surprised me that I turned to the original and find the translator has interpolated the definite article THE, which makes all the difference. Ameke's words are "*ausser dieser psora blieben noch als grundursachen übrig die sycosis, mit dem tripper zusammen-hängende erscheinungen und syphilis,*" and these mean "sycosis, phenomena connected with clap," not the phenomena.

The words of Ameke, viz., "there may have been some substratum of truth in these views" (of Hahnemann) really pretty nearly epitomize the actual attitude of the homœopathic practitioners of the world at large. Speaking broadly, you to whom these words are addressed do not accept the etiologic phase of homœopathy, and

yet almost every man of you is daily, almost hourly, influenced by it in his modes of thought, of practice and of writing and speaking. You do not accept the doctrines of psora, syphilis and sycosis, and yet you do not quite reject them; you seem to think there is something in them after all.

Now, to keep within the bounds of my plan, viz., of sycosis, surely we ought to be able to know whether the doctrine of sycosis is true or false. Indeed I think it about time sycosis were elevated from the position of scholastic doctrine to that of a positive scientific demonstration, at least clinically, or else cast out altogether; for it must be manifest that there either is, or there is not, a condylomatous venereal disease which we call sycosis.

At this stage of our inquiry we are encountered with a difficulty, for to my mind it is very questionable whether sycosis and the entire gonorrhœal disease are identical. We have seen that Hahnemann differentiates two kinds of clap, the one a local affection of the urinary organs, and the other sycosis, in which there may be no urethral pyorrhœa or blennorrhœa at all. And this quite coincides with what we no doubt have all seen over and over again viz., condylomata, or verrucæ, in persons who have had no gonorrhœa at any time; but in all the cases which I have ever observed, impure coition had probably occurred (the hereditary ones in children always excepted), and hence these warts are certainly venereal; but are they always gonorrhœal? To say that the principal exegetes of homœopathy and the pro-sycosis writers, such as H. Goullon and the various numerous authors quoted by him in his admirable prize essay on Thuja and the *Lues Gonorrhœica*, accepts sycosis as synonymous with the whole gonorrhœal disease, which Autenrieth and other writers before and at the time of Hahnemann fully recognized and proclaimed as due to a constitution-infecting virus, and which they termed *Tripperseuche*, or clap disease, and which they also ascribed to a miasma or virus, as did Hahnemann. To say this does not satisfy my mind that Hahnemann thought the gonorrhœal virus the primary cause of fig-warts and other constitutional ailments. I think everything must hinge upon the answer to this question. I have weighed the matter carefully, and have come to the conclusion that sycosis for Hahnemann was the condylomatous venereal disease indeed, and nothing else—not the *tripperseuche*, or clap disease, of Autenrieth in its entirety.

If you will take the trouble to read the greater medical writers of Germany of the first four decades of this century, you will find (and I am sure that Drysdale, Dudgeon, Hughes, H. Goullon, to name no others, will agree with me) that gonorrhœa was considered by very many of them as a *seuche*, or constitutional affection, and as the prime cause of many specifically gonorrhœal ailments or manifestations, only one of which is the condyloma.

The clap disease, die *Tripperseuche*, was a recognized prime cause of chronic disease years before our founder promulgated his sycosis, and if you admit that sycosis and clap disease are synonymous terms, then sycosis is not the mental property of Hahnemann

at all; this much is certain, either sycosis and clap disease are not the same thing, or else if they are, there is no such thing as sycosis to be attributed to the genius of the founder of homœopathy.

We must not forget that Hahnemann differentiates two kinds of clap, the common variety and that of the condyloma, so he evidently did not include the whole clap disease in his sycosis.

It is seemingly no use for us to hunt about in Hahnemann's works for any real enlightenment on the subject of sycosis, as they contain none; and why? Simply because Hahnemann himself had but very little knowledge on the subject, as he practically admits on page 63, of Vol. 1, of his *Chronische Krankheiten*. I should not be surprised if he had set aside sycosis for study and consideration in a future time, but apparently that time never came—that is, it never came as far as we know; possibly the Paris MSS. may contain something on the subject.

We are then brought face to face with this primary question, Is the sycosis of Hahnemann identical with the gonorrheal disease of Autenrieth? If so, then it is not the property of Hahnemann; and if not identical, what is it? syphilitic, gonorrhœal, chancroidal, or a separate and independent disease *sui generis*?

These points being settled, we could proceed to a comparison of gonorrhœa in its constitutional aspects, with the sycosis delineated in the original works of Hahnemann. For I for one cannot admit that the SYCOSIS AUTORUM HOMŒOPATHICORUM is the sycosis as painted by Hahnemann himself.

Kali Sulph., 3x.—Post Grippal Cough. This is a remedy peculiarly efficient in the persistent and oftentimes troublesome post-grippal coughs. Catarrhal inflammations with profuse expectoration, sometimes yellow, with a cough worse in hot rooms and in the evenings. Especially useful in coughs remaining after la grippe in children. In cases where pulsatilla is seemingly indicated but fails, as it is the first cousin to pulsatilla—having many symptoms in common with it. In these cases it also follows well after kali bichromicum. Remember this remedy in your troublesome coughs following la grippe.

Silica Marina in Constipation. Dr. E. Cronin Lowe reports five cases of chronic constipation in patients, four of whom were accustomed to take strong aperients and suffered from backache, tendency to hemorrhoids and other accompaniments of such a condition. The drug was given in 3x trit., administered at night or night and morning, and the patients allowed to continue their purgatives at less frequent intervals. The effect of the silica marina was gradual but permanent, as after a few weeks the purgatives became unnecessary, and comfortable daily evacuations took place.

The fifth case was that of a child, aged 3 years, who had very rare stools (once in seven days), hard, broken and light colored. Various remedies had been given without effect, but silica marina 3x every night cured the case in ten weeks—*British Homœopathic Review*, Dec. 1909, p. 715.

CLINICAL CASES

DR. R. F. RABE,
New York City.

1899

I. A CASE OF METRORRHAGIA.

- April 21. Mrs. W. H., age 30 years, married, two children.
Trouble has now existed for six years, during which time she has had much old school treatment, including curettement, without benefit. Is flowing almost all the time. Menses appear ten days before time and last ten days, are bright red in color, very profuse, accompanied by headache and bearing down sensations.
Aversion to much covering, wants to be cool, can't stand a hot room.
Sensation as though needles and pins were pricking her feet, <stepping.
Numbness of feet. Flow <from any exertion. During flow is very weak.
Dragging down sensation from umbilicus. Secale corn. 200, three powders, one every night, on going to bed.
- May 3. Menses came on April 25 and lasted until to-day; were profuse the first two days, dark and clotted. Bearing down and backache.
- May 12 Leucorrhœa, of which she complained, is much less now. Numbness of feet much>.
- May 22. No flow yet. Feels well.
- June 2 Menses came on day following last visit, May 23, lasted six days and were normal in appearance and quantity.
Some treatment for her constitutional condition followed, but the metrorrhagia did not return. Looking back at the case now, I cannot explain, even to myself, why I gave three doses instead of one, which would have been all that was necessary.

1898

II. RINGWORM. MR. E. L.

- June 8. Ringworm the size of nickel on left side of neck. Itching. Sepia c. m., one dose.
- June 19. Ringworm paler and smaller; no more itching.
- July 2. Entirely disappeared.

MR. H. L. (Brother of above patient).

1900

- Aug. 25 Employed on steamship piers and mingles constantly with immigrants of all nationalities. Ringworm on flexor surface of left forearm. Sepia, 50m.
- Sept. 1. No>. Ringworm has increased to the size of a silver dollar. Microscopic examination shows the trichophyton fungus, with mycelia and some spores, very plainly. Very little itching. Bacillinum 200 (B. & T.) one dose.

- Sept. 8. Ringworm is fading and has remained stationary in size. Is crusting all over center.
- Sept. 15. Scabs falling off and healthy skin appearing.
- Oct. 1. Skin entirely normal in appearance.
This case proves absolutely what homœopaths have known all along, that an internal remedy can cure an external parasitic disease unaided by local measures.

1898

III. A PECULIAR SYMPTOM.

- April 1. Miss T. is a missionary, and has been under severe strain for the past week trying to convert a prostitute. On my arrival found her in bed with the following symptoms: Alternate laughter and crying. Bursts into tears and buries her face in the covers. Very weak. Anxiety about the heart, rises up into the chest. Vague pains about the chest and in the limbs. Numbness and paralyzed feeling of the left side of body and fingers of both hands. Pulse fast, then slow, alternately; sleeplessness. On turning over in bed a sensation as though some fluid in her chest ran from one side to the other, passing through a narrow opening. Ignatia 900, one dose, was given, with complete disappearance of all her symptoms within three days.

Zinc Arseniate, 3x.—Chorea. For this condition of trophic disturbance of the blood and nervous tissues of the organism, this is a remedy of promise, combining, as it does, a specific influence over the destructive tendency in the one and the instability in the other. Conditions especially calling for its use are marked deterioration of the general health with anemia in children, especially in chlorotic and nervously overtaxed school girls. Exhaustion, profound on the slightest exertion, is a predominating characteristic. There is also a great depression of spirits and marked involvement of the lower extremities. It corrects the anemia and exerts a tonic effect in restoring the exhausted nerve cells.

Sabal Serrulata.—General and Sexual Debility. In the Saw Palmetto we have a remedy with valuable properties for promoting nutrition and tissue building. In sexual neurotics—those debilitated from sexual excesses, natural or from pernicious practices—it is of positive service. The appetite is increased and digestion and nutrition promoted. The languor, apathy and indifference, with appearance of debility, give way to vigor and alertness under the spur of its positive tonic properties. It is of especial value in young female neurotics, who from suppressed or perverted sexual inclinations, become anemic and run down. Often a valuable remedy in supplementing the good work of phosphoric acid in these cases. 15 to 20 drops of the tincture are given two or three times a day. Larger doses should not be given.

Medical and Surgical Review

Conducted by - - - WALTER SANDS MILLS, A.B., M.D.

Alimentary Intoxication.—Finklestein, H.: (*Jahrb. für Kinderk.*, November 7, 1908, p. 521.)—All the numerous clinical forms of disturbances of nutrition belong to one or the other of two fundamental types, namely, alimentary decomposition or alimentary intoxication. The former term is one employed by the author to express a condition which is usually designated as infantile atrophy. The condition has the following course: As a result of improper diet, a disturbance of nutrition occurs which leads to a chemical change in the constitution of the body and more particularly of the cells concerned with the functions of nutrition; this in turn produces a further disturbance of these functions and reduction in the tolerance for food; dyspeptic disturbances develop, and finally a condition sets in, in which the food instead of supplying nourishment to the body acts as a toxic material. The underlying basis of this condition is a reduction in the tolerance for food. The chief etiologic element is the fat in food. Starches and sugar have less influence in the development of this serious condition, while the proteids seem to play no rôle whatsoever. At any time during the existence of alimentary decomposition intoxication may set in. The latter occurs as a complication of the former, when more carbohydrates are ingested than can be taken care of by the cells of the body. Fats do not produce intoxication directly, but their influence in the production of decomposition and the consequent reduction of tolerance leads indirectly to the more ready occurrence of intoxication when carbohydrates are ingested.

Decomposition proper is always preceded by two precursory stages. These give distinct clinical pictures, but are of variable duration and severity. The first stage is that of disturbance of weight equilibrium of the body. The body temperature shows slight fluctuation, being either subnormal or subfebrile. At first the body weight shows only slight daily variations; somewhat later we find a gradual cessation of increase of weight. The body no longer reacts with normal increase in weight when the food is increased. The second precursory stage is that of dyspepsia. In this stage, in addition to the symptoms of the preceding one, we see the manifestations of fermentation of the food in the alimentary canal. The stools vary in character, but are always abnormal. Most of the symptoms are due to the carbohydrates in the food.

The stage of decomposition proper sets in with a marked and continuous loss of weight. The child becomes irritable, sleep is disturbed, and hunger seems to be a constantly present symptom. Pallor of the skin becomes marked, and is contrasted with the redness of the mucous membranes. The pulse becomes smaller and slower. The respirations are irregular and the expiration slow. In severe cases we have periods of apnea and Cheyne-Stokes breath-

ing. The temperature is frequently subnormal. With the exception of the marked loss of body weight these symptoms contrast markedly with those seen in alimentary intoxication. In the latter condition we have drowsiness, stupor, rapid pulse, rapid respirations, albuminuria and glycosuria.

Death may occur suddenly from cardiac collapse or respiratory paralysis.

The author divides the stage of decomposition into three periods.

In the first period restriction of diet results in weight equilibrium and marked improvement in the character of the stools after three to six days. Recovery is possible even with artificial feeding.

In the second period weight equilibrium is attained more slowly and after great restriction of food; the abnormal stools are more persistent. Relapses readily occur when a more liberal diet is given. Recovery with artificial feeding is not likely.

In the third period weight equilibrium is no longer attainable. The stools remain abnormal, and death within a short time is certain. Every child who on attaining weight equilibrium does not show rapid improvement when the former diet is resumed, should be put to the breast, otherwise death or inanition is certain to occur. Breast milk acts as a curative agent in all but the last periods of decomposition. Even in human milk the fats and carbohydrates are injurious to the organism in the stage of decomposition, but their harmfulness is counterbalanced by some unknown constituent of the whey which produces an increase of tolerance for these elements of the milk. In severe cases breast feeding must therefore be begun with minimum quantities.

At any stage, decomposition may be complicated by alimentary intoxication, the first symptom of which is fever. This complication is usually brought on by the ingestion of carbohydrates as is shown by the rapid disappearance of the symptoms when the latter is excluded from the diet. Digestive disturbance must be present for intoxication to occur. The amount of sugar necessary for the production of intoxication is of diagnostic and prognostic value.

Untoward Results From Diphtheria Antitoxin, with Special Reference to Its Relation to Asthenia.—Dr. H. F. Gillette, of Cuba, New York, has a paper with this title in the *Therapeutic Gazette* for March. He reports 28 cases of collapse after the use of diphtheria antitoxin, 15 of which died in less than ten minutes. He draws the following conclusions. The various sera already have a prominent domain of therapeutics and I do not wish to oppose the use of any of them, but it must be understood that there are many problems concerning them which are unsolved and that we are still in the experimental stage of their use.

No serum should be used without a well-defined object in view, and when it is decided that the case requires serum it should be considered with care to see if any conditions exist which contraindicate its administration.

It is my opinion that if we are called upon to administer any

of the sera to a subject who has asthma, or any asthmatic condition, hay-fever, bronchitis, acute or chronic, or where the subject is susceptible to the odor of a horse or stable, or has suffered from angioneurotic edema or is neurasthenic, we should inform the subject who is to receive the serum, and the persons interested in the outcome of the case, of its possible dangers before giving it, and try to avoid its use.

I wish to give credit to Rosenau and Anderson, also to Southard and Gay, for valuable data as to their experimental work, and also to the physicians who furnished me with reports of cases.

Surgery of the Intestines.—One by one the numerous postulates of experimentation in this branch of surgery are being eliminated in the field of actual practice, and this is as it should be. Surely none so pedantic as would claim the last word has been said on any topic appertaining to technique in intestinal surgery.

The innumerable sutures with their hazy descriptions and puzzling diagrams, together with the many mechanical devices of uncertain value which have been constructed and employed in the prosecution of intestinal resection and anastomosis, have served their purpose in the transitional stages of experimentation, and many of them have been discarded.

One general principle in abdominal surgery has been evolved, viz.: Apposition of peritoneal surfaces is essential in order to secure watertight joints in all cases wherein continuity of the gut has been destroyed by accident or operation.

Lilienthal (*American Journal of Surgery*, March) presents a preliminary report of a simplified method of intestinal resection which contemplates ligation and division of the intestine followed by thorough carbolization of the stump. The ends of the long, heavy silk ligature employed in constricting the gut are brought out through the abdominal wound alongside of the drain, coming away in one instance seven weeks after operation, after three weeks in another case, on the tenth day and on the twelfth day in other cases.

Lilienthal reports six cases in which this method of closing the lumen of the stump was employed, including three pylorectomies, one intestinal obstruction (Littre) with gangrene, one tumor in ileo-cecal region, and one case of thrombus of the mesenteric vessel with extensive death of bowel wall to the extent of thirty inches.

Opportunity was afforded to examine three of the cases post-mortem. In two of these cases there was neither leakage nor septic reaction about the field of operation; in a third case which was posted, in which the ligature had been used in doing a pylorectomy, profuse leakage followed forty-eight hours after operation. Lilienthal thinks that in his haste to complete the operation, the patient not doing well, he did not wholly encircle the duodenum, but perforated the walls with his needle and constricted only a part of the bowel when the ligature was tied.

This method is not recommended as a routine procedure, but is regarded as superior to the suture for overcoming leakage which

so frequently follows the latter method of anastomosis at the mesenteric attachment. Again, ligature will withstand greater pressure from gaseous distension.

The procedure will, in the estimation of the author, find its widest range of application in lateral anastomoses of the small intestines. Admonition is given anent drawing the ligature tightly and thorough sterilization of the stump with pure carbolic acid, withholding the usual application of alcohol.

This method of sealing the stump of any part of the intestinal tract which has been severed is but the further application of a surgical principle which has been known to the profession since the days when the ligature replaced the application of boiling oil and the hot iron in the control of hemorrhage.

Robert T. Morris has been obtaining satisfactory union in appendical stumps for years by crushing with ligature, and any considerable experience in gall-bladder surgery will demonstrate that biliary fistulae are the concomitant of cystic, hepatic or common duct stone overlooked at time of operation, rather than failure to nicely coapt peritoneal surfaces about the drainage opening in the fundus of the gall-bladder.

So we opine that success in ligating an intestine will depend as in ligating arteries upon destruction of the lining membrane by crushing, preferably by a clamp prior to the application of the ligature.

The one great handicap to adoption of the operation as performed by Lilienthal is the presence of a sloughing mass of intestine left within the peritoneal cavity with ligature attached leading to the outside world. This, we take it, will cause anxious days and nights to the man who performs the operation.

The following technique in resecting the ulcer-bearing area of the stomach was employed by the reviewer, who disclaims any originality, but inclines at the moment to credit the suggestion to Rodman. After crushing the walls of the duodenum a chromacized catgut ligature was thrown around it and firmly tied, the bowel was divided, surface dry-mopped, the end invaginated and secured by a double row of serous sutures. Invagination and serous suture require but little time in their performance, and the additional safety against leakage and sepsis more than counterbalances the added risk.

Carbon Monoxide Poisoning—At a recent meeting of the Hudson County, N. J., Medical Society a member reported a call to a man who had been sick for two or three days with what seemed to be an attack of grippe. He had chiefly at night a cough that bothered him a great deal. This was followed by a severe headache and a high tension pulse. Then came a relative anuria, followed by a sudden pulmonary hemorrhage. Neither physical examination nor microscopical examination of the sputum indicated definite chest lesions. A few days later the man's wife began to cough and raise blood, and the same symptoms were exhibited by the only child in the course of a few days more. Examinations of

the chests of the woman and child were negative. Closer inquiry into the symptoms revealed the fact that all three of the patients complained of a peculiar taste in the mouth. Investigation showed that the house was heated by a charcoal stove, with a drum overhead, upon the removal of which the three patients made a prompt recovery. The case were undoubtedly due to poisoning by sulphurous acid and carbon monoxide.

The Physical Culture of the Puerperium.—Gellhorn, writing on this subject in the *Interstate Medical Journal* for January, 1909, reaches these conclusions:

1. According to the statistics of the author, out of the 291 mothers with gynecologic ailments, 156 were sick ever since they had given birth to a child.

2. In the overwhelming majority of these cases the origin of their ailments could be traced back to a faulty management of the puerperium.

3. In a well-directed puerperium prophylaxis must be considered first and foremost.

4. The object of obstetrics is not merely to deliver a living child, but also to restore the mother to perfect health.

5. The author maintains that a puerpera should stay in bed not less than eighteen days.

6. Every puerpera should wear an appropriate bandage.

7. The model described by Semmelink appears to be most advisable.

8. Mild, methodical exercises started in the second week after confinement, and continued for several weeks after patient has left the bed, are indispensable to a complete restoration.

9. Every puerpera should be examined carefully six weeks postpartum before she is discharged from medical observation.

Tuberculosis Cases.—Dr. J. H. Hallock of Saranac Lake (*Medical Counselor*, April, 1909), gives brief histories of a number of cases of tuberculosis that have recovered under treatment. He believes Saranac Lake to be the best place for a lung invalid. Next to that he believes in the indicated Homœopathic remedy. Third, he places diet, which must be individualized as carefully as is the remedy. And, finally, he believes in his 500-candle power lencodescent light. Dr. Hallock does not attempt to explain the action of the light, he only knows that it works.

Transmission of Tuberculosis.—In the *Eclectic Review*, May 15, 1909, appears a summary of a paper by Bernheim on this topic. Bernheim considers the respiratory tract the point of entrance in the vast majority of cases, and the air borne bacteria the cause. He considers the intestinal tract a rarely possible point of entrance. Heredity, he thinks, plays little part in transmission of tuberculosis. The vascular system cannot be considered as an entrance except in rare and accidental cases. The genital tract and the anal orifice seem to be of considerable importance as points of entry. The skin and mucous membranes may when abraded, be occasional points of entry.

Department of Physical Therapeutics

Conducted by - - - WILLIAM H. DIEFFENBACH, M.D.

REPORT OF THE SEVENTEENTH ANNUAL SESSION OF THE NATIONAL SOCIETY OF PHYSICAL THERAPEUTICS.

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HELD IN DETROIT, MICH., JUNE 22 AND 23, 1909.

DR. J. E. G. WADDINGTON (Detroit) presented a paper entitled "The Talisman of the General Practitioner." The great value of electrical modalities as an aid in the successful practice of medicine was emphasized and the use of the galvanic current was particularly described. With the aid of a wall-plate and a knowledge of the action of the negative and positive poles, a large variety of lesions can be treated. Electrolysis, ionization, cataphoresis, anaphoresis, local and general stimulation or sedation can be secured. In gynecology especially the value of galvanic and faradic currents cannot be overestimated when applied on sound principles.

DR. H. P. COLE (New York) gave a splendid resumé of the value of "Vibration in Medicine." He reviewed the vital processes showing that "Vibration is Life" and that circulatory changes being at the basis of most lesions the blood supply can be augmented or inhibited by means of vibratory measures and the lesions improved. The difference in action between superficial and deep vibration was emphasized as well as the difference in action between the rapid and slow stroke.

DR. E. STILLMAN BAILEY'S paper on "Radium" created great interest. Dr. Bailey recited his experiments with pitchblende and thorium mixtures the exact composition of which he declines to divulge at present and which he has named "Rad-thor-X." Dr. Bailey claims to have prepared a coated or filmed pad of this compound which is pliable and readily moulded and his therapeutic results are encouraging particularly in skin lesions—epithelioma and lupus. He claims marked stimulating properties for this radio active compound and showed a number of photographs taken with the powder which certainly demonstrates its actinic properties.

IN THE DISCUSSION the writer pointed out that Dr. Bailey's claims, if corroborated, again prove the dual action of physical agents. If "Rad-thor-X" stimulates cell activity, this can be opposed by the statement that pure radium compounds inhibit cell activity and the opposite effect of a WEAK preparation of radium (Rad-thor-X) as compared with "true radium compound of high activity will be another link in the chain of facts being accumulated to prove an underlying law governing the therapeutic action of remedies—physical and pharmaceutical." The writer recited the experimental work with radium injections made at Flower Hospital which has been reported in full in the June issue of THE NORTH AMERICAN and stated that a good percentage of these inoperable cases show improvement and several apparent cures had been effected.

DR. A. E. SMITH (Freeport, Ills.) discussed the "Selection of a Modality in Physico-Therapeutic Work" and insisted on a thorough knowledge of the operator in the physics and physiological action of the various agents employed. When treating a patient one should know what was to be accomplished with the agent used and guesswork should be relegated to the rear. Many physicians will purchase an electrical outfit and expect that the machine has the brains and much disappointment and failure result from improper grounding in the elements of electrical manifestations. As much care must be exercised in using the various forms of electricity as in the selection of a drug and time and repetition of treatment require study and experience for successful results.

DR. WILLIAM M. BUTLER (Brooklyn) presented the topic "Hydrotherapy in Mental Diseases." The author showed that metabolism can be influenced by hydrotherapeutic procedures, that the nervous system can be stimulated or sedation achieved and he particularly emphasized the value of the continuous bath in mental diseases.

DR. BENJAMIN F. BAILEY (Lincoln, Neb.) gave an interesting account of "Physical Therapeutics as Applied to Neurasthenia," which elicited abundant discussion and the author's contention as to the undoubted value of properly selected galvanic, faradic, static and high frequency currents in above disease was concurred in.

"THE VALUE OF THE RÖNTGEN RAY IN DIAGNOSIS" was demonstrated by the writer by means of one hundred and fifty lantern slides showing in rotation a variety of fractures and dislocations, foreign bodies, tuberculosis of the lung, aneurisms of the aorta, gallstones, kidney, ureter and bladder calculi;—also bismuth injection prints of the alimentary tract showing strictures of the esophagus, cancer of the stomach, hour-glass contraction, ptosis and dilatation of the stomach, stenosis of the intestine and sinus ramifications. A collection of roentgenograms of various lesions of bones was the final offering—syphilis of bone, tuberculosis of bones and joints, osteoma, osteo-sarcoma, enchondroma, bone-cysts, osteo-myelitis and osteo-malacia were demonstrated and differentiated.

A new study of the action of the gonococcus upon bone tissue made at the suggestion and with the co-operation of Professor Bukk G. Carleton, was shown, and characteristic spots or areas of infection selected as pathognomonic of gonorrhoeal bone lesions. The diagnosis of gonorrhoeal rheumatism will be rendered certain in the future of this work is corroborated by further study.

S. F. BIRDSALL, M. D. (Glen's Falls, N. Y.) sent a paper on "Prostatic Hypertrophy treated by Electro-Therapeutic Methods." The use of the static wave in the rectum and the vacuum high frequency over the perineum was extolled in this lesion.

DR. CLARA E. GARY (Boston, Mass.) gave the treatment of "Four Cases by Means of Various Electro-Modalities," and, concurring in the line of argument of Drs. Smith and Waddington, showed that a thorough knowledge of the action of the currents is prerequisite for good results in treatment.

"An Inexpensive Portable Oxygen Generator" was shown by Dr. N. A. Pennoyer, Kenosha, Wis.

ROBERT WALTER, M.D. (Walter's Park, Pa.) presented a paper on "The Power and Process of Cure," in which he elaborated his well-known views as to the intrinsic healing ability of the organism itself if not interfered with. He criticised the prevailing system of stimulation employed in disease, showing that a reactive depression must invariably be expected. Dr. Walter's arguments corroborate the law of similars in the employment of physical measures as well as drugs in disease and the paper is worthy of careful study and investigation by the members of this society.

An excellent report by Dr. William H. King (New York) on new apparatus—including especial mention of the various sinusoidal currents, the X-ray flashes, fulguration and high frequency modalities completed the program.

The officers for the ensuing year, meeting at Los Angeles in July, 1910, are:

President, Dr. A. E. Smith, Freeport, Ills.; first vice-president, Dr. N. A. Pennoyer, Kenosha, Wis.; second vice-president, Dr. Clara E. Gary, Boston, Mass.; secretary, Dr. E. P. Mills, Ogden, Utah; treasurer, Dr. Christine Bergolth, New York City, N. Y.

Additional members of the Executive Committee are: Dr. William H. King, New York, N. Y., and Dr. E. Stillman Bailey, Chicago Ills.

Diagnosis of Syphilis.—*The Illinois Medical Journal* for April has a symposium on syphilis. W. J. Butler of Chicago contributes a most interesting article on the serum diagnosis of this dread disease, and C. Corbus on diagnosis by finding the spirochaeta pallida. In primary lesions the spirochaeta should be looked for. Treatment should begin at once if the organism is found. Corbus believes excision to be indicated, as while it probably rarely aborts it surely does alleviate future developments. Later in the disease Butler and Corbus believe the serum diagnostic procedure should be used. Butler's paper is particularly full and worth reading. The serum diagnosis is affected by antisyphilitic treatment and the reaction may disappear, to return again when treatment is discontinued. When found the syphilitic serum reaction is pathognomonic. In doubtful cases—and they are many—it should be utilized.

Urinary Infections a Common Cause of Fever in Infancy.—Dr. M. J. Lippe of St. Louis in *Archives for Pediatrics* reports on this condition. The fever is often erroneously ascribed to typhoid, malaria rheumatism and other conditions. Its symptoms are somewhat indefinite—fever, restlessness, infrequency or difficulty in urinating. Urine turbid, acid, microorganisms, colon bacillus, pus organisms, albumin, specific gravity 1008 to 1015. Infection is probably due to cleansing of the buttocks and genitals with soiled diapers; as the female urethra is so short girls are more liable than boys. Lippe's treatment is hexamethylendiamin, five to fifteen grains daily.

NORTH AMERICAN JOURNAL OF HOMŒOPATHY

Contributed Articles

THE TRAGEDY OF THE GONOCOCCUS

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THE title of this paper is suggested by the following case: A beautiful girl, aged 23, daughter of wealthy, cultured, loving parents, had been married to a young man of excellent family, six weeks previously. The wedding was characterized by all the formalities of high life, the happy bride was congratulated and, with her husband, departed upon the usual honeymoon. It had been generally known by the friends of the young man that he was "going the pace". It was known, too, that he had had gonorrhœa if not worse. He had been under the treatment of a recognized specialist in genito-urinary diseases who had told him that it was quite safe for him to marry. Two weeks after marriage, while in a distant city, the bride was taken with symptoms of "pelvic inflammation" of an infective character. Her pelvic symptoms were preceded by the classic signs of specific infection—bladder implication, dysuria, and leucorrhœa.

Then came a hard chill with soreness and tenderness in the hypogastric region and a temperature of 103° F. She returned to her home with much difficulty and took to her bed. When I saw her, three days previously to operating, there was a bulging in the posterior vaginal fornix and great tenderness through the pelvis so that digital examination without an anesthetic was almost unbearable. The temperature ranged from 102 to 105° F., so I deemed it wise to remove her to the hospital, make a vaginal puncture, drain the tubes and pack the resulting cavities with gauze. The uterus was also

*Read before the American Institute of Homœopathy.

curetted and irrigated and the patient placed in bed. The temperature at once dropped to normal, the gauze was removed on the fourth day and the resulting cavity was kept clean by irrigation. The patient returned to her home at the end of two weeks much improved from the acute symptoms but with her ovaries and tubes bound down with exudates and looking the wreck she was. After four weeks more of confinement in bed she got up and about, took an automobile ride and had a relapse. In my opinion so much damage had been done to the appendages that the patient will remain an invalid indefinitely, unless radical work is resorted to. Upon rendering this opinion I was promptly discharged, together with the attending physician, and another doctor called. This was more than five months ago and the patient is still bedridden and an invalid. I protected the young man to the best of my ability but in these days of general dissemination of knowledge on venereal diseases the parents could not well remain ignorant for all time. In less than four months from her marriage the bride applied for divorce which will be speedily granted. The young man had sown his "wild oats" and the poor girl had reaped the sad harvest.

Another case: A young man of wealthy parentage, with college education, marked refinement and good character and much beloved by all with whom he came in contact. Like thousands of other young men he experimented with Bacchus and Venus. The deadly gonococcus found in his urethra receptive nidi and congenial soil. The usual urethral catarrh followed. He was under treatment by an able physician who had completely controlled the discharge and pronounced him cured. He met the willing maiden—fair, good and virtuous, who broke an engagement with a young professional man of excellent reputation, and in due time marriage followed. In less than two months from marriage conception took place for, fortunately or unfortunately, the usual sterility of gonorrhoea did not follow. Soon after conception, and within two months after marriage, I was called to attend the wife suffering from a most virulent attack of specific inflammation. There was an abscess of both Bartholinian glands, which had to be resected. By observing due care abortion was prevented and she went on to a full term, being delivered by an able accoucheur who took every precaution regarding the eyes of the child so that they were not infected. She, however, did not get up well from her confinement and undoubtedly suffered from salpingitis of an infective character. She remained an invalid—emaciated, melancholic, constipated and sterile, with pain through the pelvis and leucorrhoea. She was badly lacerated dur-

ing her confinement. Two years ago I removed her to the hospital, did a divulsion, a curettage, a trachelorrhaphy, a perineorrhaphy, opened the abdomen, removed a long thickened appendix, broke up the adhesions in the pelvis, which were extensive, freed the fundus from the rectum, found the fimbriated extremities of the tubes sealed to the ovaries, and removed the right ovary and tube, which were irreparably diseased. At the urgent request of the husband I conserved the appendages at the left side, amputated the fimbriated extremities of the tube and stitched the mucous membrane to its peritoneal surface. I then did the internal Alexander operation and closed the abdomen. The patient recovered nicely from the operation and although she has since been twice reinfected by her husband she is in a fair degree of health.

Another case: Patient aet, 25; married five years; previous to marriage her husband admits having had gonorrhoea. When she came to me I found her flowing excessively, the cervix being badly lacerated, there was complete laceration of the perineum so that she had no control of the gases or liquid fecal matter and the uterus was sharply retroflexed and fixed. The ovaries were bound down and adherent and the tubes were thickened. There was a nasty leucorrhoeal discharge which contained gonococci. She was constipated, with cold hands and cold feet. There was much mucus in the stools, and she was melancholic and miserable. More than a year ago I did a divulsion, a curettage, a trachelorrhaphy, a perineorrhaphy, divulsed the rectum, overcame the adhesions of the clitoris, opened the abdomen, removed a long thickened appendix, delivered the ovaries from their inflammatory beds and removed both the ovaries and tubes. The uterus was then stitched in front and the abdomen closed in the usual way. The patient convalesced beautifully and with the exception of the usual nervous disturbance incident to the forced menopause, she had no bad symptoms for six months. Then she came to me with a renewed infection. Careful cross questioning extracted from the husband the confession that he had been out with "the boys" and had had a recurrence of the gonorrhoea—either a new infection or a reinfection the result of his debauch. She had been under my treatment for three months but much of the good which came from the first operation has been spoiled by the second infection.

Still another case: Patient aet. 34; married to a man who is able to give her everything in life in the way of personal comfort that money can buy. She was, however, sterile and suffered intensely

from asthmatic attacks. She had several attacks of "pelvic inflammation," the worst one dating from a curretage done in a physician's office for an infective inflammation which was unquestionably gonorrhoeal. This gave rise to a pelvic abscess which had to be drained through the vagina. She had, when I first saw her, been an invalid for years; complained of intense backache, nervousness, constipation and leucorrhoea and soreness through the vagina. Menorrhagia had developed and there was a nasty discharge from the uterus which contained gonococci. Five months ago, I did a divulsion, a curettage, divulsed the rectum, overcame adhesions of the clitoris, opened the abdomen and found a short, stubby, thickened appendix, which was removed. The uterus and ovaries were buried in an inflammatory mass so that it required most careful dissection to overcome the adhesions. The left ovary had entirely sloughed away and no trace of it could be found. The right ovary and tube were tied off and were nothing more than small, cartilaginous structures. The uterus was then fastened in front. She convalesced nicely and is now better than she had been for five years. The one thing in life she most wished, however, she can never have, namely, a child. The husband admitted gonorrhoea previous to marriage. If there is a greater tragedy than a childless household, I do not know it.

I might continue to read similar cases taken from my case book from now until early dawn, but why multiply instances? They are altogether too familiar to all practitioners and all specialists. They constitute the tragedy of tragedies and the great problem which presents itself to us of the medical profession is, are we as a profession, doing our full duty in safeguarding the public and the young men and young women entrusted to our care? The lay press has awakened to the importance of the subject and all sorts of theories and cure-alls have been proposed, the vast majority of which are impractical and idealistic rather than practical and expedient. So long as red blood flows in the veins of men and maid (and when it ceases to be red we shall become supine and characterless) venereal diseases of all kinds will exist. So long as ambitious mothers continue to aspire to marry their daughters to young men of wealth and high social position, no matter what their habits may be, rather than to young men of character and sobriety, will the tragedies which I have cited continue to repeat themselves. So long as we continue to educate our daughters in the extravagant habits of modern life, will the young men of limited income find it impossible to assume the responsibilities of marriage and indiscriminate sexual

intercourse, with its attending evils, will prevail. And as long as woman herself makes an outcast of the unfortunate girl who, born with an imperious sexual instinct, loves not wisely but too well, will the ranks of prostitution be maintained. The total abolition of prostitution is a dream as Utopian as is the total abolition of the drink habit. We can, in a measure, control the sale of intoxicating liquors; we can in a measure, control prostitution and its attending evils and we owe it to society to do what we can in lessening the evils of both. In dealing with both drink and indiscriminate sexual relations, a final analysis will, I believe, prove that more depends upon the character of the individual, and upon education, than upon sumptuary laws and penal codes. Neither the sex instinct nor the craving for alcoholics can be abrogated by legal enactments, although the fear of the law, moral or statutory, may exert a restraining influence. The whole problem then of sexual relations and their consequences must be solved in the family and by the individual rather than in legislative halls and by the state. This being so, we, the medical profession, should enter upon a campaign of education, far reaching and thorough. I submit for your consideration the following propositions:

1. The youth of our land should be instructed by competent instructors in the nature and sequelae of venereal disease, as well as all matters pertaining to sex physiology and hygiene.
2. After venereal disease has been contracted, young men should be impressed with the fact that they are morally, if not legally, reprehensible in contracting marriage before a cure is absolute.
3. The general practitioner should take greater precautions than he ordinarily takes in assuring himself that his patient, the victim of gonorrhoea, is cured beyond all possible doubt before he permits him to marry.

I shall discuss these several propositions generally rather than specifically. In the way of prophylaxis, we should combat the erroneous idea that sexual relations are necessary for the maintenance of health in the young. The New York Post Graduate School in its dispensary practice is doing much to advance this thought by issuing a little leaflet which is handed to patients suffering from venereal disease and which reads as follows:

1. Sexual relations are not necessary to keep healthy manhood.
2. If not made use of, the sexual power does not become less.
3. In boys and young men, growth of mind and body progresses better without sexual relations.

4. The danger of serious disease is great and cannot be avoided outside of marriage.

5. If disease is contracted, it often does permanent harm, not only to the man but to his future wife and children.

6. A man or woman may be badly diseased and not know it.

7. To avoid these dangers, physical exercise in gymnasiums and out of doors gives healthy relief.

8. In those men not living in actual sexual life, seminal emissions (wet dreams) each week or two are natural and can do no harm.

9. To avoid sexual thoughts, train the mind by reading and studying clean books.

10. Avoid drinking, obscene pictures and vulgar stories. Choose companions who respect womanhood.

11. By following the preceding common sense laws, the man will remain strong sexually, keep his body clean and promote his own happiness and the happiness of others.

Leaflets similar to the above should be in every physician's office and should fall into the hands of all young men. It is not the province of this paper to deal with venereal diseases other than gonorrhoea; nor is it its province to deal with gonorrhoea in the male, except so far as it has to do with the infection of the female after a supposed cure in the former. I do not pose as an authority on gonorrhoea in the male. The best object lesson a young man can have is a visit to the venereal wards of any of our large hospitals, there to witness the strictures, the cases of prostatitis, of cystitis, of pyelitis, of lymphadenitis and the numerous other complications which so frequently attend gonorrhoea. The male victim has troubles of his own but it is the terrible consequences of the disease when it attacks women that has led me to investigate some of the more prominent authorities on genito-urinary diseases of men in order to call your attention to the necessity of greater care in dismissing as cured, men affected with the disease before certain tests have been applied.

It was in 1873 that Noeggerath wrote as follows: "I do not believe that I go too far when I assert that out of every 100 wives who marry husbands who have had gonorrhoea, scarcely ten remain healthy; the rest suffer from it or from some other of the diseases which it is the task of this paper to describe and of the ten that are spared, we can positively affirm that in some of them through some accidental cause, the hidden mischief will sooner or later develop itself."

More than twenty years ago Lawson Tait, in discussing the

teachings of Noeggerath, contended that gonorrhoea is responsible for infinitely more suffering than is syphilis. He, of course, referred to the indirect result of gonorrhoea as it affects women. While possibly Noeggerath's statistics as regards the frequency of transmission from the male to the female are too high, the occurrence of such transmission is of such frequency as to demand our most serious consideration. There is a general consensus of opinion that a man the victim of gonorrhoea can be cured, but the authorities are equally emphatic in the statement that he is not necessarily cured when all discharge ceases. In other words, *the disappearance of all external evidence of the disease by no means makes an ex-patient unable to cause his wife's death.* As Dr. Valentine (2) puts it, "Lurking in the crypts, follicles and glands of his urethra may be gonorrhoea. In the sexual relations, these murderous bacteria are wholly or partially emptied out. Enough of them may be ejected to pass with the semen to the regions where a future human should be given life and the prospective mother has within her the fungus of destruction." Dr. Valentine then proceeds to describe his method of exploring through the urethroscope for evidence of the disease. He also cites the well known fact that cases may occur in which the foci of infection are either so minute or so nearly covered with mucous membrane that they are not at all visible. In such cases the urethra may appear almost healthy and yet contain even infinitesimally small glands filled with gonococci. In these cases he proceeds as follows: He introduces as an irritant an injection which produces a flow lasting from twelve to forty-eight hours. This flow examined will or will not be found to contain gonococci. If the discharge produced by the irritant contains no gonococci, a second injection should be made a week later. This will certainly reveal gonococci if they be present anywhere in the urethra. If none are found, the physician may safely advise marriage as far as the possibility of infecting the wife is concerned.

Wertheim, (*Wien Klin Wochenschr*, 1894, 14) in order to test the question whether in chronic gonorrhoea, the lessening of the virulence of the germ is brought about, employed the following experiment: He made a pure culture from a urethra with gonorrhoea of two year's standing in which the discharge had ceased and although he repeatedly attempted to inoculate the same urethra, he was unsuccessful. But with this same culture, he produced a typical gonorrhoea in another patient lasting seven weeks, showing the gonococci had not lost their virulence. Then to explain the

cause of a fresh lighting up of a chronic gonorrhoea in a man after marriage, which is often observed, he reasons that it is not as is generally explained, on account of abnormal irritation of the mucous membrane from renewed sexual intercourse, but to the fact that the wife, being infected from the husband re-infects him. In proof of this he employed pure cultures from the urethra of the wife, which had produced acute gonorrhoea, and re-inoculated the original urethra which had been proof against two old cultures and successfully produced an acute attack lasting five or six weeks. Werthein's experiments show the necessity of thorough and radical treatment in the case of women with gonorrhoea, and of resorting to the same test before discharging them as cured that we would apply in determining the presence or absence of gonococci in men. I have in another place (3) described my own method of treating gonorrhoea in women by means of the spray, which has in my hands proved very satisfactory. Werthein's experiments also place especial emphasis upon the medico-legal aspect of this question, inasmuch as the husband might be unjustly charged with re-infecting his wife because of extra-marital intercourse; or, conversely, the wife might, with equal injustice be charged with impure relations in the event that the husband became secondarily infected. They show conclusively, too, that gonorrhoea in married people can only be successfully treated when both husband and wife undergo treatment at the same time and during treatment cease all sexual relations. Our own Ashcraft, (*Bartlett's Clinical Medicine*, page 731) says: "A man may be said to be cured of gonorrhoea, first, when no discharge may be obtained upon careful stripping of the urethra; second, when the microscopic examination of the centrifuged urine shows but a few pus cells and an absence of infecting organisms; third, when artificial methods resulting from champagne, beer and instruments either fail to procure a discharge, or, if provocative of one, shows no gonococci or other infecting organisms; and, fourth, when stricture, prostatitis, seminal vesiculitis, pyelitis or other complications do not exist. Finally, before dismissing the case. I resort to cystoscopy, negative findings, making doubly sure." Personally, I doubt either the necessity or the wisdom of resorting to Dr. Ashcraft's "wet test."

If these gentlemen are right in their conclusions, no man who has suffered from gonorrhoea should marry, or to put it more strongly, should be permitted by law to marry, until he has passed through the hands of a specialist in genito-urinary diseases. I do not believe that the ordinary practitioner is able to apply the tests pro-

posed by them, and here is, I believe, the crux of the whole matter of prophylaxis so far as the innocent girl about to assume wifehood is concerned. We are in the meantime derelict in our duty in that we do not educate our young men and our young women in all that pertains to sexual hygiene and the moral side of this great question. But when it comes to the protection of the unsuspecting bride, we have been too long handicapped by the fact that our code of ethics forbids revealing the secrets of the consulting room. In order to obtain the legal status of such disclosure, I consulted a gentleman well-known for his medico-legal acumen, Mr. Sol. A. Wood, Counsel for the Defense Department of the Physicians' Defense Company, of Fort Wayne, Indiana. I quote from his letter in detail: "The subject is certainly a very important one, and I fully agree with you that the doctor should be justified in imparting the information to the interested party. Under the common law, statements of the patient to the doctor were not privileged, but in many of the states have been made so by statute, and the reason for a statute of this kind, being that of public policy, should not apply in such cases as you mention. In Indiana the law regarding marriage provides that the applicants for a marriage license must answer under oath such questions as would disclose the conditions referred to and prevent the issuing of a license. This being true, I think the courts in this state would, of necessity, have to hold that the doctor who did disclose information derived through his employment, could not be held liable. I very much doubt whether under any circumstances, a physician could be held liable if the information imparted were true. If it were false, of course, the doctor could be held liable for libel or slander and the question therefore seems to be an ethical rather than a legal one. I have not had time to examine the Ohio Statute with reference to this question, but presume that it will be convenient for you to do so."

It would seem from the foregoing legal opinion that we are handicapped as physicians in protecting the bride to be not so much by legal enactments as by our own code of ethics, which we have created in our desire to preserve the sacredness of the consulting room. We have been too long embarrassed by section two of article one of our code, which reads as follows: "*A physician is bound to keep secret whatever he may hear or observe in the discharge of his professional duty, respecting the private affairs of a patient or his family.*" I can offer at this time an amendment to this section, and I ask your co-operation in securing its adoption, so that it will read:

"Unless it is probable that such secrecy will result in harm to others, in which event it becomes the duty of the physician to protect the innocent party or parties." I realize to the fullest, the delicate task imposed upon any physician confronted with the circumstances calling for the exercise of this amendment in actual practice. It would require on his part the utmost tact and diplomacy, first appealing in all instances, of course, to the young man most interested, that he may have an opportunity to assure himself beyond all peradventure of the complete disappearance from his urethra of gonococci. In the case of syphilis, it is even more important that we should be freed from the embarrassing restrictions of the present code. I have endeavored to show by the writings of Werthein, Valentine and Ashcraft, the utter futility, as a preventive measure, of a law compelling an applicant for marriage license to answer under oath, questions which would reveal the existence of venereal disease, for the reason that the applicant in the vast majority of instances believes himself cured, having been so informed by his attending physician. As I have shown, the only absolute safe procedure, so far as gonorrhoea is concerned, is the tests which only a specialist in genito-urinary disease is capable of applying. But we have not yet so far advanced in governmental paternalism as to require a certificate of health from both parties entering into the marriage contract. That time may come, but until it does come we should in the interest of humanity exert our influence, first to prevent the spread of venereal disease by a campaign of education, and secondly, to convince the young man, the victim of gonorrhoea, that he has no moral right to marry until he has had his urethra examined for the last lingering traces of the disease. Finally, if he declines such examination, we would deem it our duty to protect the innocent girl from the tragedies which it has been the province of this paper to describe.

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PHYSICAL THERAPEUTICS*

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MEDICINE is gradually evolving from an art into a science and nothing has contributed more toward that end than the remarkable strides made in the branch of medicine broadly classified under the term physical therapeutics.

Recall, if you please, the status of physical agents in medicine twenty years ago and consider the subsequent discovery of the Roentgen ray, of radium, of phototherapy, of osteopathy, of physical culture, of high frequency and fulguration currents, not to speak of improvements of technic in galvanism, faradism, sinusoidal and static currents!

Is it not deplorable, therefore, that so little attention is paid to these agents in medical institutions which claim to equip students for the medical profession? There is no college or university extant which gives an adequate course in physical therapy. Some institutions have, it is true, given courses in electrotherapy and have subsequently added hydrotherapy to the curriculum, but as a whole, the subject of physical therapeutics has been neglected and I deem it one of the functions of this society to insist upon a more comprehensive and complete course in physical therapy in all colleges in which we are interested.

Physical therapy has within the past decade become a specialty in medicine and as such deserves to rank with surgery and drug therapy as a weapon for combating disease. To have this broad subject tacked on to the department of dermatology or neurology is but another instance of the tail attempting to wag the dog! The college which in addition to its regular curriculum adopts a complete course in physical therapeutics, will, in the judgment of your chairman, deserve the patronage of our members and of the enlightened members of the medical profession at large.

Reviewing the progress noted by your president during the past year, we will first refer to the well-tried and ever useful galvanic current. Ionization has been developed largely in France during the past year. Professor Leduc's treatise on the subject securing many followers.

The use of a one or two per cent. solution of sodium chloride in sclerotic and cicatricial formations and contractions, the positive

*Presidential Address, National Soc. of Physical Therapeutics.

pole on an indifferent point, the parts to be treated being connected with the negative pole well covered by the saline gauze. The current strength is gradually increased from ten—as high as one hundred m. a.—as soon as pain is experienced the current is reduced. Time of treatment 20-30 minutes. Repetition of treatment twice weekly. Ankylosis responds to this treatment admirably, arthritis is improved and scar tissue dissolved. Pleuritic adhesions and contractures of muscles also disappear under the sclerolytic action of the chlorine ions.

Zinc ions act well as hemostatics and their uses in endometritis and metrorrhagia are well known. The use of zinc ions in epithelioma and rodent ulcer is also recommended by the French school. Zinc ions are applied by means of solutions of zinc chloride ten per cent. solution—the negative pole being the indifferent pole, the positive pole the active. The writer has recently tested it in a few cases of alopecia and produced marked hyperemia with it.

Salicylic acid ions have been employed in neuralgia and chronic rheumatism, the negative being the active pole.

Magnesium sulphate solution, twenty grains to the ounce, has proven of great value in multiple warts and small fibromata, the active pole being the positive in this instance. Five to eight m. a. are employed and the treatment repeated weekly until cured.

The improvement in cataphoresis for the destruction of malignant growths has been emphasized by Dr. Massey of Philadelphia, and mercuric cataphoresis has established itself beyond a doubt.

In electro-diagnosis, further refinement of muscle and nerve testing has been made, especially by Dr. Toby Cohn of Germany and this branch has also retained a permanent place in medicine,

The faradic, sinusoidal and undulating currents have all a definite sphere in therapeutics, especially on the muscular system. Leduc's intermittent current for anesthesia has also been tested and a place secured for it among our therapeutic weapons. (

The static current still retains its popularity as a valuable modality. The addition of the wave vacuum tube or roller, the connection being made as in the Morton wave treatment, is a new departure in this special current. We have found this current to be a powerful muscle and nerve stimulant and have employed it with success in occupation neurosis and lately in a number of cases of Glénards' disease, gastroptosis and muscular atonicity. The spark gap is separated in the 12-plate machine from one to two inches, and treatment with the glass vacuum roller usually consumes five minutes. Treatment is given tri-weekly.

The static current being theoretically the best for energizing X-ray tubes, efforts have been made to construct a machine giving sufficient current for the heaviest work. These powerful static machines can take pelvic pictures in less than one second and kidney stones in equally rapid time.

The high frequency currents are at present in high favor and the manner of their applications is familiar to my hearers. Observers of the therapeutic effects of these currents have corroborated the fact that excessive treatments of auto-condensation currents inhibit nerve function, while moderate currents stimulate the same.

The use of the metallic high frequency spark, also called fulguration, has also secured a place in medicine. Its use is best exhibited by means of auto-condensation and in the contraction and destruction of small neoplasms and hemorrhoids it has no equal. Here, also, a dual action can be noted—a short, quick spark induces hyperemia and a heavy, continuous spark necrosis of tissue.

The Roentgen ray has now firmly established itself as an indispensable agent in diagnosis and new uses for it are constantly discovered. The differentiation of bone lesions furnishes a new field for diagnosis. The therapeutics of the Roentgen ray, after languishing for a short time owing to many conflicting reports as to its value, has, in the hands of operators of experience, shown results not obtained by any other measure. The continuous Roentgen ray has an inhibitive action on cell life and can be judiciously used for inhibitive or destructive purposes. It has, however, been determined, that this same inhibitive and destructive agent, is among the most powerful stimulants extant. Dr. Finley Cook, of New York, was the first to point out that the Roentgen ray, if given in flashes or in a quick, intermittent manner, produced marked hyperemia and repair, and the writer has confirmed his observations in a large number of cases of tuberculosis of joints and lungs, in bacterial lesions, atrophy of the tissues, etc. Flashes about 60 per minute, with a high tube twelve inches from the patient, given for five minutes, are the most useful for this purpose. Here we have again a verification of the quality of action of physical agents; powerful, continued X-rays destroy tissue; the same rays given intermittently, so as to permit reaction, stimulate tissue and cell life.

Radium therapy will be treated by one of our members and no doubt fully discussed, so that this interesting subject need not be touched upon by your president.

Hydrotherapy still retains its hold upon all physicians who have had occasion to study its therapeutic virtues. The use of heat and cold, therapeutic lamps and phototherapy offer nothing new but all have a place in an armamentarium and all respond to definite principles. Cold, if continued, inhibits; if of short duration and intermittent, it stimulates. Excessive cold produces anemia; short cold applications stimulate the hematogenic organs and improve anemia.

The use of suggestion in medicine is of long standing and physicians who have familiarized themselves with the virtues of suggestion and psychotherapy are among the elect. The spread of Eddyism and the Emmanuel movement merely emphasizes the fact that in suggestion we have but another potent weapon at our command, the uses of which should be taught and studied as should every other agent promising relief in the cure of the sick. To confine ourselves to drugs alone, to surgery alone, to physiotherapy or any other system alone is a crime to mankind and the day is not far distant when liberality and breadth of view in medicine will reap its reward.

THE PROSTATE: ITS CURE BY THE INDICATED REMEDY, PLUS ELECTRICITY*

By W. W. OSGOOD, M.D.

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PROSTATIC affections have proven so obstinate in treatment that few have been optimistic enough to try to cure these conditions; and even now, in the hands of a large majority of the professional fraternity, results are far from satisfactory. However, with a better knowledge of anatomy, physiology, chemistry, medicine, and electricity, discoveries have been made, theories proven, and treatments outlined, so that we no longer need to hesitate in accepting these cases, but can undertake them with the assurance that we can relieve and restore these complex conditions.

In my earlier years of professional labors, whenever I would refer to enlarged prostate and its adnexa, a list of remedies would be mentioned. After careful selection one would be administered, with possible relief to some of the symptoms, but no reduction of the irritated and enlarged gland and the many other conditions so

*Read before the So. Homeo. Med. Assn.

common in prostatic diseases. After further council, changes, selections, heart aches for the conscientious physician, we at last received the verdict of failure from our patient and consolation from our several councils, that no one expected to cure such cases as a whole, and that to relieve the aggravating symptoms and make the patient semi-comfortable was all that could be expected. These, and other like facts, have been the contributing causes that have thinned our ranks, though to others, more hopeful, they have been the influence which led to the untiring efforts that discovered a means for their cure.

Medicine was not a birth-right to me. None of my ancestors devoted their attention to its study. It was all new and I early discovered that even its disciples were not able to keep the grim Reaper from the door; that the polychrest was much used in acute troubles and occasionally the other proven drugs with delightful results in acute maladies and in some chronic. But there was another set of chronic diseases that would persistently become manifest, and except for amelioration, remained a menacing agent of pain and pathology. To this class I early turned my attention, with a determination, if possible, of finding the reason for such failures. I read suggestive therapeutics, and osteopathy, and took up electricity. In 1900, I attended Pratt's course of lectures on orificial surgery, and followed it by reading the efforts and clinical experience of Burnett, Clarke, Hale, Nash, Overall, Massey, Neiswanger, and others, to at last evolve facts and methods that have been satisfactory to myself and patients. I may seem to have been a fancy-chaser, but it was not for fancy only that I sought, but for facts that would serve me in treating suffering humanity.

Through prudish desire for angelic innocence and stately manhood, we have raised our daughters in ignorance of sex relations and care, and encouraged our sons, in equal ignorance, to sow their "wild oats," and, as all men must, reap a whirlwind of lust, disease and misery. While the uterus and appendages are the organs that share the ravages of this ignorance in the female, the prostate gland and adnexa share them in the male.

The prostate gland is situated at the outlet of the bladder, connecting the funnel portion of that organ and membranous urethra. It is a musculo-glandular organ enveloped in a fibrous capsule. It is similar in size and shape to a horse-chestnut, with its base directed upward and backward, terminating on the walls of the bladder, its apex extending downward and forward. It lies upon the rectum, being separated from it by a thin wall of muscular, areolar tissue, and its capsule. Its anterior aspect presents a rather

flattened surface, its posterior, round and full. It is one and one-fourth inches in length, one inch in width, and three-fourths of an inch in thickness. Immediately back of it, on the posterior walls of the bladder, are situated the seminal vesicles, two-fan-like bodies, the termination of the ampulla and vas deferens. Passing from these are the two ejaculatory ducts which traverse the posterior third of the prostate, to terminate in the middle of the floor of the prostatic urethra on each side of an eminence, the verumontanum. Along the urethra, a half inch each way from this body, in two rows, are the fifteen or twenty openings of the prostatic ducts.

The prostate is composed of two lateral lobes of equal size. Anatomists differ as to a third lobe. However, most writers regard it only as a pathological condition. The urethra passes through the anterior third of the prostate. It is a crescentic, collapsed tube in the prostate, with the convexity upward and forward. The floor of the prostatic urethra, with its multiple openings and sensitive structure, bears an important relation to all functional and diseased conditions. It receives its blood supply from the internal pudic, vissili, hemorrhoidal branches of the internal iliac. The return veins form plexuses around the sides and base of the prostate, bladder and rectum, communicating freely with the hemorrhoidal, spermatic, and dorsal veins of the penis and pampiniform plexus.

The nerves are supplied from the sympathetic system by the hypogastric and pelvic plexus and the cerebro-spinal, through the sacral plexus and the lumbar spinal nerves.

I have dealt thus minutely with the anatomy of the prostate, as I wish to show cause for quite a number of pathological conditions which have many times proven obstinate when the indicated remedy was thought to have been prescribed. Stasis or congestion of the veins of the prostate will cause clogging of the veins of the rectum, resulting in hemorrhoids; or of the spermatic, causing varicocele. Or pressure on the nerves of the prostate will cause reflexes, such as indigestion, borborygmus, cardialgia, headache, backache, sciatica, trembling, and many others. The prostate should always be examined in these cases, though it does not follow that it will always be affected, as other troubles might cause some similar symptoms.

The prostate is an important genital organ, possessing a triple function: that of expulsion of semen by means of a rhythmical contraction of its muscular fibers; of being the nerve center of the organism; of secreting through its glandular structure a fluid essential as a vitalizing agent to the spermatic germs. It is the seat of

the pleasurable sensation which is experienced in the sexual act, and from that fact it has been called the sexual brain.

The diseases of the prostate will be considered under three heads, viz: acute inflammatory, sub-acute and chronic congestive hypertrophy and fibrous hypertrophy.

ACUTE PROSTATITIS

Acute prostatitis, generally considered, is a disease of early manhood. It does not necessarily follow that it may not occur in other periods of life, but gonorrhoea being its most common cause, its frequency in the "wild oats season" when young men are daring and ignorant, accounts for its frequency in early manhood. Harsh instrumentation, frequent injections, and drugs, such as cantharides, turpentine, and copaiba, augment and share a part of the responsibility.

TREATMENT: Rest; sitz-baths; hot enemas and liquid diet; belladonna and opium suppositories placed in the rectum every six to twelve hours to afford comfort from the pain and vesical irritation. If caused from drugs, they should be antidoted; if from injuries, aconite, belladonna or arnica may be given according to indications; if caused from specific sources and there is present a urethral discharge, antiseptics should be used locally, and thuja, pulsatilla, mercurius cor., chimaphila, and others of that class should be given, according to the indications.

Electricity may be of service in acute prostatitis, but as it usually originates from infection and is of short duration the antiseptic treatment takes preference. However, should it extend into the gland, drugs forced into it by electrolysis as argyrol, ichthyol and thuja, will destroy the cocci and hasten the recovery as will nothing else. In non-infectious cases, galvanism passed from the perineum to the abdomen or to the sacrum, positive pole to the former and negative pole to the latter, will afford relief at once and reduce the congestion in a very few treatments.

SUB-ACUTE PROSTATITIS

This affection of the gland is common between the ages of twenty and thirty-five. There is no perceptible enlargement of the gland. The congestion and inflammation are confined to the ducts, follicles, and prostatic urethra, occasionally entering the bladder and rectum. Occasionally the congestion will extend through the vas deferens to the epididymis and even to the globus, major and minor, when a worm-like lump will be felt at each end of the testicle. But the pampiniform and hemorrhoidal plexuses are almost invariably

congested, thus complicating the case with either piles or varicocele, and frequently both. It is an open question as to whether piles and varicocele have an idiopathic origin, for invariably some pelvic pathology is present in and preceding each of these conditions. If investigation should establish this fact, as some authors claim it will, the treatment of rectal congestion and stasis of the spermatic veins will require more than local symptoms to establish their similitum.

CHRONIC CONGESTIVE ENLARGEMENT OF THE PROSTATE

This affection of the gland is common in middle age, not usually occurring before the age of thirty-five (although I have met one case as young as twenty-five); and may be found any time thereafter until the close of life. After the age of fifty-five or sixty, senile hypertrophy begins to appear and will need to be differentiated.

In this condition the gland is always swollen, round, extending into the rectum, and often showing considerable elevation at the neck of the bladder. There will be an increase of muscular tissue and an interstitial infiltration of plastic exudation induced from non-arrestment of folliculitis. Extensive inflammation of the bladder, seminal vesicles, urethra and rectum will co-exist with the prostatitis.

The urine in hypertrophied cases is almost invariably abnormal, its changed condition depending upon the damming up of the urethral orifice of the bladder. This in turn acts as a hindrance to thorough voiding of urine, allowing a portion to remain, the presence of which results in irritation. The urine then becomes alkaline and is no longer innocuous to bacteria, but favors their development. The action of bacteria upon retained mucus favors pyogenesis and the production of ammoniacal urine. This is exceedingly irritating to the neck of the bladder and causes frequent, painful urination. This irritation may be reflected as symptoms to the kidney, being mistaken for diabetes or Bright's disease, or may become manifest in a chain of nervous and palsy symptoms or pains in distant localities—the top of the head, base of the brain, small of the back, the sacrum, the hip, calf of the leg or heel of the foot. In fact, a goodly percentage of these patients will consult you for the reflex pains and various symptoms and have no idea that prostatic or pelvic troubles are present.

Again, you may have conditions arising from toxins which are thrown off from hibernating quiescent gonococci in the prostate, giving rise to rheumatism, neuralgia, disordered digestion, asthma, cardialgia and various skin lesions.

CAUSE: Venereal diseases or infections, masturbation, libidinous thoughts, excessive venery, associations with prostitutes, ex-

posure to cold, occupations requiring continuous sitting, or working over cold ground or ice, horseback riding and bicycling.

Chronic gonorrhea or gleet is answerable for three out of every four cases of sub-acute or chronic hypertrophy of the prostate. Only a small percentage of these is due to poor treatment, most of them to no treatment, self-treatment, or failure to complete treatment. The fact that old sinners give currency to the report that an attack of the "running rains," as the negroes call it, is no worse than a cold, and the desire upon the part of a host of druggists to prescribe for these and other kindred troubles, account for the chronic and gleet conditions following acute gonorrhea. And again, young men, or any who may be so unfortunate as to acquire this disease, are ashamed to let it be known in fear that it will be discovered by respectable members of the family or society, and therefore delay treatment or try self-treatment, using someone's nostrum to partially dry it up, and allow it to pass into a chronic stage; or if they consult a physician at first, outside information of "quick cures and no need of long treatment" will lead these patients to cease treatment before a cure is effected. The bacteria, thus neglected, make their insidious progress up the urethra until they reach and enter the prostate gland, where, once installed, they are inaccessible to antiseptic treatment as usually applied.

The columnar epithelium lining the prostate furnishes a home in which the cocci hibernate. Here they do not thrive and multiply as rapidly as in the urethra yet sufficiently so to perpetuate themselves and if aroused, either by abuses or excessive worship at the shrine of Bacchus, will break out afresh in the urethra in the form of gleet or liberate toxins or ptomaines, producing a host of diseases of reflexes that will challenge the most skilled if he does not reckon first with this arch enemy at rest in the gland.

If these cases are not recognized and cured in the sub-acute stage, or the folliculitis is not relieved they invariably progress to the stage of hypertrophy, so the neglect of one becomes the cause of the other.

TREATMENT: The frequent failures to cure prostatic hypertrophy have led to the general expression among the profession that it is incurable when occurring after the age of forty. This, however, is a mistaken idea, as in this class, without exception, it is simple sub-mucous infiltration, resulting in inflammation of the gland and most all of the pelvic viscera. It is somewhat analogous to the congested and inflamed condition of the uterus and appendages diagnosed as chronic metritis. Women who develop fibroid tumors from chronic congestion and venous stasis of the womb are comparatively

few. In fact, they are the exception and not the rule. So also can it be said of senile or fibrous hypertrophy of the prostate gland: It is rare, compared with the congestive enlargement so frequently met.

DIET: Meats, coffee, tea, tobacco in its various forms, cabbage, beans, condiments, and liquors, are forbidden. Anything else that the patient may desire is permissible. If there is much irritation at the neck of the bladder, a bland diet of milk, soups, and porridges only should be indulged.

MEDICINE: Always the indicated remedy but first directed to correct abnormal reaction of the urine, making it as nearly neutral as possible. *Triticum repens* is one of our best; cantharides, kali muriaticum or chimaphila, may be called for, as also a great many others. If there is a high grade of irritation and inflammation, instrumentation is forbidden. A suppository of belladonna $\frac{1}{4}$ gr. and opium $\frac{1}{2}$ gr. introduced into the rectum every four to six hours will be very soothing and appreciated by the patient, and in two or three days local treatment will be permissible.

You should always bear in mind that these conditions are of a chronic nature and immediate cure cannot be expected. This fact should be impressed upon your patient. Yet improvement from week to week with increasing comfort to the patient should be expected. In sub-acute prostatitis the treatment is the same as the primary treatment of chronic congestive hypertrophy of the prostate. Argyrol 3 per cent. solution instilled well down into the urethra with a Keyes Uitzman syringe, daily, will assist in relieving the urethritis. Where there is no evidence of infection, a soft flexible bougie, previously anointed with an oil composed of one part oil of eucalyptol to eight of benzoinol, will likewise relieve the tenderness of the urethra. Thuja, non-alcoholic solution instilled into the rectum during treatment will be found very soothing, and for the remaining tenderness, electrolysis of *verbascum* (non-alcoholic) will clear up the case. Three to five weeks will be required to effect a cure in sub-acute prostatitis, and about three months in cases of hypertrophy. In this class of prostatic troubles electricity finds its best field, as does also vibration.

To illustrate the treatment, let us suppose a case of chronic, congestive hypertrophy of the prostate, with a urethral stricture and inflamed, irritated, and sensitive urethra, bladder, and rectum. It goes without saying that urination is frequent and painful.

Indications for remedy:—frequent desire to urinate, but only a little will pass and that in drops; by straining, a few drops of blood will follow; involuntary dribbling during sleep; the effort to urinate

is accompanied with perspiration, diarrhea, sensation of motion in bladder, shooting and burning pain in the prostate and rectum, and dilated pupils. A pressure will be felt in the perineum when sitting. Nothing but belladonna 3x is the remedy and a suppository of the same with the addition of opium might be used every four hours. If there is a urethral discharge you will make a microscopic examination; and if gonococci are present a 3 per cent. solution of argyrol should be instilled carefully down the urethra, once or twice daily. In two or three days you may examine the urethra, and discovering the stricture, will introduce a small sized Goelett's copper electrode and place a large pad over the abdomen, connecting it with the positive pole and the urethral with the negative pole. Now turn on the current gradually until the toleration of the patient has been reached, or you have 10 m. a. Continue without change for ten to fifteen minutes, when you will probably pass the stricture. Should you fail to pass it the first treatment, do not become discouraged but try it again the second day, when you may expect better results. However, I have had cases that would require several treatments before the electrode would pass the stricture. Especially will you find this the case where the stricture is very long, occupying an inch or more of the urethra.

Having at last passed, you will enlarge your electrode until a No. 16 sound may be introduced, when you can make use of your urethro- and cystoscope. Now explore the urethra, especially the prostatic portion and bladder and note the presence of granules, and the extent of inflammation. A little experience will enable you to detect the latter by a deeper color of the urethra, sometimes nearly brown or bluish maroon. The granules will be detected by touching gently with a probe wrapped with cotton; when it comes away bloody you will know that there is a granular surface. Now touch it with a 20 per cent. solution of argyrol and withdraw your urethro-scope. One or two patches is all that should receive treatment at one time. In these cases you should warn your patient that there will be a slight discharge for two or three days, as otherwise he will become alarmed and think he is getting worse. These treatments will be repeated every third day, though with some sensitive patients only every week. Of course the argyrol injections will be kept up daily just as long as the gonorrhoeal discharge continues. This usually will not stop until electrolysis to the urethral prostate begins, which will be our next step after the granules have disappeared. By this time, if you have a patient of any mental calibre or appreciation, you will not have any trouble to retain him until he is well, for now he will begin to feel like a new man.

The granules having healed, you will begin electrolysis. In electrolysis we use the electrode that has no action upon the drug, as otherwise it would not be carried into the tissues and the end sought would be defeated. As a rule the positive pole is used, for most medicines are attracted to the negative pole. These facts understood, you are ready to begin electrolysis. Some discharge and traces of cocci from the prostate remaining, an Overall hollow urethral electrode and bulb, filled with 5 per cent. solution of argyrol or 10 per cent. solution of non-alcoholic thuja, may be inserted into the prostatic urethra, attached to the positive pole, the negative pole being attached to a large abdominal pad. Now carefully turn on the current to 3 m. a. and at same time press the bulb of the electrode, injecting the medicine into the prostatic urethra. The drug, being electro-positive, will be drawn toward the negative pole, thus being forced into the gland. This treatment should last about ten minutes. On the following day a similar treatment should be administered to the gland through the rectum. Here we will use a 1 per cent. solution of ichthyol or 20 per cent. thuja, the time and strength of the treatment being the same.

This pair of treatments should be repeated every third or fourth day. In a short time all signs of bacteria of a specific nature will disappear. Then the use of thuja and verbasum will complete the electrolysis of sub-acute prostatitis. But in chronic hypertrophy of the prostate, we shall need to introduce vibration through the rectum, as the seminal vesicles are diseased and the posterior walls of the bladder have become atonic and sacculated. The vibration will remove the soreness of the vesicles, strip out the excess of seminal fluid and tone up the muscular walls of the bladder. With a simultaneous sinusoidal treatment through the electrode, we bring into union two forces that contract, disinfect, tone, and stimulate elimination as no other forces. Overall says that until their advent his treatment of hypertrophies was not successful.

Thuja and verbasum will finish the electrolysis the same as it does in sub-acute prostatitis.

In cases that arise from non-specific sources, the antiseptic treatment will not be required, and usually thuja and verbasum will be all that is needed for the electrolysis. Sometimes in cases where there is a hypersensitiveness of the urethra, an occasional deep urethral injection of a 3 per cent. solution of argyrol will speedily allay the irritation.

As homœopathic physicians, we should never lose sight of the indicated remedy; when clearly indicated material doses by electrolysis will give beautiful results.

I do not discharge my patient until I have given him the clinical or indicated remedy at least one month after I have ceased the electrical treatment. By clinical remedies I mean such as calcaria iodide, arsenicum iodide, lapis albus, or baryta carbonicum.

CHRONIC FIBROUS PROSTATITIS, OR SENILE HYPERTROPHY. This form of enlargement consists in indurated outgrowths of the muscular fibers of the gland, causing an unusual aggregation of fiber cells in what is generally termed the central lobe of the prostate, which, extending forward, obstructs the flow of urine, leaving always a residue to inspissate, and irritate the neck of the bladder, later causing semi-paralysis and atrophy of the muscles of that part of the organ, and inflammation.

This condition occurs in the latter part of life, usually after the age of fifty-five, yet it may exist ten or fifteen years earlier. It is not frequently met.

The cause is unknown, unless it may be the expression of pent up psora or sycosis. Burnett, in his work upon tumors, seemed to attribute all abnormal growths to some constitutional cause, which had been inherited, or acquired, as from vaccination, bad convalescence from exanthematic diseases, or from the retention of some toxin or ptomaines that were giving expression in the form of tumors. Let this be as it may, it remains that these growths frequently occur in various parts of the body, and why not in the prostate? The uterus readily takes on fibrous growths, and the prostate seems to have that same idiosyncrasy. While the prostate cannot be considered the analogy of the uterus wholly, yet their muscular make-up and contractability being quite similar, probably account for the prevalence of such growths in each.

You may have nearly all the symptoms found in chronic hypertrophy of the prostate, or you may find nothing other than a sudden stoppage or inability to void urine, or dribbling, when the examination will reveal the central lobe or fibrous out-growth of the prostate protruding into the mouth of the bladder, and thus cutting off the flow. The prostate will usually consist of a hard nodular outline of irregular shape, extending into the rectum, showing considerable difference in size and contour of each section of the gland.

It requires considerable care to differentiate between the true fibrous hypertrophy and congestive hypertrophy, yet as there is quite a number of differing symptoms no one need to make mistakes in the diagnosis.

In ratio to their appearance, you will see twenty congestive to one of the fibrous hypertrophies.

If the case occurs before the 55th year, or shows presence of cocci, and gives history of previous urethral troubles of long standing, you can be quite sure that you have congestive hypertrophy. While if there is no previous history, the absence of cocci, irregular enlargement and to such an extent that the urine cannot be voided without the catheter and unequal size and shape of each lobe of the prostate presenting into the rectum, will pretty thoroughly establish a diagnosis of true hypertrophy.

TREATMENT: For the last twenty-five years various methods have been tried by the surgeon. First, as the growth progresses it becomes very vascular, and therefore ligation of the internal iliac was tried, to be abandoned for prostatectomy, either via the perineum or supra pubic. These were also abandoned, the mortality being so great the operation was contra-indicated. Then followed orchidectomy which, while it would produce atrophy of the prostate, was objected to on sentimental grounds, and its effect on the nervous system, occasioning hysteria, melancholia, and various other reflex conditions.

Electro-cautery followed, or was used by other enthusiastic admirers simultaneously, by burning one half inch opening through the third lobe of the prostate or bar of the bladder, to be also given up as it did not seem to lower the mortality, and the location prevented the use of proper antiseptics to insure against extension of infection to other parts, and also because it left a train of conditions, favoring other growths even worse than the original.

The good results obtained from galvanism on fibrous growths justify its use. It not only illustrates a conservative means with many cures to its credit, but also furnishes a force which expedites the action of the indicated remedy. Dr. Elliott claims that 85 per cent of fibroid growths will yield to its influence and that those that do not will assist in the diagnosis as the current will in those cases cause a proliferation of cell growth and natural enlargement.

Neiswanger recommends the use of electrolysis with thuja and iodide of potassium, while Overall suggests mild cautery and sinusoidal currents.

With our knowledge of the indicated remedy, these two will succeed in every case, other things being equal, I am convinced.

That we have a list of remedies, especially suitable for these conditions is well illustrated by the versatile pen of Burnett. His frequent mention of such remedies as hecla lava, lapis alb., urea, aur., nat. mur., medor., psorinum, platinum, and others, furnishes us a list of suggestive drugs that have proven fruitful.

My technic in these cases is largely that reached by Overall; that is, after the congestion is reduced, to apply a mild cauterly through a urethroscope at a red heat for two minutes, after having cocainized the gland with a 10 per cent. solution of cocaine. The patient should rest for an hour at least after taking treatment, and better, a day. The urine should be rendered non-irritating, usually with triticum repens, and after three or four days, the introduction, by electrolysis, of thuja 10 per cent, non-alcoholic solution or iodide of potash, or, better still, the indicated remedy, when it can be used sufficiently strong to produce a physiological action, as in the sense we use organ remedies; otherwise it should be administered per os.

The cauterly treatment should not be repeated oftener than every ten days to two weeks, and after continued electrical treatment for six weeks to two months it is advised to give the gland a rest for a month or two, using only the indicated remedy, when you can repeat the cauterly if necessary, but usually only the electrolysis will be needed. In three to six months all symptoms of the enlargement will have disappeared and while the gland will not appear wholly normal yet it will be so reduced and softened that it will occasion no further inconvenience.

The introduction of combined treatment is not entirely new, yet there has been a prevailing sentiment among our most ardent homœopaths that in the simillimum we had all the means necessary to combat diseases. Burnett speaks of electricity as "that nothing," and others have frequently alluded to each new branch of medicine or theory as another "mush and moonshine" creation. I am of the opinion that where an advanced idea lives and grows it is founded upon some commendatory facts and that if understood and placed in its true sphere it will materially enhance our usefulness as physicians.

It is to this end that I have accepted electricity, as with it I am better equipped to treat pathological conditions, and many cases which had been slated for the surgeon's knife have been successfully managed and restored without the loss of useful organs or the removal of useless ones.

To my mind the profession has not done its whole duty until it has risen above the habit of frequent surgery and applied all the means that will restore and retain every part of the greatest stroke of creation.

CONTACT INFECTION AS A FACTOR IN SPREADING COMMUNICABLE DISEASES*

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"THERE is nothing new under the sun." Most of the conceptions of today are but the ideas of our forebears in new settings. Progress moves in waves. In the language of Uncle Remus: "Some goes up and some goes down and that's the way the world goes round." We are once more arriving at the stage when those dealing with the prevention of contagious and communicable diseases must again seriously consider contact infection if they would make progress.

In the days of the great plagues, virtually the only means the well had to protect themselves from the sick was to flee from them. The only method known whereby diseases were communicated was through more or less direct contact.

However, as more and more careful observations and studies were made of the conditions leading up to epidemics of infectious diseases, it was discovered that there were other factors involved in the transmission of diseases, than that of personal association. As is generally the case with discoveries, much stress was laid upon these new elements, and as a result, in some instances, these special means of transmission of diseases have now been to a greater or less extent eliminated. We are therefore now again obliged to attack the factor of direct contagion if we would complete the good work.

Let us consider briefly these diseases:

First, we should thoroughly understand the modern terminology, and we must therefore define, as far as it is possible to define in words, the adjectives "infectious," "contagious," and "communicable" as applied to diseases.

All pathological conditions caused by the entrance and development of pathogenic microorganisms into the tissues of the body come under the heading of "infectious diseases."

Contagious diseases are generally considered to be those transmitted by more or less direct contact between the sick and the well. The term is becoming more and more restricted in a popular sense to those diseases in which only the most obvious and easily

*Read before the 8th Ann. Conf. San. Officers of the State of N. Y.

discernible contact between patient and victim takes place. In fact in some quarters the word is being limited to the disease in which aerial transmission is possible.

Communicable diseases are generally considered to be those in which mere contact between patient and well person is insufficient for the carrying of the infectious material but in which some animate or inanimate object becomes the carrier of the infective agent.

The distinctions between contagious and communicable are not definite and cannot become so until we discover the etiological agents of certain infectious diseases; and in others work out more thoroughly the common methods of the transmission of the infection.

Let us consider a few examples:

The common infectious diseases in this State are: Tuberculosis, lobar pneumonia, diphtheria, scarlet fever, typhoid fever, measles, syphilis, gonorrhoea, cerebrospinal meningitis, smallpox, whooping cough, dysentery, malaria and erysipelas, together with other inflammatory diseases of a similar character.

Of these, smallpox is generally taken as the type of the contagious disease, and it has associated with it in the public mind scarlet fever, measles, whooping cough, diphtheria, syphilis and gonorrhoea.

On the other hand, tuberculosis, typhoid fever, cerebrospinal meningitis, dysentery and lobar pneumonia are not taken by the public to be contagious, because contact between the sick and the well does not appear to bring about infection of even a small minority of the latter. Nevertheless, instances without number of the transmission of the infection in every one of these diseases by contact have been described in the literature. They differ from the generally accepted group of contagious diseases only in the matters of lessened frequency of contagious transmission, longer periods of incubation, more insidious onsets or greater chronicity of character.

It may be difficult to comprehend that tuberculosis is contracted through close contact, as is diphtheria, because the operation requires a longer period, and the results may not be in evidence until the causative event has long been forgotten. And yet transmission may take place in all other respects in the same manner.

For these and other mere executive reasons, the diseases last mentioned, tuberculosis, typhoid fever, etc., are generally classified as communicable.

However, the strictly communicable diseases are those in which

a third agent is absolutely essential for their transmission. The best examples of this group are malaria and yellow fever, which require the active intervention of types of the living mosquito for their transmission between human beings.

In speaking of contact infections, it is well therefore, to confine our attention to those diseases in which the idea of contagiousness has not always been associated in the popular mind, for it is entirely unnecessary to again prove that smallpox, diphtheria, scarlet fever and measles are diseases whose chief means of conveyance is through direct contact. And yet it might be well to pause for one moment to lay emphasis on the facts which careful bacteriological studies, in conjunction with painstaking clinical and statistical investigations, have clearly shown that in diphtheria, in the larger majority of instances, the transference of the disease occurs through the direct passage of the diphtheria bacilli from the patient, or the germ carrier, to the new victim, and not through the intervention of any inanimate objects. The experiments of Hill and the experience of others have shown satisfactorily that diphtheria bacilli do not survive long outside of the living body, but that they do at times have a prolonged existence in the mucous membranes of convalescents and of apparently well individuals. The practical sanitary work of Chapin in Providence confirms the laboratory findings, and in that city the isolation of patients is the object sought and not the quarantine of the whole family or house.

As this information has become more and more disseminated, we have gradually heard less and less of polluted water, insanitary conditions, such as bad drains, stagnant pools, garbage dumps, dead dogs, etc., as the causative agents in outbreaks of diphtheria. We now look for the mild case, or the convalescent, or healthy bacilli carriers.

In this change of our conception of the transmission of diphtheria we have an excellent example of the elimination of the idea of aerial infection brought about by the results of laboratory investigations combined with clinical study; and who knows whether the discovery of the etiological agents of smallpox, chicken pox, scarlet fever and measles, and the subsequent increase in our knowledge of the means of their transmission will leave us with but little foundation for our present ideas as to aerial infection in these diseases. In England where the belief in the aerial transmission of smallpox over long distances has always been stoutly

supported more careful investigations of epidemics have already greatly undermined this conception.

It is not, however, to the possibilities in this direction that I wish to call your attention, but to the change of opinion which is taking place regarding the necessity for an intermediate stage in the transmission of such diseases as tuberculosis, typhoid fever and cerebrospinal meningitis; and I wish to dwell particularly on the first two diseases.

First, regarding the transmission of tuberculosis:

At the Annual Conference of 1903, Dr. E. R. Baldwin, of Saranac Lake, gave us an excellent history of the rise and partial decline of Cornet's conception that the avenue of infection in pulmonary tuberculosis was through the inhalation of infected dust. He likewise thoroughly discussed the method of transmission emphasized by Pflugge, commonly known as the "droplet infection"—that is, the inhalation of the germ-laden spray given off by an infected person when coughing or sneezing.

In 1906 we had the pleasure of listening to an able address by Dr. Ravenel on the possibilities of infection by the absorption of tubercle bacilli of both bovine and human origin received into the intestinal canal with infected or contaminated food.

Last year Dr. Veranus Moore described in a most convincing manner the methods of transmission of bovine tuberculosis among the cattle. He summarized them in the word "contact" and the drinking of infected milk.

Until recently but little emphasis has been laid upon the effect of close contact between the patient and others in the frequency of the transmission of pulmonary tuberculosis. Doubtless the reason why we have not considered this phase of the subject with more care is because those who believe that the tubercle bacillus is not inhaled directly into air cells and smaller bronchi of the lungs but that they obtain entrance through the lymphatic system from the tonsils and other gland structures in mucous membranes, have not been prominent in the popular discussion of the subject.

Time will not permit a discussion of the technical aspects of the subject for in fact there is no unanimity of opinion in the matter, but practical evidence is certainly accumulating that the so-called striking distance in the actual transference of tubercle bacilli from the sick to the well is short. More and more evidence is forthcoming that close association in family or industrial life is a most important factor in the spread of this disease.

I will endeavor to show the trend of opinion by three illustrations:

First: In the discussion of the new law relating to the prevention of tuberculosis, and especially that portion of it regarding the physicians statements of procedures and precautions, it will be noticed that practically all of the questions deal with the intimate and close relationships between the patient and those around him. As this law was drawn by a selection of features of the laws of Wisconsin, Maryland, District of Columbia and other states, the assumption is proper that the trend of scientific opinion is appreciative of the great danger of contact infection.

Second: Dr. Arthur Newsholme in his masterly address at the recent International Congress on Tuberculosis at Washington, after a most exhaustive statistical study of the mortality rates from tuberculosis in various cities and countries of the world, and with the application of the most severe critical analysis, concludes that the decrease in mortality from this disease in the cities and countries where a decline in the death rate has occurred is in direct proportion to the number of available hospital beds for the proper treatment of cases of this disease. The conclusion is obvious: The sick are removed from their associates whom they may otherwise infect. The opportunities for contact infection are practically destroyed, for the attendants in hospitals rarely, if ever, become infected. In addition the patients receive the better care and far more often become cured or the disease arrested and humanity and the public welfare is enhanced.

Third: Dr. Moore told us last year that "the principle involved in the weeding out of tuberculous animals is simply segregation and the protection of the uninfected." He added: "What is true of cattle is true of men."

In a herd of cattle in this section from which certified milk is obtained and which was undoubtedly free from tuberculosis as shown by frequently repeated tuberculin tests, there suddenly appeared five cows which gave a tuberculin reaction. Upon studying the history of these cows, one was found to have been bought a few months previously with a so-called certificate purporting to show that a tuberculin test had been applied and found negative. The animal was, however, tuberculous, and the other four reacting animals were those which had occupied adjoining stalls, two on each side of this newly introduced source of infection. Close association was followed by infection.

It is to be hoped that my statements will not be misunderstood. The public should know the truth. It will ultimately make them free.

Tact and common sense, the great allies of the successful physician can be relied upon to carry out the necessary program for the prevention of tuberculosis. The real problems in it are essentially medical. To physicians and health officers we must look for their solution.

Let us now consider briefly the factor of contact in the transmission of typhoid infections.

It is hardly necessary to review the development of our knowledge of the transmission of this disease. In the efforts towards the differential diagnosis of it from the contagious typhus fever, emphasis was laid upon the methods of its indirect transmission.

The great Pettenkofer in the middle of the last century still further complicated the situation by his remarkable studies on the relation of the height and course of the ground waters in the city of Munich to the occurrence of typhoid. His work led to the direction of great suspicion toward polluted wells as a large factor in the transmission of this disease. As an evidence of the tenacity of a popular conception in the absence of overwhelming proof as to its falsity, it is only necessary to state that on the average two letters a day are being received by the State Department of Health, asking for the analysis of well waters because of the suspicion that they are the guilty factor in the typhoid infections existing on the same premises. But more on this subject later.

The discovery of the causation of outbreaks in the use of polluted drinking water led early to the focusing of attention chiefly in this direction. Rash statements have been made for years that the prevention of the pollution of public water supplies would bring about the complete elimination of typhoid fever. Now there is not the slightest doubt in the world that the pollution of water has been the cause of a very large number of outbreaks of this disease and perhaps the real factor in the large majority of the spectacular outbreaks, concerning which the general public have usually received extensive information and instruction. Moreover, the great improvements in the direction of the purification of public waters and the elimination of the notoriously polluted sources, have had their reward in the resulting great decrease in the morbidity and mortality from typhoid fever. But even where these improvements are of the best and where, as well, the most modern systems of plumbing, sewers and sewage disposal have been installed, there still exists some typhoid fever which is generally characterized as normal.

This is not the occasion to discuss all the factors and conditions leading to the incidence of this normal typhoid fever. It is

well, however, to point out that many, if not all, the spectacular epidemics proven to have been caused by polluted water have occurred during the winter season of the year; and that in those cities where the sewage of a neighboring municipality constitutes no mean proportion of its water supply, the resulting high typhoid morbidity and mortality are likewise largely confined to the winter seasons, and all this in the face of the fact that in cities and rural districts with pure water supplies the greatest amount of the disease occurs during the late summer and early fall.

Practical field investigations have clearly shown that the summer and fall portion of the normal typhoid infections are not due to polluted public or private water, whether the supplies are large or small in their capacities.

The real causes vary in different sections. Infection of milk supplies, contamination of foods to be eaten in a raw state and the factor of transmission through the agency of flies play most important roles, varying with the local conditions. There are, however, large numbers of cases which cannot be explained on any of these grounds.

During an outbreak in the village of Castleton, in which the primary cases developed in one section of the village and which was undoubtedly due to fly transmission, a young victim was removed to his father's home in a typhoid free portion of the town. Thereupon there developed in series within intervals of from a few days to two weeks four other cases in the household. The sick chamber was just off of the dining room, and the mother while nursing the sick likewise acted as cook and housekeeper until she too became infected, when the trained nurse continued to perform both functions. The disease did not spread outside the house, nor did other cases exist in that neighborhood. These were contact or as we more commonly say secondary infections, although for that matter all cases are secondary to a previous one.

In another outbreak the three untrained women nurses to a so-called primary or original case became infected, and they in turn infected in three series all the members in their own families, four, five and seven in number. These four families live in isolated houses separated by distances varying from a hundred yards to several miles. The sanitation was in two far below the far too common rural crude variety; and although it was better in the third, the first victim in this series slept in an alcove off the dining room in order to be warm, and her daughter who had the dual function of nurse and housekeeper contracted the disease and died. These were all contact infections.

The typhoid bacilli are excreted in the intestinal discharges and in excessive numbers in the urine of a large proportion of cases. They are some times present in the sputum of those cases having pulmonary typhoid involvement. Convalescents are known to harbor at times active typhoid bacteria in all three of these excretions. Persons not recently infected may likewise unwittingly harbor these parasites and through close association with others become the transmitters of the disease. Stop and think of the vast opportunities for infection by contact with such persons if proper personal hygiene is not carried out.

With the elimination of the water-borne typhoid in our cities and large villages through the active and efficient work of the administrative and engineering divisions of the State Department of Health acting in co-operation with the local boards of health, of water and sewerage of municipalities, the local health officers, and especially those of the more rural communities, must be more and more on the lookout for small numbers of contact typhoid infections than for the large outbreaks due to specific infections of public waters or foods. In other words, the discovery of the previous case and the elimination of further danger from it, if found, is the first public health duty of the physician and the health officer; but of far greater importance it is to be absolutely sure that the case at hand does not become a primary to one or more other secondary cases.

While the laboratory examination of a sample of water from the farm well may give interesting evidence of the approximate quantity of cow dung and other farm product filtrates the farmer's family has been regularly consuming, it will not be a beacon light guiding to the discovery of the previous case of typhoid fever, nor will it take the place of the thorough instruction and direction of the nurse in the proper methods for the scrupulous care in the collection and disinfection or destruction of the discharges from the patient, and in the observance of rigid rules of personal cleanliness in order that there may be no further victims.

If time and public support provide means for but one of these lines of activity, the local health officer should unquestionably choose to prevent the further spread of the disease rather than to seek for the usually elusive cause of the infection already present. As the gross offenses against public sanitation become eradicated, so will our attention be more and more needed in the education and training of the public in matters of personal hygiene and the prevention of contact infections.

THE CURE OF MORPHINISM WITHOUT SUFFERING

BY CHARLES J. DOUGLAS, M.D.

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MORPHINISM is a rapidly increasing addiction in this country and is spreading throughout the world. It is not a mere local nor even a national problem. It has become an international and world-wide menace to mankind. The great power of opium and its derivations to enslave its victims is unequaled by any other substance known to medicine. It puts its shackles on the brightest and best, and when well fastened, no strength inherent in the patient is sufficient to liberate him. He will remain a slave for life, unless he receives some outside remedial aid.

Last February in Shanghai there assembled an International Conference for the express purpose of considering the great dangers that lurk in this drug. To this conference were sent official delegates from the principal nations affected by morphinism. Among the governments that sent delegates were the United States, Great Britain, France, Germany, Russia, China, etc. They adopted a set of resolutions, among which were these:

"That drastic measures should be taken by all Governments to suppress the ominously spreading morphine habit."

"That there should be further scientific joint International investigation of the properties and effects of opium and its derivatives, and also of the remedies for the opium habit."

As we are not legislators, primarily, but physicians, we are naturally concerned more especially with the latter resolution.

Another International Congress assembled in London in July, in which this and kindred subjects were considered from a medical point of view. It was a meeting of great importance. The British Government invited sixteen governments to send official delegates, and the Duke of Connaught, the King's brother, occupied the position of Honorary President.

These international conventions make it evident that the whole world is awakening to the great dangers to our modern civilization to be found in drug addictions, whether the *narcomania* takes the form of morphinism, alcoholism or cocaineism. And there is no nation in which this is a more potent factor in human degeneracy than right here in the United States. The therapeutics of this question especially concern the medical profession, and on that subject I have a few words to say.

The cure of morphinism without causing the patient great pain and distress has been a problem that for years has confronted physicians who treat this disease. It has generally been considered impossible. This much is clear: Morphine cannot be completely eliminated from the system of an addict without great suffering, if the patient is conscious, any more than a limb can be amputated without pain under similar conditions. I therefore lay down this fundamental principle: SLEEP solves the problem of painless surgery. Upon this principle I have developed my system of treatment. When the painful period of morphine withdrawal arrives, I put the patient asleep with some combination of hypnotic remedies, and hold him in a somnolent state until the painful period has passed. In this way the shackles of morphinism are completely broken, while the patient has escaped all the suffering that usually accompanies the process.

This method of treatment has not only the advantage of being painless, but it is sure. The old gradual reduction method was misery long-drawn out. Each day the patient suffered a little more than the last, till human fortitude and endurance were exhausted, and the patient would resort to any means to secure morphine, which he knew would give him instant relief. He would succeed in getting the drug in a large proportion of cases, and then the long exhausting treatment had to be done all over again from the beginning, with the probability that the same thing would happen again and again. But by my method all this can never occur. Morphine patients, like some of the rest of us, are "good when they are asleep." And when they get fully awake they no longer want the drug. The craving is entirely gone. Like John on Patmos, they then behold a "new heaven and a new earth." Their outlook on life has changed, and they begin once more to really live.

These results cannot be obtained by the use of any one specific remedy. A combination of hypnotics is necessary, and there is no one combination that can be universally employed. With a number of patients under treatment simultaneously, I may not use the same combination in any two of them. The two remedies most often thought of in this connection are hyoscine and the bromides, neither of which I employ. Hyoscine is a very uncertain if not a dangerous drug, often producing delirium and other unpleasant symptoms, while the bromides depress the heart and as hypnotics are inefficient. But to name all the remedies I do employ would be to enumerate most of the hypnotics in the materia medica, as the requirements of individual cases are so diverse.

While this method of treating morphinism is as prompt and sure as surgery in another respect, it requires several weeks of treatment. The withdrawal of morphine from an addict, by any method, leaves the patient weak and generally prostrated. The entire nervous system having for years relied daily and hourly upon the stimulation of morphine, the complete elimination of the drug from the system must produce considerable reaction. The difficulty then arises of keeping the patient under treatment in the sanatorium till he has completely regained his strength and normal balance. If he returns home before this is accomplished he will surely resume the use of morphine. It would be surprising if, under the circumstances he failed to do so. Permanent results, therefore are dependent upon the treatment that follows the elimination of the drug. The entire treatment should in most cases cover a period of six or eight weeks, although no morphine would be administered after the first week.

There are other methods of curing morphine, but I know of no other that is painless. Formerly the gradual reduction method was considered the best, but that is prolonged torture. Each day the dose of morphine is made a little smaller, while the suffering of the patient daily increases in inverse ratio to the size of the dose. Each day he feels that he has reached the limit of endurance, and each day he knows the next will be still worse.

Or, if you have lost all regard for human suffering, the morphine may be totally and abruptly taken away, and the patient left to bat his head against the walls of a padded cell. This is comparable to performing an operation without an anesthetic, while the patient is strapped to the operating table. In fact any one can cure morphinism who has a pair of handcuffs and a club. But to cure these patients rationally and humanely they must be in a somnolent state during the painful withdrawal period.

Occasionally a physician will report in the journals a single case of morphinism which he thinks he has cured without suffering while the patient was about and engaged in his usual occupations. The explanation is simple. The patient has been using morphine clandestinely. This course is doubly attractive to him. In the first place it enables him to please his physician by reporting that he is free from pain, owing to the wonderful efficacy of the remedies prescribed, and in the second place he is much gratified to have it announced at the close of the treatment that he has been cured, and is no longer using morphine. After such physicians have had a little more experience with morphinism they will learn that these patients are often

far from exact in their statements about the drug. In fact it would be proper in some cases to use the "shorter and uglier word." While morphinism is more commonly found among the better classes, yet it often produces, temporarily, a peculiar moral obliquity. It would appear at times as if the bacteria of degeneracy had been hypodermically injected with the drug. Yet it is pleasant to note that the ethical brain of the addict resumes its normal functions as soon as the morphine is eliminated.

My message in a word is this:

1.—Morphinism can be cured with more certainty and precision than most chronic diseases.

2.—It can be cured without the great suffering that was formerly supposed to necessarily accompany the withdrawal of the drug.

The Gavel of the American Institute of Homœopathy.—

The gift of President William Davis Foster at the Detroit meeting of the Institute is a gavel made of seventy-seven different historical and homœopathic relics, including wood from every state and territory in the Union, and a book containing the complete history of each contribution embodied in this most interesting and highly prized gift. It is beautifully made and polished—a veritable mosaic of woods and other substances of vast historical interest to the homœopathic profession. On one end is the inscription: "Similia Similibus Curantur," and on the other the engraving: "Presented to the American Institute of Homœopathy by William Davis Foster, M.D., President, 1908."

Various woods in the make-up of the gavel are mahogany, hickory, white pine, ebony, black walnut, rosewood, black locust, oak, ash, Norway pine, pomegranate, *Sequoia gigantea*, Arizona ironwood, redwood, orange wood, diamond willow, fir, yellow cedar, cherry and yellow pine. There is a souvenir from the house in Coethen in which Hahnemann lived and practised and two others from his grave in Pere La Chaise, Paris. Also a piece of mahogany from the desk used by Dr. Constantine Hering. Among the souvenirs of the Civil War is a part of the ivory handle of a scalpel carried by the donor during our great international struggle.

But one souvenir is lacking—a relic of Dr. Hans Burch Gram, who brought the teachings of Hahnemann to America, and Dr. Foster still hopes that such a souvenir may be obtained.

Vice-president Carmichael, in behalf of the Institute, accepted this very artistic and useful implement, with appropriate expressions of appreciation of the gavel and of the love and painstaking efforts which have made possible its unique construction.

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SUBSCRIPTIONS.—In accordance with a ruling of the P. O. Department requiring a higher mailing rate for magazines sent to subscribers in arrears, the publishers of the NORTH AMERICAN JOURNAL OF HOMŒOPATHY have set the subscription price at \$3.50 per annum, but a discount of 50 cents will be allowed for payment in advance, or within four months of expiration of a former subscription.

CONTRIBUTED ARTICLES, EXCHANGES, BOOKS FOR REVIEW and all other communications should be addressed to the Managing Editor, 1748 Broadway, New York. Articles are accepted for exclusive publication only. Editors will be allowed to republish selections on condition that credit be given to the NORTH AMERICAN JOURNAL OF HOMŒOPATHY.

CHANGE OF ADDRESS.—Notice of a change of address should be given promptly, and the old as well as the new address should be stated.

ADVERTISEMENTS accepted only from reputable and reliable firms. Rates will be sent upon request. The publishers desire to exclude fraudulent and misleading advertisements, and welcome the co-operation of subscribers to this end.

AN UNSETTLED QUESTION

WHILE the American Institute of Homœopathy in session at Detroit passed final judgment upon many serious matters, there was one question of prime importance that it deliberately and definitely left unsettled.

That question in brief was "Shall the Institute have an official journal and, if so, what kind of a journal?" This necessarily involved consideration of the merits of the alleged contract made by the journal committee with the Medical Century Company for the establishment of such an official organ.

After a somewhat discursive but generally vigorous debate extended over parts of three days, had been held before the Institute sitting as a Committee of the Whole, the impossibility of securing

an intelligent judgment on the multitude of details presented, in the limited time at disposal, became apparent.

It was therefore "Resolved, that the report of the Journal Committee be received with its amendments, and the Journal Committee be instructed to continue in charge until the new Board of Trustees is organized and in position to take charge of it as prescribed by the certificate and articles of incorporation." This resolution was reported to the Institute by the Committee of the Whole and unanimously adopted.

By this advice the entire matter was referred to the Board of Trustees who take office on September 26, 1909. Until that time the Journal of the A. I. H. will be published as at present. At the first meeting of the Trustees they must pass upon the alleged contract made with the Medical Century Company and accept or reject it. They must decide upon the kind of journal the Institute shall have and dictate the policy that shall control it. In short they must settle this now unsettled question.

The editor of the Journal of the A. I. H. and some of his friends are entirely in the wrong in supposing that the word "received" in the resolution is equivalent to "adopted" or "approved." The attempt to substitute these words in the Committee of the Whole was deliberately rejected. The question was shelved, not settled.

The debate brought out very clearly two undoubtedly majority opinions. First that some kind of an Institute Journal ought if possible to be arranged for, and second, that the alleged contract with the Medical Century Company as reported, should be rejected. The trend of sentiment in this direction was unmistakable and can not be honestly disputed by any intelligent observer.

The fact that this matter is of such paramount importance, that it is still unsettled, that it must be determined in the near future by the Board of Trustees renders it desirable that the case against the present temporary official organ of the Institute be fully presented.

THE EXISTING JOURNALS

Since the establishment of homœopathy in this country, in all its struggles and battles, in all its defeats and victories, the journals of the school have been foremost in the fray. The editors of

these journal received no salaries, derived no profits, but too often were obliged to themselves pay for the deficiencies in the expense account. For half a century the journals of the homœopathic school have fought for its principles, defended its faith, spread its beliefs, evidenced its influence, increased its power and helped to extend it from ocean to ocean. They have given, with few exceptions, without expectation of reward, the best hope, courage and ability they possessed. Since the beginning of the American Institute, it has had the most loyal and earnest support of every homœopathic journal.

Full and even elaborate reports of its deliberations have always been printed and its addresses and papers have been published and scattered broadcast over the land. Before the meetings of the Institute every homœopathic journal usually published an announcement, and in an enthusiastic editorial urged every homœopathic physician that it reached to attend. The official organ, by the way, in its June number did not mention the meeting of the Institute at Detroit, nor did the July number of the organ contain any account of the proceedings except a brief and misinforming editorial.

A list of the editors of homœopathic journals is practically a list of the most distinguished men of the school, and the journals they so loyally served, in turn loyally supported the cause of homœopathy. In supporting homœopathy they supported the Institute, but they did not mistake a part for the whole.

By reason of this loyalty of service the various journals of the school have practically been organs of the Institute, in a sense belong to it, and are, it would seem, entitled to a decent recognition.

If the homœopathic editors with scarcely an exception, are afraid that the establishment of an official organ will cripple all and eventually destroy most of the existing homœopathic Journals, it is because as experts in the publishing business they foresee clearly that which is certain to happen. Investigation shows that already the weakening process has begun. The official organ is authorized under its alleged contract, to enter the field both for

advertisements and subscriptions. In advertising it is able to offer very attractive inducements and advertisers feeling that they can reach the majority of the school through the official organ, are not going to accord much patronage to independent journals.

As to the subscriptions, if the journal is to be conducted upon the same lines as other journals of the school, many members of the Institute, getting the official organ for nothing, will cease to subscribe for non-official journals. To non-members the Institute journal will appeal in direct competition with the older publications of the school.

And here let it be said that those who so insistently urge that the opportunity to secure a journal free of cost will attract into the Institute many who are not satisfied to receive a bound volume of Transactions in return for their membership fee, have never replied to the obvious rejoinder that these same men can get the Institute journal and save two dollars by sending a three dollar subscription direct to the publisher instead of joining the Institute. And we are likely to see the membership of the Institute decreased instead of increased, for it will not take long for many who now sit rather loosely to the organization to discover they can get as much as they want out of the Institute for three dollars instead of five. To attract members and to hold members the official organ must be made a five dollar journal; and this change would, at the same time, remove it from direct competition with non-official journals.

The present policy, if consistently pursued, must eventually result in one homœopathic journal—the official organ. The other journals would have disappeared. Such a policy might at first appear to strengthen the Institute, but the Institute is not the school.

There are two or three journals which are the official organs of homœopathic state societies and are helping to build up and maintain effective homœopathic organizations in their respective territories. What sort of service will the Institute do for homœopathy if its official organ drives those publications out of existence and consequently weakens, if not cripples the local organizations?

It is plain that antagonism between the organ and the other journals would be inevitable. The latter would be forced into it in an endeavor to secure a continued existence, and the school would be weakened and disrupted.

The statements made by some adherents of the organ that it will rival the *Journal of the American Medical Association*, are simply silly. We have at present neither the institutions, wealth, influence nor men. The official organ was the *Medical Century* and is still the *Medical Century* in everything but name and officialism.

Is it unreasonable to demand a careful consideration of the journalistic situation? Better twenty independent journals than one official organ.

THE ALLEGED CONTRACT

During the debate at Detroit, the Journal Committee and their supporters were confronted by a number of statements which they never attempted to meet. The inference is that they were unable to controvert them. These statements are so important, so vital indeed to a full understanding of the matter, that they are here briefly repeated. They seem to be somewhat formidable arguments against the acceptance of the alleged contract with the Medical Century Company, and they were never answered.

(a). That the alleged contract was vague and indefinite, in that it contained:

1. No agreement concerning the printing of papers read before the A. I. H.
2. No outline of the functions or duties of the official organ.
3. No ethical standard of advertising.
4. No instructions as to its relations to other journals.

(b) That under the alleged contract the American Institute of Homœopathy owns nothing. The Medical Century Company owns everything

(c) That under the alleged contract the American Institute of Homœopathy controls nothing. The Medical Century Company controls everything.

(d) That under the alleged contract it was absolutely the Medical Century Company's Journal and NOT the Journal of the A. I. H.

(e) That under the alleged contract the Institute is paying from \$3,000 to \$5,000 per year to merely rent space in a journal that it neither owns nor controls; when it could own, control and publish its own journal for less money.

(f) That the alleged contract simply takes the *Medical Century*, gives it 2,500 new subscribers and pays the Medical Century Company \$2 per head; added to that it gives the *Medical Century* all the rest of the income of the journal.

These statements are all based on the alleged contract between the Journal Committee and the Medical Century Company, published in the May number of the NORTH AMERICAN, and were not disputed in any way at Detroit by the organ's friends. In fact, they displayed a most distinguished ability in avoiding them. So wisdom was justified by her children, for no reply was possible.

It is somewhat singular too, that—

(g) No homœopathic journal except the *Medical Century* ever had a proposition offered from the journal committee that it was possible to consider for a moment.

The letter sent out by the chairman of the Journal Committee was so vague and indefinite that no estimate was possible, and such points as could be understood seemed to make the proposition impossible.

(h) The NORTH AMERICAN was not offered this apology of a proposition until the last of October, 1908, about ten days before the meeting at Cleveland of the Journal Committee. Neither the NORTH AMERICAN nor any other journal was invited to Cleveland, nor had the slightest chance to bid on a monthly journal and the completely changed proposition offered alone to the Medical Century Company.

These statements are not open to successful dispute. They are supported by practically the entire homœopathic editorial profession. In view of this it would seem that—

(i) The matter of the selection of the official organ was settled in advance and that it was not proposed to give any other journal a chance. In fact, such is believed to be the case, and has been practically acknowledged by one of the most active members of the Journal Committee.

The statement was made and could not be denied that—

(j) When the alleged contract was signed, the Medical Century Company "was not a corporation but a corpse." In other words, it had no legal existence either in New York or Illinois, and could not, therefore, enter legally into any contract.

There are many other legal points that might be detailed against the validity of the so-called contract, but it is unnecessary to present further argument.

It may be discovered from what is here presented how much truth there is in the statement contained in the leading editorial in the Journal of the A. I. H. for July that the Journal Committee presented certain amendments "which answered all the valid and serious objections presented by the opposition." These amendments were trivial and effected no material change in the situation. It was not intended they should.

A resolution offered before the close of the debate but not pressed to a vote when it was proposed to refer the matter to the Trustees, seemed to meet with general favor. The resolution was as follows:

"That there be an official organ of the A. I. H. That the Journal print only Institute papers, society news and official business matters and such original matter as may be authorized by the Trustees. That no advertisements be accepted except those strictly homœopathic coming from homœopathic firms and institutions."

Some such arrangement as this would give the official organ a free field to exercise its talents in promoting the growth of the

Institute and at the same time would allow the independent journals a chance to exist.

The arguments against the endorsement of the alleged contract between the Journal Committee and the Medical Century Company are so cogent, so overwhelming in fact, that there can be no doubt as to what action should be taken if the interests of the Institute are to be properly protected.

It seems incredible that the members of the Journal Committee individually or singly could at any time or place enter into such an absolutely preposterous and unbusinesslike agreement. The contract cannot be defended because it is indefensible. All that has been heard in its favor has been heated and extravagant assertions by excited partisans. But assertion is not argument and something more than assertion will be needed to meet the known facts. This question will not be settled until it is settled right. And that just now is the somewhat arduous duty laid upon the Institute's Board of Trustees.

PELLAGRA

IN THE *Johns Hopkins Hospital Bulletin* for July, Dr. W. S. Thayer has an article on pellagra.

Pellagra is the name given to a disease that has existed throughout parts of Europe for many years. It was first described by Thierry in 1755, according to Thayer. ..

The cardinal symptoms are stomatitis, frequently going on to ulceration; this is accompanied by distressing salivation. There is usually vomiting and nausea together with early morning diarrhea.

The cutaneous symptoms give the disease its name, for "*pellagra*" means "rough skin." The back of the hands, from the phalanges to above the wrists, become roughened and scaly, thence fissured and the skin exfoliates. In severe cases bullæ may form which break down and exude serum, pus or blood, making a raw ulcerating surface. In persons who go barefoot, a similar condition may develop on the dorsum of the foot.

With the above symptoms of the alimentary tract and of the skin, there are well marked nervous and mental symptoms. There is loss of judgment, confusion and disorientation. There may be depression or mania. The patient has delusions and hallucinations.

There are two forms of the disease—acute, which runs its course in a few weeks and is usually fatal, and chronic, which comes on in the fall, subsides and resumes in the spring; this may end in final recovery.

In certain parts of Italy and other places in Europe, pellagra is very prevalent. So much so, that in Italy there are twenty-two special hospitals for treatment of that disease exclusively.

During the past seven years there have been a number of outbreaks of pellagra in insane asylums in the southern part of the United States, notably in Georgia, Alabama and South Carolina. Recent reports mention an outbreak in an asylum at Chicago, where several cases occurred. Thayer, in his paper, reports two cases that he has seen in Maryland.

The disease is supposed to be due to the ingestion of spoiled Indian corn. In the parts of Europe where pellagra exists only the poor use much Indian corn and only the poor are afflicted with the disease. Conditions are gradually being improved by more care in the selection and handling of the grain.

In the United States everybody uses corn in some form, so that everybody—that is, rich and poor—may get the contaminated grain. Reports by various observers for the last seven or eight years show that pellagra undoubtedly exists in this country to quite a considerable extent. It is, therefore, probable that it is more widespread than heretofore supposed.

Notes and Comments

The Code of Ethics and the Gonorrhœic Suitor.—In a forceful paper read by Dr. James C. Wood, of Cleveland, before the Bureau of Sanitary Science at the recent meeting of the American Institute of Homœopathy printed in this issue of the *NORTH AMERICAN*, the essayist makes the suggestion that a physician should be relieved of the restriction placed upon him by the code of ethics, which enjoins him "to keep secret whatever he may hear or observe in the discharge of his professional duty, respecting the private affairs of a patient or his family." Dr. Wood advocates a rider to this article to read: "Unless it is probable that such secrecy will result in harm to others, in which event it becomes the duty of the physician to protect the innocent party or parties." This measure is aimed against that social plague-spot, the man who refuses to abstain from marriage until after it has been absolutely determined that he is no longer capable of transmitting to his wife the syphilitic or gonorrhœal infection he acquired while sewing his wild oats.

Dr. Wood has taken the trouble to secure legal opinion which indicates that to inform the intended bride's parents that the would-be son-in-law is likely to transmit disease to their daughter, would not be punishable by the courts. This is a point worthy of further inquiry, for it is certain that the fear of punishment for breach of professional secrecy is the average physician's chief deterrent in this matter. The code of ethics has ceased to be, if it ever was, an absolute guide to professional conduct. It is practically impossible to reduce to writing rules to govern conduct in all the exigencies of a physician's professional life; and it is probably true that few physicians are familiar with the nice distinctions drawn in the code between what is ethical and what is unethical. In the services at times, an officer is convicted of "conduct unbecoming an officer." So, too, a physician may be considered unethical when he is guilty of conduct unbecoming a gentleman practicing the art of healing. And we have yet to learn that it is ungentlemanly to protect the innocent. It is not considered unethical for a physician to report a case of scarlet fever to the public health authorities, and for the latter to publish to the world the existence of that disease in a household by placarding the house. When shall we learn to cease distinguishing between tweedle-dee and tweedle-dum, and when shall we cease to be afraid to strip the veil of secrecy from anything and everything that pertains to the use and abuse of the highest function of man—the sexual act and the perpetuation of the species?

The International Congress on Alcoholism.—The twelfth International Congress on Alcoholism convened in London in July. *The Hospital* of London, says concerning it: Moderation and scientific accuracy are essential to the success of any such large and elaborate attempt to accumulate evidence and report progress

upon a matter of vital importance to the welfare of the race. Public opinion, which is the only permanent medium for affecting reform, is nowadays suspicious of any doctrine of social and moral regeneration whose chosen or self-selected advocates adopt a narrow, partisan and intolerant attitude. Those who, in pressing their views and proposals upon the community, "protest too much," and allow no measure of right or of honesty to their opponents, are only too often the means of stultifying the efforts of their equally sincere but less fanatical associates.

In that field of humanitarian reform, which concerns the protection of the animal kingdom from the oppression, ignorance and neglect of mankind, the Society for the Prevention of Cruelty to Animals has succeeded in its admirable work, and has indeed revolutionized the attitude of the lower and baser section of society towards dumb animals, because of the sanity, simplicity and moderation of its line of action. By keeping steadfastly aloof from all those hot headed inconsequent zealots, whose undisciplined outbursts only tend to obscure the real issues of the matter, and to retard progress in kindness and justice to animals, this Society has accomplished a great work, and earned the confidence and goodwill of every thinking person. So, as we take it, must the alcohol reformers do also, if they would succeed in like measure. And the holding of a responsible conference, at which, among other activities, unimpassioned scientific papers are read, and orderly, practical discussions follow, is a means of progress, with which we gladly profess ourselves in sympathy. Of course we do not approve of every feature of the Congress, or view with satisfaction the more lurid and extravagant specimens displayed in the associated Exhibition. But we quite realize that an international conference, which aims at co-operation between all the varied and scattered units of the anti-alcohol army, as well as at inter-communication and cohesion between the scientific investigators of alcoholism in its every aspect, must include many delegates with extreme views and methods, and many features which seem useless and retrogressive to those who think as we do. The inclusive and representative nature of the Congress must therefore, we suppose, excuse whatever in it appears grotesque or futile or even pernicious to the advocates of true temperance.

As was well said by *The Times* (of London) "this is not a congress of teetotallers only. No test of opinion has been imposed on the delegates or other members." And we may hope that among the many papers those of high scientific importance will counterbalance those which seem to prejudice the advance of social reform.

Weekly Society Meeting.—An interesting experiment has been made by the Ramsey County (St. Paul) Medical Society, by changing its monthly long-drawn-out meetings to a weekly noon-hour meeting. A surprisingly large attendance has been the rule since the innovation has been made.

International Homœopathic Review

Conducted by

R. F. RABE, M.D.

ACUTE AND CHRONIC TONSILLITIS

By E. J. L., Homœopathic Physician, '89.

IN the treatment of this affection, it is always our desire to abort those cases which are seen early enough to make this possible; and in cases seen too late for the accomplishment of this desirable end, to at least prevent any profuse suppuration. Of this disease Flint says: "Acute tonsillitis generally ends in suppuration; an abscess forms and purulent matter, sometimes fetid and nauseous to the taste, is discharged after a period varying in different cases from two to ten days."

Many persons seem to be predisposed to this affection, and have their tonsils more or less swollen and inflamed all the time; others suffer from a chronic enlargement of the glands without much pain or discomfort; sometimes this swelling is so great as to threaten the respiration. We have, then, two purposes in the treatment of this disease, one to prevent and to ward off the constant recurrence of these attacks, and to cure the predisposition to this chronic swelling; the other, to cure as quickly as possible the acute attacks, aborting the inflammation whenever possible.

In prescribing for this, as well as all other diseases, we must remember to take into consideration all the symptoms of the patient—that is, we must consider both the symptoms of the disease and the patient. The disease presents symptoms which are common to nearly all cases of that disease; the patient presents symptoms which are peculiar to the one individual now suffering from that disease. The homœopathic simillimum should, therefore cover the symptoms of the disease plus those of the patient. Let me illustrate this proposition by supposing we have a case in which the individual symptoms are covered by a drug which has not the symptoms of the disease, we then search further until we find a drug which covers both features of the case; neither would we give a drug which covered only the symptoms of the disease and failed to cover those of the individual; this would be a very grave error. We should strive to cover all the symptoms of the case, and if a choice had to be made between the generic symptoms of the disease and the peculiar symptoms of the patient, then the preference should always be given the peculiar and individual symptoms of the patient.

Tonsillitis is an inflammation of the glands accompanied by more or less inflammation of the pharynx; great soreness on swallowing, or talking or opening jaws, or moving the neck; sometimes with fever, headache, flushed face, even with convulsions in children. These are the symptoms in tonsillitis as it is generally met; they are the symptoms of the disease, and vary only with the severity of the attack. The symptoms of the patient, on the other hand, are very

variable, differing as they do in each person, and these are the most important symptoms in deciding our choice of the proper remedy. In a dozen cases of tonsillitis of equal gravity, the symptoms of the disease would not vary much; but in this dozen cases the individual (and hence the peculiar) symptoms of the patient would vary in each case. In prescribing, it is our duty to find out these peculiar symptoms. They will be found in each case if searched for carefully and diligently. Physicians who do not find these peculiar symptoms, and say they do not exist, are the ones who do not cure tonsillitis. They claim that one must resort to anodynes, to poultices and finally to the knife.

In considering the homœopathic therapeutics of tonsillitis, we shall confine our attention almost entirely to the local therapeutics; if we considered all the many symptoms which might be concomitant to this or any other disease, we would simply have to take into our paper the whole *materia medica*. Even when thus confining our work, we must of necessity speak of many symptoms which belong to diphtheria, angina, etc. Jahr's advice is too brief and of a routine character, but we give it for what it is worth!

He advises the use of aconite whenever the case is ushered in with fever, dry skin, restlessness, etc.; next he changes to belladonna, if the patient complains of a good deal of headache and rush of blood to the head. If this does not help, give, according to circumstances, *hepar*, if the pains during deglutition are very severe, glancing and dart to the ear and cervical glands, with severe drawing pains in the nape of the neck; or *lach.* if the neck is very sensitive to the least touch, and the symptoms are much worse after the patient awakes from sleep; or *silicea*, if the throbbing and lancing pains and the swelling of the tonsils continue to increase in spite of belladonna and *hepar*. If an abscess begins to form, which bell. had been unable to prevent, at once resort to *merc.*, which generally causes the abscess to discharge in less than twenty-four hours, but which must never be given prematurely; for, if the abscess is not yet sufficiently ripe, this agent frequently increases the inflammation and renders it more obstinate. If the tonsils become indurated, *ignatia* often helps, which will also be found indicated by flat, open ulcers on the tonsils; although ulcers that break out rapidly and spread extensively, most commonly require bell.; slowly arising and rather painless ulcers finding their chief remedy in *merc.* If, in this kind of phlegmonous angina with swelling, the *velum palati* is swollen rather than the tonsils, prefer *phos.*, *arsen.*, or *bry.*, if neither *acon.*, or bell. helps; or, if the uvula is the most swollen part, give *coff.* or *lach.* Chronic swelling of the tonsils requires particularly *baryt.*, *sepiä*, *sulph.*, or *calc.* Aphthous angina *faucium*: These inflammations are characterized by small, whitish, flat ulcers on the tonsils; if they are not soon relieved by *ignat.*, *merc.* and *carbo veg.*, *nitr-ac.* is often an indispensable remedy; likewise *caps.* in many cases, especially if the ulcers burn, with pressure in fauces as if caused by spasm. We will now take up each remedy in detail, and give its chief symptoms bearing on tonsillitis:

ACONITE is seldom called for in this disease, but may be needed

in cases caused by exposure to cold, dry winds, exhibiting the fever, the restlessness and anxiety of this remedy, together with dark-red swelling of the parts; pricking, burning in the throat and along the eustachian tube, compelling the patient to swallow. Stinging pains when swallowing. Pains worse at night, when they seem to become unbearable.

AMMONIUM CARBONICUM. Under this remedy we find these symptoms: Pain in the throat, as if the right tonsil was swollen, when swallowing. Burning in the throat; tendency to gangrenous ulceration of the tonsils; tonsils enlarged, bluish and much offensive mucus. Symptoms worse night and morning. These symptoms are frequently met with as concomitants of grave cases of scarlatina.

The symptoms of amm. carb. seem to be often given as those of amm. mur., both Johnson and Lilienthal give under amm. mur. this symptom: "Both tonsils swollen, patient can neither talk, swallow, nor open mouth, after taking cold." Dr. Johnson adds, "tendency to gangrenous ulceration." Hering tells us that the tonsils and glands of the neck throb but are not swollen. Farrington says: "The throat is swollen so that the patient cannot open his mouth. The mouth is filled with a viscid phlegm, which the patient expels with great difficulty." The true symptom of amm. mur. seems to be about this: The throat inside and out, is swollen and is very sore, with much viscid phlegm in the mouth, which cannot be easily expelled; the tonsils and glands of the neck throb, there is also uneasiness and anxiety.

AMYGDALA PERSICA. Of this remedy Farrington said: "This drug causes a dark-red injection of the fauces, uvula and tonsils, with sudden, sharp pains, causing considerable difficulty in swallowing; sometimes these pains are so severe as to make the patient cry out."

APIS. The pains of this remedy are burning, stinging, often accompanied by dryness without thirst. The tonsils are inflamed, swollen and bright red, smarting or stinging on swallowing. Sometimes we see deep ulcers on the tonsils and palate, with sloughing abrasions, and an edematous or erysipelatous appearance around them. Swallowing is difficult, especially of solid, hot, or sour substances. Worse from heat or hot drinks, better from cold and cool drinks. The restlessness, the raw, scalded feeling in mouth and throat with the puffy swelling, are peculiar to apis.

AURUM has red, swollen and ulcerated tonsils; after abuse of mercury from syphilis.

BAPTISIA. The indications for this drug are these: Putrid ulceration, with salivation; tonsils and parotids swollen, with but little pain; fauces dark red. Tonsils and soft palate very red and swollen, with constant desire to swallow; no pain. Patient can swallow only liquids, the least solid food gags. (The dysphagia of solids is also found under baryta., bell., bry., ign., lach., lyc., nat mur., stram.) The patient will generally be found in a typhoid state with this condition of mouth and fauces, and we are apt to wonder that such a bad-looking throat causes so little pain.

BARYTA CARB. In every case of this disease, where a predisposition to the disease seems to exist, we think of this remedy, and it will not disappoint us if properly used. In acute tonsillitis or in chronic indurations of the tonsils, occurring after every little exposure to cold, or after checked foot-sweat, with these symptoms, we expect to relieve with baryta.

The tonsils are inflamed and swollen, with smarting pain when swallowing; is worse when swallowing food or saliva. Sometimes cannot swallow at all and fluids will be ejected through the nose. Symptoms going from right to left. (It is well to remember that under lach. we find this ejection of fluids through the nostrils, also under lyc., but the lach. patient swallows solids easier than either liquids or simple saliva. Lach. and sabadilla have their throat symptoms going from right to left). Under baryta we also find a sensation as if the food on being swallowed passed over a sore place; also a feeling as if there were a morsel of food lodged in the throat. Baryta is the better indicated if the patient be of a scrofulous habit; or if a child, if it is dwarfish, or in fat, old people. The patient has viscid phlegm in the mouth in mornings, is thirsty. Hering tells us that the baryta throat is much paler than that of the bell. patient, and that in cases where the tonsils are inflamed in scarlatina or small-pox, especially when mercurius has failed, then baryta may be needed.

BARYTA MUR. Is also often indicated in scrofulous persons with chronic enlargement and induration of the tonsils; there is profuse salivation, the pain seems to be worse on the right side.

BELLADONNA. Dryness of mouth and pharynx, with sense of constriction and difficult swallowing, especially of liquids or saliva. Constant burning and pressing. Deep crimson color of the throat and enlarged tonsils, with throbbing; worse on the right side (also baryta) and on swallowing. Soreness extending to ears. Rapidly forming aphthous ulcers on tonsils, intense congestion and throbbing of carotids. During deglutition there is a sensation as if the throat were too narrow, and as if nothing would pass properly. Externally the throat is painful to touch and on motion. Constant inclination to swallow or to hawk. The peculiarities of bell. are its sudden pains, deep-redness and throbbing and its signs of active congestion.

BROMINE. May be called for in the chronic forms of tonsillitis in persons of a scrofulous habit, blue eyes and fair complexion. There is constant pain in the throat, the tonsils are deep red and swollen, with a net-work of dilated blood-vessels spread over them (see ham.); the right side of fauces dark red and dry with pain on swallowing. Scraping in throat. Aggravation on swallowing, especially of liquids. This condition will generally be accompanied by swelling, hard swelling, of the external glands.

CALCAREA. In persons of a psoric habit, who exhibit the peculiar general symptoms of this remedy with the inflammatory swelling of the palate and uvula or tonsils, with a sensation as if the throat were constricted on swallowing. Ulceration of tonsils.

Pains extend to the ears. Sensation of swelling or of a lump in the throat cause constant desire to swallow (see plumb.)

CALC. IOD AND CALC. PHOS. May be needed in the chronic form of this complaint; in the latter the throat does not pain so much on swallowing food or warm drinks as from saliva.

CANTHARIS. Intense burning, burning as from fire (see iris); sometimes with a scraping sensation and spitting of blood. Aphthous ulcer at back of fauces, covered with a whitish adherent crust; also on right tonsil. Tonsils inflamed or suppurating; swallowing very difficult. Throat symptoms are worst at night, when drinking, and from wet poultices; are better when lying down. Especially indicated when accompanied by the urinary symptoms of this drug.

COLCHICUM. Throat is dry yet there is a flow of watery saliva, with nausea and discomfort in the abdomen. Tonsils inflamed and swollen; here and there spots covered with pus; swallowing is difficult.

COCCULUS has a pressive pain in tonsils, worse when swallowing saliva than when swallowing food. Burning in palate and dryness in fauces. Choking constriction in upper part of fauces, with difficult breathing and irritable cough or disposition to cough.

CROTALUS. Quinsy with much venous congestion, dark-bluish color of surrounding parts, much edema, tonsils bulge and are tender to pressure at angles of lower jaw; pain worse from empty deglutition. Especially indicated when occurring with scarlatina or diphtheria. Also angina tonsillaris, constriction of throat, tongue yellow. Great prostration, etc.

CUPRUM. Sense of constriction in throat. Tonsils, palate and fauces red and inflamed; dull, piercing pain in left tonsil, aggravated by touch.

CYCLAMEN presents an opposite condition to enlargement etc., of tonsils, but may, nevertheless, be mentioned here. Under this drug the tonsils and palate are shriveled and white.

DIOSCOREA. We find under this drug dryness, smarting, soreness and burning in the whole throat. Left tonsil smart and itches, with inclination to cough, sharp, stitching pains, seemingly in the tonsil to ear. Mouth dry, yet full of sticky mucus; no thirst.

DULCAMARA probably covers some of the cases for which baryta has been given and failed. For it, too, has a tendency to tonsillitis from taking cold. But, under dulc. we find the patient is affected by every cold change in the weather (see hepar), as well as by actually taking cold. We have under this drug (like gels.) catarrhal angina, hyperemia of soft palate and uvula, swelling of tonsils, difficult deglutition. Constant hawking of very rough mucus with rawness in the fauces. Baryta and dulc. are complementary to one another.

ELAPS. Deglutition of solids and liquids almost impossible; throat exceedingly sensitive to touch (like lachesis and lac. can.); tonsils swollen so that no passage is visible. Pain goes to ears when swallowing. Nasal discharge, when present, is very offensive, smelling like putrid herring brine. Aggravation from wet

weather; never feels happy in wet weather. Elaps has a peculiar throat symptom, which may sometimes be noticed as a concomitant of its throat or nasal diseases; it is this: The posterior wall of the pharynx is covered with a dry, greenish-yellow membrane, wrinkled and fissured, extending into nares; sometimes portions of this membrane are expelled from the nose or mouth, leaving a raw, corrugated surface.

FERRUM PHOSPHORICUM. Under this remedy, we find constant inflammation of the palate, tonsils and pharynx, with dryness, redness and pain. Pulse full, round; fever, red face, glistening eyes, etc.; inflammation from relaxation of the blood vessels, before any pus is formed.

FLUORIC ACID. In cases where syphilis is a probable factor, with these symptoms, fluoric acid may be useful. We find tonsils, uvula and soft palate of a livid color, and greatly swollen. Excessive suffering on swallowing or talking. Sleep is disturbed by the accumulation of mucus in the fauces. The throat is irritable, and particularly sensitive to cold; the slightest exposure causes inflammation, with pain and impeded deglutition. Tongue tender and pains when talking. A peculiarity of this remedy is the lack of susceptibility of the patient to the extremes of heat and cold; yet we find aggravation from cold, wet weather.

GELSEMIUM. In cases of cartarrhal inflammation of pharynx and nostrils; dryness and burning in the throat; throat feels filled up; chilly creepings up the spine; headache, fever, aching in back and limbs, etc. Sometimes the tonsils are swollen and covered with diphtheritic patches.

GRAPHITES. Has swelling of tonsils, with pain when swallowing. Also roughness and rawness in throat. The peculiar symptom of this drug, in this connection, is the feeling as though food could not be swallowed; "it will not go down." On swallowing, there is always a sensation as of a lump, or plug, or elevation in the throat, which prevents the passage of food or saliva. (With hepar, there is pressure of swelling, which causes fear of choking.)

GUAREA TRI. Swelling of tonsils, rendering swallowing difficult. Sensation of constriction and burning in throat. Warm drinks ameliorate throat symptoms. This remedy is to be compared with merc. and sil. in bone pains and suppurations.

GYMNOCLADUS. Inflammation and purple color of right tonsil. Sore throat, dark, livid redness of fauces and tonsils. Mucus in throat and frequent hawking. Shooting, sticking pains in throat. Aversion to motion.

HAMAMELIS. Hering tell us this remedy is useful for the sore throat or those predisposed to fullness of their veins, with aggravation in warm, moist air. We find sore throat worse on right side; right tonsil more swollen than the left, reddened and veins enlarged. (See bromine and crotalus.) Tonsils and fauces congested; the parts look bluish from distended veins.

HEPAR-SULPH. Chronic tonsillitis, especially when accompanied by deafness (see kali b.) or by a sensation of sticking in throat as if from a fish-bone, or splinter (see nitr:ac) when swallowing;

has a tendency to suppuration after a week or two; tonsils swollen so as to leave no opening visible; swollen with hard glandular swellings on the neck (like bromine.) Hering gives this case: Tonsils enlarged, red; throat and pharynx raw and studded over Tonsils enlarged, red; throat and pharynx raw and studded over damp weather (like dulc.) without fear of inflammation of the throat, which at last produced a nervous terror of being choked. This patient could not work in damp clay, as the dampness affected him with hoarseness and irritability of the chest. Especially useful for patients who have been abused by large doses of mercury (also staph.)

IGNATIA. Follicular tonsillitis. Acute paroxysms in chronic cases, with a feeling of swelling in the throat; painful soreness during deglutition. Inflamed, hard, swollen tonsils, with small ulcers. Whitish, tough mucus in spots on tonsils, simulating diphtheria. Tonsils greatly swollen and inflamed; several small openings filled with pus; stitching pains in throat. The sticking pain of this drug is peculiar; it occurs when not swallowing (see ledum,) also somewhat when swallowing; but the more he swallows, the more it disappears; swallowing anything solid, like bread, seems to cause the sticking to disappear entirely. Patient is chilly, is despondent, tearful, etc

INDIUM MET. May be called for in cases where there is destructive ulceration of tonsils, uvula and soft palate, with thick yellow mucus in the ulcers. There is dryness, throbbing, stinging soreness in the throat; apt to be worse on the right side; worse on swallowing. Uvula greatly enlarged; back part of pharynx covered with a thick yellow mucus, very tough and hard to remove (see elaps.) Throat symptoms are worse in the evening; are better after eating, and from drinking cold water.

IODIUM. Must not be forgotten in cases where the tonsils are swollen and are covered with little patches of exudation. The palate and tonsils are covered by a thick, greyish-white exudation; there is much pain in the throat, very painful deglutition, some salivation, very offensive odor from the mouth; the external glands of the neck are swollen. These are rather the symptoms of diphtheria than of tonsillitis, but as the two often resemble one another, they may be appropriately mentioned in this connection.

IRIS VERS. In a patient whose mouth and fauces felt as if on fire (see canth.) or as if they had been scalded; from whose mouth there was a constant discharge of saliva, may be a ropy saliva; who complained of a smarting, burning in throat, with a feeling of enlargement, like a burning cavern (see phyt.) while his throat was dry, injected and of a bright-red color, also pain in tonsils extending to the ears.

JACEA for cases of syphilitic ulcers, where there is a prominent yellow-greenish ulcer, with adherent pus, in the left side of throat, extending from velum palati over the entire left tonsil. Much phlegm; swallowing is very painful.

KALI BICHROMICUM. Is especially useful in syphilitis or diphtheritic affections of the throat. We find recorded under this drug

these symptoms: Swollen tonsils, with deafness in children (see *hepar.*) Tonsils swollen, neck thick below the angle of the lower jaw (see *crotalus.*;) the eustachian tubes seem to be blocked up; is very deaf, could not hear a watch ticking unless very close to the ear. Also, sharp, shooting pains in the left tonsil, extending toward ear, better after swallowing; suppuration of tonsils. Indolent enlargement of tonsils where there is little fever or inflammation, but a tendency to the formation of small ulcers on tonsils and the velum (something like *ign.*) The ulcers on the tonsils and throat seem to be covered with an ashy slough; the surrounding mucous membrane is dark, livid and swollen. The uvula and tonsils are red, swollen and painful; usually become ulcerated. There is hawking of much tenacious mucus, which is difficult to get up; is so very stringy that it sticks. The throat pains are worse when protruding the tongue (*sabad.*), and are generally aggravated on swallowing. The ulcers of this remedy eat deeply and quickly.

KALI BROMATUM. With this drug the tonsils are swollen and purple, the exudation (diphtheritic) is thick and looks something like patches of washed leather; there is a distinct, but crooked line of demarcation between the healthy and affected tissue. There is often dysphagia of liquids; patient can only swallow solids (see *lachesis.*)

KALI MUR. Catarrh of the fauces, tonsils and pharynx, with a white exudation. Angina beginning with white points on the openings of the ducts of the glands; fever, chilliness, dirty coated tongue, suffering expression of the face. Tonsillitis, with much swelling. Tonsils swollen and covered whitish or whitish-gray. Hawks up little cheesy lumps having disgusting odor and taste.

LAC CANINUM. Tonsils inflamed and very sore, red and shining; almost closing up the throat; dryness of the fauces and throat; swelling of the submaxillary glands, also right tonsil red and swollen; pain in the tonsil of a gnawing kind, worse at night and after sleep. The pains and inflammation of this remedy continually change from side to side, and back again. The sore throats begin with a tickling sensation, which causes a constant cough; then comes a sensation of a lump on one side, causing constant deglutition; this condition then ceases entirely, only to begin on the opposite side, and often alternates, returning again to its first condition; with women these sore throats are very apt to begin and end with the menses. Suppuration begins in one tonsil and then in the other, finally returning to the first one, etc. The exudation generally is of an ashy-gray color. Aggravation on swallowing. Externally the throat is sensitive to touch, like *lach*, and elaps; there is aggravation from empty swallowing, like *ignatia*.

LACHESIS. Swollen, congested tonsils, with a yellow, small patch on each; great difficulty in swallowing, with constant desire to do so; pain begins on the left side, goes to the right, and upward toward the ear on swallowing; heat and chills alternating. Sensation of fullness and rawness in throat; frequent desire to swallow, which causes pain, extending deep into the ear; fluids are ejected through the nose, with great fear of suffocating; gums,

tonsils and uvula dark-red and swollen, the latter looks as if squeezed and crowded back; large collection of mucus in the mouth, which forms large bubbles when the mouth is opened. Aggravation after sleep, from hot drinks and from the slightest touch, cannot bear even the sheet to touch his neck. Chronic enlargement of tonsils. Hering says there is no remedy so effective either for aborting tonsillitis, or for promoting resolution in later stages.

(Dysphagia of liquids is found under bell., brom., bry., canth., hydro. ac., hyos., ign., kali brom., lach., lyc., podo. Dysphagia of saliva, calc-ph., cocc., ign., lach., merc. and crotalus.)

LYCOPodium. Under this drug we find an almost opposite condition from that presented by lachesis; the symptoms go from right to left and are generally aggravated by cold drinks, especially by other cold drinks than water. It is useful, when properly indicated, in cases of ulcerated tonsil, or for chronic enlargement of the tonsils. We find soreness of the throat commencing on the right side, going to the left side, with whitish ulcer on right tonsil, also tonsils studded with many small ulcers, sharp pain on swallowing, especially cold drinks; pain as if bruised, all over limbs; frontal headache; sometimes a sensation when swallowing as if the head opened, and as if a pain shot down into the abdomen. Stitching pain, with sensation as if a large body had lodged in the back part of throat. Inflammation and enlargement of tonsil, with small, yellow patches on each tonsil. Although this drug generally has an aggravation from cold drinks, it has also a smarting pain in throat from hot drinks; this should be remembered as an exception to the rule. If the case be a severe one, we will find great prostration, fan-like motion of the alæ nasi; dyspnoea, etc.

MANCINELLA has great swelling and suppuration of the tonsils, with danger of suffocation; whistling breathing. White yellowish ulcers on tonsils and in throat; with burning pain. Thirst for cold water, but unable to swallow on account of a choking which rises up from the stomach; this choking sensation also arises when speaking. The breath, when offensive, is noticed by the patient.

MERCURIUS. Soft palate and tonsils greatly swollen, dark, coppery-red and pressed forward; stinging pains on empty swallowing, at night and in cold air; worse in fall, spring and wet weather. Tonsils enlarged, dark-red, studded with ulcers; mostly useful after pus has formed to hasten maturation; small, flat ulcers.

MERCURIUS CYANATUS. The tonsils are greatly inflamed, are dusky-red and swollen, with whitish spots on them; later, deep ulcers, with yellowish-green pus. Right side apt to be the worst. Eyes heavy, fever, headache and nausea; great redness of fauces, and difficulty in swallowing; the submaxillary glands are swollen.

MERCURIUS IOD. FLAVUS. Under this preparation of mercury we find the tonsils uvula and pharynx red and congested; generally worse on the right side; also worse from warm drinks and on empty swallowing. This case, given by Hering, well illustrates the indications for this remedy. "Stiffness of the jaws, difficult to open the mouth; altered voice, speaks as if had pebbles in the mouth; right side of throat and tonsil inflamed; soreness in right ear and

over right side of head and face; enlargement of cervical glands; sensation of a lump in right side of mouth; soreness in right ear, extending into throat; pain when swallowing, burning; desire for sour things; hawking; tongue coated yellow at back part, clean in front; later, soreness and swelling attacked left ear and tonsil." Very fretful and restless, as if from pain; refuses to eat or drink. Cannot sleep. Sometimes the nostrils are dilated with every inspiration.

MERCURIUS IOD. RUBR. With this preparation the throat symptoms generally begin, or are worse on the left side; are aggravated by swallowing both food and drinks. The patient hawks much; spitting up a tough, white phlegm. Painful swelling of tonsils and submaxillary glands. The deglutition is painful, with many ulcers in throat; the tonsils suppurate. Patient must breathe with mouth open. Pain in throat, tonsils swollen and covered with a slimy, speckled coating; back part of throat red; slight pain on swallowing; prostration; two days later, tonsils, uvula and back part of pharynx are covered with a coating looking like dried starch.

MURIATIC ACID. In cases of diphtheria or after scarlet fever, accompanied by great prostration, we sometimes find the the tonsils and fauces covered with a dark exudation, the submaxillary glands swollen as large as pigeon's eggs; patient can only hold the head bent forward; continual desire to hawk, with difficult expectoration of tough mucus; swallowing is almost impossible. Edema of uvula and swelling of tonsils.

NAJA. Right tonsil swollen, with sharp pains in it as from needles, short, hard cough; worse at night; pain up right side of neck; the larynx is tender to touch, with inclination to cough from any pressure on it. Patient gasps at the throat as if choking.

NATRUM ARSENICUM. Tonsils, fauces and pharynx edematous and purplish; surface irregular, covered with yellowish-gray mucus, which is hawked out. This chronic case is given by Hering. After an acute attack of tonsillitis, which occurred three months previously, the throat remained very much swollen; the whole fauces and upper part of pharynx swollen and of a dark hue, the tonsils greatly enlarged, the uvula elongated; parts covered with dirty-looking mucus; constant dry sensation as if something lodged in the throat, at times a feeling as if a pin were sticking in the throat, at others a feeling as of a lump; always worse in the morning. There is prostration, swelling, etc., but not much pain; therein resembling baptisia.

NITRIC ACID may be useful in mercurial or syphilitic persons, with red, swollen, uneven tonsils, having small ulcers on them. The ulcers bleed readily, have stinging pains in them, their edges are hard, irregular and everted. We also have soreness of the palate, tongue (the mildest kind of food causes smarting) and inside of the gums, with stinging pain and ulceration of the corners of the mouth. Pricking in the throat as from a splinter (like hepar), worse when swallowing.

PHOSPHORUS. Dryness of the throat, day and night; it fairly glistens. (Under lac. can. we find the throat shines or glistens very

markedly). Tonsils and uvula much swollen, the uvula is elongated, with dry, burning sensation; mucus in throat, removed with difficulty, is quite cold as it comes into the mouth. The mucus is white, nearly transparent, and in lumps.

PHYTOLACCA. Tonsils large, bluish, ulcerated: dry, rough, burning, smarting fauces; throat feels like as after a choke-pear. Pharynx dry, rough; feels like a cavern (see iris). Sensation as of a plug in the throat; worse in left side. The sore throat is generally worse on the right side; the fauces are dark bluish-red; pain worse on swallowing saliva; sensation as if a red-hot ball had lodged in fauces when swallowing; cannot bear the touch of clothing about the neck; cannot drink hot fluids; is prostrated.

PLUMBUM has inflamed tonsils covered with small, painful abscesses; constriction in throat when trying to swallow, with great desire to do so. Angina granulosa going from left to right. Fluids can be swallowed, but solids come back into the mouth.

PSORINUM has tonsillitis with swollen submaxillary glands, foetid otorrhea; the throat burns, feels as if scalded, pains when swallowing saliva; ulcers on the right side with deep-seated pain and burning in the fauces; mouth is inflamed and sore; worse from warm food, but not annoyed by cold. This remedy is especially useful for pale, sickly children, and for those who have a dirty, greasy or scaly skin. Body always smells badly.

RANUNCULUS SCEL. has swelling of the tonsils with shooting stitches in them; there is burning and scraping in the throat. (This sticking pain we have seen occurs prominently under amyg., hepar, kali-bi, and nitric acid.)

RHUS TOX. Sticking or stinging pain in tonsils, worse when beginning to swallow; the right tonsil is covered with a yellow membrane. Throat sore, feels stiff after straining the throat. Feeling of swelling with bruised pain; erysipelatous inflammation, parotids swollen, cellulitis of the neck, drowsiness.

SABADILLA. Under this drug we find the tonsils swollen and inflamed, nearly suppurating; goes from left to right; stitches in throat only when swallowing. Tonsillitis after coryza; right tonsil remains somewhat swollen and indurated; cannot swallow saliva on account of pain, must spit it out; continual desire to swallow; deeply cutting pains, whole body writhes. There is much tough phlegm in the throat, must hawk; also a sensation of a skin hanging loosely in the throat, must swallow over it; cannot protrude the tongue with sore throat (see kali bichr.; can swallow warm food easily; there is often a desire for hot drinks.

SANGUINARIA, we have ulcerated sore throat, burning, especially after eating sweet things; throat feels swollen as if to suffocation, with pain when swallowing and aphonia. Tonsillitis; promotes supuration.

SILICEA. The tonsils are swollen and every effort to swallow distorts the face. In cases where the suppurating gland does not heal, pus continues to flow, but gets thinner, less laudable, darker and more fetid.

SULPHUR. Sore throat, great burning and dryness, first right

and then left side. Swelling of palate and tonsils, elongation of palate. Sometimes the whole back part of pharynx appeared to be in a state of ulceration or sloughing; much nauseous saliva; sometimes needed to aid recovery when after suppuration the parts heal very slowly.

ZINCUM has herpetic-like eruption on tonsils, soft palate and root of tongue; whitish, somewhat elevated, ulcerated spots in mouth (sequelæ to gonorrhœa), also dryness of throat in evening mucus collects from posterior nares; soreness in the throat, tearing in posterior fauces; more between acts of empty deglutition or after eating.

Asclepias Tuberosa. The homœopathic indications for asclepias with reference to the respiratory organs are: Dry cough with constriction of throat causing pain in the forehead and abdomen; dry, hacking cough; breathing painful, especially at base of left lung; oppression and difficulty of breathing; in paroxysms like asthma, sharp pain shooting from left nipple downward, with stiffness at left side of neck, sharp cutting pain behind the sternum, aggravated by drawing a long breath or moving the arms. The spaces between the ribs, close to the sternum are sensitive to pressure, and the pain, which is acute, quick and darting, shoots over to the right. Pain in chest relieved by leaning forward. Acute pleuritic pain in right side, with dry hacking cough and scanty mucous expectoration.

The field of usefulness of asclepias is by no means limited to the organs of respiration, but it may be and often is, of decided value in diseases of the stomach, in peritonitis and appendicitis, and in catarrhal diarrhea and dysentery it soothes the entire mucous tract.

The indications guiding us in the use of asclepias in diseases of the stomach and intestines are nausea and efforts to vomit, neuralgic pains of a pressive character, weight and burning, rumbling in the bowels with uneasiness or sharp, cutting pains, colic pains from flatulence, dull pain in bowels on pressure.

The writer has used the drug to hasten the eruption of measles.

If for any reason active diaphoresis is desired, it is best given in a strong, hot infusion.

Its action should not be forgotten in acute rheumatism. It may be combined with macrotys, colchicum or any other indicated remedy. Where there is effusion into the joints as well as into the pleuritic cavity, the agent will be found serviceable.—Dr. M. M. Braubaker, in February *Eclectic Medical Journal*.

Homœopathic Remedies for Cholelithiasis. Among drugs calc. carb. stands first, and Hughes claims that he has never had it fail him. The patient is inclined to obesity, perspires easily, there are stitches and pressure in the hepatic region, also a feeling of fullness and great dislike to clothing about the waist.

Belladonna is called for by the hot and fiery throbbing carotids, sensitiveness to light and noise or jar, and pains that come on quickly and leave as quickly.

Nux vomica is highly recommended by Hemple and Arndt in this affection on these indications: Hepatic colic characterized by the sudden invasion of the most excruciating pain in the epigastric region and right hypochondrium, nausea and vomiting, spasmodic contraction of the abdominal muscles, coldness of the extremities, profuse cold perspiration. The pain is more severe than that calling for belladonna. It may be necessary to give the *nux* in large doses in five drops of the tincture.

Berberis will sometimes give relief, particularly if the pains extend down the track of right ureter. Dr. Arschagouni, of New York, speaks highly in its favor.

Sepia, 3x—30th. Hot flushes, menopause. The exceptional value of this remedy for the relief of these distressing manifestations is not generally recognized. Here it ranks with *lachesis*, and like it, not only alleviates, but cures these annoying incidents of the climacteric period. It is especially useful in the 'hot flushes', so often disturbing, in the premature and surgically induced menopause of the castrated female. Here the flushings are frequently accompanied by intense cerebral congestion—more marked than in *lachesis*. *Sepia* has apathy and indifference or irritability and ill humor, and *lachesis* the extraordinary loquaciousness, vivid imagination—brain teeming with ideas—characteristic of the remedies—here accentuated by the vicariously hyperemic cerebral structures. The indispensable "climacteric quartette" are *sepia*, *lachesis*, *glonoin* and *aconite*.

Artemisia Absinthium. 1x—2x.—Chronic diarrhea. Wormwood or absinthe has helped me in several contests with intractable and chronic diarrheas. Chronic diarrheas of old people, diarrheas of dysenteric type, following dysentery, that refused to get well with ordinary remedies. Five drops of 2x dilution or teaspoonful of an infusion of the dried leaves—preferably the latter—cured the cases permanently. Why or how I am not prepared to say. Two cases of what had been diagnosed as amebic dysentery of some duration—one claimed to have been treated at Johns Hopkins Hospital—both made prompt recoveries. In one case of chronic diarrhea in an old lady, all apparently indicated remedies were tried in vain. In disgust I advised her to make a tea (infusion) of the dried leaves of the wormwood and take a teaspoonful three times a day. She was promptly and permanently cured.

Iodum, 1x—3x.—Pneumococcal Infections. Aside from the use of this remedy in acute and especially in unresolved croupous pneumonias, there are cases of persistent or chronic pneumococcus infections simulating and often diagnosed as incipient pulmonary tuberculosis, where it is a remedy of priceless value. These cases are characterized by persistent cough, usually dry and hacking, expectoration generally scanty (though profuse in mixed infections), more or less pronounced emaciation, sometimes fever— hectic in character—with furred tongue and anorexia, and much weakness and prostration; a condition in many ways confusingly similar to the early manifestations of a rapidly progressing pulmonary tuberculosis. The physical signs are indefinite but the general aspect of the patient

would dispose to a diagnosis of tuberculosis were it not that the sputum examination reveals, not tuberculosis bacilli but pneumococci, often in abundance. The exhibition of iodine in 1x or 2x dilution—best when freshly prepared—will produce results equally surprising and gratifying to the patient and attendant. But for the microscope you will have cured a case of incipient pulmonary tuberculosis.

Xanthoxylum, 1x—3x. Amenorrhœa. A remedy par excellence for delayed or suppressed menses is the prickly ash, a fact not sufficiently appreciated. Its usefulness as a remedy for amenorrhœa exceeds that for neuralgic dysmenorrhœa for which it is justly valued. Amenorrhœa resulting from depressed condition of the vitality—the non-reactive states, hence its usefulness in chlorosis. In those cases where leucorrhœa appears instead of the menses in anemias—especially chlorosis and where the chlorotics are subject to palpitation, the cardiac disturbance being a marked characteristic of the remedy. For women of spare habit, nervous with hysterical tendencies.

In women nervously inclined, who, because of worry or debility, have delayed menstruation and imagine themselves pregnant, give xanthoxylum 5-drop doses of the 1x dilution hourly—the woman is made happy and you have a friend. In deficient or delayed menstruation in young girls where pulsatilla fails. The remedy has served so well that when the indications for a remedy are not clear it is well to give xanthoxylum.

THERAPEUTIC OBSERVATIONS ON CARBO VEGETABILIS

C. HERING, M.D.

Homœopathic Physician, 1889

CARBO VEGETABILIS, though so often applicable in the abuse of quinine, is still more so as an antidote to the injurious effects of calomel, particularly for the sensitiveness to every change of weather by which its use is so frequently attended. A high state of atmospheric temperature often causes nausea and sickness of the stomach, which are greatly aggravated by partaking of the tepid or otherwise bad water of large cities. These symptoms, very often to be met with in persons who, by their profession, are exposed to the severest heat of the day, have been frequently relieved by carbo vegetabilis, even in some cases where by the palliating, but too sudden cooling effect of ice-water, asthenic fever had been induced. The latter was sometimes accompanied by diarrhea, and in such cases bryonia was administered, either previously, or subsequently to carbo veg. It appears singular that carbonic acid, so well known for its refreshing coolness, was of no avail in these affections. A third equally new observation we owe to one of the most zealous friends and advocates of homœopathy, who, for want of a physician, was compelled to attend his own child. It was but a few weeks old, when, in spite of the utmost attention to cleanliness, it became excoriated to such a degree, that the epidermis was destroyed, not only at the usual places, but also behind the ears and about the neck, presenting raw surfaces of

considerable extent. Sulphur and lycopodium relieved the little sufferer in some measure, but carbo veg. very soon effectually cured him. We have since had occasion to observe this effect of carbo veg. in several other instances.

During the autumn of 1833, the whooping-cough prevailed epidemically in Philadelphia, and the usual remedies, such as drosera, cina, veratrum and sulphur had but little effect in relieving the paroxysms, which generally ended with vomiting; but upon administering carbo veg. the disease soon yielded. The same beneficial effect was experienced by other practitioners in 1836, and we likewise found that in the catarrhal stage of the disease, as well as for its sequelæ, it could be relied upon. In catarrhs attended with a characteristic hoarseness in the morning or at night, carbo veg., is often beneficial. The influenza in the autumn of 1834 generally yielded either to hepar sulphur or to merc. viv.; but when the hoarseness just mentioned remained or recurred after a cold, it was removed by carbo veg. We also succeeded in curing a considerable number of cases of the mumps with carbo veg., though merc. solub. is the usual remedy for that disease.

This observation in conjunction with the one mentioned at the beginning of these remarks, indicate an affinity between mercury and carbo veg. while the curative effects of the latter in removing the injurious consequences of ice-water appear to confirm its affinity to arsenicum, which is already established by the fact that both remedies are often employed in intermitting fevers, and that they have the characteristic burning pains, offensive and easily bleeding ulcers, and many other symptoms in common. When carbo veg. thus appears to rank between two such different metals, it follows that its affinity with the two relates to different spheres of action, as we may see by the diagnostics of these remedies. Lachesis is one of the antidotes of carbo veg., either when the latter has been taken in its crude state, or homœopathically prepared, particularly when its effects are manifested by soreness of the gums, mouth or throat.

From the effects of carbo veg., we also see demonstrated the important truth that the pathogenic and the therapeutic effects of medicinal agents perfectly correspond with their chemical action, which we see also exemplified in the effects of arsenic, causticum, kreosote, cantharides and lachesis, which remove symptoms similar to those produced by the bite of a snake. Dr. Franz, in treating of ranunculus bulbosus, also remarks that the local symptoms occasioned by the external application, and those proceeding from its internal use are identical, and Y—— makes the same remark in regard to ranunculus sceleratus. In order to become duly impressed with the practical import of this proposition, we ought to consider its connection with other doctrines and demonstrate its relation thereto, which our space will not permit us to do on the present occasion. We, therefore, only remark that Hahnemannism, or the pathogenetic action of certain substances, bears the same relation to general organic action that electricity bears to magnetism. This proposition is of the same importance in homœopathy that Oerstedt's electro-magnetism is in natural philosophy.

LILIUM. TIGRINUM AND PROLAPSUS UTERI

THOMAS G. ROBERTS, M.D. *Homœopathic Physician, 1889*

SOME years ago Miss C., a brunette, twenty-eight years of age, consulted me for relief from prolapsus uteri, that had severely troubled her for several years. She had been under regular treatment for a long time, and had been treated with pessaries, injections, tonics, etc., but, thus far, without securing the much-desired relief. She was much discouraged, and often felt like ceasing all efforts to recover her health; but, as she had never tried homœopathy, she thought she would see if it would produce any better results than had been exhibited by the dominant school. She was so low spirited that she could hardly keep from crying, and I have rarely seen anyone who looked so melancholic and forlorn. She was annoyed by a constant hurried feeling, as if she must attend to important duties and she manifested, in a marked degree, opposite and contradictory mental states.

Her greatest suffering was a dragging or bearing-down sensation, that extended from the chest and shoulders all the way down to the vulva; and this feeling was so intense that it seemed to her that all the pelvic viscera were gradually being forced through the vagina. There was a feeling that the abdominal and uterine regions needed support, and, to relieve the bearing-down sensation, she sometimes pressed with both hands against the vulva. In addition to the symptoms already given, she had, in the left ovary, a pain running down. As every symptom was characteristic of *lilium tigrinum*, that remedy was prescribed in the 30th potency, and the patient was requested to take one dose morning and evening for one week and then report to me. At the end of that time a marked improvement was manifest; and, giving a placebo for ten days, the same remedy, in the 200th, was given at increasing intervals for about three months, when not a vestige of her trouble remained. Not long afterward she married, and is now the happy mother of three children; and, as I have been her physician ever since, I know that she never had a return of her ailment. No change was made in the dietetic or other habits of the patient, and no local measures of any kind were used. Surely, nothing else is so curative as the *similimum*; and cases like this ought to stimulate every disciple of Hahnemann to use the utmost care in the selection of the remedy, for when the *similimum* is found and rightly administered, the results that follow seem almost miraculous.

Tongue Symptoms.—Aggravation from putting tongue out, *cocc.*, *kali carb.*, *lyc.* Hacking cough from putting tongue out, *lyc.* When putting tongue out it catches behind the teeth, *apis.*, *lach.* Tongue protruded with difficulty, can hardly be drawn back, *hyos.* Tongue indented on the edge, *ars. met.*, *glon.*, *hydras.*, *iod.*, *merc.*, *podoph.*, *rhus tox.*

Medical and Surgical Review

Conducted by - - - WALTER SANDS MILLS, A.B., M.D.

Chronic Diseases.—Dr. F. C. Curtis, of Cleveland, in the *Medical Brief* for August, makes a plea for more care in the treatment of chronic diseases. Many of them, he says, have their origin in bad thinking, to quote:

“Our present-day practice savors too much of the hopelessness of the deadhouse. In his quest for pathological causes the physician finds it hard to rise above the grossest materialistic views; he has no idea that the human body is composed of anything but flesh, blood and bone; the conception of a mental man, a spiritual man, never occurs to him. Anything he cannot see, anything he cannot dissect with a scalpel, to him does not exist.

“Those afflicted with nervous disorders have suffered most from this order of things. They seldom get anything like proper treatment from the physician. He cannot see that anything can cause them ill health except what may be seen, felt or heard. Right here he makes a most serious mistake, for the main factor in these diseases is mental, the underlying cause, I repeat, being improper mentality, improper training, ignorance of and violation of the laws of health. Nervous diseases such as neurasthenia, hysteria and melancholia are pre-eminently diseases of the mind, and not of the body, and are amenable to mental treatment. Physicians, as a usual thing, build better than they know, for even they who have the most child-like and innocent belief in the efficiency of medication are using suggestive therapeutics every day.

“Suggestive therapeutics does not imply the folly of hypnotism. It never ought to have for its aim that of humbugging the patient. The “bread pill” and the silly “stunts” patients are often put through for the sake of their “psychological effect” are unworthy of any honest man. They can cause no more than a temporary improvement, and the physician using such methods is in danger of losing the confidence of his patient, his most valued asset.

“Reason skillfully and confidently used, is the basis upon which to work. The patient must be shown with painstaking care that his worst fears are groundless. His moral nature must be appealed to—his attention must be directed to the fact that he has spent too much time already upon the contemplation of his own unfortunate condition. He must be trained to direct his thoughts ‘outward instead of inward, upward and not downward—forward and not backward.’ He must be encouraged and strengthened. The world is not entirely dark, there is yet hope of better things. Let no man think that these results are of easy accomplishment. They require a patience unknown to most men; a knowledge of the human mind difficult of attainment and a versatility that comes only with experience, but I will venture to say that any of my brothers bent upon attaining these things will find a satisfaction in his work that passes all understanding.”

Wasserman Reaction of Syphilis.—Castelli (*New York Medical Journal*, April 17, 1909) thus lucidly explains the principle of the Wassermann reaction: "Two bodies of colloidal nature having the property of binding together, have also the property of binding a third element."

In the Wassermann reaction we have in each reagent tube five elements, which, for the understanding of the reaction, we may consider divided into three groups; First group, containing as element, (a) syphilitic serum, and (b) syphilitic extract; second group, containing (a) hemolysin, and (b) blood; third group, containing complement.

If the complement is bound by the first group, in the second group deprived of complement an inhibition to the dissolving of blood will occur. Inhibition means positive reaction. The reaction may be different in intensity, and this difference can only be interpreted as a difference in the intensity of the infection. Generally in a patient with old lues the inhibition is not so intense as it is in a patient whose infection is more recent. This phenomenon corresponds clinically to a well-known pathological axiom, viz., "The virulence of a pathological process is in inverse proportion to its duration." So an old syphilitic infection will give a weaker reaction than a recent one. The reagents with which we have to deal, being organic elements, are chemically unstable and so not always reliable. It is only a long and tedious training in the use of the different organic reagents that will give us the exact understanding and the logical interpretation of the reaction.

The reagents necessary for the reaction are the following: (1) Extracts from organs; (2) sera or cerebrospinal fluid from syphilitic and non-syphilitic patients; (3) complement, generally blood serum from the guinea-pig; (4) hemolysin, inactive serum from rabbits previously treated with washed sheep blood-corpuscles; and (5) blood-corpuscles from sheep.

The reaction could be made very much simpler if instead of organic extracts we could use more stable elements. Lecithin, cholesterin, and petrolatum, used by Wassermann and others, have so far proved to be unsatisfactory substitutes for organ extracts and unsuitable for obtaining a correct reaction. Until now the liver of a syphilitic fetus and the normal human liver have been used respectively for the preparation of syphilitic and normal extracts. Experiments have also been made with extracts obtained from the heart muscle of a guinea-pig and other animals, but so far no definite favorable results have been gathered. To come to a satisfactory conclusion a great many examinations with normal organ extract must be made, using as control a syphilitic extract already known.

A positive reaction is a sure evidence of a syphilitic infection. If, in the writer's estimation, syphilis is treated before the virus has had the possibility of creating changes of functional or destructive nature in the morphological elements of the nervous system, the parasyphilitic affections, the most regrettable (principally tabes

dorsalis and general paralysis), and those pertaining to hereditary syphilis, will naturally be prevented from appearing.

If syphilis is detected only after the post-infectious organic and morphological lesions of the nervous system have already been established, the knowledge of the existence of a previous syphilitic infection will allow the physician to retard the progressive course of the disease by prescribing an appropriate tonic, hygienic, and specific treatment.

The Wassermann reaction has also proved that no syphilitic immunity exists, and a reinfection is possible. The writer had occasion last year to examine a patient in whom a new syphilitic manifestation appeared twenty years after the previous one. Professor Fournier, who saw the patient, acknowledged that only a reinfection could explain the reappearing of so classic a manifestation. He declared to the patient that in his long experience he had occasion to see cases of that kind, and that only the theory of reinfection could explain. The special features in the patient's manifestations were the absolute irresponsiveness to treatment and the persistence of the papulæ after six months of active treatment. This phenomenon would speak in favor either of mercury immunity or of defective absorption. The patient is at present in Aix-la-Chapelle.

If the fact exist that a reinfection is possible, we are by deduction compelled to accept as an axiom that syphilis is curable. In this way we have reached the solution of one of the most discussed problems on the pathology of syphilis. This fact alone would be sufficient to make the serum diagnosis of syphilis one of the most valuable discoveries in the history of medicine.

From the social standpoint the serum diagnosis of syphilis represents one of the greatest achievements attained by medicine at the present time. The role played by syphiis in the life of mankind requires no explanation. The highest coefficient to degeneracy and insanity is created by syphilis. If we are now in a position to tell the patient coming for advice that, notwithstanding his previous syphilitic infection, he can marry and create a healthful progeny, we will certainly have become a tremendous factor for tranquilizing a large portion of our human fellows. If we can establish the fact that syphilis is curable and does not hang like the sword of Damocles over a man's physical and mental future, again will medicine have triumphed.

From the legal standpoint, the fact that we may be able to aid either the prosecution or the defense with the knowledge that the criminal has a claim on the court's leniency, by reason of a previous syphilitic infection which had produced a derangement of his mental poise, we become useful factors in the administration of justice.

The serum diagnosis will be a means of differential diagnosis during the preparalytic stage, when the general symptoms are very indefinite and generally masked by a well-defined neurasthenic syndrome. The differential diagnosis between general paralysis and neurasthenia during this period would represent the real pro-

phylactic warning. This person during the preparalytic stage is already dangerous to himself, his family, to society at large, and our early diagnosis of his condition makes possible the safeguarding of the patient in an asylum before the dangerous manifestations of the disease have resulted in injury to himself and others, and compelled society to take protective and coercive measures against him.

While the serum diagnosis of syphilis in its present condition is not perfect, and owing to its complicated technique and to the difficulty of procuring the necessary ingredients remains still the privilege of few scholars, it has the indisputable advantage of furnishing us with such a rich amount of sure diagnostic data over the positiveness of a syphilitic infection that its adoption in the different hospitals and medical institutions is not optional but absolutely necessary.—*Therapeutic Gazette*.

Fasting as a Relief from Diseased Conditions of the Human Body.—O. H. Barthel, M. D., of Pocahontas, Ia., in the *Medical World*, August, 1909 gives his personal experience during a fast of thirty-one days followed by ten days of milk diet, making forty-one days of fast without any solid food whatever. The object was to get rid of some chronic ailments with which he had been afflicted, of greater or less severity, for years, and for which he had tried various methods of treatment, with various degrees of success—none so great, however, as that attained by the fasting method. Dr. Barthel describes himself as being of the so-called "rheumatic diathesis," with all the resultant evils of such an inheritance; constipation, rheumatism, periodical explosions of bilious attacks, irritated mucous membranes extending to and including inflammation of the same in different parts of the internal organism at various times. Six years ago he had an acute attack of appendicitis confining him in bed for a couple of weeks, since which time he has never been free from pain in and around the appendix, but since the fast he claims to be nearer free from pain than he has been in years. And this, he adds, not only applied to the appendix but to all manner of pain in other parts of the body. He had also inherited ichthyosis and has had a number of attacks of sciatica lasting from two to three weeks. The skin trouble has also been relieved by the fast.

Dr. Barthel emphasizes the following points: that we are taught a great deal about the evils of the excessive use of alcohol, but as yet we hear very little of the evils resulting from the over-indulgence in food which are as bad in their ulterior effects on the bodily tissues, or nearly so, as the evils of alcohol though not quite so apparent on the surface; that the habit of eating everything placed before us that is pleasing to the gustatory sense is wrong, for we feed our ailments as well as our bodies by our indulgence, and especially over-indulgence; that our sense of determining our body needs by the sense of taste has been lost entirely through the habit of hastily bolting food; that the stomach, which is rebellious per se is more often a fortunate one for the individual to possess than the one that will tolerate any kind of abuse and mistreatment without

rebellling, as it saves the individual from many chronic ills in remoter parts of the body; that the greater number of ailments can be relieved by proper care in food and drink—and perhaps cured in a longer or shorter period of time, according to the condition of the body and the persistency and carefulness in observing a proper regime; that what is proper food, the individual must learn to know for himself; that mothers and many others make a mistake in urging children to hurry through their meals, as it is at this time the habit of hastily bolting their food is formed, which later leads to such dire results to the individual concerned.

Before undertaking to fast, Dr. Barthel went through a course of Fletcherizing and taking only two meals a day, by which method Mr. Horace Fletcher claims to have attained such good health. However, he was never able to develop the swallowing impulse as Mr. Fletcher states it should be developed, or to liquify the food before allowing it to pass into the stomach. This course was begun in December, 1907, at which time he weighed 185 pounds and by spring he weighed 198 pounds, the height being 5 feet 7½ inches, age 51 years. Then he voluntarily cut down his food and by August weighed 173 pounds.

The fast was begun August 2, 1908, and during it he lost 40 pounds—losing 27 pounds the first eighteen days and less rapidly thereafter. One meal was taken the day previous and a light meal on the day he began to fast. Weight at time of writing the article was 147 pounds. The doctor is trying to eat so as to get in perfect health, and answers his query, "When is a person in perfect health?" by saying that if "disease is being ill at ease," then he claims to be less ill at ease than he has been in years and therefore in time expects to get near to the point of perfect health. He is more convinced than ever that a fast will do for the system what no medicine will or can do and the physician who can get his patient to fast for a short time, especially one with some obstinate chronic ailment, can get results from the ingestion of medicine after the fast that he cannot attain in any other way. Dr. Barthel closes with the following quotation from Prof. Chittenden, of Yale: "It is self-evident that the smallest amount of food that serves to keep the body in a state of high-efficiency is physiologically the most economical and hence the best adapted for the organism."

School Hygiene of the Eye.—In a paper read at the Hamilton County Teachers' Institute, Ohio, Dr. Jesse Wyler describes the system employed in London, Eng., and the wonderful work which a municipality can do for its sick and for the welfare of those not yet afflicted. The poor schools are under the care of a body known as the Metropolitan Asylum Board; the ophthalmic surgeon at the head is a world-renowned and exceedingly conscientious worker, E. Treacher Collins. The board controls two stations in the country thirty miles from London, each capable of housing between three and four hundred children and the following plan is in vogue: The teacher of each class in the poor schools holds a weekly inspection and each case

of eyes which appear inflamed to the casual observer is sent up to Mr. Collins at the Royal Ophthalmic Hospital for a thorough examination every Monday and Thursday. He diagnoses the case and signs papers admitting the dangerous cases, that is, dangerous to other children, to either one of these two institutions in the country. At one of these places, Swanley, the grounds consist of about two hundred acres, dotted with houses. Each house accommodates twelve children and a guardian, and family life prevails, one large dining-room and sitting-room being shared in common. Bath-tubs and basins are dispensed with—showers take the place of the former and running water is available as a substitute for the latter. Each child has individual soap, wash-cloths, sponges and towels, all well marked and hung upon hooks for the purpose. Individual beds are used. The cottages are arranged in groups of four and in the center is a small, one-story building occupied by a trained nurse, and containing a treatment room where the children report three times daily for medication as prescribed by Mr. Collins and examination by the regular physician in charge. Two large school buildings are also provided which the children attend daily; and two hospitals at the edge of the grounds, the one for any eye operation that may become necessary, the other for acute contagious diseases which are found frequently when large numbers of children are so congregated. Once a week Mr. Collins examines all the children and orders their discharge so that they can go back to the city school when he sees fit. Cases of trachoma or granulated eyelids are often kept as long as two years. The children are happy, get good treatment, grow strong and healthy and when they return to the city are fit to take their position in the struggle for existence. It is certainly hopeful to know that such a Utopian condition prevails in connection with one city and encourages the undertaking of similar efforts upon a lesser scale.

The habit-spasm, or excessive blinking, Dr. Wyler would control by having the child so afflicted remain out of school until the condition is stopped. There may be some fundamental cause for a first case of that kind in a school-room, but the companions of that scholar will acquire it through imitation and so the habit is perpetuated and the children handicapped.

Three Cases of Hysterical Loss of Speech.—Sanz reported three cases of hysterical loss of speech before the Medico-Surgical Academy of Spain. (*Annales des Maladies de l'Oreille, du Larynx, du Nez et du Pharynx*). Case 1, an adult, peasant, received a blow on the mouth from which he lost consciousness. Five hours later he revived. He was able to understand, but was not able to speak a single word. There was contracture with semi-tonic spasm, semi-clonic, and trembling of palpebrum as in hysterical crises; from time to time there were violent motions of the thorax which the patient later explained were due to efforts to speak. Pupillary and cutaneous reflexes normal. Reaction to touch and heat normal. Field of vision contracted and a zone of hyperesthesia at the vertex. For two days he refused solid food and was contented with milk; the third day he was offered a roast which he rejected with

extreme repugnance. He vomited violently and recovered his speech. Case II, a young girl of 17, subject since the onset of puberty to attacks of hysterical loss of speech accompanied by hysterical convulsions. These were finally ended by psychical treatment of the patient. Case III, a woman of 25 attacked with trismus and inability to speak, although she could understand and could make herself understood by signs. Anesthetic zone on the extremities and of the face and front of neck. This condition appeared and reappeared a number of times in several hours. Patient subject to convulsive crises. Reflections: The two last cases showed the intimate correlation between speechless attacks and the convulsive attacks which either accompanied, just followed, or preceded them.

In the discussion, Dr. Erneste reported two cases where he had obtained a cure by intralaryngeal applications. He made the patient believe he was using strong caustics. The characteristics of hysterical mutism are: (a) appearance and disappearance under causes that produce lively impressions on the subject. (b) The coexistence or coincidence of other hysterical phenomena. (c) The persistence of the sonorousness of the voice. (d) The anatomophysiological integrity of the larynx as shown by examination by the laryngoscope.

Dr. Valas reported having cured one case by electricity applied to the neck, and another by suggestion. Dr. Abredoredo said a tuberculous patient in the early stages presented periods of mutism, alternated with periods of difficult phonation. Pharyngeal anesthesia which was marked led him to suspect hysteria. He believes that hysteria stigmata have a real value in diagnosis.

Alcohol and Tuberculosis.—It is already well known that alcoholism creates a state of receptivity particularly favorable to the development of tuberculosis, says a writer in the *Revue Scientifique* (Paris, June 12). Mr. Jacques Bertillon has presented these relations somewhat strikingly in a set of maps embodying the latest French statistics. Says the writer cited above:

“On the map of France it may seem that the northern departments drink, per inhabitant, more brandy than the central and southern departments. The line of separation is represented exactly by the limit of culture of the vine. In the wine-drinking countries, the consumption of brandy is comparatively small; it is considerable in the cider and beer regions. The dwellers in the east of France drink some brandy and much absinthe. The second map presented by Mr. Bertillon shows that the frequency of tuberculosis is much greater; with some exceptions, in the regions where most alcohol is consumed. The phthisis map may be superposed on the alcoholism map. On the other hand, phthisis is more frequent among saloon keepers than with other merchants (579 deaths annually, in 100,000 persons, as compared with 245). It is probably alcohol also that makes phthisis twice as frequent, in Paris among men than among women.”—*The Literary Digest*.

Reports of 300 Cases Treated With a Culture of Lactic Acid Bacteria: Dr. Chas T. North, in the Medical Record of March 27, has a paper with this title. He uses the bacillus bulgaris of Metchnikoff first described by Massol. This is propagated in beef broth, the exact composition of which, together with its cultivation, is fully described. The preparation is used while fresh, that is, up to four days old. Various physicians have used the culture in various conditions, which North tabulates as follows:—

Disease	Cases	Cured	Improved	No result
Atrophic Rhinitis	56	..	50	6
Ethmoiditis	34	5	24	5
Erontal Sinusitis	21	11	6	4
Acute Rhinitis	51	14	..	37
Hay Fever	11	..	10	1
Otitis Media	14	..	10	4
Chronic Rhinitis	5	..	5	..
Tuberculous Sinuses	10	..	..	10
Antrum	8	..	4	4
Gonorrhea	28	2	26	..
Supitpurating Wounds	10	..	5	5
Peronitis	2	2	..	..
Cystitis	2	..	2	..
Leucorrhea	7	..	2	5
Diarrhea	11	2	4	5
Rigg's Disease	5	..	5	..
Gonorrheal Ophthalmia	19	17	..	2
Conjunctivitis	10	10	..	..
Total	304	63	153	88

and summarizes thus:—

1. That the bacillus of Massol can be grown abundantly in dextrose bouillon by the addition of lumps of calcium carbonate.
2. That the use of these cultures as a wash or spray on inflamed surfaces or cavities often diminishes the discharge upon such surfaces or cavities.
3. That the use of these cultures often diminishes odor caused by putrefaction.
4. That the treatment sometimes reduces swelling, especially in the erectile tissues of the nose.
5. That both acute and chronic inflammations caused by infections sometimes appear to be checked when their seat can be reached by an injection of these cultures.
6. That the use of the cultures seems to be accompanied by no special danger and that they cause no irritation.

Adulterated Drugs.—The alarming scale on which drugs are still adulterated, in spite of the Pure Food Act, is strikingly brought out in a paper by Dr. H. H. Rusby, of the United States Bureau of Chemistry, read recently at the annual meeting of the American Pharmaceutical Association. According to his paper, as abstracted in *The Dietetic and Hygienic Gazette* (New York, August), drugs rejected and deported from New York are again shipped to this country, consigned to some other port, and ad-

mitted. A considerable number of such rejected drugs have been encountered in commerce, and Dr. Rusby assures us that importers, millers, manufacturers, and wholesalers are wilfully engaged in this business of handling inferior goods. He says, to quote the magazine just named:

"It has been found impossible to stop all of these shipments, even in the important port of New York, as competent examiners cannot be found in sufficient numbers to make the necessary careful examination of all shipments. These goods are declared for other uses than medicine, and find their way into unscrupulous hands to be used as adulterants; they having been imported for that special purpose. As an illustration, one shipment of five tons of ground olive-pits was offered for import which the consignee, a dealer in drugs, declared were to be used as a filler for chicken food. Within a few months, samples of nine powdered drugs, of this firm's manufacture, were purchased and examined, in five of which the ground olive-pits were found. The importation could not be refused, as it was correctly declared, but a suspicion that the declaration was false led the inspector to investigate with the above results. This is but one case detected; hundreds, unquestionably, went through; the stuff was distributed throughout the country undetected and numbers of cases of illness doubtless did not respond to the remedy given, death possibly ensuing as a result of impure medicines given when recovery might have followed if proper and pure agents had been given. All the time the physician is wondering why drugs of vegetable origin vary so in potency in different cases."

In drugs offered for import, Dr. Rusby found henbane leaves that contained 28 per cent., by weight, of sand. Anise contained 25 per cent. of sand; cumin fruit 25 per cent. of stems and chaff; belladonna leaves from 50 to 80 per cent. of medicinally useless stems and fruit. Five spurious shipments of matico were found to four genuine within a year, while five shipments of spurious coto were offered and rejected, and not a particle of the genuine of this rare and valuable drug went into the market.

Dr. Rusby charges importers, grinders, and manufacturers with equal guilt in this matter, and largely blames the ignorance and shiftlessness of the ordinary retail druggist, whom he regards as incompetent to judge of the genuineness of crude drugs, much less that of powdered ones. He purchases his powders, extracts, and tinctures as cheaply as possible, and is often merely a shop-keeper selling goods of which he knows nothing. We read further:

"The pharmacopœia which should be his guide does not always show him how to determine accurately the genuine from the adulterated. Ignorance and carelessness seem to prevail among a large proportion of dealers and handlers of medicine; members of State boards are more often than not incompetent, being more engrossed in politics than in science, while the State inspectors are usually incompetent. It is a bad mess, and yet the retail druggists are making strenuous efforts to induce physicians to

prescribe these often more than useless remedies, or substitutes, It is suggested that the production of vegetable drugs by agricultural methods, with the same intelligent understanding and care as the scientific farmer grows his grains, would do away with much that we now have to submit to. A careful selection of seeds, proper cultivation and preserving of the agents grown would in time insure better drugs. Then the retail druggist should be thoroughly equipped in identification, preparation, and care of his remedies, give less time to soda-water, nostrums, either of his own or other manufacture, cigars and sundries. The curriculum for study should include four years and carry as a prerequisite a better educational equipment than now, and the same should include all who handle drugs, the inspector, importer, dealer, manufacturer. A long suffering humanity demands these reforms, and is entitled to them."—*The Literary Digest*.

Clinical Thermometers.—Dr. John J. Sutter, of Bluffton, O., cites a number of points well worth remembering in connection with clinical thermometers in a series of "Don'ts" which appears in the August issue of the *Eclectic Medical Journal*, from which we quote the following:

Don't forget that there are thermometers and thermometers and thermometers; always buy the best; the best are none too good.

Don't forget that all tubes of glass gradually contract for two or three years before they are thoroughly "seasoned," hence if the tube of glass is used and the scales engraved upon it before it is seasoned the readings will be altered.

Don't think that all mercurial thermometers when once accurate will remain so, for they will not.

Don't you know that the internal diameter of a thermometer must be uniform in order that the readings may be accurate throughout the entire scale? Many thermometers read correctly for a few degrees above and below the normal point only; the balance may give very inaccurate readings.

Don't think you possess an accurate thermometer because you tested it under your own tongue and found it to register 98.6°, for all thermometers are correct at the normal point. Manufacturers engrave the glass from the normal point up and down.

Don't subject the thermometer to a sudden jar by striking the hand, holding it on a table, desk or other solid object, as it is liable to fracture the walls of the tube and render it useless. Bring the column of mercury down by swinging the arm downward and backward.

Don't forget that it is possible for the thermometer to be laden with the usual flora of the oral cavity.

Don't forget to have your thermometers washed with soap and water in the presence of your patient before (and after—Ed.) taking the temperature under the tongue.

Don't forget that it will take from two to five minutes to get a correct register—yes, your double-bulb half-minute thermometer will require that time also in obscure cases.

Don't forget to dry the arm-pit, if moist, before taking the temperature in that region; nor to leave the thermometer in the axilla until the mercury remains stationary for at least five minutes in all obscure cases in which much depends upon the discovery of a slight elevation of temperature above the normal standard.

Don't forget that it will take more time to get an accurate register of temperature in a person with a weak circulation and a subnormal temperature than in a vigorous person with good circulation and a febrile heat.

Don't be alarmed about the condition of a patient when some day you will find the temperature register far above or far below the usual average. Inspect or compare your thermometer; you may need a new one.

Contract Practice. A discussion on contract practice was the most important feature of the recent meeting of the American Academy of Medicine. Prominent physicians from various states did not look upon it as essentially unethical, though admitting the evils of low fees, poor service and improper competition. Mr. McManemin of Atlantic City, a lawyer and prominent fraternity man, made an able plea in defense of the practice for lodges. The discussion concluded with a characteristic talk from Dr. Woods Hutchinson, taking the ground that contract practice should be made universal, and regarding which, *The American Journal of Clinical Medicine*, August, 1909, comments as follows: "It is all too easy. There are not too many doctors—there are too few to do the work. Limit each to 100 families; let the graduate take these at a dollar a month and add a dollar for each year of his practice. He can make some exceptions—a reasonable additional fee for midwifery, and pay the patient a reasonable amount for every failure he makes, necessitating the loss of a member by surgical operation. Then the system of periodic examinations suggested by Hutchinson and long advanced by ourselves, will serve to detect disease in its incipiency, and to recognize the degeneration in time to correct bad habits and bad hygiene. The hunt for disease causes and their eradication would assume new importance. Instead of depending on payment for attendance, while the income is stopped and the expense trebled by sickness, we have a regular income from men retained in the ranks of the workers and earners."

Extracts of Cancerous Growth.—The toxicity of cancer extracts was discussed before the Société de Biologie, by Madame Girard Mangin at a recent meeting, commented upon by *The Hospital* of July 24, 1909. She has found that extracts from cancerous growths which have not undergone any suppuration and have been treated aseptically, show the presence of toxic substances when injected into animals. The tumors experimented with were obtained from animals and also from the human subject. The effects of these toxic substances, it is claimed, are to reduce the blood-pressure and body temperature. Sometimes paralysis ensues, and administered in fatal doses, they give rise to convulsions. Death ensues by cessation of respiration before the heart stops. In some cases, the animal died in a state of profound anemia and cachexia

without any definite lesion. The extracts were made by pounding the tumor in normal saline solution. Madame Mangin suggests that the toxicity of a tumor determined in this way may be of greater clinical value than histological examinations and cites cases in which a favorable prognosis, founded upon the non-toxic effects of the tumor, has been confirmed by the subsequent history of the case. In two cases of vegetating and rapidly growing cancers of the breast, she contends the extracts failed to show any toxic effect and that there has been no recurrence for three years, and similarly in a case of renewal epithelioma of a child a favorable prognosis has been confirmed.

Tuberculin Tests in Young Children.—Dr. L. Emmett Holt reports on one thousand tuberculin tests in young children in the *Archives of Pediatrics* for January. He thinks all methods, the eye, the skin, and the injection—are of value in diagnosis. He considers the skin test the safest and surest because it causes—in his experience—no untoward results, and is more clear than either the eye test or the injected test. The eye test may cause injury though Holt had no accidents, and the reactions are sometimes uncertain. The injection test causes rise in temperature, but children develop temperature for so many reasons that something other than the injection may send it up at the time of investigation. The tests, however, react in latent as well as in active conditions, and they do not tell where the focus may be. They should only be used in doubtful cases, and the results should be interpreted only in conjunction with the history of the case and after careful examination.

Warts, always unwelcome and frequently unsightly, may be painlessly and conveniently removed by the injection of a few drops of thuja tincture, according to the recommendation of Drs. Sicard and Larue, (*Wiener Klin. Wochenschr.*, March 14, 1909). The tincture is prepared from the dry thuja leaves macerated in 80 per cent. alcohol. The region of the wart is thoroughly soaked in hot water to soften the horny layer and then under aseptic precautions a few drops of tincture injected directly beneath the hypertrophied papillæ, a thin needle with a short point being employed. Another injection is made at a place directly opposite to the first, so that the entire growth is subjected to the action of the tincture. The result is that after a few days the wart, if of moderate size, assumes a blackish-brown color, shrivels, and after a week, drops off. Larger warts may require from two to six injections at intervals of five to six days. The treatment may be rendered entirely painless by previous injection of a local anesthetic.

Plague In Ground Squirrels.—At the Los Angeles Medical Department of the University of California, routine bacteriological examination is made of ground squirrels as well as of rats for evidences of plague. A number of infected squirrels have been discovered. A boy in Los Angeles developed plague after infection by the bite of a squirrel. Infected squirrels have also been found in San Francisco and Oakland.

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Contributed Articles

SUDDEN DEATH DURING LABOR OR THE PUERPERAL STATE*.

By L. L. DANFORTH, M.D.

New York

DEATH occurring suddenly and unexpectedly during labor or the puerperal state is, fortunately, a rare event. The resources of nature are in most instances adequate to the severest strain put upon its powers during the agonies of a difficult labor. But as a chain is no stronger than its weakest link, so may the human organism under the trying ordeal of a difficult labor yield to the strain put upon it and break, owing to the existence of some unknown though fatal defect.

Nothing is more shocking than the sudden death of a mother under circumstances which hope and natural expectation lead one to anticipate will be bright with life and added happiness. It is more unfortunate since people are slow to understand how that which is in the majority of cases, a simple physiological process may have a fatal issue. No accident can happen to a woman that carries with it such horror as sudden death at any period of the puerperium, and no physician, no matter how great his reputation, can escape the criticism which invariably follows even when this accident is absolutely beyond his control. He should always know the causes of rapid or sudden death in the puerperium, and by explaining the utter impossibility in most cases of foreseeing or combating the death, he can partially avert unjust and unkind criticism.

*Read before the Southern Homœ. Med. Assn.

It behooves every practitioner of midwifery, therefore, to study carefully the causes of sudden death in parturient and puerperal women. It is well to bear in mind that the most rare and serious complications may occur in any patient and at any stage of labor. Long exemption from accidents renders us too confident. Our next case may be our worst. It may be in a house of wealth and refinement; it may be in a tenement house. The practice of obstetrics is a serious business, calling for something more than a blind confidence in the powers of nature. Frequent palpation of the abdomen, auscultation of the fetal heart, attention to the mother's pulse, an earnest scrutiny of all the phenomena of labor, though they are such an old story to us—these precautions can alone prevent us from being surprised and overwhelmed. The causes of sudden and unexpected death during labor and the puerperal state are more numerous than would be supposed by one who had not carefully investigated the subject. They may be classified as follows:

First, those directly due to the existence of pregnancy, and dependent upon conditions inherent in the gravid uterus, viz; hemorrhage, rupture of the uterus, the entrance of air into the uterine veins and thrombosis of the pulmonary artery by emboli from the uterine sinuses or the pelvic or femoral veins.

Second, lesion or functional disorders of the nerve centers, such as syncope from shock, mental emotions and cerebral hemorrhage.

Third, diseases of the heart and respiratory organs.

HEMORRHAGE. Bleeding from the normally situated placenta is very rare; nevertheless, cases now and then occur and may happen in the practice of anyone. The causes are a short cord, or twisting of the cord around the neck of the child, which results in a premature detachment of the placenta; its vessels are broken either in continuity or at their divergence upon the placenta. The placenta may also be pulled away from its attachment when a relatively small quantity of blood effused between the two deciduæ is fully able to induce contractions that will be fatal to the continuance of gestation. The mortality in such cases, far exceeds that of placenta prævia. The following is an interesting case of this kind:

"A multipara, desiring to finish some household duties, fell down a steep flight of steps into the cellar, and when carried to bed, showed symptoms of grave uterine hemorrhage. On the arrival of the physician, the woman was found to be dying; the os uteri

was dilated to the size of a dollar and was soft; the uterus was greatly distended and the child was dead. Cæsarean section done immediately after the mother's death, confirmed the fact of the child's being dead also. The placenta was almost completely detached; the blood from the uterine surface had passed through a rent in the membrane into the fetal sac, hence enormous dilation of the uterus, and also a fatal hemorrhage without external discharge of blood."

Another case occurred in the practice of the writer. The patient was a primipara, aet. 26 years, in excellent health, and with a perfect family history. She was visited first at 10 p. m. The progress of labor was slow but favorable until 6 a. m., when the patient had a slight hemorrhage. On examination, the os was found to be about half dilated and the head firmly engaged, the membrane being intact. The pain had become stronger and had assumed the character of true labor pains. On palpating the abdomen, I was at once struck with the fact that the uterine tumor was larger and softer than at the previous examination and that I could not mark out parts as distinctly as before. The patient's pulse was accelerated, but not diminished in volume; she expressed herself as feeling weak. Fetal heart sounds absent. As the suspicion was strong that hemorrhage might be taking place in the uterus, I advised immediate delivery, and proceeded to do this as speedily as possible. While using the mode, the patient had a strong hemorrhage. Strong bearing down pains then began; membranes were at once ruptured and stimulants given. Head of child descended rapidly. Ether was then given and forceps applied. Strong compression of the uterus was maintained and the placenta, with several large clots and over a pint of fluid blood was expelled. As the uterus remained flabby, manual compression, ice, internal injections of hot water, solutions of vinegar and sulphate of iron were resorted to in quick succession, accompanied by hypodermic injections of ergot, digitalin, nitro-glycerine, whiskey and ammonia. The uterus again contracted and again relaxed. The abdominal aorta was compressed, and bandages were applied. There was not excessive external hemorrhage, but the uterus remained relaxed and several clots were removed from it. The patient's pulse had become so alarmingly weak that hot rectal injections of normal salt solutions and whiskey were employed. Hemorrhage finally ceased and efforts were then made to revive the flagging heart, but without success. The patient died about an hour after delivery. These two reports show

as plainly as any cases can the symptoms of hemorrhage from a normally situated placenta, and with these as a text, allow me to call your attention for a few moments to the diagnostic features and the treatment of this distressing complication of the lying-in-room.

In the first place, this variety of hemorrhage may be open or concealed; that is, the blood may flow out of the uterus and vagina and so give the ordinary unmistakable evidence of hemorrhage; or the blood may remain concealed entirely within the cavity of the uterus. Obviously the latter variety would present the greatest difficulties in diagnosis. Are there any symptoms whereby we may diagnosticate with certainty the occurrence of this accident. The symptoms of importance are the following: sudden onset of pain referred to the uterus, with accompanying evidences of shock, or those which are so well-known to us as indicating blood loss. But the shock is often out of proportion to the amount of hemorrhage. If the latter is sudden and extreme, so will be the local and general signs. If the hemorrhage takes place slowly, all the symptoms are less violent, but none the less dangerous to life unless measures are quickly taken to check the accumulation and empty the uterus. If the blood flows externally, the diagnosis is much simplified. If it is retained in the uterus between membranes and uterine wall, or breaks through into center of sac, as it did in the first case reported, the diagnosis would then depend upon general signs mainly, aided by certain local symptoms. Immediately after the occurrence of the accident, the patient has severe pain referred to the womb; on examination, it is observed that the outline of the child's body can be less readily felt than it could previously; a swelling appears on the uterus when it was before normal. If with this the woman shows sudden weakness, rapid pulse and symptoms of collapse, the diagnosis would be quite clear. Shock is usually sudden and profound. The sudden distension of the uterus contributes to the severity of the shock, independent of the amount of blood lost. In a few cases, the gestation may continue, the effused blood remaining encapsulated within the margins of the placenta. The writer once saw a case where concealed hemorrhage, following premature detachment of the placenta, went on for a week or ten days before delivery took place—and the mother recovered, though the child was lost.

The principal indication for treatment as soon as the existence of hemorrhage is clearly made out, is to empty the uterus as

soon as possible. If the patient is suffering from a profound shock, as is apt to be the case, restorative measures should be applied by the mouth, the rectum, or hypodermatically, as may seem best. The limbs should be elevated and compressed so as to keep as much blood as possible in the brain. The next step will depend upon the condition of the os uteri. If dilated, we may proceed at once to delivery. If still closed, manual dilation is necessary. Temporizing methods are not justifiable except under most favorable circumstances. Thirty per cent. of the mothers are lost by delay while seventy per cent. are saved by the active treatment. Manual dilation or Vorhee's rubber bags may be used to prepare the cervix. Early rupture of membranes, as in placenta prævia, on account of the effect of this procedure in stimulating contraction and the checking of hemorrhage, is to be recommended. On the other hand premature rupture is sometimes followed by uterine atony. As a rule it is not easy, nor expedient, to rupture the membranes until the cervix is partially dilated by the hand or otherwise. Rupture of the membrane and turning can be performed without withdrawing the hand. It is not advisable to deliver hastily. Wait for the uterus to retract and gather power for further activity. When the head has engaged and turning, therefore, is not expedient, the forceps may be applied even though the cervix is not fully dilated. It is possible that the irritation of the uterus induced by forcible dilatation of the cervix and rupture of the membranes may stimulate the organ to contraction spontaneously and expel the child when the placenta and clots will speedily follow. It should be remembered that excessive blood loss and rapid delivery induces post-partum hemorrhage. After the delivery of the child the hand should be passed into the uterine cavity to reemove clots and stimulate the uterus to contraction.

From this period the treatment should be governed by the same principles as are applicable to post-partum hemorrhage, except that the dangers are greater than in post-partum hemorrhage and we cannot wait long for hot water or ergot to act. Fatal hemorrhage from a prævial attachment of the placenta should be a rare event if modern methods of managing such cases are promptly applied. Sudden death may occur from hemorrhage from other sources than the placenta site.

The following case is a remarkable instance of this class: "Primipara, aet. 22, was delivered of a female child weighing five pounds, ten ounces. Labor easy and natural, lasting only eight hours; no hemorrhage though the placenta was retained and re-

moved under chloroform. Shortly after delivery patient commenced to sink into a state of collapse from which she could not be rallied. The pulse rapidly fell until it ceased altogether and she expired nine and one-half hours after the birth of the child."

The autopsy revealed upwards of a pint of sero-sanguinolent fluid in the peritoneal cavity. There was a varicose condition of the left ovarian vein which was enormously dilated and from a minute aperture in it the fluid in the peritoneal cavity appeared to have come. The uterus was fully contracted; a large clot was found corresponding to the attachment of the placenta. No rupture of the uterus was found. Rupture of a varicocele of the ovarian vein must be among the curiosities of obstetrical practice, and yet this case shows conclusively the possibility of such an accident.

Hemorrhage occurring at any time from the end of the first six hours after delivery, (secondary hemorrhage), to the end of the puerperal month has been known to end fatally. The most frequent cause is the retention of a portion of the placenta; retention of a blood clot has caused alarming hemorrhage after labor. Mental emotion, lactation, and sexual intercourse may cause severe and even fatal uterine hemorrhage after labor.

Among rare cases Parvin (1) quotes one reported by Hewitt in which fatal hemorrhage occurred in the sixth week after labor from traumatic aneurism of the uterine artery; another by Johnson and Sinclair in which death occurred on the fourth day following delivery from rupture of a uterine thrombosis.

RUPTURE OF THE UTERUS. Spontaneous rupture of the uterus, independent of obstetric operations and manipulations, is a rare event but probably not so uncommon as statistics would lead us to believe. It is altogether probable that fatal cases of this accident occur and are not recognized, or are not reported if recognized. Death may be attributed to shock or hemorrhage, or, if occurring within a few days of the accident, to septicemia. Rupture of the uterus is one of the greatest accidents of labor. Death may at once follow the accident, or it may be postponed several days, the woman then dying of septic infection. Traumatic rupture of the uterus occurs more frequently than is generally supposed as a result of too rapid extraction following podalic version; the cervical canal has not been sufficiently dilated preliminary to the act of turning. Death may not occur suddenly but follows within a day or two from hemorrhage into the peritoneal cavity. Shock and

sepsis are contributing factors in such cases and play an important part in causing death.

ENTRANCE OF AIR INTO THE UTERINE VEINS. The following history is typical of this accident: "The patient was 36 years of age and in labor for the fourth time. An excessive amount of amniotic fluid was recognized. Patient entered the hospital at 10 a. m. At 3 p. m., as she lay upon her left side, the bag of water was found protruding from the vulva. Spontaneous rupture occurred and a gallon of water was discharged. Five minutes later the patient suddenly threw back her head, gasped a few times for air, the face became livid and respiration was arrested. In scarcely two minutes the house physician was at her side, but the pulse was extinct. An asphyxiated child was extracted with the forceps and the expulsion of the placenta followed during the tying of the cord. Meantime the heart had ceased to beat and the woman was dead. At the post-mortem twenty hours later, pale reddish brown blood, mingled with bubbles of air of large and small size, was found in the veins of the uterus, in the vena cava inferior, in the left side of the heart, and especially in the orifice of the pulmonary artery. The lungs were pale, anemic and contained a small amount of frothy serum. In the vena cava the blood was separated into distinct columns by intervening layers of air." The fatal issue may be explained as follows:

The patient lay upon her left side with the knees drawn up in very nearly the Sims' position with the vulva elevated above the concavity of the abdomen. As the membranes ruptured there was a sudden diminution of intra-abdominal pressure so that air passed through the open vulva between the collapsed membranes and the vagina. The ensuing retraction of the uterus forced the head to the os externus, and caused partial placental separation. The next contraction caused the intra-uterine air to escape by the only channel that was possible, viz.: by the open mouth of the placental veins.

It was not until recent times comparatively that obstetric authors mentioned the subject of sudden death from air embolism. Much skepticism has been displayed with reference to the possibility of its occurrence.

Legallois in 1829 and Ollivier in 1833 suggested that the absorption of air by the uterine veins might be the cause of some sudden deaths after delivery. McClintock in 1859 adopted the theory of air embolism as a cause of sudden death in these cases and afterwards rejected it. Parvin (2) quotes Lauff who collected

43 cases of air entering the uterine veins: "In 17 the accident was caused by injections into the birth canal; 18 were spontaneous and 8 resulted from the formation of gas in the uterus; 39 of the 43 were fatal and the presence of air was proved by the autopsy in 31."

Air may enter the uterus during operations which render necessary the introduction of the hand into the cavity of the uterus, like manual separation of the placenta, or even while removing the placenta from the vagina, in case the patient is in such position that the retracted perineum affords an opportunity for the entrance of atmospheric air. In this position the difference between the intra and extra-abdominal atmospheric pressure is so great that air enters as if by suction when the conditions which favor it are present. Precipitate labor predisposes to this accident. Cordwith (3) gives the history of a primipara who was delivered, while standing, of a living male child which fell to the floor, dragging the placenta and membranes after it. A "gurgling" was heard by the attendants and the woman died almost immediately. At the post-mortem air was found in the uterine wall at the fundus, in the coronary vein, and in the right heart.

The entrance of air into the mouths of the uterine veins is favored by certain conditions of the uterus and of the os uteri. Thus, if a portion of the membranes or a part of the placenta should cover the os in such a way as to permit the entrance and yet prevent the exit of air—in other words, to act as a valve at the os—compression of the uterus by the hand, or a spontaneous retraction might be sufficient to precipitate the untoward event, for the air must go somewhere, and the only channel open to it is the orifice of some of the uterine veins. Closure of the internal os by normal contraction of the organ would act in the same manner to force air already within into unfavorable channels. It would, no doubt, require a considerable quantity of air to cause sudden death. The symptoms would be proportionate to the quantity of air contained in the organ; slight dyspnea and unconsciousness would follow the inception of a slight quantity of air.

Winckel says the cause of death probably is the interruption and cessation of the circulation rather than the accumulation of air in the coronary arteries. It is important to remember that the gas bubbles which are found in the blood-vessels of women supposed to have perished from the entrance of air into the uterine sinuses, are frequently the product of decomposition of retained secundines producing the gas bacillus—*aerogenes capsulatus*.

This subject cannot be concluded without reference to a procedure which has caused death and in numerous instances been followed by intense uterine colic and threatened peritonitis, viz., the forcible injection of air into the uterine cavity by the careless use of the Davidson's syringe. Porah reported before the Paris Obstetrical Society a case of sudden death resulting from air embolism following an intra-uterine injection. A patient of the writer suffered intense uterine colic and collapsed from the incautious use of a Davidson syringe, while giving a vaginal douche soon after delivery. The douche tip was introduced too far, air was forced into the uterus and intense suffering followed. Happily, the Davidson syringe is pretty generally discarded in obstetrical practice, the fountain bag having taken its place. But the latter must not be hung more than three or four feet above the patient's body, and all air must be driven out of the tube, else this accident may as readily follow the use of this form of giving an injection, as from any other. Air may be forced directly into the mouths of the open sinuses, and cause death. Accidents from this source were more common when the douche was employed to hasten premature labor. Braun reports a case by Olshausen, "when a douche was employed while the patient was in labor, to hasten dilatation of the cervix; patient complained of pain, raised herself up in bed, gave some deep inspirations, and died in a minute. At the autopsy, made eight hours after death, bubbles of air were found in the cardiac vessels, in the uterine veins and in the inferior cava."

PULMONARY EMBOLISM. The occurrence of sudden death in the puerperal month from obstruction to the blood current in the pulmonary artery or its ramifications by the presence of an embolus from a peripheral vein, is well known and undisputed at the present time. The usual precursor of the alarming symptoms is an attack of the so-called phlegmasia dolens of the pelvic or femoral veins, or directly from the thrombi in the uterine veins. In other words, the predisposing factor is a phlebitis, septic in character. A fragment of the coagulum from the diseased vein becomes detached and is carried along in the blood current to the right side of the heart, thence into the pulmonary artery obstructing it partially or completely.

Embolism of the pulmonary artery is a very rare complication of pregnancy. This condition should always be borne in mind in cases of sudden death during pregnancy which cannot otherwise be explained. The accident is usually noted only in the latter part of the puerperium, but it may occur shortly after labor.

Porah reports another case where labor had been natural save for a slight hemorrhage. The woman dropped dead on the ninth day after confinement. The immediate cause of death was an embolism of the pulmonary artery, this in turn being traced to an endo-phlebitis of the right hypogastric vein. The sole symptom had been a slight rise in temperature on the fifth day. The exciting cause of the endo-phlebitis was probably the bacillus coli; the slight rise in temperature is thought to be peculiar to sepsis caused by this bacillus, as compared with the streptococcus which causes a much more marked febrile movement.

The characteristic symptom produced by the occluded vein, is most distressing dyspnea without loss of consciousness. The respirations suddenly increase to forty or fifty a minute with convulsive contractions of the muscles of the chest, and inexpressible anguish and anxiety followed by rapid prostration of the vital forces. The heart beats irregularly and tumultuously, but with feeble impulse. The countenance bears the stamp of death, while the face and forehead are covered with cold drops of perspiration and the extremities are cold. Death may follow after a few minutes of this agony, or the symptoms may abate somewhat, the fatal result being delayed a few hours or days. Some cases finally recover. Playfair (4) observed four cases in which all the symptoms of pulmonary embolism developed during child-bed, but did not terminate fatally. He says: "That such a result must be of extreme rarity is out of question, but I have little doubt that in some few cases entirely inexplicable on any other hypothesis, life is prolonged until the coagulum is absorbed and the pulmonary circulation restored. In order to admit of this it is, of course, essential that the obstruction be not sufficient to prevent the passage of a certain quantity of blood to the lungs to carry on the vital functions." Winckel says: "There are also cases in which a series of dyspneal and asthmatic attacks first occur, and finally the fatal termination occurs in several days." Ritter (5) reports a case in which death from embolism occurred sixty-six hours after the attack. "The right branch of the pulmonary artery was completely occluded by a pale, red, whitish, yellow, tough plug, which extended into the larger branches as far as they could be followed."

DEATH FROM MENTAL EMOTION. It is well to know that syncope may be caused by strong mental emotions, as fear, anger, joy or sorrow. The impression sufficient to produce such a degree of syncope as to cause death must be very intense and unusual. Probably apoplexy or cardiac paralysis are the immediate causes

of death in such cases, the emotion being the predisposing factor merely.

DEATH MAY RESULT FROM NERVE EXHAUSTION AND SHOCK. In a recent case at the Flower Hospital, death followed delivery within a few hours, from exhaustion and shock. The woman had been in labor a good many hours at her own home. Two physicians had made repeated efforts to deliver with forceps and had failed. When brought into the hospital in the ambulance, her condition was bad, pulse weak and rapid, and surface of body cool. The difficulty was due to a right occipito-posterior position at the superior strait in which imperfect head flexion was present. As the delivery by forceps promised to be difficult, version was performed as the quickest way out of the dilemma. But this, too, was very arduous and exhausting. The mother went into collapse and died soon after delivery.

The influence of organic heart disease is so well known as a cause of sudden death, it is merely sufficient to mention the subject for the sake of completeness.

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SYMPTOMATOLOGY AND COMPLICATIONS OF ACUTE
CROUPOUS PNEUMONIA.*

By HOWARD P. DEADY, M.D.

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FREQUENT contention with a grave and acute malady, especially when natural environment and topographical position contribute likewise to an otherwise ordinary serious prognosis, must essentially act as a decided stimulus to the intelligent efforts of those whose function it may be to cope with this serious contingency; and acute croupous or lobar pneumonia, while an affliction which under usual circumstances and when occurring in low altitudes, is not productive of unduly high mortality, cannot be dealt with lightly after two thousand feet of elevation has been passed. From a death rate of ten to forty per cent in the lower climes, accurate vital statistics will often

* Read before the El Paso County Med. Soc.

show a loss of sixty per cent. and frequently in excess of this figure in those unfortunates who are thus afflicted at an altitude of four thousand feet or more. With this thought in mind, early and positive diagnosis must essentially figure as a powerful factor in our management of this disease, and to this end the importance of an exhaustive study, and minute analysis of early signs should under no circumstances be subordinated. Unfortunately it appears to be the consensus of opinion of most authorities that the onset of the disease occurs abruptly; yet, there appears, undoubtedly, in the minority of these cases, a decided prodromal state, which, when carefully observed, may arm the attending physician with the sinews of defense as well as preclude errors in habits, etc., on the part of the afflicted, who may, in this manner, escape a degree of acuteness and serious involvement, otherwise encountered.

PRODROMES. Of the more distinctive and frequent prodromal manifestations of the disease may be defined the stubborn bronchitic attack or so-called cold, which is apparently unyielding to treatment. Primarily, an acute bronchitis, the subacute is tardy, therapeutic measures are disappointing, and the malaise is exaggerated and prolonged beyond the customary limit. The appetite becomes poor, and bowels, as a rule, constipated. Usually this stage is overlooked and the patient, refusing to be ruled by a common cold, continues his vocation with its consequent exposure and severe demands upon an already vitiated vitality. Ultimately the cough becomes suddenly dry and short, the characteristic chest pains appear, followed by the chill or convulsion, and our patient is soon in deep water facing a severe pneumonitis which might, under more favorable circumstances, have been averted.

On the other hand, the disease may develop and prior to the acute onset, be shorn entirely of bronchial or chest symptoms. A few days of malaise and headache, associated with a sense of chilliness and general weakness frequently leads up to the acme presented at the time of acute onset. Likewise, when appearing as a complication, the transitory state may be so illy marked as to escape detection even on the part of the most alert diagnostician and considerable pneumonic headway become engrafted before a true sense of the existing danger be recognized. With the aged, also, this disease may appear in its most insidious form being frequently devoid of cough or pyrexia. According to Dechambre and Hourmann, the disease occurs acutely in less than half of those patients beyond late middle life.

With infants and children gastro-intestinal derangement, as the apparent etiological factor, may antedate the actual pneumonic development. This interpolation may occupy the stage of action for from three to ten days, finally reaching the climax through frequent convulsions or violent vomiting after which the sharp febrile rise, cough, etc., clears the diagnostic field.

ACUTE ONSET marks the constitutional effect of the natural pulmonic invasion of the diplococcus pneumoniae, and according to different authors, is most frequently subjectively ushered in by the appearance of a severe and often prolonged chill (in adults). Louis marks an initiatory chill in 61 out of 71 cases; Grisolle, 144 in 182 cases and 110 times chill was the very first symptom; in the remaining 35 chill arose only after the chest pains, dyspnea, cough and vomiting had appeared. The duration of the chill may vary from a few moments to several hours. It has also been observed that the chill is more frequently absent in attacks appearing during the autumn and summer, and more constant during the winter and spring seasons. In children, also, it rarely develops. Next in frequency to the chill may be mentioned vomiting and convulsions as the first severe constitutional evidence of the coming attack. This cause appears almost constantly with infants, and in those below early adult life. Immediately following the chill nature sounds the alarm of the impending tempest in no uncertain manner. The rapid rise of fever, dry, semi-suppressed, painful cough, lancinating stabbing thoracic pains, full bounding pulse and flushed or cyanosed countenance, all contribute to the general suffering and extreme anxiety of the victim. As a rule by the second day, the cough has loosened to some extent, though the characteristically tenacious character of the sputum which will be later more fully described, add to rather than allays the burden of the patient. On the second or third day, a profuse supply of herpes appears about the mouth and nasal alae, and this symptom is so constant and significant that in central pneumonias and cases obscured through complication, the appearance of herpes as above described has been in many instances a diagnostic sign of inestimable value.

DYSPNEA is both an early and extremely annoying accompaniment of the disease. At the outset, this symptom is charged mainly to the great pain resulting from the inspiratory act; but later either through extensive hepatization or cardiac insufficiency, respiration becomes extremely rapid and shallow, running from forty to sixty and occasionally more to the minute.

NERVOUS PHENOMENA vary in different individuals and are manifest by extreme restlessness and delirium. When assuming the low muttering typhoid phase, delirium association indicates in many instances a dark prognosis; in any event, a desperate struggle under these circumstances may be anticipated.

PAIN in the form of the usually described stitch in the side, appears early; occasionally prior to or directly in connection with the chill. In the majority of instances, the pain is most acutely marked in the vicinity of the nipple on the affected side and is rarely absent except in connection with apical pneumonias. This symptom may reach an extreme point in many cases and is ordinarily associated with the sympathetic pleural engorgement.

COUGH AND EXPECTORATION. Cough is a symptom of uniform constancy. In the aged and alcoholic, it may be slight or entirely negative; but as a rule, the patient is from the beginning tortured with a short, semi-suppressed, non-productive cough of such intensity as to completely overshadow the many other distressing features of the attack. At the expiration of twenty-four hours or slightly later, the character of the cough changes and the accompanying sputum obtains; but slight relief, however, regularly appears before early resolution ensues when copious expectoration indicative of inflammatory subsidence lessens the burden of the already 'over-taxed sufferer. The expectoration is quite characteristic and originally yellow and tenacious or blood streaked. Later, the sanguinous or rusty character predominates, and in rare instances the sputum may be composed of pure, bright red blood. At the liquifaction period, during the process of resolution, the hemorrhagic aspect becomes eliminated and the sputum assumes a more purulent liquid form losing completely the former tenacious consistency. The frequently designated prune juice sputum appears only in connection with the aged or alcoholic patient and is not as was formerly popularly supposed, an accompaniment of frank pneumonitis under other circumstances.

A blood analysis customarily indicates the presence of marked leucocytosis and while the presence of this increase of white cells seems to have no special prognostic value, yet the absence of leucocytosis portends well nigh certain disaster and nature's defence against the virulent pneumonic toxemia will under these circumstances prove usually inadequate to the trying ordeal essential to convalescence.

DIGESTIVE DISTURBANCES may likewise form an allied feature and may become manifest in the form of vomiting, lasting of-

ten to the third or fourth day of the disease. Anorexia and constipation usually exist though diarrheal variance may occasionally develop.

FEVER AND PULSE. At the onset, the pulse commonly assumes a full, bounding, rapid character, and during the early hours, corresponds to the relative intensity of the fever, running from a 100 to a 130 per minute. Later, as prostration becomes more in evidence, cardiac insufficiency resulting from the great burden placed upon it in connection with extensive hepatization, or through central depression consequent upon intense toxemia, is evidenced by a small, irregular and unreliable pulse tone. Most characteristic of all pneumonias is the rapid and often extreme temperature rise immediately following the chill.

Von Jurgensen noted: (1) In the case of a girl seven years of age, three hours after the chill and violent vomiting, the temperature was 106° F. (2) In a nine year old boy, who exhibited marked cerebral phenomena, four hours after the onset, 104 7/10° F. (3) In a fifty-six year old female person, eight hours after the chill 104 4/10° F. Finkler found an hour and a half after the chill in a man of forty, a rise to 106° F. Generally speaking, the pyrexia exceeds 102 1/2° F. within a very few hours after the initiatory chill appears and later usually reaches 104° or more.

As a rule, the disease is further characterized by a continuous or a subcontinuous fever, though Lebert asserts most properly: "An absolutely continuous fever does not occur in pneumonia and we may only speak of such when the morning remission does not exceed 1/2° F."

Small differences are noted in mild, as well as severe cases, and especially in the latter instances the average slight remissions alternate, not only changed with a greater one, but with the intercurrent drops; and these extremely intensely protracted cases not rarely later terminate by lysis.

Besides this a well marked remittent type also appears, in which daily differences of from 1° to 2° may occur. According to Lebert such constituted curves admit of early and favorable prognosis.

A relapsing course of fever is likewise occasionally prominent, in which a rapid defervescence is experienced early, even within the first sixty hours. Very shortly, however, a second sudden rise occurs, though on this occasion the acme of the original height is not reached. Under rare conditions, a third and even fourth relapse appears. The temperature then runs a continuous or sub-

continuous course for several days, when the final fall may follow a gradual decline in the form of the so-called lysis; or in the more usual form of crisis.

The crisis has been noted by many close observers to occur most frequently upon the fifth, seventh and ninth days of the disease, and if deferred beyond this point, to rarely appear before the fourteenth day. It has likewise been stated that the crisis occurs more commonly by selection on the odd day and in the late afternoon or evening. As a rule, warning of the impending crisis will be denoted by a sharp and sudden rise of the fever. Likewise one or more so-called pseudo-crises may precede the ultimate febrile drop. Under these circumstances, the fever will decline for a short interval, only to again rise approximately to the original limit. At the time of actual crisis, the temperature will, within a few hours, fall from 5° to 10° and is always accompanied by extreme prostration. As the term would indicate, this is the most critical point in the disease and frequently at this juncture, the outcome hangs by the proverbial thread.

Under normal and favorable conditions, convalescence is rapid. Oddly, however, Welch, in his practical pneumotoxin work and research, found that the blood taken at the time of the crisis in a pneumonic patient contained not the slightest evidence of an anti-toxin; and he also relates that one and one-half c. c. of this blood taken several days after the crisis and injected in a guinea pig, produced the death of the animal.

PHYSICAL SIGNS. Inspection usually shows the patient lying upon the affected side, and directly relative to the degree of pain, may this evidence be relied upon. In this manner, restriction of the respiratory excursion aggravating painful friction of the congested pleura may be accomplished. The facial expression is customarily one of extreme anxiety, and cyanosis may be a decided feature in serious cases. The respiratory murmur becomes rapid and shallow and is largely relative to the degree of fever elevation, and the extent of tissue involvement. Prior to considerable hepatization, little alteration of vocal fremitus may be noted, and the physician must not be led into errors in diagnosis through this omission. Also a complicating pleural effusion may entirely eliminate the value of this usually significant manifestation. A physical sign of no little significance and of apparent value was reported by Weil in one of the French medical journals of 1901. This author claims a positive and uniform lack of subclavicular expansion on the affected side as an early and certain feature

in all basilar pneumonias. In pneumo-thorax and pleurisy, this sign likewise appears but only in connection with and limited to the seat of affection. In extensive pleural effusions, it may include the entire side. In pneumonia, however, the lack of expansion favors the subclavicular site only, developing at the onset and persisting throughout the course of the disease.

PERCUSSION may elicit little or no abnormality at the initiatory chill. Shortly later, however, an active engorgement is productive of a percussion note of intensified pitch, and immediately preceding exudative activity, distinctive tympanitis may hold sway. Early in hepatization, the tympanitic percussion note yields to dullness, though never in the most massive consolidative states does dullness become complete, owing to the minute bronchial ramifications which naturally do not share in the full exudation. Over the area, immediately above the pulmonary lesion tympanitis is also marked. Hyper-resonance characterizes largely the unaffected lung tissue on both sides.

At the termination of gray hepatization and with the advent of resolution, the degree of dullness gradually diminishes and the re-establishment of tympanitis precedes the return of the normal percussion sounds. Too much stress, however, cannot be laid upon the possible absence of the expected percussion changes in pneumonic disease. With deep central lesions, it must be remembered the result may prove wholly negative; nor must the date of onset of the disease be allowed to escape the consideration of the attending physician, in the more common conditions.

AUSCULTATION discloses exactly what the pathology would seem to indicate. During the early encroachment of the infection, loss of pulmonary elasticity is plainly evidenced by the weakened respiratory murmur and with the period of exudation which may not begin earlier than the end of the first day, fine crepitant rales are usually distinguishable. Care must be shown, however, in discrimination between these rales and pleuritic crepitation, which likewise, supervenes in peripheral pneumonias. In this connection may likewise be mentioned the co-existence frequently of large and small mucous or bronchial rales, occasionally also demonstrable at this time. Also with deep central pneumonitis, which lesion or lesions may be well covered and masked by healthy tissue; or in the event of a complicating effusion, rales may be nearly or entirely muffled, and the examiner at this time must then be guided solely by other significant subjective conditions.

With the advent of hepatization and consequent filling of the

air cells with secretion, crepitant rales for the time disappear, and a progressive degree of bronchial breathing becomes established. Also in the possible event of large amounts of mucous plugging the main bronchus to the affected area, both rales and all breathing sounds may be entirely suspended over this section during the consolidative stage. At the onset of resolution, with its rapid disintegration and liquifaction of the process, the so-called crepitus redux obtains being chiefly characterized by return of numerous mixed rales of both moist and dry character. It is claimed, however, that recurring crepitant rales are distinguishable by their coarseness as compared to those appearing earlier. Even following a natural and uninterrupted resolution, it requires several weeks for the exclusion of all adventitious breathing sounds. It likewise frequently happens that adhesions of the pleura become firmly established during this time, and the normal is never fully recovered. During the development of extensive hepatization, puerile breathing largely displaces the normal vesicular breathing sounds over the uninvolved area.

COMPLICATIONS. Pleurisy appears as a most constant complication of pneumonia, and it may be safely stated that plastic pleurisy is at all times a co-existing disorder with all peripheral pneumonic lesions. Frequently the pleurisy results in effusion, and in this event, when the fluid becomes of great volume, marked displacement of the thoracic viscera occurs, adding largely to the already hyper-embarrassed respiration. As a rule, pleurisy with effusion develops late in pneumonia, and a gradual increase in pyrexia follows the true crisis. It is well, under such circumstances, to aspirate early, as a possible presence of empyema would largely alter the complexion of the case, and much valuable time might possibly be lost through unnecessary delay. Jurgenson, in a tabulated statistical report, states that pleurisy with effusion complicated pneumonia, in Stockholm, four per cent. of cases, and in Basil, fifteen per cent. of instances. Musser reports in connection with 1,501 pneumonias, 59 serous pleurisies and 24 empyemas.

PERICARDITIS. Inflammation of the pericardium, in either a serous or purulent form, is another frequent and grave complication of this disease, and when of purulent nature, is often associated with pleural infections of a corresponding type.

ENDOCARDITIS likewise complicates, though fortunately, rarely, pneumonia, and when present, usually affects more largely the left heart. A compilation of the views of different authors

on the subject would indicate actual affection of the heart to appear in something less than one per cent. of all cases.

ABSCESS OF THE LUNG, together with pulmonary gangrene, figures as an occasional complication, though they perhaps may more properly be classified as sequelæ following an untoward and faulty resolution. Diagnosis of abscess cannot be formed accurately by auscultation and by percussion alone. Better points from a subjective diagnostic standpoint are advanced by Traube: "With an acute pneumonia, there may exist suspicion of an abscess if resolution of the inflammatory exudate is slow and the fever, which occasionally is very slight, lasts beyond the anticipated point. Of special diagnostic value, however, is the sputum. This is customarily copious and very similar in character to connective tissue pus and is of usual musty or fetid odor." Somewhat more frequently, pneumonia terminates in pulmonary gangrene, though this condition compared with primary pulmonary gangrene is rare.

MENINGITIS as occasionally occurring in the course of a pneumonia, has been emphasized by different writers. The method of transmission to the cerebral meninges, together with the varied theories in connection with this process as advanced from time to time, are worthy of study and thought along these lines. In 1,501 cases of pneumonia, Musser reports but ten complicating meningitis.

DELIRIUM TREMENS appears more essentially with patients having alcoholic history, and constitutes by far, the most frequent cerebral complication at this time. This factor develops as a rule at the acme of the inflammatory symptoms and later-day therapeutics, fortunately, have to some extent detracted from the former prognostic teaching.

Jaundice, nephritis, affections of the spinal cord, erysipelas and angina have all been mentioned as occasional complications of acute croupous pneumonia.

PROGNOSIS. Many factors enter into the consideration of the likely termination of pneumonia. The general condition of the patient at the time of the attack has a decided and powerful influence upon the result, and as a rule, the prognosis is bad with the aged and in infants, and correspondingly bright when the disease develops during childhood and vigorous early adult life. Endocarditis is an especially fatal complication and alcoholic history is assuredly likewise a serious handicap to recovery.

The absence of leucocytosis has been previously mentioned

as warranting an adverse prognostication, though this omission may rarely be indicative of simply a mild infection. Statistics, likewise, demonstrate the increased fatality occurring in cases with streptococcus infection, and also death results in a great number of instances where violent gastro-enteric symptoms substitute the usual chill. Myocarditis, with its corresponding loss of circulatory integrity, many times betrays its presence through a characteristically soft, hesitating, evening pulse. It is needless to add that the prognosis under these circumstances assumes extreme gravity. Under any and all conditions, acute lobar pneumonia is an extremely grave disease, and, devoid of all complications whatsoever, shows an average death rate of approximately twenty-five percent. This computation, however, is subject to extreme variation through the influence of environment and individual idiosyncrasy.

DISSOLUTION is usually brought about through hyper-toxemia, or is induced directly by circulatory collapse due to the impossible task thrown upon the heart through extensive hepatization, hyperpyrexia, or associated complications.

ACHYLIA GASTRICA *

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THE routine practice of the examination of the gastric contents in all cases presenting symptoms in the digestive organs, has emphasized to me the great frequency of the occurrence of this disease as a causal factor or resultant of many various gastro-enteric phenomena. The condition is peculiar in that it presents several different symptomatic pictures and yet the pathological changes are the same and I believe that these peculiarities of symptoms can be reconciled and put in their logical relations. The term, like so many of our medical words, arises from the Latin and means, literally, without gastric chyle or juice; while this in a measure, is self-explanatory, still it is not entirely so, and the more exact definition is that condition characterized by the total disappearance of the HCl both in the free and the com-

* Read before the New York State Hom. Med. Soc.

bined states, from the juices of the stomach together with the essential ferments, pepsin and rennin. There is an absolute failure of the organ to carry out the secretory function with which Nature endowed it.

Proceeding with the etiology we find the disease can arise from two causes: first a neurosis, the flow of secretion being stopped from pure nerve depression, the mucous membrane not undergoing any pathological change or degeneration. In these cases, the neurotic tendency may be inherited or acquired, secondary to any of the usual causes of neurasthenia. The second type of the disease from the standpoint of cause, is that type due to atrophy of the mucous membrane, and is the functional type. This form is always secondary to some disease of the stomach or some disturbance of other organs or some severe constitutional disease. At this point I will offer a schedule of causes that has in a great measure, simplified the etiological study of the affection.

SCHEDULE OF CAUSES

1. Neurotic Type:

A. Inherited

B. Secondary neurosis, a. Hysteria, b. Neurasthenia

2. Atrophy of the Mucous Membrane:

A. Secondary to disease of the stomach: Chronic catarrh, a. Parenchymous, b. Intestinal; Carcinoma; Toxic gastritis; Repeated attacks of acute gastritis.

B. Secondary to disease of other organs: Carcinoma of the breast, Uterus, or intestines; Chronic enteritis.

C. Secondary to systemic diseases: Diabetes; Tabes; Prolonged infectious disease; Senility; Arterio-sclerosis-Phosphorous poisoning; Syphilis; Tuberculosis; Anemia; Chronic diseases.

PATHOLOGY. This feature of the disease will be treated more from a practical than an exhaustive standpoint. Any one who so desires, may cast himself into the chaos of the more exhaustive writers.

We will consider three states here. First the neurotic cases, and they present no change from the normal gastric mucosa. This condition is reconciled by the fact that they are a pure secretory neurosis and often this has been verified by me when a patient has presented for the first introduction of the tube, after having

spent some time before in the fearful meditation of the woes that were to ensue, and when the chyme was extracted there was no trace of any of its true elements. The patient, having found the tube no bugaboo, the subsequent examination showed consistent normal findings and proved the first to be purely nervous suppression, a depression of the function of the glands without any anatomic change.

It is difficult to understand any structure in the human economy failing to functionate and yet retaining its integrity. Yet it happens in this disease, as after repeated examinations of the ingesta covering several years and with findings free from any suspicion of gastric juice, there has been a return of the secretion with full digestive functions. You will agree with me that this is an impossibility with an atrophy of the secretory structures. Of course, opportunity for postmortem research is impossible and I am unable to bear out my theory with facts, but I see no other possible explanation of the phenomena.

The second type presents an atrophy of the mucosa due to a round cell infiltration with connective tissue formation about the more delicate structures of the mucous membrane. This process can occur in smaller or larger areas and ultimately goes on to a complete sclerosis of the organ. The walls of the structure are thickened or thinned, depending on the amount of the infiltration and the size of the organ, the latter factor being no part of the disease proper.

The third type consists of a parenchymatous degeneration of the epithelia of the stomach and their gradual replacement by a type of epithelia which greatly resembles the epithelia of the intestinal mucous membrane. Here the surface is pale, yellow and velvety, and is entirely different in appearance from that of the second type, grayish, firm and fibrous.

Two anatomical factors are being pushed now to account for this malady. They are ingenious enough to warrant being presented here. The supposed causal factor in one hypothesis is a degeneration of the nerve plexuses of the stomach, and in the other, a peculiar smallness of the blood vessels of the celiac axis, which go to the stomach. Both of the factors have been found as rather constant features in the necropsies that have been performed in this disease, but as the deaths are few and the opportunities for their observation are infrequent, their absolute causal relation has not been established. As in all gastric diseases, the changes are more marked about the pylorus.

SYMPTOMS. There can be no element of doubt that the condition can exist for years without presenting symptoms, exactly as a heart lesion can be carried for a long period of time without the sufferer being conscious of the fact. With cardiac valvular disease, this condition presents a course not dissimilar. The intestines vicariously perform the digestive functions left undone by the stomach. This accounts for the occasional finding in gastric analysis (for other purposes) of a case of achylia in a person with no digestive symptoms.

A prominent teacher tells of a case of achylia in one of his students who had offered himself as a subject for demonstration of gastric methods before the class and who had never had symptoms of any kind. The student was not informed of the finding and has continued to be free of all symptoms. I have found four other similar cases in my readings.

In these cases, just as long as the motive power of the stomach is sufficient, and suitable food is capable of being propelled into the intestines, just so long is the case in perfect health; but with the failure of the stomach to advance the chyme, it stagnates. Ischochymia, or that symptom complex which arises when a stomach does not forward its contents to the intestines at the proper time, and its train of symptoms follow and the gastric contents when they finally do reach the intestine, act as an irritant, failure of digestive compensation occurs and alarming symptoms ensue.

A study of achylia positively proves that the intestines can under suitable conditions do the work of the stomach; and then what is the state of the victim? Simply one of diminished resistance to disease. He has no HCl in his stomach, which in addition to its digestive function is in a certain measure an antiseptic, and prevents the inroad of the microbic hordes of disease. Again the cause is just as in heart cases; as long as the viscus is not overworked, good health is enjoyed, but with overwork, compensation fails and alarming symptoms arise.

Hence we deduce that in the stomach we have an added barrier to the hosts of disease, but an organ whose function can be dispensed with under suitable conditions.

The keynote to the situation is the motor power of the stomach. Preserve that, you need not worry; lose it, and no power on earth will avail. Accepting these statements as axioms, we are now in a mental position to understand that the symptoms may present in three phases which are all different stages of the same process and differ from one another only in that the second and third stages are advanced states of the first condition.

They are in order: (1), the stage of complete compensation; (2), the stage of failing compensation; (3), the state of failure of compensation.

By compensation, we mean the power of the motility to convey the food onward into the intestines and the power of the intestines to appropriate such food when it is received. Comparing again, with the heart condition, we can readily understand that the stage of complete compensation presents no symptoms and may exist for years and never be diagnosed and when we do find it, it is usually when we are examining the gastric contents for some other than pure gastric purposes that we strike the characteristic findings. These statements will be accepted without argument when we call to our minds the picture of a compensated heart lesion.

The diagnostic points here are characteristic findings with the tube, and these will be presented later in the paper. In this state the diagnosis is always a medical accident.

Entering the discussion of the second stage, the gastric findings are the ordinary ones going with digestive disturbances of a functional nature, pressure after meals at no characteristic time, eructation, nausea and vomiting which are characteristic in that it is usually of material thick and pasty in character and not watery as found in other diseases. This is explained by the fact that no fluids are secreted by the stomach, and it is a proven fact that water is absorbed by the organ and the chyme becomes more and more solid in its consistency the longer it has remained in the organ. There is usually an aversion to meats and this is explained by the fact that they are not digested when taken into the stomach and thereby cause a disgust. Characteristic is the symptom of distress on taking nitrogenous food.

With these comes the characteristic symptom that should stand out as the diagnostic guide and that is the frequent occurrence of intestinal fluxes with gastric symptoms without any sufficient cause. The diarrhea is characterized by the following three points: first that it is lienteric (that is, it is of undigested food); second, that it occurs shortly after meals, and third, its most characteristic time is after breakfast. Your case gets attacks of diarrhea without any known cause. These attacks occurring in a neurasthenic person should call for an immediate examination of the gastric contents. There is a marked thirst, loss of strength and ambition, and diabetes is often suggested by the medical picture, but an examination shows the urine free from sugar. The case becomes weak and anemic, pale, and from continued bowel movements becomes wasted to a mere shadow of his former self.

This symptom complex often appears after an acute illness. The explanation being that in good health, the patient had enough resistance to keep up, but the disease lowering his vitality, he can no longer compensate and symptoms ensue. This is the explanation of the so-called acute case of achylia. The disease has been developing for years, but some factor was needed to diminish the resistance of the patient before symptoms could present it. During the second stage the system is being improperly nourished and it is a struggle to maintain itself in even a fair state of nutrition. This paves the way for the onset of the last stage under the slightest provocation, and now in addition to the related symptoms there is a persistent diarrhea that resists all usual treatment. There is not enough food absorbed to keep up nutrition and wasting and anemia ensue with progression to starvation if some intercurrent disease does not end the suffering before.

There is no element of doubt that in the later stages, the same process in the stomach extends to the intestine and that there is an atrophy of the parenchyma there as well, and as no digestion or absorption can take place, starvation results. This is the cause of death in many cases of the aged that seem to simply dry up and wither away.

It is in the findings yielded by the examination of the stomach contents that the distinctive features of the disease present. The points to bear in mind from the pathology are, that there is no secretion from the stomach and the physiological fact that water, peptone and dextrin can be absorbed from the stomach. The organ then, is now a sack that simply holds and propels the food onward to the bowels where digestion can take place. The results are a residuum after a test breakfast that in its appearance is pathognomic. There is less ingested than normal, due to the increased motility and the bread has undergone little or no digestion and is simply swollen up as if in water and not digested. Due to the factor of lack of secretion and absorption, the test breakfast does not as is usual after its removal, separate into two layers—an upper fluid one and a lower solid one of bread—but remains as it was removed, and that with much difficulty, a thick pasty mass of swollen bread particles, clean and sweet, not digested yet not fermented. This appearance of the test meal is present in no other disease.

There is no response to the tests for HCl, either in the free or combined states. The latter is the hydrochloric acid which has joined with parts of the test meals to form various salts of the acid, and while they do not respond to the test for free acid,

they must be reckoned as part of the gastric secretion as it is from the hydrochloric acid of the stomach that they had their origin. Different tests are necessary to detect them than are used for the HCl, but time will not permit our entering into an explanation of them. The latter is important; it is the absence of combined acid that is characteristic. The total acidity of the meal is from 8 to 15 instead of from 40 to 60 as in health. I have never yet been able to find the low acidities of 4 to 6, as reported by some, and from test the ordinary Ewald meal before ingestion, has an acidity of from 8 to 10. Propeptone and pepsin are naturally absent as none of the proenzymes are formed.

The ptyalin of the mouth, not being neutralized by any acidity in the stomach, can continue its work there and as the starches are better digested than normal, much free sugar is found and a preponderance of converted starch. The quantity of the test meal is smaller than usual, due to the increased motility and there are no signs of much fermentation, no lactic acid being present. Therefore it is important to differentiate from cancer.

In an uncomplicated case, the organ is always empty four hours after the Ewald meal, showing motility is normal; when the stomach begins to contain food when it should be empty, a complication is taking place and if not overcome, compensation will be lost and dangerous results ensue. The absorptive power is normal. Digestive leucocytosis does not occur.

DIFFERENTIAL DIAGNOSIS.—There will be no need of going into this other than to tell you to pass the tube and examine the recovered ingesta and characteristic findings will make a mistake with any other condition impossible. One examination will not be sufficient to establish a diagnosis, therefore consistent findings on repeated examinations alone will yield a positive diagnosis. However, a consideration of the subject without placing this disease and pernicious anemia in their proper relation, would be neglecting an opportunity to correct a mistaken medical idea. Until within a short time, achylia was considered to be the causal factor of pernicious anemia. This is an erroneous hypothesis and if there is any relationship it is that pernicious anemia may give rise to achylia and not vice versa. This position will be substantiated by the following facts:

First: both may occur as independent diseases. Second: an examination in an early case of pernicious anemia often results in normal findings in the gastric contents. Third: pernicious anemia has often been cured and yet the stomach has continued

in an achylous condition. Fourth: the anemias found with achylia are always of the secondary type. Fifth: pernicious anemia is usually fatal and tends towards an unfavorable termination. Achylia is capable of a symptomatic cure in nearly every case. Sixth: mild changes in the stomach can occur with a severe and intense pernicious anemia.

TREATMENT.—The keynote of the whole treatment is to preserve or to increase motility of the organ. The organism can thrive with a stomach with lost absorptive power or secretive powers, but the motility must be in a certain measure intact.

A diet properly arranged with the food properly prepared is the first and foremost consideration. The principle behind the diet is to have food that can be readily conveyed to the pylorus and in such condition that when it arrives there, it can readily pass into the intestine, where digestion and absorption can take place.

To be specific: All foods must be as evenly divided as possible and should be in the forms of soups and mushes.

Soups: Meat broths thickened with barley, rice, oatmeal, sage and tapioca, strained before use. Purees of peas, beans, potatoes, asparagus, cauliflower, celery, lentils, brussels sprouts, carrots.

Fish: Cream of codfish in a soup, boiled codfish, halibut; avoid bones and skin and subcutaneous fat.

Meat: Boiled calves' brains, sweetbreads, scraped chicken, beef, mutton or veal, meat jellies or meat extracts, meat powders.

Eggs: Soft boiled, or they may be added to the soups.

Farinaceous Foods: Mushes or gruels of farina; cream of wheat steamed.

Milk.

Vegetables: As above.

Prepared foods: Add to the nutrient value, Somatose, sanatogena-nutrose, eucasin.

Dessert: Jellies, custard.

With signs of motility failing, systematic lavage will do wonders. It stimulates peristalsis and prevents the accumulation of products of stagnation. It should be repeated twice a week and oftener if required. The important point is not to use over twelve ounces of water at a time and be sure every drachm returns before putting in more. This is, of course, to prevent tiring the gastric muscle by excessive weight of the water, and thus defeat-

ing your own purpose. Never let a patient have a tube and practise lavage on himself. The next aid to motility is intragastric faradism from a coarse secondary coil with interruptions not over ten to a minute and with periods of rest of three to five seconds between each contraction. This not only acts on the muscle of the organ, but is a great stimulant to the secretion. Remember that slow interruptions from a coarse coil increase HCl and rapid interruptions from a fine wire secondary diminish HCl.

Alcoholic drinks and the use of tobacco must be stopped. No constrictions allowed about the waist. The teeth should be put in proper condition, or if this is impossible, proper false ones secured and the patient told to chew his food to excess, as the more the ptyalin of the mouth is impregnated with the food, the better it will be, as its work can continue in the stomach when there is no HCl there to neutralize it. Chew well and eat slowly. Never satisfy the appetite. Fluids may be freely taken up to eight ounce quantities with the meals, as they make fluid the chyme. All the rules of general hygiene must be followed to the letter and etiological factors must be eliminated as far as possible.

From a medical standpoint, I will spare you from a recital of the various homœopathic drugs that may be indicated. Viewing the matter from the standpoint of a chemical process and while this is the method employed by another system of medicine, it is a logical way of viewing the cases, for the processes in the stomach are chemical processes modified by vital processes which we do not, as yet, begin to comprehend.

The effort should first be made to stimulate to renewed activity the cells of the stomach. The best methods to do this, are, first the internal administration of diluted HCl and the lavage of the organ with the same drug—a two per cent. solution. Failing with these methods to get any return of secretion, various aids, to promote the conversion of starches in the stomach and aid the ptyalin of the saliva, should be given. Pancreon $7\frac{1}{2}$ grains and papsin may be tried or caroid which is the more active of this class of preparation. The digestive ferment in fresh pineapple juice may be thought of. It is not present in the cooked product.

Pepsin is worthless.

THE EYE IN CHILDHOOD*

By C. GURNEE FELLOWS, M.D.,

Chicago, Ill.

IT is a common saying among general practitioners that they know nothing about the eyes, and that such information should be given by the skilled specialist, and yet I am sorry to say that even though this may be admitted, thousands of cases are given more or less gratuitous advice without proper examination. I think a busy man is apt to forget that a patient in trouble hangs upon every word that the physician says, and what is not a final opinion as expressed by him may be taken as such by the patient. The family physician is the one most commonly consulted for every ailment, and I know it has been the experience of many oculists to find that a busy practitioner when making a call upon some member of the family possibly, has been asked as to what he thought about "the little one's eyes," and giving it no special attention, has remarked that there was time enough to think about that later on, or wait until the child was ten years old and then see an oculist, and to know that such advice has been taken as serious when it was not even meant so by the physician. There is no physician, who when consulted even about the condition of the nutrition of a child, or any physical defect, would not at that time or at some subsequent opportunity make a careful examination before delivering an opinion, and yet this has been done many times in reference to the eyes, because the physician was unable to make such an examination and carelessly presented some other excuse. I think you will all recognize it, particularly when applied to the question of crossed eyes or strabismus. Many parents, from different walks in life, have told me that they had consulted their family physician as to the crossing of their child's eyes in infancy, or in early years, and had been told to wait until the child became of school age before doing anything about it, or, in some cases, until they were twenty years old. This same reply has been given to cases of congenital cataract in one eye, to leukoma of the cornea, and is too often given even in cases of slight peculiarities of vision, causing the patient to look out of the corner of his eye, to shut one eye, or some other supposed little variation from

* Read before the Amer. Inst. of Homœopathy.

the normal. Let us take up each of these in turn and see what can be done.

First, as to the condition of the vision of the two eyes. It is manifestly impossible to determine accurately the vision of an infant, and for the slight inequalities it is perhaps unnecessary to pay much attention to it until the child is two or three years old, but when a child persistently closes one eye, or turns his head to look at objects, it should be determined whether it is due to a faulty condition or simply habit, but even such habits are formed, as a rule, because of inability to see in a normal, healthy manner. In these modern days of precision, it is possible to get a fairly good knowledge of the conditions present even in a very young child, and I maintain that such conditions should not exist without a careful examination.

No oculist of experience goes many days without seeing patients with unequal vision in the two eyes, and if they are seen early enough, this may be corrected, but in later life we very often are obliged to say that there is nothing to be done; that the child was simply born this way. This unequal vision may not show itself in crossing of the eyes, in inability to study, or even in any way to affect his usefulness, but it is certainly a defect that should be remedied when possible. Unequal vision is a very fruitful source of strabismus which manifests itself early in life, and it is not good advice to tell the parents to wait until the child grows up before knowing the actual condition present. The modern treatment of strabismus by careful examination and application of glasses when indicated, is not only saving many operations that were formerly done, but is saving a much more useful pair of eyes with binocular vision, an ideal desideratum. The development of strabismus in early life generally depends upon an undeveloped eye, or the lack of proper co-ordination of the muscles, and when the eye starts to deviate the habit becomes a fixed one, and because there is no proper fusion of the images, the patient must either possess diplopia or suppress the image of the squinting eye, and in time either condition becomes a permanent habit. The ideal treatment of such a case is thorough refraction, the application of glasses at the earliest possible age, and the development of the affected eye, so that it shall become equal to its mate, and what would have been a permanent condition with monocular vision becomes a natural condition of permanent binocular vision.

This brings up the question of how early we should examine a child's eyes for refraction, and the answer is furnished by

our State Boards of Health and School Boards to a certain extent, in that all children entering school are now supposed to pass such an examination. But why should we wait for a child to be sent to school before we undertake this very necessary procedure? Why should not a child's eyes be examined by his family physician, or the oculist to whom he refers such cases, before the school age, to know in advance and at even an earlier age what the actual condition is? A physician can see enlarged tonsils and suspect the presence of adenoids, a halt in a child's gait, his inability to run, the various choreic symptoms are easily distinguished by the family themselves, but because it involves a little more time and expense, the eyes are too often neglected, and yet I maintain that there are no organs in the body that are more unwillingly parted with when their function is destroyed than these two, which give our main knowledge of the external world. Few patients in adult life would not say that they would rather part with any of their senses before they would their sight, and few would hesitate to part with an arm or a leg before they would with an eye, and yet thousands of these people are practically one-eyed from the lack of early examination and attention.

I do not claim that every child should be examined under full atropin without some suspicion of symptoms, but I do claim that every child should be sufficiently examined to prove that the sight of each eye is good and that the two are equal and working together, and it follows that wherever there is an abnormality, it should be attended to early in life. The oculists bear the brunt of the charge that we see cases only to put spectacles on them, and that the number of young children on the streets who are wearing glasses is given as evidence that our business is thriving. The real truth of the matter is, however, that the present and future generations will be more useful citizens, and will work more comfortably themselves, because of the early discovery of slight defects which may be remedied by the wearing of glasses, and although the numbers who are so doing are constantly increasing I maintain that the eye condition is not worse than it was a few years ago, but that the patients are better protected. I do not claim that our backward children, our neurasthenics, or our insane people, could all be cured by referring them to an oculist, but I do claim that the eyes should have proper consideration in outlining a course of treatment to defective individuals, and that this knowledge plays an important part in our medical career, very frequently by the prevention of grosser trouble

Much of the care for the development of such eyesight in children devolves upon the parents, and the best of advice is often nullified by lack of their attention, but it is our duty to teach it, and to preach it.

It is hardly necessary to dwell long upon the subject of *ophthalmia neonatorum*. I believe that physicians as a class are educated to its importance, and that our accoucheurs and nurses, either willingly or through the demands of our Boards of Health, are doing very much better in the prevention of this disease, but cases do occur and calamities do happen, and the oculist is often called in to give his advice. Time, with the assistance of nature, often accomplishes much in clearing up an opaque cornea, but surgery is often of great assistance by providing an artificial pupil behind the clearest portion of an opaque cornea, and the development of an eye which might be lost from lack of use.

Congenital cataracts, when total, are, as a rule, best removed by surgical interference, but partial or polar cataracts are very often best treated by leaving them alone, and yet this decision as to operation, or the postponing of the same, is an important question that should not be left to a haphazard opinion.

Accidents in children play a very important part, and it is really wonderful how so many eyes escape serious injury, and how many more recover when jabbed with scissors or knives, when hit with snowballs or croquet mallets. Each one of us could enumerate many cases where it seemed that an eye must necessarily be lost, and yet useful vision has been retained by timely interference. The eye is well protected by its orbit from external injury, and yet too often the offending foreign body strikes a vital point. No one hesitates in case of injury to call in consultation the best advice obtainable, but I think my plea in this paper is more for the attention to eyes which present no crying demand, but may be as much in need of scientific opinion as though they manifestly called for it.

ALUMNI ASSOCIATION
NEW YORK HOMŒOPATHIC MEDICAL COLLEGE
AND FLOWER HOSPITAL*

By JOHN PRENTICE RAND, M.D.

Worcester, Mass.

UPON the 12th of April in 1860, the New York Homœopathic Medical College was incorporated and upon the 15th of the following October opened its doors for the training of students.

The reason for the establishment of a new college in a city already abundantly supplied with medical institutions, lay in the fact that the people had become familiar with the advantages of homœopathic treatment and a college was necessary to supply the rapidly growing demand for homœopathic physicians.

There were fifty-nine students who matriculated at the opening of this college and twenty-seven who were graduated at the end of its first course.

At that time there were only three homœopathic colleges incorporated in the United States. The first was the old Hahnemann of Philadelphia; the second the Cleveland Homœopathic Medical College and the Hahnemann of Chicago, though incorporated before this college had hardly begun its notable career.

It will be thus observed that New York, though first to receive a knowledge of homœopathy through the ministrations of Dr. Hans Burch Gram in 1825, was fourth to incorporate a homœopathic college, for reasons I have not time to explain. The results of the undertaking are known to you all.

Yesterday the 49th class was graduated from this college and to-day it has entered upon the fiftieth year of its existence. It is meet that this "Jubilee year" should be made memorable in some way and how can we observe it better than by returning to those cardinal principles of homœopathy for which this college was created?

But let us be perfectly frank in the matter. Drugs do not occupy the place in therapeutics which they did a half a century ago and the application of drugs according to the law of similars has correspondingly decreased. The science of bacteriology and the part that germs are known to play in the mysterious drama of life have instituted and made possible those great sanitary measures

*Presidential Address, previously printed in abstract in *The Chironian*.

which have been so successfully carried on for the prevention of disease.

Nearly a score (18) of the ailments that a physician used to be called upon to treat are embraced in that list of contagious diseases which sanitary science has shown to be distinctly preventable.

Fifty years ago, or even up to the time of Lister, the practice of surgery was looked upon as a last resort. No serious operation was undertaken until the alternative was death, and no conscientious physician or surgeon would advise such an operation; the result was an army of incurables, in all stages of diseases, which furnished a great, if not attractive field for the administration of drugs. To-day the up-to-date woman goes to a hospital as readily as to the department store, and gives less thought to the result of a surgical operation than to the cut of an evening dress.

Fifty years ago the application of electricity as a therapeutic measure was practically unknown. To-day there are scores of physicians in most successful practice who use nothing else. And so on through the whole category of medicine and disease; every new discovery in pathology or therapeutics has encroached upon the time-honored application of drugs and made the drugs themselves and the man who uses them of less and less account.

In fact there seems to be a growing tendency on the part of many to do away with the use of drugs in any form and the sect of osteopathy, which, a few years ago appeared "like a man's hand" upon the horizon, has assumed gigantic proportions until it has throttled legislatures and gained for itself official recognition upon our state boards of health.

More than this, the great psychic movement embraced under the head of christian science and various forms of mental healing, have made tremendous inroads upon the legitimate use of drugs. It is but a natural trend in the line of medical thought from the vagaries of Paracelsus to the "Spiritual Vitalism" of Van Helmont and from the vitalism of Helmont to the dynamic theory of Hahnemann and the psychotherapeutics of to-day.

We have suffered more from this "psychotherapeutic mania" than our brethren of the dominant school; for the believers in heroic medication are less likely to be lured into the sophistries of mental healing than are those whose minds are already prepared for such innovations by an abiding faith in the therapeutic efficacy of the infinitesimal dose.

These are the things that modern medicine has to contend with and they are much more formidable competitors than the quack

nostrums and ignorant advertisers of fifty years ago.

But what of that! Other things have changed as well! The old "stage coach" has been supplanted by steam, electricity and the touring car, but there is still place for an honest horse. Our fathers used to demand three sermons a week from their religious teachers and the modern minister is hardly expected to give one. Has the call for clergymen ceased? They believed in drugs and the lancet, especially the latter. They believed in "total depravity" so far as both body and soul are concerned—and practiced it. Without the shedding of blood there was no remission of sin in an ecclesiastical or medical sense, and George Washington, the great Father of his Country, suffered martyrdom at the hands of his blood-thirsty physicians.

But drugs are still taken; patients are still "bled" even by those who make no pretensions to "capital operations" or "antiseptic surgery," and medical colleges still exist for the training of students. The comparative statistics of our homœopathic hospitals with those of the dominant school are almost as remarkable to-day as they were under the barbarous methods of practice fifty years ago. We are still curing about two patients to their one—(in 1908 the death rate of the Massachusetts General Hospital old school was 8.65 per cent., while the death rate at the Massachusetts Homœopathic Hospital was only 3.8 per cent.—and while results like these obtain, call it homœopathy or anything else you please, there is still necessity for the perpetuation of our method of treatment.

This brings to me the very heart of my subject, a subject which is very near to the hearts of us all, viz.: the future of our homœopathic institutions and our individual relations to them. Has the mission of homœopathy been accomplished and are we ready to give up our distinctive name and time-honored institutions?

Yes! When something better has been discovered to take their place. But while the death rate under homœopathic treatment—or, if you prefer, the death rate under the treatment of physicians who believe in homœopathy, is less than the death rate under the treatment of the dominant school, we still have a mission to accomplish.

Let us never forget this fact: The function of a physician is not to maintain a theory or to ridicule and explode the theories of somebody else; the function of a physician, as Hahnemann taught, is "to heal the sick in the shortest, most reliable, and safest manner," and he who fails in this, though his record may be unparalleled from a scientific standpoint has failed indeed.

It is but a step, and a most natural one, from the function of a

physician to the function of a medical college. The function of a physician is to heal the sick; the function of a medical college is to teach him how to do it.

If the application of drugs according to the law of similars, or according to any other law, is shown to be the most effective method of treatment, that college, and that college only, is performing its whole duty to the public which emphasizes this fact and teaches this method. And this is really the only vital distinction between a homœopathic college and a college of the dominant school. The homœopathic physician believes that the application of drugs, according to a fixed law, in the limited realm of therapeutics to which drugs apply, is the most effective method of treatment. The homœopathic college defines that realm and teaches that method. The college of the dominant school does neither, and what is still more lamentable, does not even investigate the subject.

Strike out the chair of homœopathy from the curriculum of this college and you have struck out the whole reason for its existence! Not that the homœopathic principle applies to all, or even a majority of the cases a physician is called upon to treat, but, in those cases to which it does apply, like antitoxine in diphtheria, it stands pre-eminent and alone, and so long as this remains true, so long will its principle stand as a living illustration of the "survival of the fittest."

The question of the future then, does not apply to our homœopathic colleges; other colleges may have accomplished their full mission—or come short of it—but these have not. If any colleges are to go out of business, let it be those who have failed to grasp the great therapeutic truth of homœopathy; for, until our law of healing has been supplanted by something BETTER, we cannot give it up.

So much for the teaching of homœopathy in general. All of our institutions must be maintained; not for sectarian reasons, not for the good they have accomplished in the past, but because they still represent and teach the very best of all that pertains to the science of medicine. Such are our ideals and such are our institutions, so far as we are able to make them. We are not slaves to any medical sect or dogma and there is nothing in our creed or practice to prevent us from taking and using anything and everything which is of value in medicine.

There is no reason why our laboratories should not be as well equipped as those of Harvard or Johns Hopkins, if we had the means to do it. I will not say that they are not; but the point I

wish to make is just this: If there is need for any medical colleges in this country, there is need for those which are broad enough to embrace in their curricula everything that pertains to the art of healing. Personally, I would like to see a course in osteopathy and then another in psychotherapeutics offered by this college, that when our students go out into practice they may be prepared to meet, or refute, the growing demand for such forms of treatment.

But I have wandered from my text; I was speaking of medical colleges. If there is need for an all-around college anywhere that will teach homœopathy and all the collateral branches of medicine, it is needed right here in New York. So then there is no sense or reason in raising the question of our right, as a college, to exist; the only question is how we can do it the most successfully. Two things are necessary for the success of any undertaking: (1) It must have an object which will inspire enthusiasm and confidence. (2) It must have the loyal and unselfish support of all connected with it.

As a corollary to the above, in case of an institution of learning, it must have money; but money without an object is of doubtful value and often proves disastrous in the end. And this leads us up to the thought of this college and of our personal obligations to it.

From the time of its incorporation until now, not one of its graduates has paid the cost of his education. I am speaking from the low plane of dollars and cents which Dr. Copeland figured out for us so clearly at our December meeting. In the higher realm of sentiment we are still more deeply involved. I tell you there has been an expenditure of vital force within this college that has not been paid for and upon the Alumni rests the balance of the debt!

Well, what has been done, and what are we going to do about it?

Twenty-six years ago we banded ourselves into an Association "to advance the interests of our Alma Mater and promote good-fellowship among ourselves." We have tried, faithfully tried, to accomplish both objects; but in the "hurry and scurry" of our professional lives, we fear we have not succeeded so well as we should; once a year, it is true, we have been rounded up together; once a year we have rehearsed the praises of our Alma Mater; once a year we have drank to the memory of the immortal Hahnemann and once a year we have gone home and forgotten all about it. But the occurrences of the past twelve months have set us to thinking and seriously to ask ourselves this question: Have we been

doing as much as we ought to have done to promote the interests of this college and to put her where she rightly belongs, in the very vanguard of our medical institutions? We are free to confess that we have not and we are here to renew our obligations and try to do better in the future.

Already it has dawned upon some of us that the highest function of this Association is not the annual dinner. There is a deeper significance to Thanksgiving day than to glut the appetite; and the glitter and splendor of an occasion like this must mean something more than appears upon the surface or it is empty indeed. Behind these offerings of fruit and flowers, behind these sparkling libations and behind this cloud of incense, there must exist a spirit of unselfish loyalty to our common mother!

I know there are factions and cliques among us; I know that children sometimes quarrel; I know that honest differences of opinion exist in regard to the management of this college; but none of these things should disturb us; they are all indications of interest; jealousy is but a perverted form of affection and many times, behind the greatest difference of opinion there exists a spirit of unity, if rightly understood.

Let us not take ourselves too seriously! We are all one at heart, and none of us has as yet forgotten his Alma Mater!

The alumni, outside of the little island of Manhattan, care nothing for your "insular affairs." Like the minute-men of '76, already they are organizing themselves for active service.

Seven organizations have already been perfected. The first under the gilded dome at Washington. The second, under the very shadow of Boston University. The third at Albany. The fourth at Rochester. The fifth at Utica. The sixth at Binghamton. The seventh at Hartford, and only the other day I had a letter from an alumnus of this college in Pasadena who is planning to organize another auxiliary in southern California.

The objects of all these different auxiliaries are the same. They propose to be auxiliaries in fact as well as in name.

(1) They are going to get all their members together at least once a year to renew old associations and drink to the health of their Alma Mater. It is expected that the dean or somebody "just as good," will be present at each of these meetings to represent the college.

(2) They are going to appoint a delegate to visit the college officially and advise with the trustees and faculty in regard to its management.

(3) There is going to be a local correspondent from each auxiliary to the *Chironian*, to keep the alumni informed of anything of interest which shall happen to its members. If an alumnus of this college is sent to Congress or the Court of St. James, we want to know it.

(4) They are going to get in touch with young men who plan to study medicine and persuade them to investigate the advantages offered at this college before deciding to go elsewhere. And it is up to you, gentlemen of the faculty, when we send you a prospective student, to see that you "have the goods" to show him or you won't be any better off. No student who is worth getting is going to matriculate at any college until he has looked the ground all over and satisfied himself that he is getting the best.

(5) They are going to try to get their wealthy patients to remember this college with contributions of money or bequests.

The time has gone by when a few men can get together, charter a medical college and expect to run it without funds. We have got to have scholarships for students who need them. Some of our best students have to borrow money to get their education and they are going to go where they can get the most help.

There are plenty of rich people who believe in homœopathy who would be glad to help this college if its needs were properly presented to them. It is a delicate task and it takes tact to do it, but the family physician can do it if anybody can and perhaps that physician is you.

All these things and more are within the purpose and plan of these auxiliary associations and they should be within the purpose and plan of each alumnus.

There are splendid opportunities for service all along the line and we owe it to ourselves as well as to the college to make the most of them.

When will another Joshua arise like Timothy Field Allen, to turn the tides of aimless wealth into the beneficent channels of schools and hospitals for the training of medical students?

The traditions of this college must be maintained. "What is home without a mother?" and what is the professional standing of a physician whose Alma Mater has gone out of business for lack of support? "A man without a country" is hardly worse off than is the graduate of a defunct institution. How should we feel to look in the next edition of Polk's Directory and see a dagger attached to the number of this college, referring to a foot-note which reads: "extinct?"

Yet that is just what is coming to each of us, should anything happen to this college. But, brethren, "we are persuaded better things" of our Alma Mater and the man who represents her here to-night.

Dr. Copeland, you are the seventh in the apostolic succession of the men who have been called to preside over the destinies of this college. The first was the indomitable Beakley. The second, the immortal Carroll Dunham. The third, the diplomatic Dowling, whose definition of a "regular physician" has long since become classic. The fourth, that "encyclopedia of learning," Timothy Field Allen. The fifth, that great and foremost surgeon of our school, William Tod Helmuth. The sixth, that indefatigable student and worker, William Harvey King.

All these have left their impression on this college and the men who have gone from here.

It was a graduate of this college who as superintendent of the Middletown Insane Hospital, built up that great institution until it became a model for the world!

It was a graduate of this college who, three years ago, stood guardian of the public health in San Francisco and prevented a possible epidemic of disease which might have proved a greater calamity than the earthquake itself. And let me say in passing what I know will be a delight to you all, that a movement is already on foot to elect as the next president of the American Institute of Homœopathy, the man to whom I have just referred.

It was a graduate of this college, who has since been appointed, and reappointed Health Commissioner of the great state of New York, who coined that definition of a "homœopathic physician" that has been adopted by the American Institute of Homœopathy, and to which we refer with ever increasing emotions of pride and self respect.

Such is our inheritance and such are our opportunities. We are here to work together for a common cause. We may or may not increase the number of our students. "It is not for mortals to command success, but we'll do more, Sempronius. We'll deserve it."

Arnica.—has taste of rotten eggs, especially in the morning. Graphites only in the morning after rising, disappearing on washing the mouth. Tart emet., taste of rotten eggs only at night. Chamamilla has taste like rotten eggs, but not the eructations or flatulence. Psorinum has eructations tasting like rotten eggs.

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A STUDY IN ADOLESCENCE

CO-EDUCATION is so firmly entrenched in the average American mind as the right principle in the training of children, that to even question its advisability is often regarded as a sort of sacrilege. The physician, however, should be a man of scientific bent, of open mind, for whom no question is ever closed; and his close association with all the members of a family from cradle to the grave, should warrant him in challenging even the most long established customs, if his daily experience leads him to question their results upon his charges.

Co-education is regarded by many as woman's great victory, as the seal upon the fact that she is man's equal; but the physician

who comes so intimately in touch with the psychology and physiology of woman, is justified in pointing out that equality is not necessarily identity; the mental endowment of male and female may be the same, but their instincts are surely not identical, and their aims and purposes in life are also different. Mental endowment may be like in quantity, but unlike in quality.

These differentiations do not stand out distinctly until puberty, that is, roughly, until pupils are ready to leave the grade school for the high school. After puberty, maturity advances much more rapidly in girls than boys. Summarizing these differences, the principal of the Englewood High School, Chicago, says:*

"Boys of 14 to 16 need a good deal of sleep and exercise and are unable to concentrate their minds but a short time. They are independent and dislike to do things by rule. They like to work in teams or organizations. They are keen observers and master readily the things that appeal to their sense of utility. They take poorly to disciplinary studies. They are impatient over delays and so dislike to linger for slower people to catch up. They have little patience with pure memory work. They excel in experimental work or in invention. They put off the disagreeable work, such as written work, and prefer to tell what they know rather than write it. Their logical powers are keen, but intuitions are almost lacking. In school work he excels the girl in science and mathematics, although in algebra, where there is but a minimum of invention and logic, and maximum of rule and process, the girl is usually his superior.

"The girl, with her greater maturity, takes readily to disciplinary studies. She is more faithful and regular in preparing her daily work, likes neatness and order; delights in art, music, literature, language and history, and so finds the major portion of the high school course adapted to her taste. She would rather write than talk and so excels in the written test. Her intuitions are strong, so that she can avoid moral dangers into which the boy rushes headlong. As girls are the majority in nearly all (high school) classes, the class work is made to fit her needs and the textbook is written for her more than for the boys, who make up the minority of the class."

Granted these differences in mental habit, or mental instincts, they are no indication of inferiority on one side or the other; and if they exist, do they not point to the advisability of a differentiation in training, even to the separation of the sexes in the high school?

The authority above quoted, introduced segregation as an

**The Clinique*, August, 1909.

experiment in the Englewood High School. The sexes were separated during the first two years of the course, coming together again during the junior and senior years, when the curriculum and the development of the pupils were judged to make this advisable. At the end of a year, 85 per cent. of the parents voted in secret ballot for a continuance of the experiment, and 15 per cent. wanted the segregation carried out through the whole of the four year course. Of the teachers, 90 per cent. of the men favored segregation and 50 per cent. of the women opposed it.

Social relations between the boys and girls were still encouraged; the classes met in the same building, the pupils met together in the lunch room, and had their dramatic and other societies in common. The experiment is said to be teaching those responsible for their training "how to help young people, hitherto sexless, and most nearly alike, how to differentiate at the place where nature is trying to push them apart, instead of hindering them by identical treatment." Boys are responding to the new treatment by better scholarship and improved deportment and girls are receiving a new impulse toward a broader womanhood.

This experiment should be closely watched by parents, educators, and particularly by medical men, for whom the strain of the high school period furnishes many problems.

Another phase of the matter is of the utmost importance, for the segregation of the pupils will give opportunity for that free instruction in sexual psychology, sexual physiology, sexual hygiene and public morality that the medical profession must, by this time, be persuaded is necessary if we are to stem the tide of social vice and prevent the moral and physical wreckage dependent on it. This teaching cannot possibly be adequately carried out in the mixed classes; but girls by themselves and boys by themselves are ready to give it the thoughtful attention bestowed upon the other subjects in the curriculum.

R. N.—REGISTERED NURSE OR REGULAR NUISANCE

THE movement in favor of state registration of nurses is not meeting with the approval of the rank and file of the medical profession; rather, organized opposition to its extension is being effected. The nurse has a place, and a very important place, in the sick room; and doctors are few who would be willing to dispense with her services entirely; but the average doctor is afraid of the average nurse. And the average nurse is coming to be tolerated, not made welcome, in the average family.

In the care and treatment of the sick, the responsibility rests, and must rest, solely upon the physician. He may choose to delegate a share of that responsibility to the trained nurse, but he cannot divorce himself from the responsibility for her acts. The ship's commander is responsible for his vessel, no matter how competent his officers may be. And discipline is as much in place in the sick room as on board ship. The nurse who presumes to set her own judgment against that of the physician, and to modify his orders, cannot be too severely dealt with; she is a menace to the family and to society.

Unfortunately, the present trend of the nursing profession is towards acts of insubordination of this character. The nurse is seeking to create a sphere in which her orders are supreme. Her position in the case is to be that of a consultant with the man of medicine, not that of a trained assistant.

The nurses are declaring themselves to be independent of the doctor. Nurses are to dictate the length and character of the training of the pupil-nurse; nurses are to set the seal of approval on the training through a state examination; nurses are to determine the duties of the nurse in the sick room; and nurses are to demand "union" wages. We are here speaking of the rank and file of the nurses who are allowing themselves to be the tools of the few politically active. There are many nurses in the profession whose work and conduct merits nothing but commendation.

The nurse of to-day is over-trained. She is required to acquire a superficial knowledge of many subjects which she will have no opportunity of using if she is to confine herself to what are strictly her duties. A glance through the curriculum of any training school or a review of state examination questions for registered nurses will satisfy anyone of this fact. Many of the contributions to the columns of the nurses' journals have no relation to her real work.

The nurse of to-day is under-trained. The average trained nurse is a disturbance in the average household. It should be part of her mission to see that the household affairs run smoothly in spite of sickness. Her work for the patient must add as little as possible to the burdens of the family. The nurse must be a woman with keen sympathy for the troubles of the woman of the house. And as it may be the mistress of the house who is sick, the nurse should be a practical housekeeper, able, if necessary to care for the house and provide the meals for the ten dollar a week laborer, and to supervise the household of the ten thousand dollar a year employer. The nurse of to-day needs more thorough training in practical domestic economy.

The injection of "union" methods is an economic absurdity. If nursing is a "profession," what is there in the profession of nursing which differentiates it from the other professions in which the ladder has to be climbed step by step? What is there in it that warrants the fledgling just out of the training school in demanding the same fee as the woman of several years' experience? What is to be said of the ethics of a profession which exacts the full pound of flesh in every instance, whether it is in accordance with the family's means or not, the alternative being no service.

Surely, in the interests of our sick patients, we need registered nurses, but the doctors must do the registering. Each county medical society should register the nurses of that county; and on the register should appear the names of only those nurses who pledge themselves to carry out the doctor's orders and to become, for the time being, as inobtrusive members of the household as their duties to the patients will permit.

There should be a classified list of names—the names of those who have hospital training and several years' experience; the names of those who have acquired their training in other ways; and the names of graduates of correspondence schools, etc. In selecting names from this list, and no unregistered nurse should be accepted as an assistant in the sick room, the financial condition of the family and the needs of the family and the needs of the case would be taken into consideration. Suspension and removal from the list should be the penalty for the wilful infraction of the reasonable rules that could be framed for the conduct of the nurse.

A movement along the above lines is being forwarded by the "Physicians' National Board of Regents," having as state

representatives, secretaries of county societies and others. The list of representatives indicates that there is no desire to exclude the homœopathic or eclectic wings of the medical profession, and we believe that it would be well for our various state and county organizations to lend their aid to this movement. The president of this organization is Eugene Underhill, M.D., who is also the editor of *The Guide Book*, the quarterly official publication.

Notes and Comments

A New Idea.—The physicians of Youngstown, O., are doing a splendid work among themselves in the way of postgraduate study. On December 9, 1908, they received a charter from the State law with reference to procuring anatomical material for a Postgraduate School of Medicine and Surgery. The object of the school is to teach themselves and become proficient in the practice of medicine and surgery and to take advantage of the state law with reference to procuring anatomical material for dissection and operative surgery. Meetings are held certain evenings of the week, from eight until midnight, at which lectures are given by some of the doctors on their various specialties. This movement is putting new life into the professional element of the city and as a means of promoting good-fellowship, it is said to work admirably. Incidentally, it is also putting more business in the way of each as he thus becomes more proficient in his calling. The list of attendants is said to include three homœopaths, one eclectic and eight regulars. It is worth considering whether study classes or postgraduate schools similar to this would not be a profitable substitute for some of the periodical meetings of medical societies.

Cultivation of Medicinal Plants.—The question arises "Why has not this important branch in the production of medicine received more attention from those who use the finished product?" Each locality produces some plant whose virtues have been appropriated in the healing art and yet few of the many who could do so with most intelligence, have availed themselves of the opportunities to raise such plants, either for pastime or profit. The U. S. Department of Agriculture, Division of Publication, has for free distribution, a list of publications which are to be had for the asking—a few others at a nominal price—giving information on this subject. In Bulletin No. 139 of the Bureau of Plant Industry, is to be found a description of 35 medicinal barks of the United States, with suggestions as to their collection and preservation and current market price to be obtained. Bulletin No. 89 describes the wild medicinal plants of the United

States and is to be had for 25 cents. No. 107 tells about the "American Drug Roots," price 15 cents; No. 112 gives the "Use of Suprarenalin Glands in Physiological Testing of Plants," price 10 cents.

The contemplation of the cultivation of a drug plant should carry with it the desire to produce as good, if not a better article than that already on the market. The need of this is shown in the difference in price of digitalis, which is quoted at \$1.25 per pound for the English product and 34 cents for the native product cultivated in Pennsylvania, which is considered inert. After extracting the alkaloids and other active principles, in order to determine the relative strength of the remedies, they can be tested on animals. In the *Western Druggist*, one may find burdock root quoted at 25 cents per pound, while a wholesale drug firm would offer but seven cents per pound, suggesting the idea of big profits.

The White Slave Trade.—How many physicians have any conception of the magnitude of the white slave traffic in the United States of America—the land of boasted freedom? Edwin W. Sims, U. S. District Attorney, Chicago, is responsible for the statement that some 65,000 daughters of American homes and 15,000 alien girls are the prey each year of procurers in this traffic, according to authoritative estimates. Even marriage is used as one of the diabolical methods of capturing girlhood and young womanhood and "breaking them in" to a life of shame. They are hunted, trapped in a thousand ways; trapped, wing-broken, sold—sold for less than hogs!—and held in slavery worse than death. No girl or woman, no daughter or wife, can be said to be absolutely beyond the reach of the procurer. The rural girl, deliberately lured to the city, or attracted to it by the enticement of employment or excitement is the most frequent victim. Consequently the country doctor can add to his usefulness to his community by warning parents of growing girls of the net spread for their feet and by urging as a means of protection a greater frankness between parents and children, in other words, see that every child has a right education in sex matters at home or in school and does not have to pick up misinformation on the street.

A Phase of the Tuberculosis Problem.—The sanatorium has made a place for itself in the treatment of tuberculosis, especially in incipient cases, but there is a phase of sanatorium life which has its disadvantages. The majority of sanatorium patients come from the poorer section of society, people whose environment is usually very unpromising and people whose daily needs must be met by the reward of daily toil. To take such persons from the environment contingent upon a ten dollar a week salary and keep them for weeks or months in an establishment, the upkeep of which costs fifteen dollars a week per patient, is not unlikely to make them "soft" and unfit for the hardships which must again be their lot when they return home; and the freedom from the neces-

sity of working in any manner while at the institution is liable to cause them to be unwilling or unable to "earn their bread by the sweat of their brow" when such again becomes necessary. Philanthropic women, moved to care for their weaker and unfortunate brothers and sisters, need to bear these dangers in mind and to plan their institutions so that they will be of the greatest benefit to the patients, not only during their stay in the institution, but also in the daily life upon the return home.

Fatigue and Overstrain.—Outside the well known writings of Mr. Hoffman, very little study has been made in America of pathologic conditions incident to industrial occupations, and the field of industrial fatigue or overstrain may be said to be entirely unexplored. Yet it contains a number of quite interesting and very important questions which await solution. What are excessive working hours? What is the nature of physical exhaustion from prolonged or strenuous labor? How can it be recognized in time and be combated? What is the relative incidence of industrial accidents during the early and late hours of labor? What effect can be traced on the health and in the efficiency of the work done as a result of shortening the hours of labor? How does the efficiency and productiveness of the late hours of work compare with the efficiency of the workman and the character of the work done during the early hours? Research and investigation in this direction can establish a basis for co-operation between master and men or for state regulation, if necessary. What is needed in this country, is an organization, which, like the Permanent International Commission for the Study of Occupational Diseases, has as its object: "To collect and study new facts in physiology, pathology, or in the social sciences, which may be of value to industrial hygiene; to draw the attention of the authorities to the results of studies which may be valuable for industrial hygiene, and to recommend to learned societies as subjects of discussion, questions of physiology, of chemical interest and of the hygiene of labor; to make public the efforts of governments, universities, hospitals and private persons, directed towards the teaching and development of industrial hygiene."

A year hence, there will be held in Washington, for the first time in this country, an International Congress of Hygiene. At the International Congress on Tuberculosis held in the same city a year ago, America showed that it was well to the fore in almost every phase of the work under discussion. It is to be hoped that steps will be taken to demonstrate that America recognizes and is prepared to grapple with the problems of hygiene in all their multitudinous variations, including the very important branch of industrial hygiene. We need to have brought home to us the lesson that health is the chief asset of all persons whose only means is the product of their daily labor, and then we shall pay more attention to the promotion of industrial efficiency and earning power, and to securing of adequate protection of the men, women and children engaged in gainful occupations.

International Homœopathic Review

Conducted by

R. F. RABE, M.D.

FRACTURE OF A RIB, WITH IMMEDIATE RELIEF FROM HYPERICUM

B. LEB. BAYLIES, M.D., Homœopathic Physician, 1889.

A BOY eleven years of age, while playing in the street, was run down by a coupé, which was seen to pass over the lower part of his chest. A neighboring physician temporarily prescribed for him. I saw him two hours after the accident, and found him prostrate, but quite conscious and intelligent; skin cool, much pallor of the face; pulse rather slow; respiration 46, inspiration partially repressed, painful and grunting; expectoration of blood; pains acute and pricking in the region of the lower ribs of each side, especially of the eighth rib, right side, which was very sensitive to pressure at about two and a half inches from its cartilage. After applying the bandage to the chest, aconite 200 and afterward arnica 200 were given without relief. The shock and the pricking character of the pains, and the probable puncture of the lungs suggested hypericum per., a solution of the 900th of which was given, and was only in the mouth when the patient drew up his limbs, exclaimed: Oh! Oh! and suffered much aggravated pain in the injured parts; this gradually subsided and he slept at intervals; but pain returning, took another dose an hour and a half after the first, followed immediately by similar aggravation, but subsiding like the former. In two hours after the first dose of hypericum, respiration had declined from 46 to 33; he passed fairly well the latter half of the night, sleeping at one time an hour, having been turned, at his request, partially on the injured side. The following day, bloody expectoration continuing, he took, in solution, millefolium 200, which also has stitches in the 'lower right ribs,' 'in the left false ribs,' etc., this seemed to arrest the expectoration of blood. On the tenth day after the injury, symphytum was given. Fifteenth day, he feels quite well. Some callous swelling of the injured portion of the rib. Recovered without further trouble. The immediate aggravation from hypericum, and the rapid reaction with the relief following it, were remarkable.

THERAPEUTICS OF CONVULSIONS

H. P. HOLMES, M.D., OAK PARK, ILL. Homœop. Physician. 1889.

CONVULSIONS of infants Acon., Aethusa cyn., Agar., Aml-nit, Apis mel., Arn., Ars., Bell., Bry., Camph., Caust., Cham., Cic., Cina., Cup., Gels., Hell., Hyos., Ign., Hepar., Ipec., Kreos., Lauro., Lyc., Melilot., Merc., Nux., Opi., Sil., Stan., Stram., Tart. emet., Tereb., Verat. vir., Zinc.

Puerperal convulsions: Acon., Argent. nit., Arn., Bell., Canth., Cham., Cic., Cocc., Cup., Gels., Glon., Hell., Hyos., Ign., Lach., Lauro., Merc., Mosch, Nux m., Oenanthe, Opi., Puls., Sec., Stram., Verat. alb., Zinc.

Eclipsey: Agar., Amyl nit., Argent. nit., Bell., Bufo., Calc. carb., Camp., Can. ind., Caust., Cic. vir., Crotal., Cup., Cypri., Glon., Hydr ac., Hyos., Ign., Indi., Kali brom., Lach., Nux vom., Opi.; Oenanthe-croc., Plumb., Sil., Stann., Stram., Sul., Tarent. Visc. alb., Zinc, Zizea aur.

Catalepsy: If caused by anger and vexation, Cham. and Bry.; if caused by fright, Acon., Bell., Ign., Gels., Op.; if by jealousy, Hyos., Lach.; if by sexual erethism, Con., Plat., Stram.; if by disappointed love, Ign., Hyos., Lach.; if by religious excitement, Stram., Sulph., Verat. alb.; in consequence of onanism, China., Nux vom.

ACONITE: Convulsions, when in their incipency there is great febrile excitement; hot dry skin; restlessness, anxiety, anguish, fear of death; more or less cerebral congestion; twitchings of single muscles; child gnaws its fists, frets, cries; costive or dark watery stools; vertigo on rising from a recumbent position; dreads too much activity about her.

AETHUSA CYN; Spasm with stupor, delirium; turning of the eyes downward; epileptiform spasms, with clenched thumbs, red face; dilating, staring, immovable pupils; foam at the mouth; teeth set; pulse small, hard, accelerated; great weakness; children cannot stand, or hold up the head.

AGARICUS: Spasms, with tremors of the body; involuntary movements while awake; epilepsy with great exertion of strength; from fright; every seven days; from suppressed eruption; epileptic fits increase at first and lessen gradually; patient feels as if drunken and always sleepy; unconscious and speechless with the convulsions, face blue and puffed, froth at the mouth; sensation as if cold air was spreading from the spine over the body, like an aura epileptica.

AMYL NITRITE. Convulsions with unconsciousness and inability to swallow; frequent piercing shrieks; after long continued convulsions, weak, emaciation with tendency to sweat easily from slight exertion; during convulsions rigidity of muscles and limbs; muscular twitchings in arms, legs and face, followed sense of fullness of head, flushing of face, violent palpitation of heart and unconsciousness; mental confusion and a dream-like state; haunted many times a day by an indescribable dread and sensation of an oncoming fit; profound and repeated yawning during unconsciousness; succession of fits with increasing frequency, before one fit ceases another begins.

APIS MEL. Nervous restlessness; convulsions; trembling and jerking of the limbs; shrieking; boring the head in the pillow; cerebral affections.

ARGENTUM NITR. Puerperal convulsions; she has a presentment of the approaching spasm; she is in constant motion from the time she comes out of one spasm until she goes into another; the spasms are violent and are preceded by a sensation of expansion of the

whole body, especially of the face and head; sometimes the woman lies quietly for some time after the spasm has passed, but becomes very restless before another begins; cerebral epilepsy; the pupils permanently dilated a day or two before the fit; epileptic convulsions coming on at night.

ARNICA. Where the spasm arises in consequence of a fall or other injury; pulse full and strong, and during every pain the blood rushes violently to the face and head; symptoms of paralysis of the left side; tympanitis of the abdomen after labor (peritonitis); unconsciousness; involuntary discharges of feces and urine; while the head is very hot, the body is cool.

ARSENICUM. The child lies as if dead, pale but warm; is breathless for some time; finally it twists its mouth to one side then to the other; a violent jerk appears to pass through the whole body and its respiration and consciousness gradually return; the spasms return at longer and shorter intervals; worse the latter part of the night.

BELLADONNA. Convulsions; starting from sleep with a wild look, dilated pupils; heat of the head and hands; red eyes and flushed face, sopor after the spasms; convulsions may commence in an arm and then the body be thrown forward and backward; jerking and twitching of muscles between the spasms; convulsive movements in the limbs and muscles of the face; paralysis of right side of tongue; loss of speech and difficult deglutition; renewal of fits at every pain; more or less tossing between the spasms or deep sleep, with grimaces or starts and cries with fearful visions; sound sleep or unconsciousness after a spasm; moaning at night, even without much sleep; sleepiness, but cannot sleep; wild look; fresh cases of epilepsy, with decided brain symptoms; there is an aura as if a mouse were running over an extremity, or of heat rising from the stomach, or illusions of sight or of hearing; convulsions commence in the upper extremities and extend to the mouth, face and eyes; spasm of the larynx and fauces, with a peculiar clutching of the throat during the fit; inability to swallow and danger of suffocation; foam at the mouth; involuntary micturition and defecation; oppression of the chest and anxious breathing; the spasms are excited by the least touch; great anxiety, fear and frightful visions.

BRYONIA. Spasms developed through repercussion of the muscles; dry, parched lips; patient cannot bear to be moved.

BUFO. Epilepsy following onanism; longs for solitude to give himself up to his vice; quick ejaculation without pleasure, with spasms and painful weariness of the limbs; epilepsy, with destructive suppuration; fits occur mostly at the change of the moon, at the time of the menses, in sleep.

CALAREA CARB. Hemorrhoidal plethoric constitution; scrofulous and rachitic; delicate and poorly-nourished persons; sudden attacks of vertigo; loss of consciousness without convulsions; pharyngeal spasms, followed by desire to swallow; attacks return after the slightest vexation; anxiety; with the fit, and after it apprehension of never getting well again; mental dullness or even

derangement; speechless; nocturnal epilepsy; attack commences in abdomen.

CAMPHOR. Spasms from suppressed catarrh of the head or chest; epileptic fits, with stertorous breathing, red and bloated face, coma; early enough given it may prevent the fit or at least abridge its intensity or duration.

CANNABIS IND. Epilepsy; extraordinary mental and physical vigor, an ecstatic exaltation of all the powers of mind and body as the aura before the fit; tendency to catalepsy.

CANTHARIS. Convulsions, with dysuria and hydrophobic symptoms; bright light, drink, sound of falling water, or the mere touch of the larynx causes renewal of the spasms.

CAULOPHYLLUM. Convulsions, with very weak irregular labor pains; she feels very weak.

CAUSTICUM. Convulsive motions of the extremities in the evening when the child is sleeping, with disturbed eyes and icy coldness of the body; when the paroxysms are complicated with screams, gnashing of the teeth and violent movements of the limbs, etc.; epilepsy, recent and light cases; sudden fall, with loss of consciousness in the fresh air, but recovers himself soon; convulsions, especially on the right side, with drawing of the head toward it; during the convulsions the urine flows copiously and involuntarily; frequent urination; restless, desire to escape; idiotic condition before the attack; cold water brings the paroxysms on again.

CHAMOMILLA. Child makes itself stiff and bends backward; kicks with the feet and screams immoderately; convulsions of children; legs moved up and down; grasping and reaching with the hands; mouth drawn from side to side; the eyes staring, jerking and twitching even in sleep; convulsions in the child caused by a fit of anger in the nurse; convulsions after anger; excessive irritability and petulance; one cheek pale and the other red; starts and shocks during sleep.

CHINA. The loss of a large quantity of blood is the cause of the eclampsia.

CICUTA. Violent shocks through the head, arms and legs, which cause them to jerk suddenly; spasmodic rigidity of the body, either opisthotonos or emprosthotonos; the child seems well and in great spirits, when suddenly it becomes rigid, then relaxation sets in with great prostration; tonic spasms, renewed from the slightest touch, or the least talking or walking about; helminthiasis; strange contortions of the upper part of the body and limbs during the paroxysms, with a blue face and frequent interruptions of breathing for a few seconds; epilepsy; especially for children; convulsions; clonic and tonic spasms, with pale and yellow complexion; distortion of the extremities; cries; after the attack the child is unconscious and nearly lifeless; in women, after emotions, with sad melancholy; after confinements; painful ulcers on the edge of tongue.

CIMICIFUGA. Children wake at night with a frightened look and trembling of the limbs.

CINA. The child is feeble, lax and ailing; painful sensibility in the limbs of the whole body on motion or touch; attack worse in the morning and evening and most violent after eating; convulsive attacks at night; spasms of children, with throwing the arms from side to side; convulsions of the extensor muscles, the child suddenly becomes stiff, followed by trembling of the whole body, with blue lips, and whining complaints of pain in the throat, chest and all the limbs; there is a clucking noise during the convulsion as if water was poured out of a bottle, from the throat down to the abdomen, paralytic pains in arms and legs; the child exhibits vermiculous symptoms; discharges worms; hacking cough; continually making attempts at deglutition, as if to swallow something down; it is very difficult to be pleased with anything.

COFFEA. Convulsions of teething children, with grinding of teeth and coldness of limbs, after over-excitement; the attack has been brought on by excessive laughing and playing; weakly and excitable children; and in consequence frequently suffer with spasms.

CROTALUS HOR. Convulsions, with trembling of the limbs, without foaming at the mouth loss of sense; indifference, seems only half alive; paleness of the face, as in faintness; sensation of tight constriction of the throat.

CUPRUM. Eclampsia of children during dentition; the spasm is often preceded by violent vomiting of phlegm; the clonic spasm begins in the fingers and toes; child lies on the belly and spasmodically thrusts the breech up; after the convulsion the child screams, and twists in all directions until another spasms occurs; opisthotonos with every paroxysm, with spreading out of the limbs and opening of the mouth; clonic spasms during pregnancy, when the attack begins at the periphery and extends centrally; nocturnal epilepsy, or when the fits return at regular intervals (menses), beginning with a sudden scream; unconsciousness; loss of sensibility and throwing the body upward and forward convulsions commencing at the fingers and toes, or in the arms, with coldness of the hands and feet, and pallor or lividity of face; clenching of thumbs; suffocating paroxysms; frequent emission of urine; piercing, violent screaming; difficult comprehension or screaming; convulsions of children during dentition or from retrocession of an exanthema; extreme violence of the convulsion with pale or livid face, slow pulse (often a sign of feeble muscular action of the heart), coldness of hands and feet.

CUPRUM ACET. Spasms from the retrocession of eruption in scarlet fever.

CYPRIPEDIUM. Epilepsy from reflex nervous irritation; from exhaustion of nerve forces; from irritability of the brain in children.

GELSEMINUM. Convulsions from reflex irritation; premonitory symptoms; the head feels very large; the spasms occur as the first hint that the os uteri remains rigid and unchanged; distressing pains from before backward and upward in the abdomen; heavy head, with half stupid look; face deep red; speech thick; pulse slow, full; albuminuria.

GLONOINE. Epileptic fits accumulate and return daily; convul-

sions from cerebral congestion; stupidity and somnolence; alternate congestion of head and heart; throbbing pain in the epigastrium.

HEPAR SULPH. Traumatic convulsions, caused by excessive pressure on the brain during delivery; trismus of new-born babes.

HELLEBORUS. Convulsions of nursing children, with extreme coldness; the urine is very dark, and has a sediment like coffee-grounds; intense and intolerable pains in the head; a shock passes through the brain as if from electricity, followed by spasms.

HYDROCYANIC ACID. When the muscles of the back, face and jaws are principally affected, and the body assumes a bluish tint; epilepsy; recent cases; sudden complete loss of consciousness and sensation; extreme coma for several hours, only interrupted by occasional sudden convulsive movements; confusion of the head and vertigo; jaws clenched, teeth firmly set, froth at the mouth, forming large bubbles; unable to swallow; involuntary discharge of urine and feces; upper extremities contracted and hands clenched; unusual stiffness of the legs; spasms commencing in the toes, followed by distortion of the eyes, toward the right and upward, afterward general spasms; distortion of the limbs and frightful distortion of the face; trunk spasmodically bent forward; great exhaustion, prostration and aversion to all work, mental or physical.

HYDROPHOBIN. The spasms are excited whenever she attempts to drink water, or if she hears it pouring from one vessel into another; the remedy may also be indicated by the sight or sound of water affecting the patient unpleasantly, even though she desires water.

HYOSCYAMUS. Convulsions after meals; the child sickens after eating, vomits or shows distress at the stomach; sudden shrieks and then insensible; convulsive jerks; long-lasting spasms; frothing at the mouth; every muscle in the body is convulsed—the eyes, the muscles of the face; puerperal spasms; shrieks; anguish; oppression of the chest; unconsciousness; bluish color of the face; twitching and jactation of every muscle of the body; delirium; during the convulsion limbs forcibly curved and thrown up from the bed; epilepsy, before the fit, vertigo; sparks before the eyes; ringing in the ears; hungry gnawing; during the fit face purple, eyes projecting, shrieks, grinding teeth, urination; after attack, sopor, snoring; from grief, after emotion.

IGNATIA. Spasms return every day at the same hour; screaming and violent trembling all over; single parts seem to be convulsed; spasms of children, preceded by hasty drinking; convulsive twitching, especially after fright or grief (of the nurse); convulsions during dentition, with frothing at the mouth, kicking with the legs; deep sighing and sobbing, with a strange, compressed feeling in the brain; the convulsions commence and terminate with groaning and stretching of the limbs; the paroxysms are accompanied with vomiting; fright with grief may have been the exciting cause; recent cases of epilepsy; silent, stupid state, with jerking of the body; partial spasms of the extremities, one limb, or only certain muscles at a time; emotional epilepsy; lassitude after the fit.

INDIGO. Epilepsy; patient is of exceedingly melancholic (blues) character, tired of life, feels gloomy; flushes of heat from abdomen to head, with sensation as if the head was tightly bandaged around the forehead; epileptic fits begin with dizziness; epilepsy originating from plexus solaris, or from abdominal ganglia, or from cold or fright.

IPECAC. Much nausea and vomiting, either before or during a spasm; the child is spasmodically drawn in some direction; body rigid, stretched out, followed by spasmodic jerking of the arms; convulsions from indigestible food or from suppressed eruption; one constant sensation of nausea all the time, with occasional convulsions; such symptoms—convulsions characterized by continuous nausea—are always relieved by ipecac. alone.

KALI BROM. Mental hebetude, slowness of expression, failure of memory; confusion and heat of the head, great vertigo; dull stupified expression; the same languor in extremities, in fact the whole mind and body given up to lassitude, but nowhere convulsions.

KALI CARB. The spasm seems to be relieved or to pass off by frequent eructations.

KREOSOTE. Convulsion from the swelling of a gum over a tooth which is not quite through; great restlessness; wants to be in motion all the time, and screams the whole night; bronchial irritation from dentition; the teeth look black and decay as fast as they appear; otitis.

LACHESIS. The convulsions are particularly violent in the lower limbs, with coldness of the feet, stretching backward of the body and screaming; epileptic convulsions characterized by cries, falling down unconsciously, foam at the mouth, sudden and forcible protrusion of the tongue; vertigo, heavy and painful head; palpitation of heart; left side chiefly affected; onanism or excessive sexual desire the cause of the disease.

LAUROCERASUS. Much gasping for breath before, during and after a spasm with bluish tint of the skin; after fright; emaciation; she is conscious of a shock passing through her whole body before the spasm (hel.).

LYCOPodium. Spasms from incarcerated flatus, with screaming, foaming at the mouth, throwing the arms about, unconscious.

MOSCHUS. Convulsions from uremic poisoning.

NUX MOSCH. Convulsive motion of the head from behind forward; hysterical eclampsia in women who easily faint; drowsy before and after the spasm.

NUX VOM. Convulsions in the child from indigestion, especially through the high living of the nurse, from emotions in the nurse, as anger; the spasms begin with an aura in the epigastrium; spasms renewed by the least touch, followed by deep sleep; spasms renewed whenever the feet are touched; great torpor of the intestinal canal; in persons who are of an irritable disposition and in those who are accustomed to wines and high living generally, and who live a sedentary life; spinal epilepsy, with opisthotonos; trembling or convulsive twitching of the limbs; involuntary defecation

and urination; rigidity of the limbs; pressure on solar plexus renews the attack.

OENANTHE CROCATÀ. Epileptiform convulsions followed by deep sleep or coma; convulsions with vertigo, madness, nausea, vomiting; unconsciousness, eyeballs turned up, pupils dilated, lockjaw; convulsions with deathlike syncope; epilepsia nocturna.

OPIUM. Spasms from fright, anger (nurse); in children from the approach of strangers; in new-born babes, screaming before or during the spasms; after attack deep sleep; stupor between spasms sopor with stertorous respiration; the stertorous respiration continues constantly from one spasm till the next, and so on; incoherent wanderings and convulsive rigidity of body, with redness, swelling and heat of the face; hot perspiration and insensible pupils; suppression of the pains of labor may have been the proximate cause; nocturnal epilepsy; continued stertorous breathing; respiration deep, unequal; cyanotic face, or red, bloated, distorted; deep, comatous sleep; suffocative paroxysms during convulsive state.

PHOSPHORUS. Previous to the convulsion a sensation of heat rushes the back into the head; this was several times perceived as a forerunner of the convulsion.

PLUMBUM. Epilepsy; heaviness and numbness of the legs before the spell; swollen tongue; after the fit consciousness returns only slowly and symptoms of paralysis remain; chronic cases with earthy color of face, stupor and debility after fit; periodicity.

PULSATILLA. The countenance is cold, clammy and pale; loss of consciousness and of motion; stertorous breathing and full pulse; the labor pains are deficient, irregular or sluggish, otherwise she is in good condition; mild and tearful; the patient demands fresh air.

SECALE COR. Twitching of single muscles; twisting of the head to and fro; contortion of the hands and feet; labored and anxious breathing; in scrawny, ill-nourished women, with too feeble labor-pains; "ergotismus convulsivus."

SILICEA. Spasms which return at the change of the moon or at night; convulsions after vaccination; attacks preceded by coldness of the left side, shaking and twisting of the left arm; nocturnal epilepsy, especially about the time of the new moon; chronic cases (after calc.); before the attack feeling of great coldness of the left side of the body, shaking of the left arm; slumber with starting; the spasms spread, undulating from the solar plexus up toward the brain; violent screaming, groaning, tears drop out of his eyes, foam before the mouth; afterward, warm perspiration, slumber, paralysis of the right side; exalted susceptibility to nervous stimuli with an exhausted condition of the nerves; abdominal epilepsy.

STANNUM. Spasms during dentition, with worm symptoms, more excitability, more disturbance of the brain and more fear than cina; helminthiasis of genital orgasm; epilepsy with tossing of the limbs; clenching of the thumbs; pale face; opisthotonos, unconsciousness.

STRAMONIUM. Suppression of an eruption, or the exanthem fails to come out; the child is afraid and shrinks back from objects

on first seeing them; opisthotonic convulsions from bright, dazzling objects, water or touch; abdomen puffed; body very hot; spasms continually change character; frightened appearance before and after the convulsions commence; sardonic grin; stammering or loss of speech; loss of consciousness and sensibility; frightful visions; laughter, singing; attempts to escape; the fits are renewed by the sight of brilliant objects, and sometimes by contact; epileptiform convulsions; thrusting the head continually in quick succession to the right; continual rotary motion of the left arm; pains in pit of the stomach; obstinate constipation; deep, snoring sleep; risus sardonicus; pale, worn-out appearance, with a stupid look; afraid of being alone; convulsions affecting the upper more than the lower extremities; also isolated groups of muscles.

SULPHUR Whenever some dyscrasia lurks in the system, or outward symptoms were suppressed; chronic epilepsy; before the spell; crawling and running as from a mouse down the back and arms, or up the leg to the right side of the abdomen; after the convulsions, soporous sleep and great exhaustion.

TARENTULA. Hysteric epilepsy, sensation of dizziness before the fit, followed by convulsions and great precordial anguish.

TART. EMET. Spasms from repelled eruptions, with paleness of skin and much difficulty of breathing; great prostration and faintness.

TEREBINTHINA. Dentition accompanied by suppression of urine and convulsions; child is wakeful at night, screaming as if frightened, has a staring look, clenches his fingers; twitchings in different parts of the body; picking of nose; dry, short cough, aching in limbs and head; burning soreness and interstitial soreness of gums; otitis infantilis.

VERATRUM ALB Convulsions of children, with pale face and cold sweat on forehead; cough before or after the spasm; trembling all over.

VERATRUM VIR. Eclampsia from emotional causes; great activity of the arterial system; convulsions and mania, which even keeps up after the cessation of the spasms; face flushed, pulse wiry, thirst.

VISCUM ALB Epilepsy, with constant vertigo, even when in bed; feeling as if the whole vault of the skull would be raised up; muscles of the face in constant agitation.

ZINCUM Twitching in various muscles; the whole body of the child jerks during sleep; the child is cross before the attack; body hot; restless at night; fidgety feet; right side twitches; pale children during teething; after the disappearance of old eruptions; coma from cerebral exhaustion; loss of sensation of the whole body; mania from mental excitement; somnambulism; zinc has been known to cure obstinate puerperal convulsions after phos., apparently indicated, had failed; cerebral epilepsy; symptoms felt mostly during rest; aggravation after dinner and towards evening; twitching in various muscles; the whole body jerks during sleep.

ZIZEA AUREA Spasmodic movements of the muscles of the face and extremities; epilepsy.

REPETITION OF THE REMEDY

BÆNNIGHAUSEN-TRANSLATION, BY A. MCNEIL, M.D.,
American Physician, 1889.

THE foundation of all diseases rests on an internal, immaterial, purely dynamic affection of the vital power, which is either limited to one organ or the entire organism may be affected. And if heterogeneous or effete matter is present in the system, with the exception of that which is introduced from without, it is to be considered as the result of that disturbance of the vital activity and not at all as the actual cause of the disease, the driving out of which is necessary to the restoration to health.

To oppose these natural diseases we employ those agents which are designated as remedies, to differentiate them from the purely nourishing substances which we call foods. These medicines have purely dynamic, sick-making properties, whereby they have the power of reproducing such diseases in their external similarity as nature herself does, although they do not necessarily possess the same mysterious, intrinsic character which is and always will remain concealed from us by an impenetrable veil.

It has been proven by constant experience, although it cannot be demonstrated by logical reasoning, that medicines generally possess the property of curing certain diseases. In answering the question "under what conditions this is done?" the two schools diverge, although they have hitherto been in unison, as the allopaths accept as their guide the formula of *contraria contrariis*, and the homœopaths that of *similia similibus*. However, they again agree with each other that only by exciting the vital powers by medicine can recovery be obtained, and that without this vital power and its reaction, every curative agent must be completely unefficacious.

In this active reaction of the vital power, we homœopaths perceive the foundation on which rests what we call the primary action of drugs. The primary action of a medicine is that which follows when its sick-making property makes its direct attack on the living organism. The secondary action consists in the reaction of the active vital power against the assault made on it. The two kinds of action stand in direct opposition to each other, and although each one is to be considered as the result of the mutual dynamic power of the vitality and of the medicine, yet they manifest differences in their struggle against each other which an experienced eye can easily recognize.

The complete cure of a disease is, consequently, the direct result of the secondary action in which the living and constantly reacting organism obtains more and more the upper hand in its struggle against the medicine, until it (the medicine) and with it the natural disease (in whose stead it appears) is entirely subdued and annihilated, and thereby health is restored.

From this it is easily perceived how careful the homœopathic physician must be not to interfere in the contest between the primary

and secondary action, by the administration of new doses of medicine to aid that already given and thereby to inevitably prolong the strife. Therefore, in our opinion, nothing is more dangerous and pernicious for the physician than impatience; and he will never repent waiting quietly as long as he sees the conflict in full activity, which he perceives by his accurate knowledge of the peculiar of characteristic symptoms, and that there is no change of the indications calling for another medicine. In this latter case, which does not often occur, there are the most positive criteria and cautious to guide him, and he will scarcely run the risk of either injurious haste or of a hurtful delay.

It remains to be mentioned briefly that the period of waiting after the primary action of a drug is extremely different according to the nature of the medicine and the character of the case. While in the most acute diseases, as cholera, for instance, the time is measured by minutes, and in the most painful sufferings instant relief and a rapid removal is possible, yet, in chronic diseases often entire weeks pass before the health-bringing secondary action begins to manifest itself. And it is in just these old, long-continued chronic complaints that a too hasty repetition or a too early administration of a new remedy is the most injurious, often to such a degree that the harm can scarcely be overcome, and then only after a great loss of time. It is on this rock that the beginner in homœopathy is most likely to be wrecked; and also for those who have long served under the flag of allopathy, for *QUO EST IMBUTA RECENS SERVABIT ODOREM TESTA DIU!*

IRIS VERSICOLOR

A. McNEIL, M.D. Homœopathic Physician, 1889.

THIS drug has been lauded as a specific for sick-headache. Beware of this and all such delusions. There are no specifics for diseases, but every drug is a specific for a certain group of symptoms, and I will endeavor to show those that are curable by iris.

It is indicated in sick headache which begins with a blur before the eyes. Kali bichrom. cures blindness followed by violent headache; the vision returns as the headache increases. Gelseminum also has headache preceded by blindness. It cures another form of headache, in which there is dull throbbing or shooting in the right side of forehead, attended by nausea, is worse toward evening, from rest, cold air, and coughing, and is ameliorated by moderate motion. Ferrum aceticum is somewhat like it, being aggravated by moderate motion and relieved by continued hard exercise in its headaches and other forms and complaints, as, for instance, asthma relieved by dancing is cured by it. Iris has a headache of sharp, cutting pains of short duration, and changing location often.

Iris is to be thought of when the mouth and tongue feel as

though they had been scalded; apis and sepia also; while with sanguinaria the tongue alone feels as if scalded. Iris, with many other remedies, has salivation, but it has a symptom accompanying which differentiates it from that of all other drugs—viz.: the gums and tongue feel as if covered with a greasy substance. This peculiar feeling should be borne in mind in gastric conditions, including sick headaches.

Iris is indicated in any of the diseases of the throat, including diphtheria, when it burns and smart, with a feeling of enlargement, as if it were a burning cavern.

We should remember this remedy when milk disagrees, it becomes sour and is thrown up. In aethusa, the milk comes up in clots, and the vomiting of milk which is characteristic of mercurius is, like that of iris, sour.

Iris has a large field of usefulness in gastric derangements. It is useful in nausea and vomiting of sour food (calc. carb. and chamom.), the whole person smells sour. Hyperic., magnesia carb., rheum and sulphuric acid all have the sour smell of the person. It is indicated in vomiting of thin, watery fluid of an exceedingly sour taste.

Iris is curative in diarrhea of watery stools, the anus feels on fire; this burning may be either at the anus, or it may extend through the whole alimentary canal, from the mouth. Arsenicum is also characterized by this burning at the anus, but the other symptoms of these drugs are too different to embarrass you in your selection.

LETTER OF DR. NUNEZ TO DR. BOENNINGHAUSEN

HOMŒOPATHIC PHYSICIAN, AUGUST, 1889.

IT is now a year since I last wrote you. Since then my views and my practice have undergone great changes. You are right, my friend; the recently introduced high potencies are a real progress in homœopathy, and I believe that this progress would be still more considerable if we instituted our provings upon the healthy body with the 200th potencies. You were right when you assured me that the results which we can obtain with the highest potencies, are truly marvelous. I am even disposed to believe that the potencies beyond the 300th are more efficacious than the 200th. Of the 300th, I have seen marked exacerbations.

In a former communication I told you of a marked exacerbation occasioned by calc. 200th, in a case of chronic myelitis, of which the dean of the faculty of Barcelona was suffering. Since then I has seen a still more marked exacerbation from calc. 700th in a

*Written probably in 1846. Dr. Nunez was the ablest homœopathist who ever practised in Spain.—Eds.

case of acne rosacea. With doses of *sepia* 1200th I have effected a complete cure of chronic constipation of forty years standing in a lady of seventy-six years, which had become so inveterate that the patient never had a natural evacuation, and had to use mechanical application when ever she wished to have relief; the rectum seemed to be entirely inactive. Since then I have cured several other cases of chronic constipation with *sepia* 1200th and have never failed in any case of that kind. *Arsenic* 1200th has cured spitting of blood, accompanied with suppression of the menses, obstinate constipation, burning pain in the stomach and between the scapulæ, all these symptoms of four years' standing; one dose was sufficient to remove them. *Nux* 200th and *sulphur* 1200th in alteration have cured two cases of tuberculosis phtthisis at the stage of softening. One single dose of *ledum* 300th has cured a case of sciatica which had been treated allopathically for six months without the least benefit.* One dose of *sulphur* has cured a diarrhea of eighteen months' standing, attended with phtthisicky symptoms; the diarrhea had been occasioned by the abuse of *copaiva* in a case of blenorrrhea from the urethra. One dose of *cantharides* 200th was sufficient to cure a chronic catarrh of the bladder with hematuria and spasmodic closing of the neck of the bladder. Three doses of *silcea* 1000th have cured a swelling of the size of a plum in a scrofulous child of eleven years, occasioned by the closing of an abscess; the swelling was seated between the fifth and sixth ribs on the right side below the nipple, and had been treated with hydriodate of potash and poultices, by which the swelling had become larger. One dose of *crocus* 200th arrested at once a violent hemorrhage from the uterus. *Veratrum* 300th, two doses, has cured a case of diabetes with violent thirst, obliging the patient to hold a moist sponge in his mouth constantly. Three doses of *natrum mur.* 300th have cured two cases of gonorrhœa, one of fourteen months and the other of three years' standing.

Aggravations occasioned by the 200th dynamization are sometimes very violent and obstinate. I gave *natrum mur.* 200th for a chronic gleet, and a complete retention of urine was occasioned by it, which yielded to *conium*.† In another case of that kind, I gave *sulphur* 200th, four days in succession; on the fifth a frightful inflammation of the bladder set in. One dose of *calcarea* 700th occasioned a violent congestion of blood to the head and heart, with suffocative fits and loss of consciousness. To a nervous lady who had been in the habit of being bled, I gave one pellet of *arsenic* 300th; one hour after taking it, violent retching set in, and half an hour after the menses made their appearance, eighteen days

*With *colocynthis* 200th in water, one dose a day, I have cured a case of nervous sciatica of nine months' standing, in a military man who had been treated all this time with the usual allopathic means without benefit. I cured him in six days.—*Staph.*

† A patient, f., of thirty years, took *natrum mur.* 400th for a chronic leucorrhœa, after which it became excessively violent and corrosive. After the aggravation had lasted four days, the leucorrhœa disappeared entirely and permanently.—*Staph.*

before the regular period. This lady had always been regular, and had never had an attack of retching.

I have founded a homœopathic society in Madrid, consisting of twenty-four members. The president of the State Ministry has appointed me his physician; and it has been determined that lectures will commence on the 1st of January. Send me your Therapeutic Pocket-book as soon as it is out.

The Following Observations by Dr. Maurice W. Turner, of Brookline, Mass., are of decided importance to homœopathic prescribers and should be carefully noted. Any confirmations or contrary experiences will be gladly received by THE NORTH AMERICAN.

"I have just found the notes of your case of coryza, or grippe, cured with kali iodide, which you sent me some time ago; as I give you details of my cases perhaps you will be interested in the matter again. You will recall that I told you that in March I had seven cases which called for kali iodide and were promptly cured by it; that medicine and allium cepa seemed to be the epidemic remedies for colds then

One of the kali iodide cases, typical of the others, ran as follows,—man, 56 years, previously well; now coryza, which is < in open air; nose obstructed, red, swollen, but also a watery, acrid discharge; much sneezing; < least draft; thirst slight; tongue red, clean, swollen, indented (teeth); eyes red, puffed. Kali iodide 2 c.; improved in twenty-four hours, well in twenty-four hours more.

The < from cold air suggested arsenicum to you. It is true that the two remedies seem to run close together in the nasal symptoms, both being < from open air, but that with arsenicum is in harmony with its general > from warmth, while kali iodide has "irresistible desire for open air" and is > by it except in the coryza and toothache, so that these are its exceptions, a similar exception with arsenicum coming in the headache.

The distinguishing thing with allium cepa was the > in cool air; but of all the remedies the one which seems to me to come the nearest to kali iodide, in coryza, is mercury, to which, of course, the iodide is antidotal, but the cleanness of the tongue, the slight thirst, and the more pronounced nasal obstruction of kali iodide are sufficient to differentiate. Your case supplies details of the picture without changing essentials.*

The short paper on "*Phosphorus; a Note,*" which you read at the Pittsburgh meeting, should not be buried in the transactions of the I. H. A.—it ought to be generally known. That rubric under "Stomach, emptiness, eating not relieved by," p. 483, in Kent's

* The case referred to was as follows:—Grippe; some restlessness; frontal headache over root of nose; burning in nose; eyes fill with hot tears; watery hot discharge from nose; violent sneezing; nose obstructed, left side; aching in back and here and there in limbs; no fever nor thirst; open air. The depression (weakness) and absence of fever being in keeping with the general characteristics of the kalis. R. F. R.

Repertory, first edition, contains other mistakes besides the one of phosphorus to which you allude. As you say, "it is all wrong, phosphorus has no such symptom," and, as in your painstaking search of the materia medica, including the original early German editions of the *Reine Arzneimittelehre*, *Chronic Diseases*, etc., you failed to find it, it is a error, typographical perhaps, but nevertheless it should be expunged, unless Dr. Kent can give reasons for its retention.

From that same rubric *ignatia* is omitted. It properly belongs there as reference to the Guiding Symptoms under that drug, p. 151, will show, where in the highest degree is given, "Weak, empty feeling at pit of stomach, not > by eating," so when phosphorus is taken out *ignatia* should be inserted in heavy type.

I find that in the second edition of Kent's Repertory the remedies in that modality of "emptiness not > by eating" have been, many of them, revealed. *Ignatia*, appearing for the first time, is in italics, i. e., second highest, when it should correctly be in heavy type; *lachesis* and *veratrum album* are new and are given in highest degree, while *lycopodium*, *muratic acid*, and *sepia* are raised to the highest rank, *cina* and *phosphorus* being retained there. So the mistake with phosphorus is continued, if mistake it be, and these other remedies, with highest honors, appear, though it is questionable whether they all deserve it. One should read the analysis of the second edition of Kent's Repertory in the *British Homœopathic Review* for May, 1909, for enlightenment.

I have recently had success, though long enough ago to be sure of it, with a case of eczema affecting especially the back of the neck and extending up into the hair. The patient is a man twenty-three years old with whom the trouble began at two years of age as eczema of the legs, it gradually extended over most of the skin, but when he came to me the eruption was confined to the bends of the elbows and neck. An old and a recent urethritis, both suppressed, complicated. His symptoms can best be condensed by quoting from Lilienthal's *Diseases of the Skin*, p. 303, "Sycosis. Red spots and points on neck and chest, changing to little blotches. Burning and itching, < after scratching." Under *cinnabar* he improved for a month, then relapsed; the remedy being repeated a urethral discharge developed and he again was better, this time for two months.—"first time neck and skin clear for ten years!"—but a slight recurrence necessitated a third exhibition and since then he has been well, the discharge having gradually disappeared.

Cinnabar was given in the 1 m. two doses each time. You will agree with me, I am sure, that as the remedy has "taken hold" every time and been followed by the development of a twice suppressed discharge and by lengthening periods of improvement that he is, if not fully, certainly as good as cured."

An Unnoticed Symptom of Ipecac Clinically Verified by Dr. Mossa.—A young man suffered from a queer toothache—stitching pains in right cheek, radiating from the various teeth of the upper maxilla into the temples, ears and nose, worse at night. As

mercury failed, he had the offender extracted, but no relief followed, and he complains now, off and on, in the upper teeth, of a painful wrench as if the teeth were pulled out, especially in the daytime, and it did not trouble him much at night. He received ipec., three times a day, and a few doses cured him.

In Hahnemann's *Materia Medica Pura*, Engl. ed. 788, S. 41 (G. E. 3d v. 17') we read: "Again in the teeth, as if they were pulled out, in fits (after eight hours); very violent pain in a hollow tooth when biting, immediately, as if it was pulled out, causing loud howling and crying out and thereafter constant tearing in it. In the first edition Hahnemann puts the symptom in parenthesis, as if doubtful, but Weber gives it in full and open. Hering mentions in his *Domestic Physician*, arnica, causticum, nux-mosch., nux-v., phos-ac., rhus. for pulling, tearing pains, a symptom which we also meet in *coccinella*, *cydamen*, *manganese*, *mezereum*, and the north pole of the magnet. Raue does not mention ipecac, and we fail to read of it as a remedy for toothache in Burr, Jousaet, or Kafka. It may be, therefore, of interest to give a hint to its use to the students of *materia medica*.

Homœopathic Physician, 1889.

SOME PRACTICAL REMARKS

By C. HERING, M.D., *Homœopathic Physician*, 1889.

CASES spoiled by the use of aconite may often be got right again by using sulphur. Arnica is more apt than aconite to spoil a case. Arnica makes a much more profound impression upon the system than aconite. Its real culminating action is similar to typhus fever. Brilliant results have frequently been obtained with it in the worst forms of typhus.

Physicians who wear spectacles and ride long distances in very cold weather, will find protection from freezing of the parts coming in contact with the metal, by bathing the skin with camphor.

Ranunculus bulb. is one of our most effective agents for the removal of bad effects from the abuse of intoxicating drinks.

At least one-half of the chronic diseases of women and children are developed by using too much sugar.

Aconite is rarely, if ever, of use in scarlatina, notwithstanding the "high fever" and the "dry skin," because, instead of the agonizing tossing about of aconite, the patients are dull and drowsy, the pulse is not hard, etc.

The water treatment: Wet bandages are often of great use in scarlatina, but never together with belladonna. Either the one or the other ought to be omitted.

Correspondence

OPEN LETTER TO THE MEDICAL PROFESSION

DEAR DOCTOR:

A meeting of physicians and surgeons interested in Scientific Clinical Research is called for Wednesday, October 27, 1909, at John Ware Hall, Boston Medical Library, No. 8 Fenway, Boston, Massachusetts. The meeting will come to order at 10 a. m., and carry its sessions through Wednesday, and if necessary, through Thursday and Friday.

The object of the meeting is:

First, to establish an American Association of Clinical Research;

Secondly, to establish clinical research on an incontrovertible scientific basis in hospitals; and

Thirdly, to institute an American Journal of Clinical Research, in which the work of members of the American Association and of others doing clinical research work in a scientific manner shall be published.

You and your friends are herewith cordially invited to participate in this meeting and in the proposed movement of scientific clinical research.

This invitation is extended to all physicians and surgeons whose interest goes beyond the immediate case work of ordinary clinical societies; and it is hoped that the invitation will be accepted by all medical practitioners, irrespective of their present medical affiliations, who can appreciate the necessity for establishing on an incontrovertible scientific basis the certainties and limitations of the present practice of medicine and surgery before attempting to add to the already large and cumbersome field of medicine.

The American Association of Clinical Research is not intended to disturb the present medical affiliations of its members nor to interfere in the very least with the duties they owe and the privileges they enjoy by virtue of their affiliation with any existing national medical body.

The American Association of Clinical Research is to take cognizance of the fact that the clinic requires cold facts and conclusive methods, and upon these fundamental requirements, the structure and the work of the American Association of Clinical Research are to be built.

It is of the utmost scientific importance to establish conclusively all that is at present true in medicine and surgery, and only upon such proved knowledge, to base any further advancement. The clinic deals with clinical entities and not like the laboratories, with parts as entities. Therefore, clinical research differs, and must differ, from experimental laboratory researches. Clinical research must consider clinical entities, and when considering parts, it must consider them only as parts and not as wholes. All that subserves

the object of obtaining and investigating clinical facts and principles belongs to clinical research and the laboratory is a part of the means of clinical research, but only a part.

The crux of the matter appears to be that experimental laboratory proof is not sufficient clinical proof. In order to advance in an irresistible line, clinical research must be based on a conclusive form or method of clinical proof. In experimental proof, we dislocate a part from a whole and attempt to prove the whole from the part, as though a dislocated part could always prove the whole. Or, we attempt to prove facts in one species by facts in another species, as though the two species were identical. For instance, the experiments made on animals to elucidate certain elements of fever bring out a fact of almost insurmountable difference between man and the lower animals, the fact that man has associated with the nakedness of his body a highly perfected power for regulating his temperature, a highly developed vasomotor system and a vast array of sweat glands, a characteristic complex of things which apparently no other species of animal life presents. Experiments made on animals to prove febrile or other clinical phenomena in man, may be suggestive, but for obvious reasons, cannot be conclusive. To prove observations in man, the observations must be made on man and not on animals. But observations on man cannot be conclusive, because the same experience cannot be repeated, and when we prove by numbers, we compare similar but not identical experiences. Analogy is not conclusive proof. Identity alone is conclusive proof; but since, in medicine, identical experiences cannot be repeated, we must provide simultaneous identical experiences in order to have proof by identity. Clinical proof is conclusively established when all observations and experiments are made conjointly by at least two competent men, preferably of opposite ideas, at the same time. Conjoined critical observation and experiment, at the bedside and in the laboratory, as may be required, furnish simultaneous identical experiences, the proof proceeding on the principle that a whole can be proved only by the whole and not by dislocated parts.

These and other weighty questions await your assistance for a necessary solution. The benefit that will accrue, both to medicine in particular and to the medical profession and humanity at large in general, from a satisfactory establishment of scientific clinical research, can be easily surmised. Come prepared, yourself and your friends, to give to this matter your mature convictions, and your personal assistance. Only from a critical interchange of critically acquired opinions, can we hope for clearness and for the clarification of the medical atmosphere now charged with confusion and indifference.

Your communication indicating your interest and your expectation of being present at the meeting in Boston on October 27th, next, is eagerly awaited, and on receipt of the expression of your interest, further developments will be communicated to you personally in due time.

Please address your communications at the earliest possible

date, directly to JAMES KRAUSS, M.D., 419 Boylston Street, Boston, Massachusetts.

Yours fraternally

JAMES KRAUSS, M.D.,
Chairman Committee American Association Clinical Research.

Ficus Religiosa.—A communication too long for publication in THE NORTH AMERICAN, has been received from Sarat Chandra Ghose, M.D., editor, *Indian Homœopathic Reporter*, Bhowanipur, Calcutta, regarding the lines penned by the editor of *The Homœopathic Recorder* as to the controversy relating to ficus religiosa, and also the quotation from the remarks of the editor of *The Calcutta Journal of Medicine* in the editorial brevities of *The Homœopathic Recorder* of June, 1909. The object of the letter is to dispel the mist of misconception that prevails in the minds of both, regarding the plant.

1. Dr. Ghose states he has proved ficus religiosa (pakur); that the native name is not pakur but ashwatha; that the name pakur in Clarke's "Dictionary of Materia Medica" has been given in error for which Dr. Ghose claims to be responsible and which he has rectified in all of his subsequent articles dealing with ficus religiosa. (Vide *Homœopathic Recorder*, June, 1904; *Medical Advance*, August, 1904; *Journal of the British Homœopathic Society*, July, 1904; *Indian Homœopathic Reporter*, edited by me, April, 1904). Vol. I. of Clarke's *Materia Medica* was published in 1900. At the request of Boericke & Tafel, Dr. Ghose wrote the article dealing with this plant which was published by them in the *Homœopathic Recorder*, of June, 1904, giving the name "aswatha" but not "pakur."

2. The statement of the present editor of the *Calcutta Journal of Medicine*, that ficus religiosa does not possess the virtue of stopping hemorrhage from the bowels and lungs, Dr. Ghose pronounces reprehensible, as "he has published this amazing erroneous statement without having consulted the general and ayurvedic medical works of India regarding this plant."

In *Sabdakalpadruma*, the most learned and comprehensive Sanscrit encyclopedia, translation of the word "ashwatha" ascribes to it the virtue of stopping hemorrhage not only from the bowels and the lungs, but also from the uterus and the bladder; the same is confirmed in *Biswakosa*, another Indian Encyclopedia, published in Bengali. In *Rajnirghanta*, *Vabprakasha*, *Charaka* and *Susrata*, the foremost ayurvedic medical books of India, ashwatha has been recommended as a remedy of great value for stopping hemorrhage from the lungs, bowels, uterus and bladder; also in *Banusadhidarpana* or the *Ajurvedic Materia Medica* by Kaviraj Biraja Charan Gupta Karibhusana, vol. I, page 55; also in the *Materia Medica of India*, by R. N. Khony, part II, page 559. Dr. Ghose challenges the editor to quote a single verse or sentence

from any of these text books to prove the contrary of what he has herein asserted.

3. The editor of *The Calcutta Journal of Medicine* has written that pakur is *ficus venosa*, but laborious search failed to reveal it in any of the standard books dealing with Indian plants. David Prain, in "Bengal Plants," vol. II, page 981; Roxburgh in his "Flora India," vol. III, page 550; Sir Dietrich Brandis, K.C.S.I., in his "Indian Trees," page 602; Sir Joseph Hooker, in his "Flora of British India," vol. 515; and George Watt in his "Dictionary of the Economic Products of India," F. 216—have published the Latin name of pakur to be *ficus infectoria*, making it apparent that the editor of the *Calcutta Journal of Medicine* has committed a great error in publishing this false name of pakur.

Dr. Ghose finds it impossible in this short letter to enumerate all the cases which have been radically cured by him and by other homœopaths with the help of *ficus religiosa*, and contends that he who has the audacity to write anything disparagingly against a known remedy, must not do so without rhyme or reason, but should substantiate his statements with well-authenticated and authoritative opinions—vague statements are of no avail. He expresses himself as being fully conscious of the responsibility of his position and knows well how to prove drugs, stating: "In conclusion, I request my colleagues to rise to the height of their responsibilities, to dive deep to the bottom of the matter and to arrive at a true conclusion.

Department of Physical Therapeutics

Conducted by - - - WILLIAM H. DIEFFENBACH, M.D.

BECK (*New York Medical Journal*, March 27, 1909) gives his experiences in the treatment of a number of cases of inoperable malignant growths by a combination of operation and roentgen ray treatment. He calls it the "Eventration treatment" and promises further reports after the expiration of some months. The most important cases related, are those of a man with carcinoma of the pylorus, a woman with carcinomatous ulcer of the stomach and a man with a large tumor, probably malignant, in the right iliac fossa. In each case, the growth was exposed after laparotomy, then "dermopexy" was performed by which the author means the pulling out of the dissected malignant portions into the abnormal wound and suturing its outlines to the abdominal skin. The next day or thereabouts, he exposes the growth to the roentgen ray, repeating this treatment until reaction is noted. The treated tissues are then released and returned into the abdomen. Beck reports that several cases thus treated are apparently cured, but does not claim permanency of the cure, preferring to await results before making definite claims.

This new "Eventration" treatment deserves a trial in inoperable cancers and its success is based on similar principles to the radium gelatine injection method, which is being fully tested at Flower Hospital, New York.

MASSELBACH (*Berliner Klin. Wochenschrift*, No. 37), recommends actinic rays secured from *filtered arc lights* in *angina pectoris*. In some cases the light treatment causes complete amelioration, in others improvement for many months; in some patients, only temporary relief was experienced. In the latter cases, valvular lesions, degeneration of the myocardium or nephritis, also aneurism of the aorta rendered a complete cure impossible. The uncomplicated cases were amenable to treatment.

EPITHELIOMA OF THE TONGUE CURED BY MERCURIC CATAPHORESIS, (*Amedee Granger, M.D., Werck's Archives*, Sept. 1908).—Mercuric cataphoresis was first used by Massey in 1893. It consists essentially in the destruction of malignant tissue with sterilization of the surrounding healthy parts (to prevent recurrence) by the oxychlorides of zinc and mercury. The technic of the operation is as follows:

After giving a general anesthetic, one or more zinc pointed electrodes, which have been amalgamated, are introduced into the growth to the desired depth. These are connected to the positive pole of the galvanic current. The negative pole is connected to a large, well covered electrode placed under the patient's back. The current is turned on, 80-100 m.a., and the electrolytic action causes the Na and H of the tissues to wander to the negative pole and the Cl and O to the positive pole, where the latter attack the zinc and mercury forming oxychlorids of zinc and mercury. These salts infiltrate the tissues, destroying them by forming dead albuminates. The treatment should not be undertaken if metastasis has attacked the lymphatics. The author reports nine cases without recurrences in 1½-3 years.

PREISER (*Med. Klinik*, No. 23), employs the following adjuvants in *Arthritis Gonorrhoea*: The joints affected are placed upon an inclined plane, immobilized (gentle pressure) and hot fomentations applied. Hot half baths 105° F. twice a day, for 20-30 minutes, with moderate passive exercise of the limbs are added. The hot applications are applied after the baths and kept up until improvement is apparent. After each hot foment, it is advisable to rub the parts with a cold moist sponge to restore tonicity of the superficial blood vessels.

BIER'S HYPEREMIA is lauded by Plass. (*Berlin, Klin. Wochenschrift* No. 16), in cases of *Bartholinitis*. Gonorrhoea was the usual basic cause. The author applies a suction cup so that the outlets of the Bartholinian glands are placed in the center of the area of suction (about 1-1½ c. m. above the posterior commissure). Suction must not be excessive, as the tissues are friable and apt to give way. In some cases it is necessary to incise the center of the affected area before applying the cup. Suction is made for fifteen minutes, then a short rest is given and the cup is re-

applied for fifteen minutes once more. This technic produces resolution in two weeks, as a rule.

AS AN ADJUVANT TREATMENT IN DIABETES (*Ziegelroth, Archiv. f. phys.-diæt. therapie No. 5*), advocates massage of the liver. The patient is placed on his back with flexed knees and relaxed abdominal walls. He now receives vibratory treatment and manual massage. Vibration can be given with a hand vibrator, and requires about two minutes to cover the whole hepatic area. Massage is performed bi-manually by placing the right hand below the lower border of the ribs and the left hand against the posterior border of the liver. Both hands make compression at the same time with periods of rest—this intermittent treatment being continued for from three to five minutes. During the treatment, the patient is instructed to take deep breathing exercises, so as to increase the action of the massage.

Following this treatment there is a sensation of great relief. Peristalsis is increased and icterus of skin and mucous membrane is improved and disappears.

ENURESIS is treated by Kaufmann (*Deutsche Med. Wochenschrift No. 3*), by means of warm sitz and full baths (85-100° F.) which are given at night for twenty minutes, with affusions of cold water over the spine and over the pubes following the bath. He adds strong faradization of the bladder with one pole over the sacral region, the other over the pubes. The introduction of a soft bougie into the urethra which is advanced into the bladder, kept in situ for a few minutes and then withdrawn, is also an important addition to the technic.

LASKOWSKI (*Zeitschrift fuer phys. u. diæt. therapie No. 8*) gives the following technic in cases of loss of erectile power following gleet or general debility.

He prepares a cold sitz bath (55°) into which the patient is placed for 2-3 minutes and he is then placed in bed to await reaction. The cold T bandage over the perineum is also useful and can be alternated with the cold sitz bath if desired or replace same.

BAELNZ (*Monatschrift fuer die phys.-diæt. Heil No. 1.*) recommends the hot bath (105° F.) 10-15 minutes in cases of acute cold or infection accompanied by muscle and joint pains, coryza, angina or bronchitis. The room must be properly ventilated and the affusion of the head and neck with cold water during the immersion must not be omitted. The latter procedure prevents dyspnea and lassitude following the action of the heat. Following the bath the patient is wrapped in warm blankets and perspiration encouraged. One or two baths are usually sufficient for amelioration of the symptoms.

Medical and Surgical Review

Conducted by - - - WALTER SANDS MILLS, A.B., M.D.

In Skin Grafting, one of the recognized difficulties is to retain the skin grafts in position by a suitable dressing and at the same time allow the wound to be observed from time to time without risk of interfering with the grafts. Dr. J. S. Davis, of Philadelphia, uses coarse netting impregnated with gutta percha. Dr. Ralph St. J. Perry, of Farmington, recommends silk veiling, sterilized and saturated with iodized paraffin. He describes his method in the *American Journal of Surgery*, as follows: The silk netting should have a mesh of $\frac{1}{8}$ to $\frac{1}{4}$ inch and is spread upon and fastened to wire frames about 6 inches square. In this condition it is boiled for half an hour in water to get rid of any stiffening substance and then for another half hour in a cyanide of mercury solution, 1 in 5,000. It is then dried in an oven for five minutes, saturated with paraffin solution and dried in the open air.

The paraffin solution is made by dissolving boiled paraffin in redistilled gasoline, to which is added some resublimated iodine or iodoform. The paraffin solution rapidly permeates the fibers of the netting, and on evaporation of the gasoline leaves a soft, flexible, non-absorbent non-adhering antiseptic dressing, through which the secretion of the wound readily passes. Over this can be applied gauze or other absorbent dressings without fear of their pulling off the partially adherent grafts, and the open mesh allows of easy inspection and cleansing of the wound. To properly keep such prepared netting for future use, the author recommends laying it between sheets of sterile paper kept moist with a solution of cyanide of mercury.

The Dangerous Common Drinking Cup.—The possible spread of disease by the use in common of drinking cups is a fact that must be borne in mind at times, and with the recent invention of paper cups and suitable holders for the same, there is less and less excuse for the common cup. It will not be long before public opinion demands legislation requiring the banishment of this menace to public safety. Indeed, action looking to this has already been taken in some communities. A resolution referring to the use of common drinking cups was adopted by the Kansas State Board of Health in March. Pending a decision as to the legality of such regulation as contemplated by the resolution, the promulgation of the same was delayed. A decision was recently given to the effect that the Board had the power and authority to make such a regulation, and that it was its duty so to do, if the public drinking cup was found to be a medium for the dissemination of infectious diseases. The resolution has, therefore, been regularly published in the official state paper, and copies of the same have been sent by registered mail to every railroad company operating in the State, to the State Superintendent of Instruction, and to the heads of State and private educational institutions.

Some railroads in this section of the country are abolishing the common drinking cup of their own accord. We believe this is true of the Boston & Maine and the Delaware, Lackawanna & Western.

The California Board of Health on July 1st ordered all railway companies doing business in that State to regularly clean the drinking-water tanks in all cars and to substitute at once sanitary closets for the unflushed "cans."

Railway mail clerks have made complaint regarding the water tanks and sanitary conveniences on mail cars, and have demanded the installation in all mail cars of sanitary drinking-water coolers, in which ice is kept separate from the water, and a regulation requiring the companies to clean them daily. They have also asked for the installation of sanitary bowls with flushing devices, the same to be enclosed in small closets, so that they cannot be used to pile mail upon, as, it is said, is now often done, because of lack of car space.

Increased Duration of Life.—Professor Finkelnburg, of Bonn, is credited with saying that the average length of human life in the 16th century was between 18 and 20 years, while to-day it is over 40 years. Since 1880, the span of life has been lengthened by six years; and it is estimated that by securing "reasonably pure air, water and milk, the factors which have contributed most largely to the improvement in the last 30 years, eight years more would be added to the average period of life. Professor Fisher has said that "human life in America, could, by the adoption of hygienic reforms already known and entirely practicable, be lengthened by over one-third—that is, 15 years." Is not this worth striving for?

Gas Poisoning.—In the successful treatment of a series of six cases of gas poisoning, recorded in the *Boston Medical and Surgical Journal*, May 27, 1909, Dr. Herold W. Dana, of Boston, ascribes the greatest virtue to the subcutaneous injection of from one to two pints of hot, sterile, modified Ringer's solution. The injections were always made under the breasts. The solution used is as follows: Calcium chloride, .25, potassium chloride .083, sodium chloride 7.50 and distilled water 100 parts. In addition to this, among the other means employed may be mentioned the hypodermic injection of 1/40 grain of sulphate of strychnine, hot milk by the mouth and sometimes by the rectum, sometimes brandy or whiskey, sometimes 1/100 of a grain of atropin hypodermically, and sometimes surrounding the patient with dry heat. Ammonium carbonate, 0.30 gram (5 grains), once in four hours was used in some instances, as well as caffeine, according to the individual requirements.

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Contributed Articles

THE TALISMAN OF THE GENERAL PRACTITIONER

By J. E. G. WADDINGTON, A.M., M.D.

Detroit, Mich.

THE mere fact that a man possesses the right to append "Dr." in front or "M.D." at the end of his cognomen conveys not the slightest idea regarding his ability to attract a satisfactory clientele, and of itself possesses no distinctive characteristic not possessed in common with any other physician. In this day and age, if at no other time, a man is judged solely upon his merits, by his ability to accomplish something, which, being applied to the medical profession and their clientele, means the cure or at least alleviation of the manifold distresses with which suffering humanity may be afflicted. The different cults, christian science, Emmanuel movements, et al., the flaunting X-ray and electro-therapeutic institutes, the ubiquitous but ever prosperous quack, all these and countless other pseudo-cures for the innumerable ills to which our mortal body is heir, show the constantly increasing unrest and dissatisfaction of the laity with the medical profession in general, as represented by the ordinary orthodox physician. As there is a reason for most things, when we see this unrest and dissatisfaction of the people with the regularly trained and constituted guardians of the public health, we have not far to seek for such reason:—lack of satisfactory results. That is all, but it is sufficient to adequately explain this seeking after false gods. There is at the present time a great and insatiable demand, amply justified by the results, for some form or another of what is now technically known as "physical therapeutics:" baths, mineral, mud, vapor, etc., Swedish

massage, vibratory massage, electricity, etc., and the greatest of all these, in my experience, is electricity. The physician who depends chiefly upon drug action, to the more or less exclusion of physical therapy in his treatment of impaired health, has only himself to thank for imperfect results and a consequent augmentation of the people's scepticism regarding the value of medical science in general and of himself in particular.

Like the Athenians of old, the people are constantly seeking for something new, and this especially applies in regard to all that appertains to the treatment of the sick. In electricity, the general practitioner of medicine has a talisman, ever new and entrancing, reliable and satisfactory, wherewith to legitimately cater to this inexhaustible thirst for something new, a veritable therapeutic Samson in the fight with disease, one that will "uplift the very gates of Gaza, posts and all." The physician who does not recognize very early in his medical career this desire of the people for something strange and new in lieu of the commonplace and too often inadequate prevailing methods of treating disease, will never achieve the success that his keener sighted competitor will, who has already acquired this knowledge and caters to so universal a desire. The dollars invested in a well equipped wall plate, galvanic and faradic, and a good working supply of pads and electrodes, combined, of course, with a requisite knowledge of how to use the same intelligently and exhaustively, will repay the medical investor in more certain and lucrative returns than will any investment he may ever make in the gold, copper and fruit plantation bricks so frequently and lavishly offered to him as sure cures for that very condition into which, however, such investments themselves usually eventuate—indigence.

In stiff neck, lumbago or any muscular stiffness or pain, the positive galvanic sponge electrode applied to the requisite site, negative at some different point, or, where possible, directly opposite to the positive, twenty milliamperes for ten minutes, will give more genuine relief and satisfaction to all concerned than all the liniments and potions ever concocted.

The positive galvanic or a rapidly interrupted faradic will outclass any opiate or coal tar derivative as an anodyne, in cephalgia and neuralgia, facial, brachial, etc., even in sciatica. It is, of course, understood that only exceedingly mild currents should be used about the head and face. All arthritic affections, whether dubiously recognized under that hydra-headed nosological appellation—rheumatism—or more particularly as synovitis, bursitis, arthritis, etc., when chronic, will be measurably relieved by the slowly interrupted far-

adic, placing the sponge electrodes, well moistened, on both sides of the affected joint; in the acute stage, the positive galvanic or preferably the rapidly interrupted faradic is indicated. In delayed menstruation of young girls, in dysmenorrhea, irregular and retarded menstruation, the negative galvanic applied over the lower part of the abdomen, positive to the lumbar and sacral region, twenty-five to thirty milliamperes for ten minutes seance every second or third day, will quickly produce results not always attainable by the use of drugs; in very obstinate cases the uterine sound electrode should replace the negative abdominal pad. In vaginismus, a vaginal electrode positive galvanic, well covered with moist cotton, placed against the introitus, will relieve, as will also a rapidly interrupted faradic used with the same electrode. In urethral spasm, spasmodic stricture, the positive galvanic sponge, applied outside, directly over the affected area, will act as a relaxant. Congestion of the liver and gall bladder, with its usually attendant constipation may be satisfactorily treated by applying the positive galvanic over the affected area and the negative lower down upon the abdomen; the slowly interrupted faradic will also act nicely in such conditions. Pleuritis will respond to this same method of treatment. The positive galvanic to nape of neck, with feet firmly established upon a well padded foot electrode, negative, ten to twenty milliamperes for ten or fifteen minutes, is a valuable auxiliary to other measures in all cases of "nerves;" another very satisfactory way of giving this latter treatment is to place a sponge electrode connected by a bifurcated cord, in each hand, in lieu of the positive neck electrode. Electrolysis and cataphoresis have a wide sphere of usefulness, not always adequately appreciated, even by the possessor and frequent user of an electrical apparatus.

While I have only briefly touched upon a few generalities and have not attempted to give more than a suspicion of technique, I hope I have accomplished my purpose of directing the attention of the general practitioner to the truly talismanic virtues which an electrical apparatus and a thorough knowledge of its uses and indications confer upon the possessor and user as an alleviator of the manifold ills of distressed humanity. When the medical profession in general shall have learned the truth, the whole truth and nothing but the truth respecting electricity as a therapeutic talisman, then will electro-therapy enter into its own, by being raised from its present status of unorthodox use and unmerited obloquy to the rank of master workman, by all the medical practitioners interested in the building up of a reputation as "true healers of the sick."

MANAGEMENT OF THE THIRD STAGE OF LABOR *

By WM. A. BOISE, M.D.

Knoxville, Tenn.

UPON the skilfull management of the third stage of labor depends to a great extent the normal progress of the puerperium. Too little importance is attached by physicians in general to the proper delivery of the placenta.

In taking up this subject, it is with the idea of emphasizing briefly the importance of this stage. When the child is delivered do not be in too great a hurry to deliver the placenta. Allow the uterus time in which to contract. The question naturally arises, when and how should the placenta be delivered? In answer to the first question, I will say just as soon as it leaves the uterine cavity. Crede's method of delivery is, in my judgment, often mis-applied. The proper time in normal cases to express the placenta by Crede's method, is when the uterus has expelled the placenta into the vagina. Many physicians use the method to force the placenta from the uterus and it is often done prematurely, before the uterus has had time to retract, thus exposing a mother to the danger of hemorrhage and septicemia. In a short time after the delivery of the child, uterine contractions begin; as a result, the uterus becomes smaller, the placental site is reduced in size, and as the placenta is too dense to adapt itself to the diminished area, it becomes detached and lies loose in the uterine cavity. The next pain usually expels it into the vagina and at this time Crede's method is applicable. In expressing the placenta by this method, there is less danger of sepsis than if the hand is introduced and the placenta delivered in that way. Traction on the cord is to be avoided while the placenta is in the uterine cavity, as, being attached in the center, it would tend to create a cavity behind it, and by suction favor hemorrhage and if adherent, might cause eversion of the uterus. In tying the cord, place one ligature about two inches from the umbilicus of the child, the other, as close to the vulva of the mother as possible, first having made gentle traction on the cord to remove any portion of it which might be coiled in the vagina. The advantage of thus placing the second ligature is to note the normal descent of the placenta. As it becomes detached and expelled from the uterus, the distance between the ligature and the vulva increases and it affords a

*Read before the Southern Homeo. Med. Assn.

convenient way of keeping in touch with the progress of the case. Cut the cord half an inch above the first ligature and then turn your attention to the uterus; with the patient on her back, put your hand gently on the fundus and note the degree of contraction; see that the hand is well on the fundus, for the so-called hour glass contraction is sometimes caused by grasping the anterior surface of the uterus and stimulating irregular contraction.

As the uterus begins to contract and the placenta leaves the uterine cavity, the cord lengthens, the fundus rises upwards to about the level of the umbilicus, the abdominal wall bulges forward above the pubes and the mobility of the uterus is increased.

As soon as we know by these signs that the uterus is empty, we push the fundus downwards and backward during the pain in the direction of the second piece of the sacrum. By this procedure, the uterus is pressed in to the vagina and the placenta driven out when it is received by the hand, the membranes twisted into a rope and delivered. The membranes by this method are less liable to be caught in the uterus than if traction is made on the cord. After the placenta is delivered and the patient made comfortable, my custom is, unless another remedy is indicated, to leave a few doses of arnica to be given for a day or two. I then raise the head of the bed six or eight inches, and leave it for ten days, to promote more thorough drainage of the uterine cavity. This practice I have been putting into effect recently and I believe it facilitates in a great measure the involution of the uterus.

THE RELATION OF SPINAL DISEASES TO SPINAL CURVATURE *

By E. B. BECKWITH, M. D.

Chicago, Ill.

THE relation between chronic diseases and spinal curvature is much more intimate than the average practitioner thinks. A chronic disease is, of course, due either to the presence of some miasm in the system, or else to some general depleting influence. It is, however, a well verified and generally accepted fact that even in the presence of a miasm, if the body maintains its normal erect posture, the vital force is able gradually to overcome the miasm and purify the system.

*Read before the Southern Homœo. Med. Assn.

On the other hand, if the spine receives even a slight trauma (and where is the child whose spine does not receive many?) the miasmatic influence at once manifests itself through some degenerative process, often located in the spine itself.

Frequently, however, the influence is mainly weakening, and as the child sits up, the muscles of the back are not strong enough to maintain its normal erectness, and much more often than is generally suspected, the bodies of the first and second lumbar vertebræ rotate either to the right or to the left.

The center of gravity, as every one knows, is between the first and second lumbar vertebræ; hence this rotation of the center of gravity allows the pelvis to tip slightly, and thereby causes, not merely allows, but actually causes scoliosis toward the side opposite to that toward which the rotation has occurred.

As can readily be perceived, when a rotation of the lumbar vertebræ really exists, every one of the sixty-two spinal roots is put under a condition either of tension or pressure. This is true because the spinal nerve roots lie in the intervertebral spaces, and a rotation causes every vertebra in the entire spine to move at least to some slight degree out of its normal orbit.

Either pressure or tension on these nerve roots gives direct interference with the function of those nerves and consequent interference with the organs which they control—all the viscera of the thoracic, abdominal and pelvic cavities. It may be objected that these viscera are not under the full control of the spinal nerves. Yes, this is true! Much of the condition of these viscera is under the control of the sympathetic system of nerves. The sympathetic system, however, is animated by the rami communicantes, directly from the spinal nerves. Hence, even a slight rotation of the first and second lumbar vertebræ, which are most often affected, interferes to some degree at least, with the function of every spinal nerve, every sympathetic nerve, and consequently with the functions of all the truncal viscera.

The only nerve supply not mentioned is from the cerebral nerves, direct; and as this is mainly an inhibitory action, the real significance of the far reaching and serious results of a slight spinal deviation are readily perceived.

In addition to these ill results, the active destructive influence of the miasm makes direct local infection very easy. In the light of these facts, it becomes plain that in any case involving a local infection, a miasm, and a lumbar rotation, complete cure is almost,

if not quite, impossible without first correcting the rotation. It may be safely laid down as a diagnostic rule, that when the shoulder is low and the hip is high on one side of the body, there is a lumbar rotation toward the opposite side.

If the general practitioners would just open their eyes and observe the large number of their patients who do not and cannot respond to the remedies because of the fundamental and primary lumbar rotation, they could cure a far larger percentage of cases than they now do.

The correction of these conditions is slow and tedious work, but not so very difficult. A little careful study and observation will enable the physician, with the aid of a good instrument maker, to multiply his usefulness to his people many fold.

STRANGULATED HERNIA—RESECTION OF THE BOWEL

By STEPHEN H. KNIGHT, A.M., M.D.

Detroit, Mich.

JOHN X——, Bohemian, age 30, was brought to the Grace Hospital late in the afternoon, January 3, 1907. The history given, was that, while lifting a heavy weight that morning, he had experienced a distress in the right inguinal region and there appeared a tumor extending down into the scrotum. I saw him early in the evening and had no difficulty in making the diagnosis of a strangulated hernia. There was pain, tenderness and tension in the tumor, but no vomiting. Efforts had been made to reduce the hernia before he had been sent to the hospital, but, of course, unsuccessfully. His temperature was 96.8°, pulse 88. The patient was prepared for immediate operation.

The usual incision was made down over the external ring through the superficial tissues to the sac. When the sac was opened and the constriction relieved, it was found that there was, in the sac, some three or four feet of ileum, much of it in a very questionable condition. The gut was of a more or less mahogany color and dull appearance. The sac contained a large quantity of ill-smelling, bloody fluid. I spent some twenty or thirty minutes, endeavoring with warm saline towels, to restore the circulation in the injured gut. I felt extremely gratified at its improvement, under the influences of the warmth and moisture, and it seemed

perfectly justifiable at the end of that time to restore the intestine to the abdominal cavity. The patient, at the end of the operation, was in good condition, having experienced but little shock. Condition, next day, fair, no vomiting; 5.00 a. m. temperature, 98° pulse 100; 2.00 p. m., temperature 97°, pulse, 106; 7.00 p. m., temperature 97.4 pulse 94. Patient was given a little hot water and a little hot tea without milk or sugar. Saturday, January 5th, condition during night, poor, patient tried to get out of bed, restless, mental condition disturbed and hazy. Saline enemata and saline infusions were given him. 1.00 a. m., temperature 98°, pulse 120; 4.00 a. m., temperature 98.6°, pulse 122; 10.00 a. m., temperature 98.8°, pulse 126.

It was painfully evident from the patient's condition that all was not right and rather than wait until his condition became hopeless, I decided at once to re-open the wound and examine the intestines.

The patient was again put under an anesthetic and the wound re-opened and the bowel drawn out. There was in evidence immediately the reason for his poor condition. While much of the intestine that had been damaged, had been restored to its normal condition, there were scattered along its lengths, areas of necrotic tissue, due to thrombosis of the mesenteric vessels.

These areas involved about two feet of length of the gut and would soon have ulcerated through. Excision of the diseased portion was determined upon and an end to end anastomosis made by means of the Murphy button. Clamps were applied on either side of the diseased portion and a purse-string suture run through the gut at a good margin from it. The area to be resected was now clamped off and the oblique incision made within an eighth of inch of the purse-string suture, down to the mesentery. The bowel was now rapidly separated from the mesentery, all bleeding being stopped as we went along. Next, the male and female halves of the button were inserted into the cut ends of the intestines and the purse string sutures tightened around them. When all was ready, the two halves of the button were snapped together. A few interrupted stitches were inserted around the circumference of the joint and the mesentery doubled over on itself. After liberally douching the field of operation with warm saline solution, the whole was returned into the abdomen and the wound closed *secundem artem*.

The man was more or less shocked after the operation and a stimulating enema of saline, brandy and ammonium carb. was

given him. Pulse at end of operation, 152. 3.00 p. m., temperature 96.8°, pulse 136; 7.00 p. m., temperature 97.2°, pulse 128.

Jan. 6th. 1.00 a. m., temperature 97.4°, pulse 120; 4.00 a. m., temperature 99.6°, pulse 120; 2.00 p. m., temperature 99°, pulse 100; 6.00 p. m., temperature 98.6°, pulse 98.

He slept for snatches of five or ten minutes. Stimulating enemata were given him, also strychnine and the administration of panopeptone was begun. He vomited once or twice during the day and had four or five loose movements of the bowels.

Jan. 7th, 5.00 a. m., temperature 98.8°, pulse 90; 5.00 p. m., 99.2°, 82. Took some malted milk. Small movement of the bowels.

Jan. 8th, 5.00 a. m., 99.2°-76; 5.00 p. m., 99.8°-70. Several dark, loose movements. Malted milk as nourishment. Jan. 13, An x-ray picture was taken, showing button. Jan. 14th, the bowels were enough constipated to require an enema. Jan. 20th, the bowels moved naturally. Feb. 6th, the patient was allowed to sit up. Feb. 7th, second x-ray picture was taken, showing absence of button, which passed on fourteenth day. Feb. 10th, patient went home and since has attended to his work without any inconvenience.

HAHNEMANN'S LAW AND SCIENCE

BY ALFRED WANSTALL, M.D.

Baltimore, Md.

HAHNEMANN'S LAW

MAN has adopted for his use from nature whatever is, or may be, adapted to his manifold requirements. In order to do this it is, very many instances, necessary for him first to discover certain of nature's laws. He has seldom been able to make many or few of these adaptations by virtue of any one law, or single principle; and so far as actual law has been necessary in certain of these adaptations, each individual adaptation has had its own individual law or laws. The adaptation of the skins of animals for clothing and their necessarily previous curing may be wholly empiric, but cotton and wool require the invention of machinery, simple or complicated, before they can be utilized.

Among the many adaptations from nature by man is the use as medicines or curative agents of such bodies or elements as possess drug or toxic properties when ingested or injected into

man. It is obvious that a rule, principle or law under which the natural phenomena of things so diverse in nature, composition and effect could be grouped or generalized for their application to other things or conditions not less complex, would enormously forward the carrying out of man's desires regarding them in practice.

In the case of drugs, on the one hand, and diseases on the other, there are phenomena common to both which permit of their being grouped or generalized under either of two rules, principles, or laws. It matters little how we name them as long as we know just what they mean. The primary and instinctive impulse naturally associated them according to their apparently antagonistic or contrary relationship as the preliminary necessary guide to their use in practice. It remained for Samuel Hahnemann to vitalize the equally obvious relationship of similarity or likeness, which he believed to be not an empiric principle, rule or law, but a veritable law of nature, even of divine origin, for the cure of disease; and therefore, not being supplementary to present or future methods or dogmas, but supplanting them, and being in itself all sufficient for the future.

For this reason I shall habitually refer to it as Hahnemann's Law, retaining the word "law," for a word long used is more difficult to dispense with than the idea with which it was originally associated. The original idea may unconsciously change, or even be lost, but the word or formula will remain the same, I shall attempt to show more particularly, in the present paper, that the creation and use of the practical details formulated by Hahnemann for carrying his law into execution are so dependent, in all its stages, upon such varying individual human interpretations and conditions, that it cannot be applied, even in a restricted sense, according to the requirements of exact science with its unvarying relation to natural law.

A natural law, once discovered, may be demonstrated only by exact science, and the steps in its execution must be in a certain prescribed order; from which nothing can be omitted and to which nothing can be added, and the means must always be the same; it is not subject to change except by modification or expansion, and the reaction or result is almost always immediate and complete. But above and beyond all else it is never dependent upon individual interpretation; and it does not permit of variation, omission or disorder in its demonstration without resulting in more or less complete failure. I shall attempt to show that it is impossible to exclude these factors from the details of the demonstration of Hahne-

mann's law; the results of which are characterized by more or less incomplete success rather than by complete success or absolute failure.

The difficulties of presenting this subject to minds long habituated to an idea are almost insurmountable and compel the resort to the subtilities of philosophical reasoning, psychological conditions and logic, rather than to what should be demonstrable owing to the circumstances that what facts exist are of such a nature as to absolutely preclude their analysis by any scientific data, for even the decision regarding the results is as much a matter of individual determination as is the use of the means for attaining them.

That unnumbered substances or things, animal, vegetable and mineral, simple and compound, natural and artificial, shall be applied for the cure of disease alone by virtue of one universal law of nature is possible, at the present day, only for minds which have not accepted the principles of evolution, and which hold, consciously or unconsciously, to the teaching of a complete creation; of everything in its place and a place for everything; that is, a conscious creation of each thing for a specific purpose and an inviolable law for its carrying out. In the case of medicine, the law of homœopathy, or as I prefer to style it here, Hahnemann's law. A physician recently speaking at an Emmanuel meeting said: "It stands to reason that the toxic properties of natural products must have been given them for a purpose." The obvious conclusion being that it was for the purpose of curing disease. The same process of reasoning would inevitably lead to the conclusion that the sole purpose in nature of cotton and flax was to make bedding, clothes and ropes. To fully appreciate the manifest absurdity of this method of reasoning one has only to carry it to obvious and logical conclusion by applying it to all known things in nature regardless of their immediate bearing upon the question being discussed.

That Hahnemann's law should still be regarded by a large body of cultured men and women from his standpoint, as being also a natural law, and that the practical application of it is in accordance with the requirements of science as applied to natural law, by which numberless and unrelated natural products are applied for the cure of numberless and unrelated natural diseases, is so contrary to what we now know of nature and her laws in general, that it must strike the cultured, but uninitiated, mind with amazement. Although it is not difficult to understand why Hahnemann should have so regarded it when due consideration is given to the general backwardness of science in his day, the practically

total absence of a knowledge concerning the teachings of evolution, the almost universal belief in a complete and perfect creation, and Biblical authority for the existence of disease as a deliberate and disciplinary act of God.

If Hahnemann's law is also a veritable law of nature, then, of course, it has a scientific basis, it is necessarily permanent and progressive, constantly evolving and refining with the intellectual growth and evolution of its promoters, and by the progress of science in general—for there is a unity in all science. If it is not a law of nature, then it is an empiric, but systematic principle, as is the law of contraries, and everything is radically different, and there is no middle around. In the latter event it has not a scientific basis and it is not necessarily progressive, except in so far as, a purely working hypothesis, it might have led to the uncovering of individual natural laws, the science of which would have been progressive, but for Hahnemann's own embarrassing claim of its being the law. Embarrassing, because it has effectually stopped the further and closer investigation of the many clinical facts it has itself uncovered. It is not permanent, and its tendency would be, not alone not to progress, but to regress, and even to be deprived of its own partial triumphs by the natural progress and encroachment upon it by the evolution of science as related to medicine. Witness, for instance, the development of a therapeutics upon the natural science of bacteriology, now claimed as a homœopathy, and recall the earlier contention whether potentizing converted an isopathic substance into a homœopathic remedy. If homœopathy is not based on natural law, any attempt to lay a scientific foundation for it, at the present day, is bound to fail, unless a frank understanding of its true significance could show it to be not too late to lead it into the channels it would have naturally followed if it had not been diverted by the dogma of itself being the natural law.

Naturally, if Hahnemann's law is a natural law, homœopathy is a natural science. Contrast its means, application and results with those of the newest natural science, that of bacteriology; a natural science related to the science of medicine only in so far as certain bacteria are pathogenic. And yet we can speak of no law applicable to the science of bacteriology, each kind of bacteria being governed by laws of its own, i. e., it has its own natural science. Doubtless this will not be considered a fair comparison, but where in nature will one find a natural science with which to compare it,

HOMŒOPATHIC SCIENCE.

What character of science would be necessary to demonstrate the natural and scientific basis of Hahnemann's law? Certainly, it cannot be demonstrated by claiming homœopathicity, in a Hahnemannian sense, for serum therapy. Even if the promoters of serum therapy should claim it to be, or admit the claim that it is, homœopathy, nothing more would be necessary than an accurate knowledge of just what the homœopathy of Hahnemann is to clearly demonstrate that it is something quite different from serum therapy. Quite fundamental differences and distinctions can exist between things which on superficial examination seem to be similar. We should not be misled by statements such as Behring's and Cememo's when the former, speaking of a new tuberculo-therapeutic substance, says: "The scientific principles of this new agent are yet to be established. In spite of all scientific speculations and experiments this therapeutic usefulness must be traced in origin to the principle which cannot be better characterized than by Hahnemann's word 'homœopathic'; and the latter, who now deplors having attacked Hahnemann and his disciples twenty-five years ago. While both of these men appreciate the usefulness of the principle of similarity as a provisional explanation, they full well know that this explanation is not science, and that, after all, it explains nothing, and, in adopting it, it is with no conscious intention of endorsing Hahnemann's DOGMA, regarding the intricacies and refinements of which they know nothing. And finally, serum-therapy is based on the natural science of bacteriology and not on the homœopathic art.

Official homœopathy is not simply the empirical use of nature's principle of similarity as it appears existing in the special instance between the manifestations of drugs and the manifestations of diseases, but it is that principle dogmatized in Hahnemann's law. It is not the rational utilization of this principle as a therapeutic recourse that has repelled, and still repels, the general medical mind, but its irrational dogmatization of natural law. There is no telling how far the principle might have gone, or may go, if it had not been made domestic, or if it were, even at this late day, wholly freed from its dogma. Similarity is a negative relationship seen everywhere in nature—something more in appearance than in reality—and may range from the merest suggestion to an extreme degree, but never beyond that point where some basic or fundamental fact of difference absolutely stops it from merging into identity. Otherwise it was never similarity, and for

this reason alone it lacks the basic requirements of a natural science, for a natural science cannot be based on varying degrees of a negative relationship. It is these conditions which permit one to disbelieve in Hahnemann's law, and make little attempt to follow his precepts, and to believe in homœopathy and practice it faithfully within its natural limits. There may be a similarity, or even a contrariety, between the movements of a dog's tail and the expression of a human face according to whether both are animated by the common emotion of pleasure, or one by it and the other by anger. In homœopathic circles too little attention has been given to a full comprehension of the negative quality and the indefiniteness of numberless indications that are forced to do service in establishing a similarity, and in practice (not in theory), the absence of uniformity in procedure. Theoretically the procedure and result are the same in Maine as in California or India, practically they are not often met in two physicians in the same room.

And surely, citations of examples of the divisibility of matter from the pure sciences do not tend in the slightest degree, even, to lend plausibility to Hahnemann's law, much less establish its scientific basis. That is altogether another story. If dynamization or potentiation (not simply dilution or attenuation) had never been conceived, Hahnemann's law would not have been affected one way or the other, except in so far as this idea may have contributed to the intellectual confusion regarding the "law's" real status. While dilution and attenuation grew out of the anticipation that drugs given on the principle of similars, unless greatly modified in dose would naturally tend to aggravate the disease, it does not explain the origin of the doctrine of dynamization or potentiation, unless some thought it was necessary to satisfy the mind regarding a procedure of so negative a quality, and in order to account for the recovery of patients under their use. Though there is a strong probability that it was suggested and found support in the apparently extreme attenuation and remarkable activity of the elements concerned in the transmission of contagion, something we now understand.

Examples from physicists of the degree to which the divisibility of matter can be carried do not even tend to demonstrate the therapeutic efficacy of dilutions of drugs carried to the same degree of tenuity, and this is not even considered "high" in homœopathic circles. The division and disintegration of matter is an ever continuous process in nature, and all living things are exposed, as they have always been exposed, to dilutions and atten-

uations of matter of all kinds and of every possible degree, surrounded by which they have evolved, and to which, so far as they have not been negative or salutary, they must have acquired immunity.

For instance, practically all of Dr. Copeland's most recent paper on "The Scientific Reasonableness of Homœopathy" is devoted to proving this proposition by the latest evidence of science regarding the complete dissociation of molecules and the complete ionization of matter. According to the evidence presented in this paper, complete ionization takes place in solutions corresponding to the 5th to the 8th decimal dilutions. It is freely conceded that the properties of completely dissociated matter are the sum of the ions present in the solution. As "complete ionization is possible," says Dr. Copeland, "only in infinite solution," let me cite an example or two to show how readily this is obtainable in the human body itself, and relieve it at once of all mystery and cause for wonder. An average dose of morphine for an average individual is one quarter grain, hypodermically. Assuming that there is no waste and no other distribution but the blood, if it all reached there and was kept there, measured in units of weights, it is as one grain of morphine to 205,200 grains of blood, i. e., between the 5th and 6th decimal solution. If allowance is made for waste and distribution to the lymph and other fluids and constant elimination, which begins as soon as absorption has taken place, the nerve cells—for which it is ultimately destined—must be bathed in solutions still more dilute and in a state of still more complete ionization. If each red blood corpuscle (a very material object in microscopic cell life) were to receive its modicum of the one quarter grain of morphine (and no other distribution) each red cell would contain 1-64,800,000,000th of a grain, beyond the tenth decimal dilution. Greater doses, of corresponding equivalents, of the mother substance, after running the gauntlet of the digestive apparatus, when finally brought into solution in the blood and fluids of the body, are undoubtedly in solutions corresponding to complete ionization. Further, the various alkaloids and other products of the mother substance may not act as a mass, but as individuals in subdivision with mutual modifications, and so on, and what seems on the surface large dosage may be, in reality, in the depths, small ones. Yet, we cannot escape the fact that there is a definite mass relationship which cannot be materially exceeded without destroying life, and which cannot be materially decreased without missing its perceptible physiologic effects and probably its therapeutic ones as well. There seems to be nothing in ioniza-

tion incompatible with the common dosage of drugs, and it throws no light on dynamization homœopathically understood.

All will admit that each drug is individual to itself, and that each disease is individual to itself, yet, homœopathy does not consist alone in selecting a drug for a disease, but in selecting any one (or more) of several hundred drugs for any one of several hundred diseases. The selection always being only momentary, has always to be made anew with each disease, or a number of times during the course of the same disease, and with each recurrence of the same disease; and so on to the end' of time. The result of this selection cannot be foretold, it often fails totally, is practically never complete, and whether complete or incomplete, there is absolutely no proof that the result would not have been the same if a drug had not been given at all, or if any other drug had been given. For the selection Hahnemann's law makes mandatory a certain concurrence of the symptoms of the disease and the symptoms of the drug. The symptoms are both objective and subjective, and the objective symptoms include what is known as pathology. Therefore, the concurrence should include both purity (subjective symptoms) and completeness (pathological ones); then the completeness of the agreement, or concurrence, depends upon whether the drug causes a pathology similar to or like the disease. That it does not, so far as we now know, makes the concurrence incomplete, and to depend largely upon a subjective symptomatic resemblance, rather than on this plus and objective one, and for this reason the completeness of the agreement has to be dispensed with as being, in the main, unattainable. It is just this inability, combined with clinical experience, to secure objective as well as subjective similarity, or completeness as well as purity, that casts the greatest doubt upon Hahnemann's dogma of a natural law of cure, or prescribes it limitation, which is equivalent to the same thing. And it is this evidence, confirmed by clinical experience, to use a figure of speech, that the effects of drugs fail to follow diseases into their lair, that is responsible for the drug therapeutic skepticism of the older school.

The purity (and completeness) of this concurrence is absolutely dependent upon the four following factors, proximate and remote: 1st, the exhaustiveness, purity, reliability and accuracy of the symptomatology of the provings; 2d, the individual education, experience and judgment of the person or persons conducting and recording the provings; 3d, the purity, completeness, reliability and accuracy of the symptoms of the patient to be prescribed for; 4th, the individual education, experience and judgment of

the physician who is to make the prescription. Practically all four of these factors are dependent upon purely human testimony, which is more or less unstable, present and past, liable to the individual liability to error in the education, experience and judgment of provers, recorders, patient and prescriber. These four factors are inseparably interwoven into the fundamental basis of Hahnemann's law. They do not, nor can they be made to, comply with the requirements implied by the word "scientific." Among them all, as they are used in accordance with the requirements of Hahnemann's law, there is not one to which the requirements of an exact science can be wholly applied.

1st. The provings, rarely complete and often fragmentary, are from both sexes, at all ages, with little consideration of the mentality, temperament, education, experience, judgment or physical condition of the prover; under any circumstances, by various preparations and all sizes of dose; with and without preliminary records; they have been collected from various sources at different intervals of time; from them nothing has ever been discarded as being unworthy; they have been compositively recorded indiscriminately; and drug, disease and personal symptoms have often been mixed.

2nd. The conducting and recording of the provings are seldom by one person; seldom the prover himself; they are by persons of unstandardized education, experience and judgment; and who are wholly free to exercise individual bias and prejudice.

3d. The patient of either sex and of any age; from slightly sick to desparately ill; of any social state, degree of education, intelligence and experience; facile or stupid; and whose symptoms are of most complex character, cause or origin.

4th. The prescriber, a physician, of all degrees of education, experience and judgment; he has acquired his pictures of drug symptomatology rarely from personal experience or from the day books of the provers; from a cyclopedia; handbook; epitome; key notes; spoken and published lectures; etc., etc., or something from any or all of these or similar sources. He cannot experimentally reproduce the effects of drugs at will for his own purpose of verification or rejection, but must take them as he finds them, tinted and tainted by the many minds through which they have filtered before reaching his own.

Psychology can teach us much regarding the liability to error of purely human testimony, even when uttered with the best intention, owing to the impossibility of agreement regarding reac-

tions to stimuli which characterize the individual human personality. Extraordinary differences regarding details can occur from the "variations of memory and attention, feeling and imagination, perception and discrimination, judgment and suggestion, and volition;" the power of suggestion in destroying memory, and the part played by the different temperaments have a great influence in perverting facts. All this does not apply to the prover of drugs alone, but to the patient for whom they are prescribed, as well as to the interpretation of the provings by the recorder or conductor of them; and, finally, to the physician making use of them in prescribing, and still more important is their influence upon his judgment regarding the results following his prescription. The absence of a standardized terminology for human reactions to stimuli; of several provers under like conditions and under the influence of the same drug, the necessity of accepting at their face value each individual's own interpretation of his own sensations, and even laying special stress upon them when they depart from a standard established by the others; the absence of authority, and even its practical forbidding, to harmonize or reduce to a common meaning reactions to drug stimuli; and the fact that much human knowledge and experience can lie buried in the subconscious, until either accident or design thrusts it into the conscious mind, all tends to complicate the production and use of a symptomatology compiled according to Hahnemann's ideal and no amount of human foresight and care can make it absolutely accurate. Though much might be done by selected provers and trained examiners, where will be found the selected prescriber, and where will he find the selected patient. However, no future proving should be undertaken without serious attention to certain elementary psychological facts; and instead of reproving, it might be well to inquire whether the old ones could be profitably reviewed and simplified in the light of modern experimental psychology.

In order to make clearer what is meant by purely human testimony and its liability to error, I cite one of a number of experiments conducted by a psychologist with his class at Harvard University. I purpose select the special sense of hearing, because of the probability that conscious attention is more closely allied with this special sense than with any of the others, and because it is the avenue of conduction of the greatest number of stimuli linked with man's intellectual life. (Sensations originating from within owing to the want of associations and the influence of suggestion and expectancy, are probably the most difficult to determine

accurately. Witness the common inability of an intelligent patient to find terms in which to express the characteristics of a simple cough which he not only experiences but hears as well.) The experiments were made on several hundred students, ranging from 20 to 23 years of age. They were asked, without theoretical introduction, to write down careful answers to a number of questions. The report refers to the first hundred papers taken up at random. To use the experimenter's own language, "In my next test I asked the class to describe the sound they would first hear and to say from what source it came. I struck with a little hammer below the desk, invisible to the students. Among the hundred students whose papers I examined for this record were only two who recognized it as a tuning-fork. All other judgments took it for a bell, or an organ-pipe, or a brazen instrument, or a 'cello string, or a violin, and so on. Or they compared it with such different noises as the growl of a lion, a steam whistle, a fog-horn, a fly wheel, a human song, and what not. The description, on the other hand, called it soft, mellow, humming, deep, dull, solemn, resonant, penetrating, full, rumbling, clear, low; but then again, rough, sharp, whistling, and so on." The results of all the other tests were equally confusing. ("On the Witness Stand." By Hugo Münsterberg.)

On account of being committed to Hahnemann's dogma, and the peculiar character of this undigested and incomplete, first, second and third hand knowledge contained in the homœopathic materia medica for its fulfillment; its necessarily habitual use in repertories, or the memorizing and sorting it in bulk, with its limitless associations and conditions of character, location, direction, time, aggravation and amelioration, contrasts, comparisons, etc., etc., it imposes a habit on the mind, on the one hand, or a burden, on the other, coming as it does in its formative period, all which undoubtedly everts a subtle and unconscious, but nevertheless, potent, influence in hindering the development of its finest quality—that of original and creative thought; because the character of this knowledge (if we are to strictly follow the requirements of Hahnemann's law) does not admit of its being assimilated, its principles incorporated and its details discarded, as is the natural function and habit of the normal mind regarding practically all other forms of human knowledge. Much that is otherwise obscure is made plain in connection with this suggestion. On this account alone it would be worthy of the most serious consideration, whether a more rational view regarding the natural limitations of the power of drugs as strictly curative agents in

disease, and a more rational view of what Hahnemann's law is based on, and its normal place in drug therapeutics, would not deliver the mind of much of this burden and leave it free to develop along more progressive lines.

As it is, all this is, of course, unavoidable, because it is exactly what the abstract quality (and the spirit in which it is accepted) of Hahnemann's law makes necessary. And little wonder that the reactionary carefully avoids discussing its fundamental facts on the basis of the evidence it can itself adduce, and endeavors to create and stimulate the belief in its scientific foundation as nature's law of cure by examples borrowed from other therapeutic methods and procedures, and from the pure sciences, regarding the properties of matter.

Is raising the question whether this so-called law is nothing more than a systematic empiric principle, or is a veritable law of nature, the reaction in very many minds is that it is of no practical importance; that it is a purely academic question; or that it is as well to leave it to posterity to settle. There is failure to realize, or the fact is ignored, that conditions have already arisen and prevail which make this a burning question in regard to the intellectual progress and status of the school itself; it bears heavily on its future relation to the art and science of medicine in general; and on the morality of the present propaganda; on the cherished ambitions of the school regarding its future status; as well as on certain contemplated enterprises, notably, the reproofing of the *materia medica*, which the recent belladonna proving inaugurated. There is abundant reason for the discussion of each of these factors, did time and space permit.

As the belladonna proving exists, a word or two concerning it. The first striking feature of this proving is the absence of any evidence of critical analysis with the view of excluding everything not above suspicion. The only difference between this and former provings is the preliminary health records, and the examination of the provers by physicians and specialists before, during and after the proving. Without knowing the condition of the whole proving regarding this scientific oversight, it can be said regarding one section—that of the blood, which is absolutely free from the influence of the personal equation of either the prover or the examiner, being purely a matter of scientific technic—that not one word concerning it should have been admitted for record. Whether the same is applicable to other parts of the proving or not, it shows, unequivocally, that something more than mere supervision by specialists is necessary to scientific accuracy. There is no doubt that

this proving is of no more value as a working theory than its predecessors, and in one respect, at least, it is probably worse, because the stamp of science is placed on a work that is tarnished by the personal equation of the individual examiners, their want of experience in this kind of work, and by the fact that the proving was undertaken at the behest of an idea having no actual existence. Regarding its disposition, it is fair to say, that nobody knows just what to do with it. To have it supersede the old proving is not to be thought of; its failure as a pure work of science deprives it of any supplementary value; and to combine them, the only logical procedure, would only intensify conditions already intolerable, with no corresponding compensation. Inaugurated as an experimental work, it is even worthless as an object lesson, for the simple reason that it was undertaken simultaneously by ten different sets of workers without individual inspiration and regardless of training, at ten different places; whereas, if the work had been undertaken in succession, at the very least, each one in turn might have been able to profit by the successes or failures and mistakes of those who had preceded them.

The truth is, the law is Hahnemann's, and he made it his by the creation of the details of the art for its application; and the fact that until now no material progress has been made in its application, and that the adoption of his dogma by many minds has resulted far more in its corruption than in its refinement and progress, should be ample evidence of its fundamental character. The opinion may be freely ventured that the scientific proving or testing of drugs will in no way forward Hahnemann's law, not alone because the law has no scientific basis, but because it would only tend to make more and more apparent the natural limitations of drugs as strictly curative agents in the treatment of disease. It is highly probable, in spite of our imperfect knowledge, and unscientific and more or less empiric, applications, that drugs already all, or nearly all, of their therapeutic qualities. This prediction yield finds support in the history of drug therapeutics from all sources, and the present tendency to seek relief in measures of all characters more closely allied to nature. And witness, in homœopathy, the often wide application of unproven drugs, or those with most fragmentary ones, the little use of others with voluminous symptomatologies, and the practical absence of any additional use for the new belladonna proving.

DRUG THERAPEUTIC SKEPTICISM.

In his American Institute presidential address for 1908,

under the sub-heading of "The Hopelessness of Allopathy," Copeland protests against the present trend of old school drug therapeutics, and he quotes from an address of Sir Dyce Duckworth in support of his protest. The following sentence occurs in the quotation, and is the substance of it. "Our knowledge of the *materia medica* has declined out of all proportion to that gained by the progress of bacteriology, which claims to supercede all other therapeutical art." This sentence undoubtedly expresses the thought it was intended to embody, but, otherwise, it is absolutely undigested, and should be a warning not to lay too much stress upon names bearing authority. It obviously lays the burden of the present drug therapeutic skepticism upon the science of bacteriology, and in that Copeland concurs.

Bacteriology is not a therapeutic art, and, so far as a therapeutics has been based upon it, it has been limited to the therapeutic application of each variety of bacteria, or a product of it, to the disease it has been shown to be the active factor in causing, and for this reason alone bacteriology cannot claim to supercede all other therapeutical art. Furthermore, our knowledge of the *materia medica* has not declined, but may be truly be said to have failed to progress, in a basic fundamental sense, out of all proportion to the progress of science in other departments of medicine. And right here is the foundation and origin of the present drug therapeutic "hopelessness of allopathy," and, perhaps, in some degree of homœopathy also. This so-called "hopelessness" is not absolute, but relative, and it pertains almost alone to the fundamental utility of drugs as strictly curative agents; owing to their not (yet?) having produced a pathology, in the sense in which pathology is known in disease; to the marked difference in their etiology, expressed in the unconditional effects of drugs on all persons, in striking contrast to the apparent necessity for predisposing factors in the case of disease; to the ephemeral action of drugs, the unequal effects of the same dose at different ages, and at all ages from unequal doses, in contrast to the natural or spontaneous duration, the progression, or the natural self-limitation, definite course or changing features characteristic of disease. It is, perhaps, rather this absence of all relationship, the unlikeness, dissimilarity, or absence of a basic similarity (not used in a homœopathic sense), between the effects of drugs and the effects of disease (in marked contrast to their symptomatic similarity or contrariety), which has become more and more apparent with the growth of a more fundamental knowledge of disease itself and

its causes (rather than of its symptoms), that has given rise to the drug therapeutic doubt.

It is important to realize that loss of faith in the efficacy of drugs for the cure of disease does not prevail in the rank or file of either school, but the reverse. While the thought is almost exclusively confined to the dominant school, it is almost exclusively confined to certain advanced thinkers in that school and their pupils.

Regarding what immediately follows, understand that I am referring to the so-called regular school. It should be also remembered that this school, as it stands to-day, is committed to no dogma regarding the action of drugs in the cure of disease, and that a distinction should be drawn between the mere treatment of patients with drugs and the cure of disease thereby. There has been nothing in the accumulating knowledge regarding the etiology, pathology and the natural history of disease, and the more slowly growing knowledge of the action of drugs, which has tended in the slightest degree to inspire a deeper faith in drugs as strictly curative agents in disease, but rather the reverse, owing to the fact that the greater and more fundamental the knowledge of each the more apparent becomes the absence of a basic idea or natural relation between the two on which to base a therapeutic faith.

Time was when the name of a disease was associated in the mind primarily with its symptoms. Consumption was a wasting disease, characterized by fever, sweats, emaciation, cough and expectoration; to-day it is thought of as tuberculosis, associated in the mind with various manifestations and a corresponding variety of symptoms. Chill, fever, sweat is no longer associated in the mind with the word malaria; but quite independent of its symptoms, to-day, the word malaria is associated in the mind with the invasion of the red blood corpuscle by a specific micro-organism, of which there are several varieties and corresponding sets of symptoms; and the complex of symptoms, chill, fever and sweat may as well be a manifestation of any one of several infections. Therefore, the idea of the action of drugs ordinarily expressed in terms of symptoms, is coming to be less and less associated with the idea of a specific disease; because the idea of a disease is coming to be less and less expressed in terms of symptoms, and more and more in terms descriptive of its pathologic fundamental nature. From this there is resulting a disassociation of the older idea of the symptomatic relationship of drugs and disease per se, and a fuller realization of the absence of any basic or fundamental quality in the action of drugs with which to associate the idea of

a strictly curative relationship, and hence the involuntary, and therefore, unavoidable and healthy, skepticism which has resulted in the terms of opprobrium of "drug therapeutic nihilism" and "the hopelessness of allopathy."

On this account, the present doubt regarding the strictly curative action of drugs should not be regarded as an ephemeral fad or fashion, but as a natural psychological state, brought about more or less involuntarily by the present status of the knowledge regarding the nature of disease and the effects of drugs. It may not be permanent, but so far as concerns certain minds at present, it is an established fact. I have attempted to point out in other papers the incompatibility of the association of the idea of a natural *hmœopathic* law of cure with the simultaneous acceptance of the present idea of the nature of disease and the condition of drug action, without the actual existence of an intellectual confusion regarding the real significance of Hahnemann's law. It is more than probable that a complete comprehension of this so-called law, by the *homœopathic* school, would place it in a position to take advantage of any change regarding the present outlook of drug therapeutics should such occur.

Therefore, the present drift of drug therapeutic ideas leaves to the thoughtful and cultured physician little or no faith in the fundamental utility of drugs outside of certain specific effects and physiologic (symptomatic) applications; palliation by anodynes and sedatives; so-called somatic, tonic or stimulating effects; and the "ever narrowing field of drug administration," namely, purely symptomatic treatment of the rank and file of patients by drugs, more and less empiric. It is here *homœopathy* essentially found its place, and it is here it finds its present usefulness, and will continue to find usefulness as long as drugs are used in the treatment of disease. It is here that the future treatment of disease by drugs will continue to find its greatest field, it may be, and is even probable, that there will be a reaction in the direction of more refined methods in the selection, as there has been in the administration, of drugs. It may even recognize the value of the subjective sensation of provers as suggestions for clinical use, as well as the objective ones, mainly explained by physiology; and even embrace the principle of similarity, mainly because there is no other principle which will serve the same purpose, and from which such far reaching inferences can be made. But even this would be far from recognizing or confirming Hahnemann's law. The principle of similarity is a manifestation of nature, the dogma that it is a law of nature for the cure of disease is Hahnemann's, and

adherence to this dogma can only retard the consummation of the more general recognition of the principle it misrepresents. The mistakes of homœopathy have not been mistakes of treatment per se, but mistakes in treatment based on errors of diagnosis for which Hahnemann's dogma has been directly responsible, because it has created an unjustified and overweening faith in the power of drugs to cure disease.

“THE REDISCOVERY OF HOMŒOPATHY.”

In Copeland's presidential address, previously referred to, he eulogizes Wright as the rediscoverer of homœopathy. It is something of a confession for homœopathy to admit, after a century's experience, that it has left unexplored avenues by which it may be rediscovered, or is the reason for the rediscovery father to the thought? Somewhat earlier in this address, “The Reason for Therapeutic Failure” of the other school is attributed to the worship of the laboratory, and I quote from it two sentences: “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 we want to know is, what will cure him.” Now a quotation from his eulogy of Wright. (Wright's work is, of course, laboratory and bacteriological.) “Taking minute quantities of the toxins, capable of producing symptoms similar to those produced by the germs (?), he was able to cure the lesion produced thereby. Not only did Wright 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.” Again, “The hopelessness of allopathy” is distinctly blamed on the science of bacteriology; yet the therapeutic applications based upon this science are claimed as a rediscovery, confirmation and amplification of the homœopathic law. One would naturally suppose from all this that the school making these applications had well started on a full homœopathic career, instead of being a hopeless therapeutic nihilist.

With no more consistency can Wright be said to have rediscovered homœopathy with his opsonic index as an indication for treatment, than Koch with his tuberculin, Behring with his anti-toxin, Pasteur with his treatment of rabies; Flexner with his anti-meningitis serum. They are all chips from the same block, and none of them are homœopathy—or all of them are—and least of all the homœopathy of Hahnemann's law. Yet, in the same address, Copeland states “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 is simply a wise use of chemistry as elementary as the administration of an alkali to neutralize and acid."

Let us assume, hypothetically, that the pneumococcus (or any other pathogenic organism), or some product of it, is a remedy for the cure or prevention of pneumonia, in keeping with the theories and practical laboratory work of Koch, Pasteur, Wright, and others; and that this constitutes it a homœopathic remedy according to the claims of the homœopathic school; in other words that this is the homœopathy of Hahnemann's law. Consistency demands that this claim be carried to its logical conclusion from a purely homœopathic standpoint, inasmuch as the pneumococcus is the cause of pneumonia, and pneumonia has a symptomatology, general as well as pathognomonic, following the imperative mandate of Hahnemann's law, the pneumococcus is no more positively the remedy for the cure of pneumonia than for any other disease, the symptoms of which can be found among its symptomatology more characteristically than elsewhere. If all the symptoms—every symptom regardless of degree, kind or location, as is the practice in the homœopathic school in making provings—from an average number of cases having had pneumococcus pneumonia, were recorded according to the Hahnemannian scheme as the working symptomatology of the pneumococcus, or its product, as a homœopathic remedy for the treatment and cure of disease at large in competition with other homœopathic remedies, then we would have a strong analogy, but not a parallel to the Hahnemannian idea of a homœopathic application and a remedy.

I say analogy and not a parallel, because this pathogenic micro-organism, or its product, from a Hahnemannian standpoint, could not be the remedy for any individual case of pneumonia, unless the symptomatology of that particular case was found among the symptomatology more characteristically than among the symptomatology of any other drug. In other words, so far as the treatment of pneumonia is concerned, as of any other disease, it would be only entitled to enter into competition with other remedies; yet, it would still stand in a natural and positive relation to the specific disease it causes; while the homœopathic remedy in general stands in no such relation to any pathologic or nosologic entity, as is the case with the pneumococcus to all other human ailments save pneumonia. In no essential is the mandate of Hahnemann's law more emphatic than in regard to the

superiority of a purely symptomatic correspondence over that of a purely pathologic one. The most superficial observer cannot fail to see, from the stand point of what is termed in a general way serum therapy, based on natural law, that there is no option or liberty regarding the restrictions of its application according to the nature of the individual serum; while with Hahnemann's law it is impossible to define the limitations of its application on any natural basis. The former is as truly the treatment of a disease, regardless of any other consideration, as the latter is the treatment of a patient, regardless of any other consideration.

INDIFFERENCE, INTELLECTUAL CONFUSION AND LOOSE PHRASEOLOGY.

In order to arouse an interest in this question it seems necessary to do something more than demonstrate its importance. There seems to be, on the part of those in the school best qualified to settle it, an inherent disinclination to have it brought forward. It cannot be smothered by a mutual understanding to ignore it. It will arise in the minds of many, more and more frequently and more and more insistently, because the conditions now exist in their full perfection in the intellectual status of medicine at large, and which medical men of all schools are imbibing, which make it necessary for the homœopathic school to quit its attitude of indifference, to reform its phraseology, abandon its theologic habit of mind and square its theory and dogma with the actual facts of its practice. Emotionalism and sentiment have no place in the art and science of medicine. As showing more graphically than anything, I can say, the intellectual confusion in the homœopathic school regarding the idea of which homœopathy is based I quote a number of sentences, detached from their context, from a special address on "Homœopathy: What it Is," etc., delivered before the American Institute of Homœopathy in June, 1907. That this intellectual confusion is not peculiar to the author of the address is evidenced by the fact that the address was ordered to be printed separately and distributed at large by that body. To free myself from the imputation of captious criticism of the author, I say, parenthetically, that I believe him to be not only representative of what is best in homœopathy, but what is best in medicine—than which I can pay him no higher compliment.

The quotations follow, but the italics are mine.

"It (homœopathy) is a guiding therapeutic rule; a principle which, within its sphere of action is as constant and immutable as are nature's law everywhere." Homœopathy is a method of præ-

tice." "Whether or not this formula (s. s. curentur or s. s. curantur) is a statement of *law*, or a *guiding* rule; whether, if a law, this law be universal and unlimited in its activities; these things, after all, *matter little*." "Homœopathy is in its simplest definition and in its final analysis,—that likes can be cured by likes." "Is this not a daring statement—rather a lofty promise—that *your rule of practice is founded on a law of nature*? How do we know it to be a law of nature? *We know it to be such a law*, exactly as any scientist knows his working rule to be founded on a law of nature; *by patient and exact experimentation and by the reiterated exact results obtained* (?)." Homœopathy is established from the laboratory (?)." ("The sins of the fathers are visited unto the third and fourth generation.") "Totality of the symptoms', means a *pathological* grasp of a case, as complete as the pathogenetic grasp of its possible remedies should be." A little further on: "Homœopathy has taught the uselessness of *pathological* classification in therapeutics." ("Every therapeutic resource outside of *the ever narrowing field of drug administration*, belongs quite as much to the homœopathist as to any of his professional brethren.") "What is homœopathy? It is the administration of drugs to the sick under a *scientifically demonstrable law of nature*." "the lamp of an immutable, guiding law of therapeutics." "That lamp lifted to the height of the tower of science, whose foundation rests on the rock of basic truth: Nature's law of similars."

It is superfluous to attempt to analyze, criticise or comment upon these isolated statements. Suffice it to say, their extravagance is characteristic of homœopathic literature on this subject. They smack more of a theologic fervor than of critical analysis, and their very eloquence betrays their origin as being rather from the realms of emotion and sentiment than from those of judgment and reason.

Removal of Warts, Small Tumors, etc.—For the eradication and total destruction of warts, moles, naevi, excrescences, and small tumors, there is nothing so quickly and certainly effective, in my experience, as the high-frequency metallic discharge. For these purposes, I use a specially constructed electrode, made of glass 8 inches long, with a fine copper wire extending the whole length and ending flush with the glass in a small hole: the other end connected with the secondary of the Tesla coil, this being completely insulated so as to treat only the special spot desired and not any of the adjacent surfaces. With two and half amperes of current, I have removed tumors as large as a small hickory nut without a particle of pain or a moment's detention of the patient from his usual avocation.—(W. P. WORSTER, *Medical Record*.)

THE TUBERCULAR DIATHESIS OF CHILDREN AND
THE TREATMENT *

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(1) The literature on this manifestation of child life is not plentiful and yet tuberculosis is quite prevalent among children. Dr. Fisher says 21 per cent. of the children in the hospitals of Paris die of tuberculosis under five years of age. This is confirmed by others.

(2) The tubercular diathesis, therefore, should demand much attention, as almost every home is the victim of this disease.

(3) Heredity plays quite an active part as a predisposing cause. Tubercular parents, specially the mother, is the most active. Parental dissipation brings on a weakened child, as does also the too frequent bearing of children. These enfeebled constitutions are good tuberculous soil and are therefore not robust enough to battle.

(4) The contributing causes are many and varied. Certain physical conditions are favorable to consumption. The child with flat chest, winged scapulae, long, thin bones, big eyes, thin, white skin and delicate and enfeebled condition is a favorable subject. Mentally the child is precocious, very bright and quick, though he may be moody, changeable, irritable, from one extreme to another—from the height of joy to the depths of despondency.

(5) Certain hygienic conditions are active in enfeebling the child. In the home of poverty, filth and dampness, the necessities of life are wanting and the child is poorly clothed and poorly fed, and the resistance, therefore, is much below normal. Then, again, an opposite condition may exist, and the child through much kindness, because it is delicate, is clad too warmly, and shut up in the home without any ventilation or sunshine, and in this foul atmosphere, is obliged to spend its time. In the unhealthy, unsanitary home, subjects have no resistance and are soon affected. Many children crawl on the floor, and the gum nipple so many mothers give is a source of germ infection.

(6) The food problem is a great factor. Poor quality, deficient quantity and illy prepared foods are conducive to feeble development, low vitality, weak organism and therefore enfeebled resistance.

*Read before the Maryland Hom. State Soc.

(7) These are active contributing causes of tuberculosis in these delicate children. If great care is not taken, these subjects after attacks of measles, whooping cough, scarlet fever, grippe, etc., will contract the disease.

(8) Vaccination is a causative factor. It sets up in many children a high systemic fever involvement, and produces congestion and inflamed areas in parts remote from the seat of the vaccine lesion, specially in the lungs, and this is therefore a nidus for germ lodgment and a chief factor in spreading this dreadful disease.

(9) The patient of the tubercular diathesis is easily recognized. The subject is anaemic, pale and thin, slow teething, prolonged teething, has frequent attacks of indigestion, colic and diarrhea without any noticeably contributing cause, tired out with little exertion, unable to enjoy the sports of playmates, slow in growth, stoop-shouldered, catching colds easily, extremely sensitive to atmospheric changes, hacking cough of croupy ring, perspiring easily, especially on the head, adenoids, cervical glands involved, tonsils enlarged, clamminess of skin and coldness of hands and feet. The rapid pulse, fever sweat and cough will soon follow if the tide is not stemmed, and death will be the victor.

(10) What is to be done for these cases? The hygienic and sanitary condition must be changed and removed.

(11) The subject must be removed as far as possible from the source of germ infection and the outdoor life must be lived in field and park to obtain good air and sunshine. Sleeping rooms must be well aired and sufficient blankets provided to keep warm during sleep. Linen or wool underwear sufficiently heavy to keep the body warm is needed. If the environment is tubercular, the sputum must be burned, for small children readily convey the germ to the mouth by the dirty hand or dirty rubber. All depleting habits should be cut out. The sexual hygiene should be carefully watched and the cigarette taken from the boy.

(12) The cases that are continually taking cold can be fortified by systematic bathing daily in cool water, dried without much friction. Where there is much bronchial cough or croupy cough, frequent bathing of the chest is a help and less clothing around the legs is also good. Some advocate sandals, with short or no stockings, regardless of weather conditions. I have seen some good results from this procedure.

Physical exercise for lung development should be practiced. For the quite young different kinds of movements must be given. Massage, and oil by friction are helpful. The older child must be

taught systematic respiratory development, and if unable to fully accomplish it, must be aided. Breathing must be natural, nasal breathing, and where this is difficult the nasal passage must be carefully cleansed. The chest walls grow more flat and the lung less elastic if mouth breathing is permitted.

The diet is very important. The subject must be built up and well nourished. Taking on flesh is evidence of gain. The young child should nurse the breast. If not possible, modified cow's milk should be given. Older children should be well fed on eggs and milk, oily foods, etc. Sometimes there is repugnance to these foods. Then what is craved should be given. Nuts of various kinds are oily and very nourishing and palatable to most children. Give them. The milk should be from healthy animals and sanitarily kept and never pasteurized for that adds to its indigestibility. If the milk is clean there can be no ill effects. The theory of Koch that tuberculosis of the animal cannot be transmitted to the human is the correct position. If not true, I do not see why half the populace living to-day are not in the grave.

The cough, the rapid pulse, the high temperature and loss of flesh should give the physician grave fears for these young subjects, and also those subjects suffering with marked malnutrition. They are subnormal, and very little will set these cases going toward the grave. The greater number can be saved by careful selection of remedies.

The complaints of young subjects should be carefully considered. Fresh colds and coughs should be attended to at once. Coughs following pertussis, measles, etc., must not neglected, but cured as rapidly as possible.

The tonsil should not be removed surgically. Dr. Snader says: "Why remove the only barriers that will prevent the entrance of germs to more vital structures? Is there only one infection? At any rate, the removal surgically does not cure the cause that produced the induration. The same can be said of adenoids."

Regarding remedies for these young subjects, the totality of the symptoms should be the guide. There are a number of remedies that have a special affinity for this diathesis, and will undoubtedly have an excellent constitutional effect.

TUBERCULINUM.—This nosode is the picture of the tubercular diathesis. The symptoms are ever changing, affecting one organ after another, appearing and disappearing suddenly, takes cold easily, emaciation very pronounced while eating well. (Similar

to abrotanum, calc. carb., con., iod., weak physically and mentally bright.

SULPHUR.—This is the remedy for those who are stoop-shouldered, too tired to stand erect, and very sensitive to cold, like hepar, sulphur, kali carbonicum and psorinum. It is a fine remedy for the premonitory condition of consumption. The sulphur child sweats around the head during sleep, has a dry, teasing night cough, disposition to uncover and stick feet from under covers because of burning heat, is emaciated, big-bellied, and is always better in dry, warm weather and worse in damp weather.

The **CALCAREA PHOSPHORICA** child is anaemic, spare and thin it is slow in developing, in teething, in closing cranial openings, and in learning to walk. The spine is weak, disposed to curvatures, with inability to hold up the head; the child lacks animal heat, has cold sweat and coldness of body; no head-sweats as in calcarea carbonica or silicia. The calcarea phosphorica patient is always better in summer time.

The **PHOSPHORUS** child is tall and slender, complains of heaviness of chest like a weight, and of cough in going from warm place to cold place. The phosphorus child grows too rapidly, is inclined to stoop, very sensitive to impressions, quick and bright mentally, nervous, cannot stand still a moment, suffers great weakness and prostration, and moves sluggishly like phosphoric acid.

The **CALCAREA CARBONICA** child is of the blonde type, tired out, disposed to grow fat and flabby, with red face. Its head sweats while sleeping, wetting the pillow far around like sanicula and cranial sutures are characteristic. It is indicated in the lung diseases of the tall, slender, rapidly growing youth and is often better than phosphorus for the constitutional condition. This child suffers from defective nutrition.

IODIUM is a fine constitutional remedy. The child suffers great debility and great emaciation, like abrotanum; it is ravenously hungry all the time unlike arsenicum which has no appetite at all) and grows thinner daily. I give this remedy low from the third to the sixth dilution. It acts better than the high.

There are many other remedies that could be symptomized. Arsenicum, silicia and ferrum are good constitutional remedies. Baryta carbonica, or its near kin, will meet the glandular dyscrasia. Thuja will be required often and lycopodium will help in the coughs following measles, whooping cough, pneumonia and bronchitis.

I use the higher potencies for these conditions. My experience is that they do better. The literature of the allopathic school is without any effective drug treatment for these conditions.

THE TREATMENT OF PROSTATIC HYPERTROPHY BY ELECTRO-THERAPEUTIC METHODS*

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IT is not within the province of this paper to enter upon a discussion of the aetiology or pathology of prostatic disease, but rather to call the attention of the society to a method of treatment of that hitherto intractable form of the disease consequent upon declining years and known as hypertrophy of the prostate.

As a matter of fact, a large majority of men who have reached the age of fifty years are the victims of prostatic hypertrophy to a greater or less degree, although, symptomatically, there may be no evidence of its existence. The insidious approach of the disease, the absence in its early stages of any characteristic or distinguishing symptoms, renders it incumbent upon the physician and surgeon, in the treatment of genito-urinary troubles in men over fifty years of age, to eliminate if possible, by a thorough and careful examination, the approach of this malady.

Local examination should be made by the finger in the rectum, by means of which we are able to determine the size, shape, and consistence of the prostate. Pressure with the other hand at the same time over the pubis will give additional information. The presence of stone should always be suspected, for which careful search should be made with the sound. The presence of residual urine should also be studied, as an enlargement of the middle lobe may cause retention, when its presence cannot be elicited by palpation.

By having the patient first empty the bladder, and then passing the catheter, you can readily estimate the amount of residual urine and thereby eliminate with some degree of accuracy the enlargement of the middle lobe. Among the earlier symptoms which lead one to suspect prostatic enlargement is an increased frequency of micturition, which is especially marked at night and early in the morning, a condition of congestion aggravated during recumbency and sleep. We also find the frequent existence of erections in these patients, on waking, as further evidence of congestion of the prostate during sleep.

Pain is ordinarily not very noticeable in the early stages of the

* Read before the Nat. Soc. of Phys. Therapeutics.

disease though a dull, aching, or heavy, dragging sensation in the perineum, rectum and behind the pubis is not uncommon.

The stream during urination is slow to start and diminished in force, owing to a loss of power in the bladder, swelling of the prostate and a spasmodic contraction of the constrictor muscles.

The diminution of the stream in a prostatic patient differs from that in case of stricture. A strictural patient can by voluntary effort increase the force of the stream; a man with enlarged prostate cannot do so. As the disease advances we have other symptoms due to retention, which is the characteristic condition in this stage of the disease. The symptoms which accompany a complete retention are easily recognized; incomplete retention, on the other hand, comes on more slowly, and is often overlooked for a long period, at a time when recognition and treatment are important.

As the bladder begins to fail to empty itself, the intervals between the acts of micturition become short, and the call, imperative; the bladder always part full, a small additional quantity will distend it to its full capacity.

Sometimes the bladder shown extraordinary tolerance, and the distension becomes so extreme as to cause incontinence from overflow before the patient consults his physician, and sometimes before the medical attendant recognizes the nature of the malady. Another symptom which shows that the disease has entered upon the third stage, is polyureia, and the amount passed in the twenty-four hours, when measured will considerably exceed the normal.

The occurrence of cystitis in chronic hypertrophy is so common as to be almost a necessary result. It follows, the use of a catheter, and when once established, is rarely gotten rid of; the urine becomes thick from a mixture of mucus and pus, becomes a ropy mass in the bottom of the vessel.

Hitherto only two methods have been open to the physician in the treatment of the intractable forms of the disease. One is a radical operation for the removal of the gland, which in men of advanced years is dangerous, and shows only about thirty per cent. of cures. The other is the entrance upon a catheter life, which under favorable circumstances, cannot hope to prolong life but a very few years.

Not a very promising outlook to a man with an enlarged prostate. While much can be done for these cases in the way of palliation and the prolongation of life by careful homœopathic prescribing, yet the results are unsatisfactory and the cures exceptional.

It is not my intention in this paper to go into any lengthy dissertation upon the "modus operandi" of electro-therapeutic methods in the control of these conditions. Suffice it to say, however, that the curative principles underlying all forms of electric modalities is essentially vibratory, and since it has been shown that every cell of the body is filled with hundreds of electrical ions, of uniform size and all negatively charged and moving with a velocity about one-third that of light, each cell surrounded with a halo of positive electricity, within which as yet no ions have been discovered, that the life of the cell and the processes carried on within it are dependent upon this motion, and if interfered with or destroyed, disease and death is the result. Electrical energy applied to the cells of the body under these conditions, arouses the latent ion again into activity and enables the cell to once more resume its normal function.

No one agent in electro-therapy can be said to be a specific in the treatment of prostatic disease. Any one or all the various measures may be indicated in any given case. You must understand the nature of the malady and the stage towards which the disease has progressed. Then, knowing the effects of your agent, and its action upon the pathological condition before you, make the proper selection and success will attend your efforts. In the acute inflammatory conditions the 500 candle power leucodescent lamp, by virtue of its deep penetrating power, reduces the hyperemia, relieves the congestion, dilates the capillary circulation, increases metabolism and reduces the disease to its sub-acute or chronic form, after which other modalities may be substituted. The form of electrical energy that offers the best results in the treatment of the chronic forms of this disease has been found to be the static wave current. Dr. William Benham Snow of New York City was the first to recommend this modality in the treatment of this class of cases. The effect of this current upon local congestion and hyperemia and in the elimination of inflammatory exudates is remarkable. This rapid vibratory current pervades every tissue of the body, producing a pronounced constitutional effect, but, of course, its most intense action is upon the tissues nearest the electrode.

In nearly all cases of uncomplicated hypertrophy of the prostate splendid results will be found to follow this treatment. Of course, the earlier in the history of the disease, the treatment is instituted, the better will be the results, but even in the worst cases while a complete cure cannot be effected, the tone of the bladder will be restored, residual urine overcome and the use of the

catheter dispensed with. In cases of long standing where the gland is greatly enlarged, treatment should be given every day until all sensitiveness is removed and the gland reduced in size, after this they may be given at longer intervals. The amount of the dosage in each case will depend upon the effect of the current upon muscular contraction, anything like a tetanic contraction of the muscles should be avoided. My technique is as follows: I use a curved metal electrode insulated except upon its concave surface where it comes in contact with the gland. The electrode is attached to the positive pole of the static machine with the negative grounded, and spark varying from one to three inches, two to three hundred interruptions a minute, the treatment covering a period of fifteen to twenty minutes. The operation is free from danger and practically painless and permits the patient to pursue his usual avocation.

In the old fibroid cases the continuous current with the negative pole in the rectum in contact with the under surface of the gland, will be the better treatment to begin with, by virtue of its known action in hastening the absorption of hyperplastic tissues. In many cases the best results will be obtained by alternating these different forms of treatment according to the nature of the case and the stage of the disease. In order to obtain the best results, great stress should be laid upon the necessity of early treatment before the gland has become hard and fibrinous and when it is more easily softened, broken down and pathological changes removed. Great care should be exercised as previously stated, in the selection of the proper modality in any given case. You should thoroughly diagnose the condition, know the effect of the agent you are to use and apply the remedy accordingly. As we homœopaths would say, treat the patient and not the disease.

In conclusion, permit me to say, that I do not claim any originality in the application of electro-therapeutic measures along the lines indicated, in the treatment of this disease. My experience is simply a verification of the experience of other experts in this line of work. I firmly believe that we have in physico-therapy a means of treating these intractable cases, which will reduce the necessity of operative measures to the minimum; and in incurable cases, prolong life and render it comparatively comfortable.

THE PHYSICIAN AS A SANITARY TEACHER.

A. E. HINSDALE, A.B., M.D.

THE time-honored definition of the physician is: one who endeavors to cure the sick, or at least, to alleviate their sufferings. Up to within the past few years this notion seemed to have satisfied, and when this function of "cure" or attempt to cure had been accomplished, the duties of the physician were completely fulfilled, and his obligations over. Unfortunately, there are many to-day—even in the medical profession—who still cling to this belief, and who can not, or do not, re-adjust themselves to the new order of things.

With the idea of preventive means of combatting disease came the ideas of teaching, and as it may be supposed, physicians of the present day are fully acquainted with the facts of sanitary science, there is thrust upon us the functions of teacher, for of what value to the world at large would our new knowledge and experience be, did we not at the same time endeavor to inform the laity as to the methods of putting our doctrines in force? So it seems and becomes apparent that our duties must be of a two-fold nature: that of treating disease when once established, and that of endeavoring to prevent pathological phenomena from taking place.

Perhaps it has not occurred to all of us, that if we were to put the precepts of the science of sanitation into active operation, or in other words, to educate the masses at large, so thoroughly that they cannot contract disease, that in a short time there would be no further need for "doctors," and that, to use a commercial expression, we should have to "go out of business." I once heard a very distinguished sanitarian say that the "physician is the only person whose work and duty is to destroy the conditions upon which his very existence depends." Certainly our motives must be altruistic and unselfish in the highest sense of the word.

By way of introduction, the question may well be asked: what are the problems which, at the present time, are attracting the attention of sanitarians, and which would be productive of good if put in force? In other words, what are we going to teach? Tuberculosis was the first disease to be systematically studied along the line of prevention, and I think it is agreed to by all that we are on the right track, and that little more can be learned so far as prevention is concerned.

The problems of securing good and sanitary water supplies for cities and households has long attracted the attention of medical men, and we are safe in saying, in view of what has been accomplished, that we understand at least the fundamental principles underlying the subject, and that if these principles are rigidly put into force, many of the diseases traceable to this source do or will disappear. As proof of this assertion, it need only be stated, that in those localities where sanitary regulations of this character are in active operation, such diseases as typhoid fever and cholera have been reduced to a minimum. Mr. W. P. Mason, in an address delivered at the Founder's Day Celebration at Lafayette College, October 2, 1908, said: "A great deal has been accomplished in recent years in the matter of educating the public in the proper care of domestic water supplies; but misunderstanding yet remains for removal, and old-time traditions are with us still. It is a notion widely disseminated through the laity at large that horses will not drink water of an inferior quality, and a reliance upon this test led to the appearance and wide outbreaks of typhoid fever. Another fallacy, commonly believed, and upon which much reliance, in some places, is placed, is the belief that the presence of many flies is a prophecy of a healthful summer. To quote Mr. Mason again, "We now know that flies are a source of danger in that they do not wipe their feet before crawling over our food. In this connection, note the disastrous typhoid fever outbreaks in our military camps during the Spanish war. Those epidemics were occasioned by the inoculation of food by flies; flies that visited the latrines first and the kitchens afterwards." So it is evident that we have not only to educate the people in the right direction, but we also have to educate them, so as to speak, out of their erroneous opinions. The writer has seen a case of tetanus develop from a wound that was treated with a tobacco quid, and I have heard of cases of severe infections developing after the "cow manure poultice" method of treatment.

To return to the water supply again, it is a common argument of the laity that such and such a water "must be good," because we drank it for the last twenty years. To the scientific mind such an argument, while it may be suggestive of truth does not bear conviction. It must be remembered that a water dangerously infected will not bear disease to all, and that the per capita danger from polluted water is very small. In a city of 100,000 population, about ninety cases of typhoid fever occurred in a year, which is relatively a very high rate.

Speaking of the subject of pure water supply, invariably brings

up many other subjects and topics of recent investigation closely associated with it. There are the problems of the sanitary or individual drinking cup. It is gratifying to see that many of the laity are fully aware of its hidden dangers. A ride or fifty miles on any of our trains will convince one that our teachings are getting a hold on the people.

Concerning the etiology, or means of dissemination of typhoid fever, there is perhaps one factor that has not received sufficient attention. I refer to the traveling across country of a badly developed case of disease. Suppose such an individual whose intestinal tract contains countless millions of typhoid bacilli, starts from a small town or some hospital a hundred miles away in a large city. It is safe to assume that the number of bowel movements will not be altogether incommensurate with the number of miles traveled, and he is scattering the seed of disease to hundreds of possibly susceptible individuals along the route. If one were to go broadcast through the country distributing poison as we ordinarily understand that term—or were to inflict deliberately, bodily injury upon any person, he would be summarily dealt with according to law. Yet there is nothing, outside of moral obligation, to prevent our typhoid patient from sowing broadcast the seeds of disease, and he may work infinitely more mischief than the deliberate poison distributor.

The microbe carrier is another constant danger to the public health. Queer as it may seem, some persons after recovering from an infectious disease continue to be breeders of germs. Cases are on record of typhoid germs being distributed by persons who suffered from the disease years before and who are themselves well. In one instance, an individual in New York was found to be eliminating the typhoid bacilli from his bowels, who had the disease about fifty years before. As sanitary teachers, we must inform the people of these possible disseminators of infections that they may not ascribe, as they seem to do sometimes, to supernatural, or at least, very mysterious agencies, outbreaks that cannot be readily accounted for.

Probably the physician can do more good as a kindly teacher by advising people about their children who attend the public schools, than in any other one way. They should be cautioned in regard to permitting their own children being a danger to others and advised also, how to guard against the dangers from association and contact with others. Many of our school boards are employing school physicians, to safeguard the pupils in this particular; a very proper and humane expenditure of public money,

It is a wise precaution to have the children taught the fundamentals of personal and public hygiene early in life. The practitioner in the country should not hesitate to give such information as may be required to safeguard his patrons, if not others as well, against the risks that lurk in the by-corners of house, garden, farm-yard and barns. Instructions should also extend regarding the lower animals, especially such as may be infected with diseases to which man himself is susceptible. In the towns and villages the physician can well carry on his instructions. He should be informed in regard to wells and other water supply, to vaults, sewers, and systems of drainage in general. He must understand the fundamentals of heating and ventilation.

By doing these humanitarian acts he may think he is cutting down his own income. However, his services will not go unappreciated in his community and his influence and business will extend. In the long run, it is questionable, after all, whether the income of the doctor is much less than formerly, barring the increase in competition. There are so many persons suffering from worry and over-strain incident to modern commercialism and increased social demands, that must require medical attention that considerable cash compensation accrues therefrom. As infectious diseases decrease, diseases of the circulatory, nervous, digestive, urinary and glandular systems are rapidly increasing; although the latter increase must not be attributed to the decrease of the former, of course. The types of diseases are changing, owing, as intimated, to the changed conditions of the modern man and his family. Those diseases that are increasing in frequency of occurrence, are not, as a rule, affected by hygienic principles.

As teachers and practitioners of sanitation, let us not be unmindful of one thing; do not let our knowledge of the prophylaxis of disease, great as it is, great as it promises to be in the future, prevent us from studying and treating disease when once established. I think that it is possible to be too enthusiastic along this line and that many are content with simply preventive study, neglecting to properly treat present disease conditions. I mentioned in the first of this paper that physicians had a two-fold duty, so do not let enthusiasm along one line overbalance that of the other. We may let "the survival of the fittest" take its own course with the lower animals, but it seems hard to let nature go entirely unchecked when dealing with human beings.

North American Journal of Homoeopathy

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SUBSCRIPTIONS.—In accordance with a ruling of the P. O. Department requiring a higher mailing rate for magazines sent to subscribers in arrears, the publishers of the NORTH AMERICAN JOURNAL OF HOMŒOPATHY have set the subscription price at \$3.50 per annum, but a discount of 50 cents will be allowed for payment in advance, or within four months of expiration of a former subscription.

CONTRIBUTED ARTICLES, EXCHANGES, BOOKS FOR REVIEW and all other communications should be addressed to the Managing Editor, 1748 Broadway, New York. Articles are accepted for exclusive publication only. Editors will be allowed to republish selections on condition: that credit be given to the NORTH AMERICAN JOURNAL OF HOMŒOPATHY.

CHANGE OF ADDRESS.—Notice of a change of address should be given promptly, and the old as well as the new address should be stated.

ADVERTISEMENTS accepted only from reputable and reliable firms. Rates will be sent upon request. The publishers desire to exclude fraudulent and misleading advertisements, and welcome the co-operation of subscribers to this end.

THE TRUSTEES OF THE A. I. H.

THE Board of Trustees of the American Institute of Homœopathy held its first meeting at Washington on October 6, 1909. It is a date to be remembered, for the NORTH AMERICAN is persuaded that the incorporation of the Institute and the entrusting of its business affairs to a Board of Trustees that can meet apart from the confusion and hurry of an Institute meeting and deliberate unmoved by the harangues of silver-tongued orators, is a step of far-reaching importance in the history of homœopathy in America.

All of the Trustees, save one kept away by sickness in his own family, were present, and the fact that long journeys—from California, Iowa, Chicago and Boston, were necessary in some instances, evidenced the willingness of the members of the Board to be of service to the Institute.

It is reported that one of the chief things considered was the finances of the Institute which are at a low ebb. Retrenchment all along the line was ordered, and the institution of business methods in the conduct of the Institute's business.

But the most vexed question before the Trustees was the matter of the Institute Journal. As stated heretofore in the *NORTH AMERICAN*, the Institute gave the Trustees a free hand, but, on account of conflicting interests and opposite points of view, the matter required the most careful handling.

The Trustees are certainly to be congratulated on the result, and the peaceable and on the whole, satisfactory settlement of this vexed question is the earnest of the successful solution of other difficult problems which will undoubtedly come before the same body from time to time.

Practically the decision arrived at was the acceptance of the compromise suggested by the *NORTH AMERICAN*.

Dr. Dewey realized that to establish the validity or invalidity of his contract with the Institute would mean expensive litigation and an injury to the reputation of the national organization, and its continuance would seriously imperil the solvency of the society. He accordingly agreed, on behalf of the Medical Century Publishing Company, to surrender the contract on December 31st, next.

Dr. Dewey has performed his part of the contract to the best of his ability and he is to be thanked for allowing the Institute to retire as gracefully as it does from the very awkward situation brought about by the action of the old Journal Committee. The *NORTH AMERICAN* has never questioned the motives of the members of this committee; it believes, yes, knows, that they did what they did with an eye single to the best interests of the American Institute and to the advancement of the cause of homœopathy. It was a matter of view point; and the worst that can

be said about what they did is that their plan could not be carried out as it was originally laid down by them. However, this is almost a matter of past history and the NORTH AMERICAN is sure that the members and supporters of the old Journal Committee will join hands with the rest of the rank and file of the Institute and with the journalists of the school in loyal support of the Board of Trustees and of its Journal Committee.

For we are to have a Journal Committee. The Trustees believe that the majority of the members of the Institute are in favor of an official organ, and a committee of five has been appointed to arrange for the publication of the Transactions in serial form. The details have to be worked out; but the Institute's Journal will be published, owned and controlled by the Institute and it will not attempt to enter the field occupied so many years by the present homœopathic journals, which have so loyally supported the organization.

Controlled by the Board of Trustees, the official organ of the Institute represents a definite and continuous policy, and the new publication may be expected to be at once conservative, as befits the dignity of the organization, and progressive, as the times and the sentiment of the Institute demand. Begun on simple and unostentatious lines, the NORTH AMERICAN predicts for the Journal of the American Institute of Homœopathy a healthy, vigorous growth and a development into a powerful instrument in medical journalism.

The Board of Trustees has already justified its existence by what it accomplished at Washington, for, with plans well-laid, the work is half done. And the members of the Board are unanimous in their praise of Dr. Ward, the president of the Institute, who displayed rare executive ability which carried through the proceedings of an important meeting with smoothness and despatch. Considering that this was the first meeting of this recently constituted body, the precision with which the proceedings were conducted and the comprehensiveness of the ground covered is a great tribute to Dr. Ward's foresight and experience in public affairs.

It has been decided that the Institute shall meet at Long

Beach on the coast near Los Angeles, where the hotel accommodations are ample, both for the entertainment of the members and visitors and for the sessions and meetings of the Institute and its affiliated Societies. Members of the Institute should even thus early, decide that the trip to California shall form part at least, of next summer's vacation.

WALKING FOR EXERCISE

DR. W. C. STILES, of the U. S. Marine Hospital service, is credited with the statement that there are 2,000,000 people in the South harboring the hook worm, and consequent sufferers from "the lazy man's disease." One of the meanings credited to the word "lazy" in the dictionary is "disinclined to action or exertion." Accepting this definition, laziness is not confined to the hosts of any particular parasite, it is not confined to any section of the country, and its victims are at least ten times as many as the figure quoted above.

This is a lazy age; and with increasing facilities for avoiding exercise, it is becoming lazier. In choosing a house we demand that it shall be near the station or the trolley. The man in our larger cities who walks to business is a rarity. If we have a dozen blocks to go, we jump on a trolley car.

We like to excuse ourselves by pleading the necessity for haste; but it is only an excuse, the majority of us are too lazy to walk. The growing popularity of the automobile is adding to the difficulty. A physician for whom a special pair of shoes had been prescribed by an orthopedist told the latter that his "shoes were not a damn bit of good—to the man who used an automobile."

Walking is going out of fashion. Yet it is the ideal exercise for the business man. It is Nature's exercise, and, in spite of its simplicity, far better than the more or less complicated exercises indulged in by many men.

As a man leaves the forty year mark, he has reached a stage where he is likely to put on weight; and this evil tendency is fos-

tered by the life of inaction so many people live. The train of evils following from the consequent sluggishness of the functions, is familiar to every physician, and as Dryden says:

“Better to hunt in fields for health unbought
 Than fee the doctor for a nauseous draught.
 The wise for cure on exercise depend;
 God never made his work for man to mend.”

A good brisk walk with the body erect, the arms swinging comfortably, the figure swaying at the waist, the chest nicely forward, has a distinct therapeutic effect. The best prescription that can be given to many a patient is an order for them to start for the office half an hour or an hour earlier than usual, and walk part, if not all, of the way. A man who acquires the habit of walking two or three miles a day is not going to have very much the matter with him.

Much has been said of the value of golf as an exercise. It is good as far as it goes; few people, however, tramp over the course every day, and golf is the luxury of the few and not the pastime of the many.

Unfortunately, the physician himself too often sets a bad example, spending all of his out-of-doors in his carriage. He would be benefiting himself if he made some of his calls on foot or made it a matter of principle to walk for exercise every day.

Hints.—Where you find a case of indigestion with vomiting after every meal and resisting all tonics, digestives, etc., have the patient take a glass of hot milk, lie down and apply hot fomentations over the stomach for half an hour. You will be surprised to see them retain and digest the food and rapidly to increase the variety, with no bad effects. In dyspepsia from an excess of gas, the patient unable to sleep well, a moist pack applied around the abdomen on retiring and worn all night gives the happiest results, inducing sleep, helping to dispel the gas and toning up the intestinal tract and the abdominal walls.

Notes and Comments

A New Form of Medical Graft.—A fluent gentleman recently presented himself at the office of a proprietor of a sanitarium and proposed that he be allowed to endeavor to secure patients for the institution by going to business men and soliciting subscriptions from them for supporting patients to be placed in the institution, showing the merchants a small journal to be published by the sanitarium, which would contain their advertisements, the size of which would vary with the size of the subscription. The proprietor of the sanitarium was to receive 50 per cent. of all moneys so collected and was to care for all patients who entered under the agreement. The interviewer said that at a well known sanitarium where the arrangement was being carried out, they were supposed to receive one patient out of about every seven for nothing, but that, as a matter of fact, only one or two patients had entered since the deal was put through. It was estimated that \$100 weekly could be collected from the business men, and the solicitor, out of his half, would pay for the publication of a little booklet, enough of which would be printed to send one copy to each subscriber, so that he could see his advertisement in print.

This is certainly a queer proposition, and no reputable institution would have anything to do with it. There is no doubt that the man was wholly unjustified in intimating that the sanitarium he named, was profiting by the scheme.

Contraria contrariis.—Writing on the Therapeutics of Belladonna, Dr. W. E. Boyer, of Cincinnati, says: "it will be seen—and from an abundance of clinical observations it has been definitely proven—that belladonna is *the* remedy in *any* disease in which these symptoms predominate, viz., *slow pulse, cool surface, congested capillaries, dullness, hebetude.* It is contraindicated by excitement, flushed face, bright eyes, nervousness, etc. The good point of Dr. Boyer's observation is that its field of application is not limited to the name of any excitement, the conditions calling for its prescription may exist in any case. In other words, belladonna should be prescribed for a belladonna case. But a little investigation and consultation with some of his neighbors would teach the writer that "it has been definitely proven" that his contraindications have won for belladonna, prescribed in appropriate form and dose, many therapeutic laurels.

The Telephone and Motor Car in Obstetrics.—That the patient's telephone and the doctor's motor car should be very often substituted for the use of forceps in slow labor, is the belief of Dr. J. K. Couch, born of twenty-one years experience as an accoucheur. Labor is a physiological process and in the majority of instances can be managed by a competent midwife just as well as by a physician, whose sole work, when he "attends" a patient in confinement, is very often the tying of the cord. If labor is

slow, the physician should not wait around to be tempted by the thought of wasted time or the importunities of the patient to get through with it, but should leave matters in charge of the nurse with instructions to phone when he is needed. When the call comes, he can jump into his automobile and get there as fast as the speed limits or the police will permit. With a pelvis and a child of normal size, healthy passages, and a normal presentation, there can be no mechanical hindrance to normal midwifery, and no call for a high forceps operation.

Medicinal Treatment of Cancer of the Breast.—The *Journal of Surgery, Gynecology and Obstetrics*, deserves commendation for the courage it displays in printing a paper presented to the section of materia medica and therapeutics of the British Homœopathic Society by Robert M. LeHunt Cooper, M.D., relating the author's experiences in the medicinal treatment of cancer of the breast, threatened and manifest. "Cut it out" is the dictum of the surgeon and the complete Halstead operation, the removal of all the lymph glands around the breast and of the axilla, the operation of choice. Dr. Cooper's standpoint with regard to cancer is that the disease is "primarily a constitutional one with the occurrence of growths as purely secondary phenomena, the cachexia also being due to this original cause and not to the primary growth, except in so far as this may interfere mechanically with the functions of the body, or produce a septicemic condition when breaking down." Enlargement of glands is attributed to "the mechanical irritation set up in their vicinity by the growth." The article cites several cases of cancer treated medicinally, and the results on the whole, were for better than the average surgeons looks for. Dr. Cooper maintains that his experience shows that "there is not such a great systemic danger, as hitherto insisted on, in the actual presence of a cancerous growth in the tissues, provided suitable constitutional medicinal treatment is employed." "There appears to be a direct ratio between the rapidity of growth of a cancerous tumor, and the rapidity, diffusion and malignancy of the recurrence of secondary growths after operation." "The wholesale removal of all the lymphatic glands, whether directly implicated or not, is unjustifiable."

This paper should be read by every homœopathic physician. The results attained by Dr. Cooper ought to offer encouragement to give faithful trail to the homœopathic law in this disease. Cancer rapidly increasing in frequency; its etiology is yet obscure; its prognosis is bad, and any contribution to a better result in its treatment than that ordinarily obtained will be welcomed by the profession and laity alike. The president of the Colorado Homœopathic Medical Society, in his address at the 24th annual meeting, said: "It is a startling fact that every success in scientific cleanliness, hygiene, sanitation, asepsis and antisepsis, every blow dealt to filth diseases, only increases the frequency of cancers." This is a post hoc, propter hoc statement. No such relation advances in sanitation, has been established though deaths from cancer are increasing out of proportion to growth of population.

Correspondence

THE SETTLED QUESTION.

To the Members of the American Institute of Homœopathy:

The controversy which has found expression from our homœopathic journals has now been satisfactorily concluded.

The first called meeting of the Board of Trustees under the Constitution adopted May 31, 1909, was held at Washington, D. C., at the New Willard Hotel, October 6, 1909.

The organization of the Board into various committees will facilitate effective work.

Interest centered about the "Journal" question. Free discussion for several hours developed the idea of terminating the contract held by the Medical Century Company.

In conference a committee of the Trustees, with Dr. W. A. Dewey arranged aiaak shrdul cmfwyp vbgkqj xzfiifff xzfiifffivbq ceptable and the only possible solution. By the terms of the release, the Institute is at liberty, after January 1, 1910 to publish its own journal, restricting its advertisements to those strictly homœopathic, excluding sanatoria and private hospitals. The Trustees recognized the financial and moral obligations involved and arranged with the Publishing Company to retire for reasonable consideration to cover loss to the publisher. The financial aspect for further continuance of the Institute as heretofore, made it absolutely necessary that a termination of the contract should be effected.

The Trustees passed a resolution, establishing a journal, January, 1910. to be known as the Journal of the American Institute of Homœopathy.

The Trustees' Journal Committee, working in harmony with the Committee on Finance, will issue the best monthly bulletin within their means. The policy will be of yearly growth, as finances permit.

All objectionable features will be removed, to the end that no extra burdens be placed on the other journals of the school and no unwholesome rivalry be created in homœopathic journalism.

The experience of the past will make plain our duty, direction and responsibility.

The will of the Institute is hereby adhered to and the possibility of a unified organization assured.

JAMES W. WARD, M.D., *President.*

October 15, 1909.

International Homeopathic Review

Conducted by

R. F. RABE, M.D.

Saccharum.—In 1881 I met a gentleman who said he was always poisoned by sugar. At my request he wrote the following account; The first effect on me when I take sugar is to have the tongue furred, and a dry, bitter taste at the root of tongue; followed either by sore throat, or running at the nose, as if I had caught a severe cold. With these symptoms is extreme costiveness, lasting at times for two, three, and five days at a time. All these symptoms I can check at once by leaving off sugar. I have at times cured the cold in the head in twenty minutes by drinking copiously of hot water, not less than three pints at a time, sometimes more." On May 28th, I gave him for an experiment, one dose of saccharum album 30m (Fincke). On June 16th he reported no change. He was not a patient of mine, and I never heard from him again.

E. W. BERRIDGE, M.D.

HOMŒOPATHIC PHYS., 1889.

Torticollis—In referring to Dr. Jefferson Guernsey's most valuable card on diphtheria, I see that lachnanthes is the only remedy named for the symptom "neck drawn to one side," and as we have seen many verifications where this symptom has been present, it occurred to me that a description of one or two cases that have been under my medical care might be useful to record.

CASE I: E. S., aged seven years, pale face, blue eyes, light hair, was attacked with feverishness, restlessness, neck spasmodically drawn to the right side, flushed face, starting when asleep. Bell. 200 every four hours was followed by improvement of the fever-flushed face and starting, but the distortion of the neck remained the same. I now learned for the first time that during sleep the child frequently uttered sharp piercing screams. Apis mell. 200th every four hours was administered. A rapid improvement now commenced. In twenty-four hours I could observe that the morale of the child was better, the neck less crooked; better sleep, with fewer screams. I continued the same remedy at longer intervals for several days, during which time the child greatly improved in health. Within forty-eight hours of giving apis the head was perfectly straight. I learned from the relatives of the child that for several months after this attack the little patient had never been observed in such excellent health. The promptitude with which this medicine removed the torticollis satisfied me that in cases of wry neck it is a medicine that should be thought of when brain symptoms are present. I may add that the distortion of the neck had existed a week previous to my seeing it, the little fellow being treated during that time for rheumatism by embrocations of various kinds, all of which had no effect.

CASE II. E. F., aged six years, extremely delicate from birth, was attacked with diphtheritic sore throat, worse on the right side.

neck swollen and spasmodically drawn to the right side, intolerance of light, intense fever, rapid pulse and prostration, aversion to all kinds of food except oranges, the juice of which was taken freely. Lyc. 200th every two hours was prescribed; improvement was observable in twenty-four hours. The child made a good recovery under this medicine alone. I may here remark that in the throat cases that require lycopodium, intolerance of light is often a marked symptom—that is, so far as my experience goes. Orange juice as a nutriment is, I believe, most valuable, especially when the patient craves it, though it is well known that in some cases of croup it is injurious. Of its sustaining qualities I witnessed a remarkable instance in the early years of my practice. A delicate young girl, aged thirteen, took putrid scarlet fever; she was extremely ill and bled from every orifice of the body. For ten days she existed on orange juice alone, all other nourishment being obstinately refused. She made a slow but perfect recovery. Crotalus was no doubt the remedy indicated, but at the time I was unacquainted with its virtues.

CASE III. A. C., aged six, was brought to me with his head spasmodically drawn to the right side. The distortions had existed about a week and commenced when on shipboard. His father informed me that he had always been a delicate child, but I was unable to obtain any characteristic symptoms to guide me in selecting a remedy. I accordingly gave him lachnan. 30th every four hours. I saw him again in two days, but no improvement had taken place. On examining the right side of the neck I found the cervical glands much enlarged and extremely tender to the touch, and as he was a nervous, excitable boy I gave belladonna 200th but without effect. Lycopodium 200th every four hours proved to be the curative remedy.

Many years ago, at the request of my friend, Dr. Drysdale, of Liverpool, I translated from a French journal the particulars of a most interesting case of torticollis which had existed for a long time in the person of a Roman Catholic priest. All attempts to relieve the spasm were fruitless, until lycopodium was administered, when a cure resulted. The case was published in the *British Journal of Homœopathy*, but I regret that I cannot remember either the potency administered or the date of the journal. Remembering this cure encouraged me in selecting lycopodium in the diphtheritic case before given, and also in giving the same medicine when belladonna and lachnan. had failed. In the three instances that occurred in my own practice the patients were boys, delicate, light-complexioned, fair haired and of nearly the same age, the neck also being drawn to the right side.

Intercurrent Remedies for Chronic Diseases.—Coffea (30) for over-sensitiveness and painfulness of diseased parts, fretfulness and sleeplessness.

Hepar sulph. calc. alternately with nitric acid for over excitement from abuse of mercury.

Magnes. arct. for over-excitement with trembling, fidgetiness of the extremities, great distention of abdomen, anxious irresolution; salicitious and grtat nervous debility. Mesmerismus. Nervous debility in general.

Nux vomica (30) if the nervous system is too much affected and irritated; hyperesthesia of the organs of special sense; fearfulness, anxiety, inclination to lie down, aversion to the open air, violent, stubborn, obstinate; also if the menses appear too early or continue too long.

Opium (30). Lack of sensitiveness of the nervous system, deficient reaction of the life forces. (Carbo veg., laurocer., mosch., nitr. ac., or sulph. (all in 30th) may also be useful here).

Pulsatilla (30) in some cases, with proper intervals, alternately with nux vomica to remove too great an irritability.

In rare cases, if there exists too great an irritability of the nervous system, asarum, chamom., china. ignat., teucrium, or valeriana may have to be used in the same manner, if *these remedies correspond* better to the general condition.

REMEDIES FOR DISTURBANCE OF THE ANTIPSORIC CURE:—

Bruises and wounds: arnica X°R.

Burns, superficial: repeated applications of hot alcohol or oil of turp.

Cold, catching of, in general: nux vom. X°R.

followed by attacks of dyspnoea, ipecac III°R.

followed by catarrh, with loss of smell and taste: puls. X°R.

diarrhoea: dulcam. X°R.

fever and heat: acon. X°R.

pain and inclination to weep: coffea X°R

Debility, from loss of fluids; as sweat and pollutions, etc.: china X°R.

Fright, causing fear (immediately after): opium X°R.

followed by grief: ignatia X°R.

with vexation: acon. X°R.

Homesickness, with red cheeks and sleeplessness at night: capsicum X°R.

Inebriation, bad effects of, from wine, etc.: nux v. X°R.

Love, unhappy with quiet grief: ignatia X°R.

jealousy: hyos. X°R.

Protrusion of hernia; most generally: nux v. X°R.

Stomach, chilling of, ars. X°R. or puls. 30.

deranged, from fat, especially pork: puls. X°R.;

with regurgitation of what has been eaten, nausea and vomiting: antimon crud. X°R.

with gastric fever, chilliness and coldness, bry. X°R.

overloaded; abstinence and drinking little coffee.

Sprains and over-lifting, effects of; in some cases arnica but better rhus.

Vexation, with anger, violence and heat: chamom. X°R.;

causing quiet anger, grief, or shame: ignat. X°R.;

with fretfulness, and accompanied with chilliness and coldness of the body: bry. X°R.;

indignation and throwing away of whatever one holds in his hand: staphisagria X°R.

F. H. LUTZE, M. D. *Hom. Physician.*

Diarrhœa of Consumptives.—Mrs. —, age twenty-two, in the last stage of consumption, was attacked in June last with a most weakening diarrhœa. She had been under the care of allopaths for several months, till last August, when I was called. Her friends knew the case was hopeless and expected her to die in the fall, but they were very desirous of having the troublesome and weakening diarrhœa stopped. I gave sulph., podo, lyc. I gave these three drugs from August to October, one dose of each about a month apart, without effect, yet they each at various times seemed indicated. About the middle of October they were expecting her to die every day, and I had given up all hopes, till one day, in carefully looking over my interleaved Lippe, I noticed a line, viz.: "diarrhœa of consumptives—acetic acid." I determined immediately to try it. I gave three powders of the 30th cm potency to be taken dry, one each night, till the three were used; it acted marvelously; it not only stopped the diarrhœa, but gave her a natural and regular action. The patient got stronger and lived until February 15th. She was not troubled any more until a couple of days before her death. I had copied the idea from Dr. Kent's interleaved repertory, and have proved it in one case most effectually. I could not see, in the provings of acet. ac., anything similar to my case, but it most certainly seems to act in this disease where the indicated remedy fails.—*Homœopathic Physician*. 1889.

Calcareæ Patients.—Among the "tissue remedies," perhaps no two are more frequently indicated in the development of children than calcarea ostrearum or calcium carbonate and calcarea phosphorica or calcium phosphate. The temperament of the former is sanguine vital lymphatic—the blonde with a tendency to obesity; of the latter it is bilious motive—dark anemic and thin instead of fat. In the constitutions of each of these types, the lime salts are lacking principally and this becomes more and more recognized as they progress. At birth, the lymphatic constitution permits the child to readily adapt itself to the parturient canal. Its appearance for a time is considered quite normal and its good-natured disposition lends support to this opinion. In the constitution of each of these types, there is retention of acids, hence there is a sour odor to the whole body and its discharges. The disturbances of the gastro-intestinal tract prevent proper nutrition of the tissues. The lack of lime salts in the bones results in a weak, bony framework, and its attendant curvatures. But the constitutional conditions of these children are too well known to require repetition here. Unless the condition is corrected during early life by the administration of the indicated remedies and proper attention to hygiene, they are hampered all through life and the offspring of such parents will show the same tendency and if allowed to struggle along on what was "good enough for their parents," nature will

be unable to combat with the tendency, and tuberculosis in some form is liable to result. The vigorous campaign against "the great white plague," has resulted in a very general dissemination of knowledge among all classes of people, as to the hygienic measures to be enforced in order to prevent the spread of tuberculosis, and with the efficient homœopathic remedies at the command of the physician and perseverance on the part of all concerned, the future generations are likely to be living examples of the healing art. But in the treatment of these conditions, it is wrong to fill the patient with massive doses of the crude material, as lime water and calcium in various forms. Under such circumstances, the system rebels and relapses occur. That there is an ever increasing recognition of the virtue of minute doses in the triturated form is evidenced by an article from the pen of Dr. A. E. Collyer, of Elgin, Neb., which appears in the August number of *The American Journal of Clinical Medicine*, in which he quotes Von Grauvogl as follows:

"If we consider the anatomical conditions for taking up molecular bodies into the blood, we find, upon the tongue, the papillæ filiformes with their hairlike process turned inward leading directly to the cells, and which do not readily allow that which they have once taken up into their channels to escape, but transfer it to the blood. The mucous membrane of the cavity of the mouth, throat and esophagus, as well as that of the rectum also, is adapted to take up, very rapidly, what is not larger than the orifices of their epithelium, while on the contrary, the structure of the mucous membrane of the stomach is almost entirely glandular, and excreting, so that its ability of absorbing molecular bodies must be far less than that of the above named parts. The mucous membrane of the stomach is chiefly a reducing organ, for the elaboration of such substances as are more dense than water. Only to those solutions which do not exceed the physical density of water is the possibility given to penetrate the mucous membrane of the stomach also, to be taken up by it, and to be transferred to the blood. Chemical mixtures, infusions, decoctions, immediately produce an increased secretion of the gastric mucous membrane, and we may assume with certainty that only the most minute parts thereof will escape the decomposing combination with the stomach. * * * In general, it may be maintained that the effect of the remedy, once it is introduced into the stomach, must be uncertain or destroyed."

Colchicum in Gout.—E. F., aged thirty-six, mother of two children, leuco-phlegmatic temperament, consulted me for rheumatism of the hands, which were swollen, the joints stiff and powerless, pain as if bruised. The whole of both arms was somewhat affected, the chief distress being in the hands. She was unable to brush her own hair, not so much from the pain which this movement occasioned as from the extreme weakness and powerlessness of the parts affected. She was unable to perform her usual domestic duties and had sought relief in vain. *Colchicum cm* (Fincke), one

dose dry on the tongue, produced a severe aggravation, lasting several hours, followed by steady improvement. After one dose of colchicum she would remain well for weeks or months, but the same remedy always helped her when repeated. Colchicum has enjoyed a reputation as a remedy for gout many years, but as followers of Hahnemann we are not content with a medicine and a name. It is for us to discover to which form of gout colchicum is homœopathic. In the materia medica we find symptoms of this kind—"laming pain in the arms which makes it impossible to hold the lightest thing"; "edematous swelling of the hands." It is precisely in cases presenting these characteristic symptoms that we shall find colchicum curative.

Colchicum seems to paralyze and render powerless the parts affected, and when we find with this condition edematous swelling occurring in a leuco-phlegmatic constitution, we may expect a cure by the administration of this drug. I may here remark that the patient above referred to subsequently fell into the hands of a homœopathic physician who habitually gives alternate doses of the mother tincture and lowest potences, and I was informed by her relatives that the medicines never relieved her rheumatism when administered in this way. B. SIMMONS, M.D., Sydney, N. S. W., *Homœopathic Physician*, 1889.

Nitric Acid in Injuries to the Spine.—A severe injury resulting in mischief to the spine is often followed by most troublesome and varied disturbances of the system, and each case must, of course, be treated in strict accordance with the symptoms present. Arnica, rhus., calc., hypericum and other medicines are frequently required, but I wish to call attention to nitric acid which has in my experience been frequently indicated, and it has helped some cases more than any other agent. After a severe shock to the spine, a profuse perspiration on the hands and feet often breaks out. When this symptom is present nitric acid should be studied, as it will probably prove to be the simillimum. B. SIMMONS, M.D., Sydney, N. S. W. *Homœopathic Physician*, 1889.

A Verification.—In Gregg's illustrated repertory, one of the pains of kreosotum is shown as starting at the centre of the sternum, extending to left shoulder and down arm. During the last five weeks of his life the late Dr. George F. Foster, who died of valvular disease of the heart, suffered a good deal with this pain on both sides, worse on the right. One dose of kreosote (so-called MM), cured it, leaving the Doctor free from pain during his last days. E. A. BALLARD, *Homœo. Phys.*, 1889.

A New Remedy.—Vitrum (crown glass)—Bone diseases, when the discharge is thin, watery, and stinking, much fine grinding, grating pain, like rubbing from sand-paper or grit (cured in a case of Pott's disease after Silicea failed to make any impression).

THUJA (high).—In women who have a tendency to hernia on left side after labor, especially when the feet get sore and swell (scyotic history).

THUJA.—When babies cry much the umbilicus protrudes, grows red and sore, especially when the father has a syctic history.

Infantile hernia on left side—inguinal—child cries all the time and is only quiet when the left inguinal region is relieved from pressure or when the thigh is flexed upon the abdomen.

Sanguinaria.—Neuralgia in upper jaw extending to nose, eye, ear and neck, and side of the head; shooting, burning pains; must kneel down and hold head tightly to the floor.—R. B. JOHNSTONE, M.D., *Homœo. Phys.*, 1889.

A Pathologist's View of Homœopathy.—Dr W. H. Walters. Professor of Pathology at Boston University School of Medicine, has issued the paper he read before the Detroit meeting of the American Institute of Homœopathy in reprint form. By reason of his antecedents and of exclusive attention to laboratory work, Dr. Walters paid little attention to homœopathic therapeutics, but the modern trend of bacteriological research, the use of toxins and antitoxin, etc., have driven him to see that Hahnemann's dictum.—*similia similibus curentur*—has a scientific basis and is being confirmed by the laboratory worker of the day. The production of immunity, the goal of the vaccine therapist, is probably the end of the homœopathic remedy. At any rate, homœopathic remedies are found to raise the opsonic index.

The establishment of the scientific reasonableness of homœopathy and the interpretation of homœopathic therapeutic in terms of modern medical science is an interesting work, and we have by no means heard the last of it.

As Seen by Eclectic.—“As recently as the latter part of the 17th century, out of the combined chaos of mysticism and spiritualism transformed into materialism, that dreamer of dreams and grand manipulator of potential essences, Samuel Hahnemann, took Europe on his literary way to mankind, and made claim, as original, to the discovery that “like cures like” and insisted that it is the universal, sole law of cure in all diseases. His fundamental principle required a single remedy and minimum doses to overthrow the dynamical aberrations undergoing in our spiritual existence, which, he averred, can be effectually accomplished by infinitesimal potencies accentuated by faith and unlimited attenuated solutions. His theory, stated concretely, (1) Like cures like; (2) Selection according to the law of similia; (3) Single remedy; (4) Minimum doses. In 1803, when 48 years of age, Hahnemann's biographer states, “We find him again in Dessau, which makes the 24th place of residence in 28 years. He afterward lived in five other cities, his decease finally occurring in Paris.” From his biographer's account we are given to understand that he had very little practical experience, but others accepted his views and have brought that medical cult to its present state of perfection.”—ORIN DAVIS, M.D., in the *California Eclectic Medical Journal*.

From the "Lancet-Clinic's" Point of View.—"One of the most encouraging signs that homœopathy is awakening to the fact of being in the rear in the march of medical progress is the determination followers of that school have recently expressed on frequent occasions of doing some original research work. They realize that they have not kept in touch with modern pharmacology. Symptoms and their treatment have been the great fetich of that school, regardless of cause or location. The *Cleveland Medical and Surgical Reporter* (August), one of the leading journals advocating this method of therapeutics, begs for a laboratory of experimental medicine, as an addition to a hospital "in which human subjects can be used." (Now for the sensational reporter of the yellow journal!) It asks for expert laboratory men to work in conjunction with clinicians. "If we expect to be successful in our propagandism of homœopathy, we must show the world of science some tangible evidence along the line of research work," says the editor of the above journal. The wonder is that the necessity for this has not been recognized long ago. Homœopaths have for years employed to their own advantage the results of patient work by the dominant school. The law of compensation involves adequate return for value received. Since the days of Hahnemann no great contribution has been made to medicine by his followers. Scientific men would welcome additions from that source. By all means establish homœopathic research laboratories."

Acute Synovitis, Periostitis, and Bone Abscess.—Miss B., æt. 38 years, obese, phlegmatic temperament, requested me to see her right knee, which was swollen, inflamed, and painful. On examination I found considerable effusion in the joint, and it was very tender to touch. I prescribed bry. 1 and puls. 3, with some relief, but the effusion did not completely disappear. Bry. n appeared to help somewhat. She began to be kept awake at night with pain in the knee of an indefinite character. She was fairly free from pain in the day. Merc. sol. 6 did some good, and eventually the pains became very severe and of a lancinating nature, and awoke her at 2 a. m. The pains shot down behind the right thigh to below the knee. A non-fluctuant swelling was found behind the femur about the junction of its middle and lower thirds. From the nature of the pains, the right-sidedness of the affection, and the time of aggravation I prescribe kali crab. 30. with very prompt amelioration of the pains. The swelling, however, remained obstinate, though painless, and was opened surgically. A sinus formed on account of patient ceasing treatment before the abscess healed. Silica 6 with an occasional dose of Tuberculinum 200 healed the sinus after scraping with a Volkmann's spoon had failed.

Bleeding Piles, Weakness and Pain in the Back, etc.—Mrs. C., æt. 32 years, fair complexion, suffered from tuberculous disease of the foot when a girl. (A cousin was similarly affected and her foot was amputated.) Father died of Bright's disease. Patient

has been troubled off and on for over six years with a feeling of weakness and pains in her back, repeated attacks of aphonia, colds on the chest, bleeding piles, and slight albuminuria.

September 10, 1908.—Hoarseness < m. Piles, which smart, are sore and bleed after stool. Bowels irregular. Much back-ache constantly. Caust. 2 o.m. 4 h.

September 16th.—Very hoarse these two days. Piles > rather. Dry throat. Caust. 100 o.m. 6 h.

September 24th.—Still hoarse, < m. Piles as bad as ever since 3 p. m. to-day. Slight hemorrhage. Wind upwards, and pain in back. Nausea precedes eructation of flatulence. Bowels irregular. The throat seldom feels dry now. Nasal catarrh thick, yellow for a long time, also post-nasal. Leucorrhœa. Merc. sol. 6 and kali bich. 3x.

October 6th.—Hoarse at times. Chest sore, and has slight cough in m. with lark grey expectoration, difficult to raise. Piles rather >. Bowels >. Catarrh same. Less leucorrhœa. Rep. ambo.

October 15th.—Hoarseness >. Piles, catarrh, and leucorrhœa no better. Hydrast. 1x and kali bich. 3x.

October 23d.—Piles no >, they bled profusely on 21st. Pain in sacral region. Better otherwise.

I now carefully worked up the symptoms of this case with the repertory—hoarseness, catarrh, leucorrhœa, piles, bleeding, painful, and sore, aching in sacrum, etc.—and found the simillimum in kali carb., which was given in unit dose of the c.m. potency. Placebo c.m. 3 h.

May 24, 1909.—Patient says: "The medicine put me right. The piles were practically gone and I was better in every way.—

DR. C. S. S. SPENCER, *Hom. World*.

Nosodes—Two Kali Carb. Cases.—Siphilinum was first used by me with success in the case of a girl with keratitis. As her history is of interest, I will give some details. An elder sister had lost the sight of one eye as a child; her face also present scars, apparently due to some specific skin lesions. The father was then said to have always had good health, but later, at the age of 60 years, he developed nervous symptoms, ultimately diagnosed as general paralysis. He was treated for some months in an asylum, and, contrary to the prognosis given, has recovered. The father's brother was never strong, but his family were healthy.

From these and other inquiries it appeared probable there was an inherited specific taint from the paternal grandparents. The patient at the age of 15 years presented an obstinate ulceration above the left knee; this persisted in spite of treatment, and extended until one-third of the thigh was implicated; it presented a punched-out appearance and extended deeply. She had been under various medical men; however, I suspected its specific character and gave potassium iodite in material doses, when healing promptly followed.

For six years or more the girl continued well; then the cornea of her left eye became cloudy, and a white opacity appeared. There was no pain, and the eye was better from warmth. General appearance anæmic.

For a month she was treated with various remedies, such as aurum, cannab, sat., euphrasia eye lotion, with no effect; the eye steadily got worse, and the parents were afraid she was going to lose her sight as the sister had done. She then reported headache as if the vertex lifted—worse warm days—and a feeling as if the eye were cold. Under syphilinum in Boericke's *Materia Medica* are given: "Top of head feels as if coming off" and feeling of the cold air blowing on eye. Cf. tlije, sulph., sep., med., croc., berb., (cinnabar c.m. has since cured this symptom in another patient of mine after syph. failed.)

I gave syphilinum 20m and sac. lac. Ten days later she wrote: "The eye is a little clearer, am feeling stronger, no headaches." A month later she wrote: "Am getting on very nicely: my eye is almost as clear as the good one now, and is quite free from the substance that was over it." In all she received four or five doses of syphilinum 20m, a year later she remained well.

Case 2.—Child æt. 6 years; had operation eighteen months before for adenoids and removal of enlarged tonsils. Her mother complains that the operation has not been much of a success; the child is often snuffling, appears to generally have colds in the head, with nasal intonation and roughness of voice. The surgeon who operated thinks another operation necessary. The mother had had one still-born child, and I suspected specific heredity, though the child was well grown and healthy looking.

℞ Syphilinum 20m with immediate benefit and ultimate cure of above symptoms. Sulph. 30 and calc. iod. were also given later on in the course of the treatment.

A tall, emaciated young man of 19 years presented the following symptoms: Pulse rapid and weak, from 100 to 120. Chest flat with marked hollows about the clavicles; dry rales and harsh breathing left apex; cog-wheel breathing left base; dry hard cough with scanty, difficult expectoration, < early morning.

With the cough, pain in piles Guernsey in his little book on hemorrhoids give under this heading ign., kali crab., lachesis nitric acid.

The patient had been over two months in my sanatorium for open-air treatment of phthisis without improving. His temperature became inverse in type—101° to 103° in the morning, 98° to 99° F. in the evening—and the prognosis was unfavorable. He was dyspeptic, with no appetite; the month previous to admission had lost a stone in weight, whilst taking creosote under allopathic guidance.

There was a history of persistently rapid pulse for several years. Kali carb. was selected on account of the character of the pulse and the cough, and given in the 1m dilution in very infrequent doses.

From this on he mended, gaining weight slowly but steadily, generally 1 pound weekly, until he had put on two stones weight. now well and at shop work for eight years.

Another case of consumptions I have now under treatment presented phosphorus systems and received a dose of the c.m. dilution. She was running a temperature of 104°; amelioration ensued and lasted for a week. I once had a fatal aggravation follow the use of phosphorus 12x, three times daily for three or four days, hence I am now very cautious how I give this remedy.

In this case I should perhaps have repeated the phosph. at the end of the week, as a relapse then set in with arsenicum symptoms. Ars. was given with varying degrees of amelioration for two or three weeks. Then the temperature became inverse in type—101° mornings and 99° at night; pulse 120 to 140. Cough < early morning, expectoration difficult, inclined to be swallowed. I have given kali carb. 1m with some benefit but it is too soon to say much about it. I have quoted this case to draw attention to the possibility that an inverse type of temperature in consumption may be an indication for kali carb.

I may add that Hahnemann says "persons suffering from ulceration of the lungs can hardly get well without this antip-soric—Kali carb." It evidently suits a bad type of case, as indicated by the weak and rapid pulse.—R. S. STEPHENSON, M.D.,

A Case of Varicosis.—Minnie H., æt 32, a children's nurse, came to me in Paris on February 14, 1905, suffering from varicose veins in both legs. She was very thin and much run down from the continuous pain. She had had these veins for twelve years, and five years ago had been operated for them. This relieved her for a time, but now the veins were as big as ever they were, and the pain very bad. In the popliteal space they were especially bad. She wore elastic stockings, which I advised her to leave off. My first prescription was Ac. fluor. 12. b.d. for fourteen days.

Feb. 28th.—Less aching, though there is no diminution in size. Feels much better in herself. To wait four days, then repeat for a fortnight.

Mar. 21st.—Much better; feels well, veins smaller. Con.

April 4th.—Much better every way. Ac. buor. 30 b.d. four days, three days without medicine, then repeat.

June 6th.—Still improving; all the pain gone from legs, and veins much smaller. The monthly period has been advancing a fortnight a time, lasting four days—usually clots—and a good deal of pain. Fer. phos. 30 b.d. for four days, three days' rest and repeat.

July 3rd.—M.P. came on day after last visit and not since, feels stronger and better every way. Cont.

Sept. 13th.—Still improving; can walk better, veins dwindling. Fer. phos. 200 once every second day for a week. Rest five days and repeat.

Nov. 7th.—Still getting better; two days ago ring finger of right and turned black and is still very dark. Has a good deal of dyspepsia; flatulence after every meal and diarrhoea. Carbo. veg. 30 t.d.s. for a week.

Nov. 15th.—Better; only had two bouts of flatulence in the week. Continue for another week, then return to Fer. phos. 200 as before.

Patient continued that medicine off and on till February, 1906, when she was cured of her varicosis; one leg had no trace of veins visible, the other had one small spot the size of a little finger-nail.

She never ceased her work, which was arduous, having a very great deal of walking to do.

This case was as bad a case of unbroken varicosis as I have ever seen, and the pain was great.—DR. H. BARLEE, *Hom. World*.

Cantharis.—The Spanish Fly acts most prominently upon the skin and mucous membranes, the inner and outer human coat-in, and upon the urinary and sexual organs. And its sphere of usefulness is almost, if not quite, limited to affections of these organs.

Upon the skin it produces an eruption of large vesicles, which contain an excoriating watery fluid. When these vesicles break, their contents cause an irritation of the contiguous parts, with burning pains.

Upon the mucous membranes it produces an intense irritative inflammation with bloody or slimy discharges. An inflammation that tends to epithelial destruction.

The pains accompanying these inflammations with raw mucous surfaces are of an intense burning character, and, in the neighborhood of the sphincters vesicae and recti, great tenesmus exists from the blind efforts of these peristaltic exits to get rid of the irritation within their grasp.

The skin symptoms point to erysipelatous inflammations like those found under apis mellifica, rhus tox, belladonna, lachesis and sulphur.

The mucous membrane symptoms point to genito-urinary troubles as found in cystitis, gonorrhœal or simple, associating it with aconite, cannabis sativa, mercurus corrosivus, colocynthis and hyoscyamus.

Also to dysentery, associating it with such drugs as mercurius vivus, mercurius corrosivus, aconite, capsicum, colocynth, sulphur and arsenicum.

THERAPEUTICS

Erysipelas. Preferably beginning on the dorsum of the nose and spreading to the right cheek. There are large vesicles which break and discharge an excoriating fluid which starts new foci of inflammation burning pains.

Cystitis and gonorrhœa. An intense acute inflammation with persistent and violent urging to urinate, the urine is passed only

in drops and feels like molten lead passing through the urethra. Burning on urinating, with pain in the small of the back.

This extreme tenesmus vesicae is always present, there is chordee, the discharge is yellow or bloody, excessive sexual desire. Generally follows aconite.

Analogues aconite in the beginning at the congestive stage, mental and physical unrest, anxiety, constant burning distress in the urethra.

Cannabis sativa; very similar to cantharis, but the symptoms are milder. Cantharis has more tenesmus, cannabis more burning and smarting. There is purulent discharge, glands and prepuce dark red and swollen, spasms vesicae, gonorrhœa in the female with mucous, purulent discharge.

Mercurius corrosivus; high grade of inflammation with violent symptoms, tenesmus, frequent urination with burning, throbbing and stinging, meatus highly sensitive to touch, greenish, purulent discharge.

Kali bichromicum; after passing urine it seems as though a drop were remaining high up in the urethra, which he is unable to expel, this drop burns and worries him a long time, and efforts to expel it are fruitless.

Natrum muriaticum; burning and cutting in the urethra after micturition, thin watery discharge; after nitrate of silver injections, painless discharge of pus with urine.

Argentum nitricum; urethral soreness, with cutting pain extending to the anus, orchitis.

Copaiva; violent smell of the urine, purulent discharge, constant desire, nettle-rash.

Cubeba; irritation of urethra, increased urethral secretion, cutting and constriction after urination, hæmaturia.

Clematis erecta; pain most severe at the commencement of urination, patient cannot pass a drop of urine for a long time, finally the flow is established when the pain ceases.

Sepia. gleet, "morning drop," chronic mucoid painless discharge.

Terebinthina; strangury, urine smoky, aching, drawing pains, chordee, gleet, gonorrhœal rheumatism.

Thuja; thin greenish discharge, scalding urination, warts and condyloma about the genitals, after suppressions by injections, complicated by orchitic, rheumatism or prostatitis.

Sulphur; burning pain near the meatus which is deep red, chronic cases. Gleet with tendency to induration at the meatus, urethral itching, divided stream.

Pulsatilla; orchitis after gonorrhœa, thick yellow, or yellowish green, bland discharge, scanty urine, gonorrhœa in females.

Conium; orchitis with indurated swelling of testicles.

Hamamelis; much soreness and enlargement of the scrotal veins.

Capsicum; pricking, burning, cutting pains, with sensation of warmth in the urethra, white creamy or thick purulent discharge.

Dysentery; discharges look like meat washings, (water in

which raw meat had been washed), they are of red water with skinny particles floating in them, there is intense tenesmus, both rectal and vesical, but more markedly vesical; (both equally—mercurius corrosivus; rectal alone mercurius vivus, nux vomica, sulphur). Severe cases with symptoms of collapse.—DR. A. L. MONROE, *Hahnemann's Monthly*.

Some Obstetric Remedies.—Apis is a great help in anuria. It is often best to give it quite low, the second or third decima. Arsenicum is often called for in cases where the toxic products have already produced the characteristic thirst, a peculiar condition of the skin, with restlessness and the gastric symptoms so prominent in the pathogenesis of this drug. Arseniate of china has, in addition to the above, the loss of blood so often noted after severe labor accompanied by hemorrhage. The arsenate of copper has, in addition to the above symptoms, the characteristic diarrhœa, with marked cerebral symptoms, even to the extent of threatened convulsions, which is often noted during the puerperium. When this remedy is indicated its results are truly marvellous. Calc. carb. is often called for in the third stage of phlegmasia, especially where there is a white swelling of the feet and leg. Two remedies frequently indicated during the lying-in period are frequently confounded in the mind of the practitioner. I refer to the two cohoshes. Cimicifuga has marked rheumatic diathesis with severe pain across the lower abdomen. These pains are cramping in character. Caulophyllum has the pain in the same region, but it is sharp and lancinating in character. Sometimes it is so severe as to drive the patient frantic. We might add that both of these remedies are of great value in cases of difficult labor. Hyoscyamus is our sheet anchor in puerperal mania. The patient is frequently in a terrible rage, does not know her friends. Many times is very obscene and profane, desires to be naked; in fact, there may be complete loss of all sense of modesty. I have frequently noted that these symptoms are more characteristic of hyoscyamus than those mentioned in the books. Calc. carb. is another remedy of great utility in phlegmasia with a white swelling of the foot and leg, shooting and stitching pains in the leg and also in the abdomen, the latter greatly distended with gas, great pain in the back extending down into the glutei muscles, very restless, constant tossing about, and great thirst. Two forms of mercury, merc. sol. and merc. bijodatus, are often called for. The former in general toxic condition and the latter when the lymph nodes are involved. We have in nux vomica a great remedy for phlegmasia, with red swelling of the leg with dark, painful, tender spots; leg is powerless, a bruised sensation low down in the abdomen. This same sensation is frequently present in one or both legs with a frequent desire to urinate, as well as constant tenesmus. This remedy frequently outranks cantharis in cases of marked urinary symptoms. Nux has also a coated

tongue, loss of appetite, aggravation after 3 A. M., spirits greatly depressed. With the above ensemble present nux has done wonders for me. Pulsatilla has a pale swelling in the foot and limb, with suppression of the milk; decided aggravation in a warm room; insists upon plenty of fresh air; no thirst. Very offensive, clammy taste in the mouth, especially after sleeping. All symptoms are aggravated by sleep. This latter fact also holds good with lachesis. This remedy is of marvellous power in some cases of puerperal fever. The great key note for lachesis is a terrible sensation of suffocation, as though a large cloth were folded and drawn snugly about the throat. This remedy has frequently saved the patient where the case seemed hopeless, if the above symptom with aggravation from sleep were present. Rhus tox has great stiffness of the limbs and they may be powerless; red streaks running down the saphenous vein; great restlessness, with constant changes of position which seem to give relief; always worse after midnight, and worse from touching the parts with water; wants to be warmly covered. Wrapping the legs in cotton batting gives relief.

The above are some of the chief remedies in phlegmasia. For puerperal convulsions, we have several very valuable remedies. Of course, the terrible convulsions themselves must be controlled, and it may be necessary to give chloral in the following manner to check the awful convulsions. This remedy helps to eliminate the poisons through the kidneys as it is a great diuretic. If the patient cannot swallow, I give 20 grains of the chloral in two ounces of warm milk in the rectum. I sometimes repeat this, giving three doses within an hour, if necessary to control the convulsions. Veratrum viride and gelsemium are two great remedies to be given immediately after the chloral has done its work. Cuprum and hellebore, with hyoscyamus, argentum nitricum and stramonium will keep the patient on the road to recovery. For retention of urine which is frequently quite troublesome, there are but three remedies which I have relied upon. I give them in the order of importance: apis, causticum and cantharis.

For profuse loss of blood after parturition, we have a few sheet anchors upon which we rely in the order of their importance. They are: crocus, ipecac, sabina, trillium, secale, and ustilago. Do not depend too much upon the fluid extract of secale. In some cases accompanied by marked gastric symptoms, hydrastis will be of great help.

For sore nipples we have such remedies to rely upon as croton tig., graphites, mercurius, and silica, and above all things in those cases do not forget Friar's Balsam.

For unwholesome or abnormal secretion of milk that does not agree with the child we receive marked benefit from such remedies as aethusa, causticum, belladonna, bryonia, dulcamara, rheum, rhus tox, pulsatilla and silica. For scanty supply of milk we have such remedies as aconite, agnus castus, belladonna bryonia and causticum.

I wish in closing to give you a few remedies for that terrible condition known as puerperal fever. Allow me to suggest, do not use the curette or perform hysterectomy, as the former is dangerous for always in these cases the uterine walls are so soft that perforation is very liable to occur, and even if it does not occur it is not possible to remove all the diseased tissue, and the raw surfaces made by the curette will necessarily absorb those poisons that remain, thereby materially aggravating the case, if not proving rapidly fatal. And hysterectomy in these cases only hastens the end. To the best of my knowledge there are less than a score of cases on record that have recovered after hysterectomy, while hundreds and hundreds have died during or soon after the operation. A far better method of treatment in these cases is to thoroughly clean out the cavity with gauze, followed by a swab of iodine compound, and if need be, in case of great fever and destruction of tissue, a continuous douche may be employed by allowing it to enter the well dilated os and returned without obstruction. This is best done by a one per cent. solution of iodine in the water. I have seen cases that were considered hopeless by all the attendants, where the fever was from 104 to 106, by the daily swabbing out of the cavity as above indicated and the employment of the continuous iodine douche for several days, show decided signs of improvement and ultimately fully recover. And I am sure that no other treatment would have been successful.—DR. C. B. KINYON. *Hahn. Monthly.*

Boils: Their Treatment.—For the treatment of boils all that is necessary is a small piece of stick sharpened to a fine point, a little absorbent cotton, a 95 per cent. solution of carbolic acid, and a five or ten per cent. ointment of salicylic acid. As soon as the boil has pointed, and it has usually done so when the patient comes to us, a small bit of the cotton is wound about the pointed stick, dipped in the carbolic acid, and bored into the softened point of the boil. This gives a chance for the pus to escape and thoroughly disinfects the cavity of the boil. The boil is not to be squeezed. The surface of the skin in the neighborhood of the boil is then washed over with peroxide of hydrogen, or a solution of bichloride of mercury, 1 in 1000, and the salicylic acid ointment spread on old washed cotton or linen cloth, or several thicknesses of gauze, laid over the boil and the adjacent region. That is the end of that boil, as a rule. If it is a very large boil, the operation may have to be repeated the next day. The ointment is to be kept constantly on the affected part for a week. Of course, a few boils may appear for a few days in the region, the result of the infection of the skin follicles before this treatment was instituted. They are to be treated in the same way, and a cure will soon be attained.

If a patient comes to us before the boil has pointed, it may be aborted by injecting a drop or two of a five to ten per cent. solution of carbolic acid, or touching its top with 95 per cent carbolic acid, while the above-mentioned salicylic ointment is used as a dressing.

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Medical and Surgical Review

Conducted by - - - WALTER SANDS MILLS, A.B., M.D.

Dietary Rest Cure.—Dr. Frederick Groose has an exhaustive article with this title in the *Post Graduate* for August. His theory is that many diseases are due to over-eating. Curtailing the proteid intake—dietary rest—will produce a cure. He says the following methods may be used:

1. By purposely accelerated elimination by aperients.
2. By intestinal antiseptics;
3. By ingestion of germs acting antagonistically (Metchnikoff: sour milk, etc.) intended to overcome pathological kinds—methods which, thus far, are directed exclusively against bacteria.
4. By administration of artificial digestive ferments which will control the intestinal flora, on the one hand, and direct digestive chemism within physiological limits, on the other.
5. By facilitating and hastening elimination by chemical (Pöhl) or physical (hydrotherapy, etc.) means, and
6. By rendering the food adequate, especially that of albuminous character. The two last mentioned possibilities deal exclusively with chemical procedures without regard to living germs.

He uses the sixth method as the one most useful.

Typhoid Fever in the Army.—At the meeting of the Alumni Association of the New York Post Graduate Hospital and Medical School, Dr. J. F. Siler presented a paper on “Typhoid Fever in the Army; Its Present Status, with Especial Reference to Typhoid Carriers and Antityphoid Inoculations.” Dr. Siler cites the finding of Dr. Koch in an official investigation of typhoid fever in a little town on the southwestern border of Germany where troops were stationed and among whom eight cases were reported, whereas 72 cases were found which had not been reported, of which 52 were young children and attributed to carriers and contact. The carriers are considered under two headings, temporary and permanent. Ordinarily, the body gets rid of the typhoid bacilli in seventy days. Among the 52 cases of typhoid in children, reported by Koch, but few were chronic carriers, most of the carriers developing among adults. Twenty-five per cent. of all persons who have typhoid fever become either temporary or chronic carriers and of these, three per cent. develop into chronic carriers and transmit the disease for years.

Dr. Siler's experience with inoculation is, that if vaccination is used as a prophylactic measure, the course of the disease is much more mild, shorter, and the mortality rate lower, and complications did not develop in those cases. In a chronic case with severe relapse, in which the disease had persisted for more than two months, vaccine was employed, giving about 750,000,000 dead bacilli and notwithstanding the fact that the patient was steadily losing ground, he had a sharp reaction and made good recovery, due probably to some protective substance which formed in the blood. Major Russell of the Medical Corps, who was

sent abroad to investigate the present status of prophylactic vaccination and the manner in which vaccine is prepared and used, is now preparing all the vaccine that is being distributed to the army and it is given to every one who is willing to take it. His methods are described in the June issue of the *Military Surgeon*, and he there advocates a more general use of it in this country, in order that definite conclusions may be drawn.

In closing his paper, Dr. Siler presented the following statistics, according to the *Post Graduate*, July, 1909:

STATISTICAL TABLE, SHOWING THE RESULTS OF ANTITYPHOID INOCULATION IN SIXTEEN UNITS OF THE ARMY, UP TO JUNE 1, 1908.†

Unit	Medical Officer	Station	Date of arrival	Total strength (actual)	Inoculated			Non-Inoculated		
					Number	Cases	Deaths	Number	Cases	Deaths
2d Coy Fus.	Capt. A. B. Smallman	T r i m u l gherri	Jan., 1905	1,013	198	10	1	818	59	0
17th Lancers	" E. J. Luxmore	Meerut	Oct., 1905	616	322	3	0	294	71	12
Brigade R.A.	" E. G. Lithgow	Hindi (from Transvaal)	Nov., 1905	370	60	0	0	310	7	0
14th Hussars	Lieut. C. E. Fawcett	Bangalore	Oct., 1906	647	386	2	0	261	4	1
2d Dorsets	" E. G. Anthon	Wellington	Nov., 1906	1,107	199	1	0	908	6	0
2d Coldstream Guards	" J. H. Graham	Cairo	Oct., 1906	705	569	1	0	136	13	1
2d Leicesters	" H. S. Sherren	Belgaum	Oct., 1906	963	346	3	1	617	17	1
1st Connaught Rangers	" A. D. O'Carroll	D a g s h a i (from Malta)	Mar., 1907	483	300	0	0	183	2	1
2d Worcesters	" W. H. Forsyth	Wynberg	Dec., 1907	900	220	0	0	680	3	0
1st Dragoon Guards	" G. H. Stevenson	Umballa	Dec., 1907	592	450	0	0	142	0	0
1st Yorks	" S. de C. O'Grady	Cairo	Jan., 1908	893	470	0	0	423	0	0
1st Suffolks	" J. B. G. Muligan	Malta	Dec., 1907	900	400	0	0	500	0	0
3d Roy. Rifles	" R. W. D. Leslie	Crete	Feb., 1908	879	190	0	0	689	0	0
2d Bedfordshs	" C. M. Drew	Gibraltar	Sept., 1907	700	320	0	0	380	3	1
Brigade R.A.	" A. S. Little	Pretoria	Nov., 1907	375	247	1	0	128	2	0
1st Lan. Fus.	" F. D. G. Howell	Chakrata	Dec., 1907	940	796	0	0	144	0	0
Totals				12,085	5,473	21	2	16,610	157	126

CASE-INCIDENCE PER 1,000.

	Inoculated	Non inoculated
1. Among the whole of the above sixteen units	3.8	28.3
2. Among the "exposed" units, i. e., in which cases of enteric had occurred.....	6.6	39.5
3 "Exposed" units, less Royal Fusiliers (the unit inoculated with the "old vaccine")	3.7	32.8

NOTES ON THE CASES OF ENTERIC OCCURRING AMONG THE INOCULATED MEN OF THE SIXTEEN UNITS.

Unit	Cases	Deaths	Remarks
2d Royal Fusiliers...	10	1	All of these cases had been inoculated with the old vaccine; no case occurred among the men subsequently inoculated with the new vaccine.
17th Lancers	3	0	New vaccine in all, but each of these men had refused their second dose.
14th Hussars	2	0	Each had two doses of the new vaccine. Both cases were extremely mild; in one the fever only lasted eight days; in the other the maximum temperature was 101° F.
2nd Dorsetshire	1	0	Received one dose only of new vaccine; reported as "exceedingly mild."
3rd Coldstreams	1	0	Twice inoculated with the old vaccine ran a normal course.
2nd Leicesters	3	1	All inoculated with the old vaccine. Of the two which recovered, one was very mild, the other fairly mild. The fatal case only received his second one month after the first.

13th Brigade, R. H. A. I O

Twice inoculated with new vaccine. Diagnosis very doubtful, only six days fever in hospital, blood culture negative, serum reacted to paratyphoid "B."

Summary.—There are only *four* cases among the above *twenty-one* which had received doses of the new vaccine; all recovered. Three of the four had been noted as extremely mild, and the diagnosis of enteric in one of these is doubtful.

Prescription Building.—In the *New English Monthly* for August, Waugh ridicules polypharmacy and makes a plea for the single remedy.

The Prevention of Infant Mortality.—Under the auspices of the American Academy of Medicine, a Conference on the Prevention of Infant Mortality will be held in New Haven on November 11th and 12th, the wide subject being considered from four points of view—the medical, philanthropic, institutional and educational. In the medical section, such subjects as congenital debility, improper care and environment, communicable diseases, and the dangers which arise from unhealthful surroundings, uncleanly or unsuitable food, will be considered. Under the heading of philanthropic prevention, there will be a study of the economic loss through infant mortality, and the value of nurseries and other charitable agencies and special work in the prevention of infant mortality. In considering institutional prevention, two classes of infants will have to be borne in mind, the infant whose mother can care for it if given an opportunity and certain instruction, and the infant who must be separated from its mother on account of incapacity of either the mother or child, demanding the institution care. Educational prevention means the instruction of the mother at home, the instruction of the farmer and milk-dealer in the clean production and handling of milk, and education of children in the fundamentals of biology and hygiene as a first step in the spread of the principles of eugenics. The importance of the subject to be discussed, the comprehensiveness of the program, and the eminence of those who have pledged themselves to take part in this conference ought to bring together a large and interested group of physicians, nurses, philanthropists, educationalists and sociologists.

Biliary Calculi.—Dr. J. J. Thompson (*Clinique, May, 1909*) says that he believes he has permanently cured many cases of gall-stone by the free use of olive oil plus the indicated homœopathic remedy. He cites one case where the patient drank a whole pint of olive oil in one night and passed the stones next day. He also recommends the use of three or four drops of chloroform on sugar four times a day. Dr. Thompson is a surgeon, but he believes in operation only in extreme cases and where other methods have failed.

Prevention of Heart Failure in Diphtheria.—Dr. L. Porter, of San Francisco, in *Archives of Pediatrics*, concludes as follows:—

The essentials of treatment for the heart condition accompanying diphtheria are:—

- (1) Prompt and sufficient dosage of antitoxin.
- (2) Rest in bed not less than three weeks.
- (3) Attention to the condition of the abdominal viscera.
- (4) A nutritious, easily digestible diet.
- (5) Certain drugs each according to the indications. For a slow heart, atropin. For a racing heart, camphor, and ice to the precordium; for vascular failure, ergot.
- (6) If the heart failure is incidental to an overwhelming toxemia with lethargy, hypodermoclysis.

Finally the factors determining the number of units of antitoxin to be given are:

- (1) The intensity of the toxemia.
- (2) The extent of the involvement.
- (3) The time elapsed since the first manifestation of the disease.
- (4) Whether or not there is stenosis of the air ways.

Arterio-sclerosis.—Arterio-sclerosis is the dissemination of a sort of cicatricial substance in different organs through the intermediary of the arteries. In order of frequency its causes may be cited as gout, uremia, lead poisoning, diet, syphilis, excess of tobacco, sexual and intellectual excesses, and alcoholism. It is most common from 40 to 60 years of age. A strong meat diet is an incentive of arterio-sclerosis. Intellectual strain and repeated calls upon the emotions produce vascular spasm and lead to sclerosis. Heated political campaigns often induce arterio-sclerosis in candidates for office and in campaign orators. The disease is to be overcome by lessening the arterial tension, which can be done by regulating the diet. An absolute milk diet or a laito-vegetarian diet is recommended. Strenuous business and pursuits that call upon the emotions should be given up. A quiet, easy, country life may prolong life many years. In other words, relief from arterio-sclerosis should be sought from Dr. Diet and Dr. Quiet.

The Patenting of Surgical Instruments and Appliances.—At the last meeting of the American Medical Association, a delegate introduced a motion to amend that clause of the Principles of Ethics relating to the prohibition against patenting surgical instruments, in order that members of the medical profession could patent improvements in surgical instruments and appliances. No decisive action was taken on the matter.

To many physicians the patenting of an instrument is an abhorrent thing. But there is a growing number who would be willing to see the passage of such an amendment as mentioned above. The procuring of a patent for an invention is an evidence of time spent in thinking out an improvement and there really

is no reason why that time spent should not be reasonably rewarded. An improvement in a surgical appliance or a new form of instrument is potentially useful to every physician and to all of his patients; and the mere act of patenting the improvement does not put the improvement out of their reach. On the contrary, it often happens that the procuring of a patent for the invention is the factor that gives the public the opportunity to enjoy the benefits of the invention. For it often happens that time and money must be spent in procuring special tools or machinery for the manufacture of the patented article, and a manufacturer will not invest his capital without the protection afforded by a patent. If the manufacturer purchases the patent outright or pays the inventor a royalty, how many brother physicians or patients benefiting by his labors, will begrudge the inventor their contribution to his income? Can he not just as ethically accept such a royalty as the physician who accepts a fee for special post-graduate instruction?

There is another side to the question. The throwing open of an invention to the public has more than once worked the public an injury. If an invention is patented, the one who has a license to manufacture the article will be almost sure to take care that his product follows the specifications laid down by the inventor. If anyone is at liberty to make the article, variations are almost certain to be introduced and some of these may seriously interfere with the purpose of the instrument and render it incapable of duplicating the service performed by the original product of the inventor. This tends to discredit both the invention and the inventor, and the use of a defective imitation may injure the reputation of the physician employing it and work a lasting injury upon a patient.

On the whole, it would seem that the arguments in favor of permitting the patenting of instruments and appliances far outweighed the disadvantages.

Hot and Cold Water in Eye Diseases.—Nance states that the principal points in the consideration of this subject may be thus briefly summarized:

1. Heat and cold are best applied to the eye by moist pads. They are more efficacious when employed in this manner than by means of the coil or bladder, in that their action is more penetrating, and their effect is more germicidal. n

2. The application of heat is indicated in degenerative corneal processes—interstitial and phlyctenular keratitis, corneal ulcers, pannus, infected corneal wounds, hyphemia, hypopyon, suppurative panophthalmitis, in iritis and cyclitis, in muscular spasm, and in contusion and ecchymosis of the eyelids ("black-eye") to hasten absorption of extravasated blood.

3. The applications should be of the highest temperature the patient can endure, viz., 110° to 135° F.

4. They should be employed for a period of fifteen minutes, and repeated at intervals of two or three hours, for many hours.

5. Cold is indicated in hyperemia and inflammation of the conjunctiva. In traumatism, especially those of the iris and lens and in the early treatment of contusions of the lids, its employment is of value.

6. In purulent conjunctivitis, iced applications may be continuously used for many hours so long as the cornea remains unimpaired, in which instance they are positively contra-indicated.

7. Hot applications greatly assist the rapid absorption of various medicaments employed in ophthalmic practice and when used for this purpose should immediately precede the instillation of such solutions.

Descension Therapy.—Descension therapy exerts a beneficial influence upon all the functional and some organic diseases of the alimentary tract and all the metabolic perturbations, especially if there be an accompanying affection of the heart or lungs, and a variety of other derangements.

By employing the stairways of elevator buildings, descension therapy is easy of execution.

It is neither safe for an individual to undertake descension therapy on his own account, nor for the physician to prescribe it promiscuously in any amount to every patient.

Descension exercise may, of course, be applied together with other forms of locomotion if the case warrants it; its administration is not meant to replace any particular mode of treatment, but to act as an auxiliary expedient in the amelioration of manifold derangements.

The technic of descending exercise can best be carried out by descending a hill where you get the benefit of fresh air and bring into play the entire musculature of abdomen, back and lower extremities. As a substitute for the same, Dr. Stern proposes the descension of stairways, an exercise almost analogous to hill descension, in which, however, not all the muscle groups of the lower extremities participate as uniformly as in hill descension and which, although it may be executed in well-ventilated staircases, cannot be taken in the open air.

An elevator to carry up the patient is the only necessary implement. The rectangular stairway with its numerous landings is well adapted for the exercise. Of course, flights of steps especially constructed for graded descension therapy, exposed to the air on at least three sides and situated near an elevator, will answer the purpose still better. Such therapeutic stairways, which are to be found in many sanitariums and institutes for convalescents, need not exceed two or three stories in height, thirty-six feet in width and about sixty feet in depth. A therapeutic stairway thirty-six feet in width should be divided into six sections, six feet wide and extending from the uppermost landing to the bottom. The first section should contain an incline and no steps at all. The grade of the incline should be changeable, so that the inclined surface may represent either a steep or sloping hill. The second section should consist of a stairway in which the riser of each step is about two and one-half or three inches

high, while the tread is eighteen deep. The fourth section should consist of a stairway with eight inch raisers and twenty inch tread. the fifth section of a stairway with ten inch risers and eighteen inch tread and the sixth section of a stairway with steps irregular in height and depth.

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The technic of descending exercise, which Stern pursues without the assistance of a therapeutic stairway, is very simple. The patient is carried by the elevator to an upper story of a high building. For the first week he is ordered to slowly descend the stairs with relaxed abdomen, two or three flights at the start if the case be one of great exhaustion, or five to ten stories if the case be one of uncomplicated obesity, of functional abdominal disturbance. The exercise is performed from one to four times daily, as the case may be. From week to week the exercise is extended. The amount of descending which certain obese patients may perform, is practically unlimited. Repeatedly ascending by means of the elevator, they may descend forty, fifty and more stories on a single occasion. If the patient's general state of health permits, and in many instances of abdominal lethargy, it is essential and very well borne, the exercise is modified during the subsequent weeks in that the patient descends from step to step in a jumping manner, which enhances the jolting of the abdominal muscles and viscera. Another mode of increasing the efficiency of descension treatment, is to step on the heel and to bend the knees when descending. The speed of the descending movements may be increased in the ratio in which the patient gains strength, steadiness and endurance. Descension should always be practiced for protracted periods. Naturally, numerous modifications of and additions to these simple exercises will be devised in course of time, especially if the therapeutic stairway should become a sanitarium feature.—*Medical Brief.*

Adenoids, Nocturnal Incontinence and the Thyroid Gland.—*(Lancet, May 1, 1909.)* Williams was led to the use of thyroid gland in incontinence by noting aggravation of the incontinence after removal of adenoids from a child in whom they were supposed to be the cause of the enuresis. The argument was that the adenoid hypertrophy was in all probability compensatory for a deficiency of lymphatic substance elsewhere. The thyroid gland having very intimate relations with lymphatic tissue was chosen in the attempt to supply the supposedly deficient internal secretion. Twenty-five cases are reported, in all but one of which the results were good and, in some instances, brilliant. In the case which did poorly the conclusion was drawn from the reaction in another case, that too much thyroid was responsible for the lack of improvement. The author concludes that adenoids are not the cause of enuresis but that both are dependent upon an insufficiency of the secretion of the thyroid gland.

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Contributed Articles

THE PROBLEM OF TEETH AND HEALTH*

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WHEN I received the invitation from our President that prompted me to prepare this paper, the topic he suggested was "The Constitutional Fault Responsible for Defective Teeth." In that suggestion he touched a point which should be of much interest to general practitioners of medicine, and certainly is necessary for dentists to know more about.

In this period of general interest in health, it is a fit time to call attention to the fact that an important influence has long been affecting all civilized people, not only causing wholesale loss of teeth, but lowering also through such loss the general standard of health. What that constitutional fault is we do not know. Homœopathic physicians long ago recognized the fact that dental diseases have a systemic origin, for their symptomatology and therapeutics have been as regularly given in text books as those of the eyes, ears, throat, or other organs and regions. As dentistry has developed and progressed, this so early perceived fact has seemed to be lost sight of in practice, for it is doubtful if physicians of recent years have prescribed for dental disease nearly as often, if at all, as did the early homœopathists. Whether prescribed remedies have ever retarded dental decay I am unable to say. The difficulty of determining results has deterred me from prescribing for such conditions, but if the normal standard of the composition of saliva were determined and a prescribed remedy

* Read before the Homœo. Med. Soc. of the County of N. Y.

caused a nearer approach to physiological content in that fluid, one could be assured of effects, or the lack of them. In acute inflammatory conditions caused by diseased teeth the efficacy of homœopathic remedies has been demonstrated many times, no doubt, to all of us. Dentistry was from the beginning, and is now, a science and art of repair, of restoration and deformity correction. While efforts have been made in the direction of etiology, fundamental causes have not been reached and preventive measures have been accordingly inadequate to resist the tide of destructive influence. Decay, pyorrhea alveolaris and chemical erosion are the three destructive processes responsible—probably in the order given—for the loss of teeth; decay or caries nearly always the cause of such loss in the young; pyorrhea or Rigg's disease accountable in middle and advancing years for the loss of perhaps as many teeth as is decay; and erosion—wasting the surfaces of the teeth—from maturity on, but not often causing their actual loss. Decay and erosion of teeth being destructive processes due to environment—the oral secretions—the difference between great susceptibility, and complete or partial immunity is referable almost entirely to the varying composition of oral fluids. The phenomenon of decay is, in its beginning, the adherence to the tooth of a colloid plaque, in which micro-organisms by their life-processes generate an acid, which by its chemical affinity for lime salts disintegrates the tooth substance. The only certain prophylactic means known is the mechanical removal of this adhering film, and this is the philosophy of the tooth brush and powder. With a normal saliva this process of artificial cleansing should not be necessary, much less the laborious and time-consuming cleansing and polishing of teeth by the dentist to which so many people submit at frequent intervals, in order that their teeth may be saved. Healthy animals have clean teeth, but it is common for domesticated animals to have tartar accumulate on them, and they also have caries. This is more frequently the case with dogs than with other animals, probably because their habits of life become more artificial than horses or cattle. I saw the skull of a deer in the American Museum of Natural History in which a diseased tooth had unmistakably caused an alveolar abscess, but I was unable to learn whether the specimen was from a wild or tame animal. Antiseptic lotions have been directed at the bacteria, but practically these lotions have failed as prophylactic measures, partly because their influence must necessarily be exerted for so limited a time, and also because their action is only on the exposed surface of the adhering

plaque, while the surface next the tooth is unaffected.

There is an old aphorism often repeated by dentists, "A clean tooth does not decay," and this is made the basis of much insistence that patients shall clean their teeth better than they do, but the difficulty of really cleaning the teeth, when vitiated saliva is secreted, by any means in the patient's hands is rarely recognized. The qualities of saliva that favor the formation of stains and adherence of plaques are operating so constantly that the periodical and imperfect efforts at their removal prove inadequate, in so large a portion of the people who make some efforts to oral hygiene, that forty thousand dentist are kept busy in this country mostly in making repairs and restoring lost members. This progressive condition of tooth destruction prevails among all civilized people the world over. In Germany a number of cities have established dental clinics for repairing the teeth of the poor, and it is reported that 90 per cent. of school children were found to have decayed teeth. In England the Inter-Departmental Committee on Physical Deterioration, making a report to Parliament "by command of His Majesty," in 1904, said "There is no question that the teeth of the people have become much worse of late years. * * * On this point there is no difference of opinion." In 1905 Prof. Wm. Osler made an address at the Royal Dental Hospital of London, in which he said, "the problem of the treatment of dental disease is a national one," and he further made the startling statement that if he were asked to say whether more physical deterioration was produced by alcohol or by defective teeth he would unhesitatingly say defective teeth. In this country quite a number of cities have had dental clinics established under various auspices. Here in New York the Children's Aid Society has had a dental clinic in one of its school buildings for the last eighteen months, and Bellevue Hospital has recently established a dental department. There are also other dental clinics of which complaint is made that they do nothing but extract aching teeth. The Massachusetts Dental Hygiene Council held in Boston a series of meetings extending over a week, during January last, considering ways and means of dealing with the dental defects of the masses, and throughout the country in many towns and cities, the awakened interest in public health is recognizing defective teeth as an important factor in physical deterioration. From 65 to 90 per cent. of school children in this country are reported to have teeth so diseased as to impair their efficiency. When it is remembered what an amount of dental disease, pain and de-

struction exists among children, and how much greater the number of both young and old who suffer from that cause than are the victims of alcoholic poisoning; in fact, that teeth destruction is the most prevalent of all diseases, the statement made by Dr. Osler seems to have a good foundation. It must appear to any one who has an opportunity to observe the condition of the teeth of the people, both the rich and the poor, that it constitutes an indictment of civilized life. In some as yet unrecognized habits that have affected former civilizations as well as our own, lies a cause of abnormality in the secretions of oral fluids so that they favor instead of inhibit the destructive processes that are able to practically demolish in a short time tissues so hard and resisting to external disintegration, for, centuries after the destruction of all other parts of the body—in the grave—the teeth are often found intact. A few times only in the course of a long practice a dentist perhaps will observe cases of immunity to dental disease, no decay, no erosion, few stains on teeth and healthy gums, and in these instances it is quite as probable as otherwise the tooth brush as been regarded as an unnecessary instrument of the toilet. During the past year a special effort was made to obtain saliva from mouths immune to dental decay and two were secured. One young woman with perfect teeth admitted she was careless about brushing them, and the other, a man, used only a soft rubber brush. Some innate ability to resist or overcome the morbid influences that prevent the oral secretory processes of the great majority had kept their saliva constituents in normal balance. The barbarian Igorrots of the Philippines have been found to have the most perfect teeth of any people existing, so far as is known. Dr. Ottoffy, who went to those islands, has published a paper on his observations of these people and the results of examinations of their teeth. He found nearly 70 per cent. of the children between 6 and 15 years of age—as nearly as he could judge their ages—to have perfect teeth, and of the other 30 per cent. the decay was slight in extent and confined to the depressions on the grinding surfaces of molars. Compare that with the former statements of dental conditions here and in Europe. The Igorrots' food is mostly vegetable, largely rice and camote—a coarse kind of sweet potato—and very little animal food. They cook to some extent, but not to a sufficient degree to make it acceptable to us. The result is that of necessity they masticate thoroughly. They are well built, very strong and have great physical endurance. They know nothing of what we regard as dental hygiene. Such facts as these seem

to point to a cause in some perversion of the digestive processes in civilized mankind. Numerous questions naturally arise, and hypotheses are easily framed. I refrain from indulging myself in this way at your expense; what we need is facts in regard to the varying constituents of saliva and their relation to general health or disease and also to dental conditions. We may then hope to discover where the fault lies. It seems to me certain that too little attention has been given to the product of the glands that furnish the fluid with which food first comes in contact. The mouth has been studied more in every other aspect and relation than as the entrance or vestibule of the digestive tract. It is beginning to be recognized, however, that among its functions it really is an important part of that canal, and that the preparation of food in the mouth for the succeeding digestive processes is of primary value in digestion and metabolism. The propaganda of Mr. Horace Fletcher has proved a great deal in this direction. It seems to suggest that all the civilizations of which we know have tended by luxurious inclination, fostered perhaps by the arts of cookery, to dispense with mastication and insalivation of food. I believe from personal experience that thorough mastication and insalivation of food will not only conserve vital energy in the process of digestion and nutrition, but will be found to go far towards establishing a normal balance in the constituents of saliva, so that dental disease will thereby be diminished and an approach to immunity acquired. How far this is correct, remains to be proved.

Metchnikoff's opinion that, among the disharmonies in man's physical make-up, that resulting from deficient eliminative evolution in not disposing of the large intestine when no longer needed, is a serious barrier to his physical well being, seems to find confirmation in the recognition of the source of toxic material that in self-poisoning is responsible for so many disease-processes. Much scientific inquiry has well been devoted to study of the bacteria of putrefaction and the character of their products in the colon, but is it not remarkable that so little attention has been given to the various qualities of the saliva in different individuals, and in the same individual at different times, so that in certain cases it inhibits the proliferation of harmful bacteria and maintains the health of the oral tissues including the teeth, whilst, on the other hand, and in the great majority of cases, its qualities are favorable to the deposition of salts and colloid substances and the multiplication of pathogenic micro-organisms, destructive to the teeth and poisonous to the system. Physiologists give the quantitative analyses of normal

saliva, but it is doubtful if any of them ever thought of the condition of the subject's teeth. Their condition of health must be a positive index of functions and processes that influence the secretions of the mouth. Some persons who appear to be in good health have pathological conditions in the mouth—decay or erosion of teeth, gingivitis or pyorrhea, that surely indicate morbid processes somewhere else in the system. Decay of teeth in children should suggest inquiry into general conditions and habits, even if they otherwise appear well, for normal saliva would indicate absence of dental lesions, and decay means, on the contrary, departure from the normal in saliva, so that it favors the proliferation and adherence to the teeth of the bacteria that start the acid factory. Quite a number of medical men and some dentists have studied the saliva, but none have made enough impression as yet to have the subject taken as seriously as it deserves to be.

Samuel Fenwick, M.D., F.R.C.P. wrote on the presence of bile in saliva, in 1877. He found bile pigments and salts in saliva during jaundice and considered the varying characteristics found in saliva an aid to diagnosis.

Again in 1882 the same author read a paper before the Royal Medico-Chirurgical Society of London, "On the variations in the amount of sulphocyanide of potassium in the saliva of persons affected with different diseases." He studied the variations of this constituent of saliva in jaundice, in diarrhea and dysentery, in lead poisoning, in rheumatism and gout, in skin diseases, in so-called bilious headaches, in gastric catarrh, in phthisis and in heart and kidney diseases. His conclusion was that the conditions that coincided with a deficiency of sulphocyanide in saliva were: 1. Any obstruction to the free entrance of bile into the duodenum; 2. Any circumstance that diminishes the amount of food that is digested or absorbed, such as (a) esophageal stricture, (b) gastric cancer, (c) atonic dyspepsia, (d), persistent vomiting, (e) long-standing diarrhea, 3. The effects of lead-poisoning. The two latter circumstances are, as has been shown, recognized by physiologists as the chief agents that in health tend to diminish the secretion of bile."

Dr. Fenwick found there was an excess of sulphocyanide in the saliva when there was an excess of nutriment taken, beyond what was required. He found it also in acute rheumatism and in gout, but not to so great a degree as in rheumatism, eczema and urticaria: in subjects with bilious headache, generally in the early stages of all febrile and inflammatory conditions of the stomach. He re-

garded the determination of the relative amount of this constituent in saliva as of value in diagnosis and prognosis. Dr. Fenwick tried to establish a standard of normality in saliva by analysing the secretion from the mouths of a number of healthy person. His method is open to some criticism, but in no particular more than the fact that he seems to have made no examination of the mouths from which he took the saliva.

Bernard R. Le Roy, M.D., of Athens, O., in a paper published in March, 1908,* says: "The study of saliva from a pathological stand-point has been neglected * * * but, from the studies of the few eminent observers who have given it much thought, much, very much indeed, may be gathered that is of interest to the clinician, and if made use of in diagnostics and therapeutics will result in rapid advancement in the eyes of the profession." He gives in detail the method he has followed in testing saliva for the various constituents, and the diagnostic significance he attaches to variations therein, and again in a second paper in collaboration with Wm. Bentley, M.D., Professor of Chemistry in Ohio University, on "The Solvent Action of the Sulphocyanide upon the Lime and Magnesium Deposits in the System," they state that in studying the saliva clinically and in the laboratory, facts had been discovered that led to the successful therapeutic use of sulphocyanide, in arterio-sclerosis and in all pathological conditions attended with increased blood pressure.

In laboratory tests it had been shown that very dilute solutions of potassium sulphocyanide had a solvent action on a renal calculus obtained from a patient. Dr. LeRoy states that he had used sulphocyanide in arterio-sclerosis some years before he discovered that Dr. Pauli of Vienna had experimented and successfully treated cases with the same drug, and had published the facts.** Dr. Pauli's experiments are very interesting in many particulars; among them is the fact that it was developed in administering the drug to patients, that there is a sulphocyanate acne and a sulphocyanate rhinitis. He refers to these as disadvantages, but homœopaths may find them quite the opposite, and the statements of these two physicians with regard to the therapeutic action of this salt indicate that it may be of great value in medical practice, and that homœopaths may find even a wider range for its use. He decided the desirability of using sulphocyanate therapeutically from its

* N. Y. Med. Jour. March 7, 1908.

** Physical Chemistry in the Service of Medicine, J. Wiley & Sons, 1907.

physico-chemical properties, among other things that it was found to be the most potent of salts inhibiting precipitation.

It has seemed worth while to note the properties thus revealed of this constituent of saliva, and the interesting fact that two students of these properties in different parts of the world have been led from entirely different view-points to use it therapeutically in similar pathological conditions.

I believe also it emphasizes the desirability of salivary analysis as a means of diagnosis and prognosis in disease processes affecting the general system, as well as in local manifestations of disease in the dental tissues.

I am sure it is unnecessary to argue in favor of the prevention of dental lesions, the most prevalent of all the diseases that afflict civilized mankind, but it may be well to call to mind some of the conditions that now exist.

The Boards of Health of many of our States now recognize defective and diseased teeth as a condition existing among school children that seriously interferes with their mental efficiency and their physical welfare, and the same views are finding expression in England and in Germany. Then in regard to the effects of dental disease on the efficiency of adults, the statement of one fact may serve to suggest all that will come to mind on further consideration. The physical examination of young men who offer themselves for service in our army causes the rejection of a very large proportion of those who would be otherwise acceptable, for it has been found that men who have lost many teeth are the cause of constant expense by being so much of their time on the sick list. The requirement now is—in European armies, I am told, as well as our own—that they shall have good, efficient teeth. This, I am reliably informed, causes the rejection of many young men who desire to enlist. They are to a great extent those who have grown up without much education, or training for a definite pursuit and, if rejected for enlistment, have to join the great army of the unemployed. So, teeth become an economic problem also.

Dentists alone can hardly hope to solve the problem of the causes that make the saliva so depraved in the great majority of civilized mouths, because they cannot judge of systemic influences, and of the functioning of more or less remote organs that may be factors in the morbid process; and physicians cannot without the aid of dentists, determine the condition of the teeth, which is the most evident and sufficient indication of a physiological,

or a morbid salivary secretion. If one-fourth of the abnormality of function, or localized degeneracy of tissues, was observed in any other part of the body as can be observed on examination in the great majority of mouths of all civilized people, it would be considered by both physician and patient as a matter of great importance to discover and correct if possible, the cause as well as its effect. It is a hopeful sign of the times that the value and importance of teeth as organs for the preparation of food for digestion, as well for phonetic effects and aesthetic ends is being more widely recognized, and it is devoutly to be wished that physicians generally will consider more than they have done, the meaning of the almost universal vitiation of saliva in civilized mankind. Its effects, so easily seen on dental tissues, are surely not more real than those it must be exerting on the general system; caused, no doubt, by morbid processes elsewhere, it in turn seems likely to accentuate the depravity from which it arises and thus to keep up a vicious circle of influence. From the view-point of a narrow specialty it would seem as if the analysis and study of saliva by physicians could not fail to assist in the diagnosis and cure of many diseases.

MISLEADING STATISTICS IN THE TREATMENT OF PULMONARY TUBERCULOSIS

By A. W. CALLOWAY, M.D.

Asheville, N. C.

IN this day of the great campaign, which is being conducted for the prevention of tuberculosis, we are beginning to have reported the results of treatment in the various sanatoria. It must encourage those in tubercular work to know that co-workers, perhaps older in experience, are getting good results. Reports, however, which exaggerate the percentage of cures, arrests and improvements, are not only harmful to the author, but to the profession at large.

To report an instance to the point: From a sanitarium in the far south, we notice the following report: "In all, fifty-nine cases were treated; the total percentage of results being as follows: the first clinical stage, one hundred per cent. of apparent cure or complete recovery; second clinical stage, one hundred per cent. cure or complete recovery; third clinical stage, fifty-seven per cent.

apparent cure or complete recovery; thirty-eight per cent. mortality."

The author concludes by saying that "These statistics, while not large, should convince the physician that the cure of tuberculosis is not entirely dependent upon climate." It has been my opportunity to have been actually engaged in the treatment of a large number of tubercular patients both in and outside of the sanitarium, and I must say that of all the flagrant exaggeration of the results of treatment, nothing yet can compare with these reports.

The writer is not acquainted with the author nor does he know this particular sanitarium. It is not intended to make any individual criticism further than to illustrate the subject by comparing the results claimed in the above report with those obtained in a well-known sanitarium conducted by a trustworthy physician. They are as follows: taking all cases, without regard to stage, he obtained an arrest or cure of only twenty-four per cent. whereas the above reports show an arrest of nearly sixty per cent. It would be possible to give the results obtained from any number of sanitarium, and no doubt the majority of them would report about twenty-five per cent. of the cases being apparently cured or arrested.

In my work, covering an experience of ten years, it would be impossible to give reliable statistics because a large majority of patients under observation for only a few months, when they return to their homes or seek another climate. It seems to me that to report in a general way would be just as instructive as to confine myself strictly to figures. Ordinarily, we do not speak of four stages of tuberculosis. I presume that the first and second stages reported by the author quoted, really amount to the first stage with perhaps an advance into the second.

There are, undoubtedly, cases which are fatal from the very commencement of the disease. I have observed about five per cent. of all cases to steadily decline, no matter whether they are in the first, second, or third stage. These patients are the kind who have no resisting powers and who do not respond to any treatment of any kind.

Again, there is a class of patients numbering from ten to twenty-five per cent who steadily decline, with periods of arrest. This class embraces those who do at times offer some resistance, but not for any length of time. We find another class, from ten

to twenty-five per cent., who react favorably to treatment and are favored with an arrest, but not with a complete cure for a period of from one to ten years. Of cases reported as genuine cases, I believe the percentage is as low as five.

It is true that autopsies have shown that a large percentage of all persons have had some time in their lives a small tubercular focus. The cases here considered embrace only those in which the disease has been recognized.

There is rarely a medical journal issued without containing some statistical report showing the superiority of one form of treatment over another.

In the June number of a well known journal, the following attracted my attention: "Of one thousand tubercular patients treated by hydrotherapeutic measures by.....inonly fifteen per cent. were discharged without any improvement, while fromat..... forty-two per cent. were discharged..... There is but one difference in the treatment as carried out in the two institutions: at B..... douches are the only hydrotherapeutic measures employed; at Bud..... each individual receives any form of hydrotherapy deemed likely to prove beneficial." In other words, where special hydrotherapeutic treatment is given, they arrested or cured all but forty-two per cent. If we are to believe these statistics, the simple difference in hydrotherapy caused the difference of twenty-seven per cent. in cases of cures and arrests.

For one, I place no confidence in either of the results reported or the comparison made. In fact, as I formerly stated, one does exceedingly well to arrest or cure twenty-seven per cent. of his tubercular cases.

I presume if I were to give the percentage of cases cured or arrested in Asheville in a sanitarium, one physician would say, "You are using your potency too high"; another, "You are using it too low"; and a third, "If you employed hydrotherapeutic measures you would double your cures, for my results are much better."

Beware of comparative statistics. They are like the strawberries and peaches one finds on the top of the box. It is the fruit well into the basket that proves the grade.

In our zeal to conquer this disease, and because of professional competition, we are led to exaggerate results. Against this, I must protest, because of its baneful effect on physicians as a whole. To read a glowing, optimistic and highly exaggerated report as the

one I have cited must have one of two effects upon the profession. With one actively engaged in treating tuberculosis, the report causes him to lose confidence in the author; to one in general practice who sees very few cases, the report may lead him to believe that he is not treating his cases properly and he becomes discouraged, wondering why he cannot accomplish at least half as much as his fellow physicians.

The reported results of treatment have done a good deal to mislead us in the selection of remedies. We lose sight, in hours of sickness, of the wonderful curative powers of fresh air, properly selected food, and the suggestive aid and moral support of an attentive physician.

I do not wish to discourage those who are carefully recording their cases in hospital and private practice, but wish to utter a word of warning against the multitude of reports of cures and arrests in tubercular cases since the great campaign against the disease began. Do not be misled by high percentages of cures, but pin your faith to one who makes his reports with a great deal of conservatism.

NEURASTHENIA—PSYCHESTHESIA*

By GEO. H. WRIGHT, M.D.

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NEURASTHENIA has been recognized as a distinct functional disease of the nervous system for many years, and neurologists, both here and abroad, have devoted much serious and exhaustive research as to its cause, course, termination and treatment. It is only in a comparatively recent period, that attention has been called to another functional disease of the nervous system, allied with neurasthenia and heretofore classified under that head, but sufficiently differing from it, to make it advisable to give it the distinctive name of psychesthesia.

You are all more or less familiar with the manifold symptoms of neurasthenia, but there are certain characteristic ones that I should like to emphasize. In the first place, the name, neurasthenia, as you no doubt know, means literally nerve (neuron) fatigue (asthenia). And actually as well as literally we find this

* Read before the Homœopathic State Society of Maryland.

the case, nerve fatigue. But we cannot have nerve fatigue without real and definite causes, so here as in other diseases, both organic and functional, we find definite causes. The prime etiological factor in neurasthenia, as in fact it is in most of the neuroses and psychoses, is heredity, not necessarily a direct heredity, but the heredity of an unstable nervous system. This may have manifested itself in the ancestry as alcoholism, syphilis, or some of the various forms of neuroses and psychoses, showing a susceptible nervous background. Before this feverish age of competition for wealth, position or worldly success in any line, this hereditary tendency would probably have been outgrown, or presented itself in some of the milder forms of neuroses, as neuralgias, sick headaches, emotionalism, etc., but the wear and tear of modern life has evolved another prime factor for the development of neurasthenia, namely, strain, either bodily or mental, or both. This strain includes not only the fatigues of body and mind to which the average human being is subjected, but the strains incident to modern city life for instance, with its innumerable noises, etc., are even unconsciously a strain on the nerves, the alertness necessary in crowded streets, rush to and from business, hasty meals and the dissipations, mild or strong, of the night, to which the restlessness of the day seems to urge one on. These are only a few of the bodily and mental strains to which the modern man or woman of high-strung, nervous make-up is liable. But there is one other strain, that goes with our complex civilization, that one finds almost invariably in the history of neurasthenia. And that is worry. The majority of worries, if one stops to analyze them, are mostly phantoms, but by constant repetition become very substantial ghosts. When once worry seizes on the mind of one of unstable nervous system, either inherited or acquired, it means a short step to neurasthenia.

Pathologically, neurasthenia has been classed under the head of functional diseases, those showing no gross lesion. But in the light of modern research into abnormal conditions of health, it is doubtful if the word functional will long remain to cover so many physical conditions as it has in the past. Diminished, excessive or perverted metabolism, long suspected, will no doubt be pronounced to be the cause, not only of neurasthenia, but also of other so-called functional neuroses and psychoses. With this perverted metabolism comes incomplete tissue nourishment, incomplete elimination of waste products and consequently the production of auto-

toxins, which may fairly saturate the nerves with poison. The human machine, like any other delicately constructed mechanism, becomes clogged with waste products, and cannot do its proper work. When the brain centers become involved, and they surely will be, the harmonious association of the different faculties and judgements is disarranged, consequently the varied mental attitudes you are familiar with in neurasthenia present themselves. Lack of confidence in oneself is the prominent feature in a neurasthenic, and we speak of such a person as having lost his nerve. Whether lack of elimination of the proper amount of uric acid and its consequent retention, causing irritation of nerve cells, is a prime immediate factor in the causation of neurasthenia is not yet determined. But experiments and observations, especially by Peck and Thompson, of New Haven, have pointed to the fact that, as a rule, in neurasthenia, the elimination of U. A. is below normal. The normal excretion varies from .3 to .4 grms. a day. In neurasthenics it is frequently as low as .08 grms. It may be that the lowered excretion of U. A. is an accompaniment instead of the cause of developing neurasthenia. It is not yet proven. That it may be a prime cause looks reasonable from the fact that hot air or electric light baths especially, which increase the U. A. output, greatly relieve the nervous and mental symptoms of neurasthenia. Uric acid is formed principally from nerve and muscle waste. On the other hand, it is possible that there is excessive uric acid formation and lessened elimination. Be that as it may, nerve and muscle exhaustion are constant conditions in neurasthenia. While the majority of cases of neurasthenia are primary, presenting no organic lesions, and do not terminate in other diseases, yet in a considerable number of instances neurasthenic symptoms are forerunners of more serious pathologic states as, for instance, paresis, or renal or hepatic diseases. So in every case of neurasthenia that presents itself to a physician, a thorough physical examination should be made.

Psychesthesia is a comparatively new name, and is not yet wholly accepted as denoting a distinct psychosis. But neurasthenia has become so vague a term in many respects, that neurologists are inclined to limit its territory instead of extending it. Psychesthesia, therefore, is being adopted as a name to include a variety of mental attitudes, formally included under the much abused neurasthenia. While a psychesthetic may infest some strictly neurasthenic symptoms, still the characteristics of his condition are markedly

mental. The physician realizes that he is dealing with a peculiar type of mind. The mental state of the psychesthentic is not voluntary or practical. It does not lead to intellectual advancement or useful achievement. On the contrary, the ideas are vague, abstract, monotonous. As Peck says, an incubus, an obsession, that fastens on the mind of the patient, goads the victim on to particular types of frenzy, characterized by either obsessions, manias, phobias, feelings of strangeness or depersonalization. These different characteristics are not easy to find out. Often, the patient dislikes to admit that he has them. He knows them to be absurd and out of harmony with the normal working of his mind, or he may have the inability or supposes he has the inability, to express himself with sufficient intelligence.

Obsessions are of a number of classes; one or the other being the prominent characteristic of a particular case.

Take obsession of crime. Here we have impulses, feeble or strong, generally against the better judgment of the patient, to commit crimes, as rape, murder, suicide, self-mutilation, (generally of sexual organs), desire to lie, steal, wander, eat or drink inordinately, to do the opposite to that dictated by common sense. The impulse is never to commit these various acts in a commonplace way, but with a wealth of detail often astonishing. Remorse for these impulses or obsessions frequently follows. Sometimes reading of crimes convinces the patient he has committed them. Again, take the obsession of disease. Usually the psychesthentic does not give much thought to his bodily condition. But if he does, then he decides he has some incurable disease. For instance, he may count his pulse for hours, and if any irregularity is found, he will conclude some terrible condition is pending, as a stroke of apoplexy or pulmonary hemorrhage. The sight of a funeral or undertaker shop suggests vividly his own death or funeral. We find obsession of shame and body. Self depreciation is common. What he does, what he is, or what he has, is bad, deplorable. All intellectual processes of his mind are based on humiliating conditions. He may be ashamed of his body in whole or in part. He is too fat or too lean and his constant efforts are to change these states. It humiliates him to have people notice him. He may be ashamed to have any part of his body exposed, on account of supposed deformity.

Obsession of sacrilege is seen in advanced cases. Here we have, as the central idea, that the most sacred things imaginable

may become by desire or act of the patients the most loathsome. Deity becomes reviled, Satan exalted.

A striking characteristic of all obsession is, that while an outside influence may start the patient's peculiar idea, he builds up the body of the obsession in reference to self. Again, patients suffering from obsessions are always impelled to do the opposite to that which reason dictates. In spite of the marked impelling characteristics of the psychesthenic's ideation, the lack of all tendency to carry out the obsession to action is to be noted. This is a striking characteristic. In his mind he does not believe in his obsessions. He is apt to discuss them and pronounce them absurd, yet he cannot rid his mind of them. Inability to decide between the two sides of a question, whether yes or no, "to be or not to be" is quite common.

After the mind of the patient has oscillated hopelessly between two given propositions, the pendulum is apt to swing beyond one or the other side, and we have developed the so-called mania of going to extremes. I will mention a few.

1st. The mania of precision. Everything has to be absolutely exact. Instructions to a patient must contain an endless list of detail. 2d. Mania of orderliness, in which the patient must arrange his house or wardrobe, for instance, in just such a way. The slightest disarrangement of his idea of orderliness greatly distresses him. 3d. The mania of symmetry. Patients with this mania, in arranging objects, have to put so many to the right and so many to the left. If the right hand touches something cold, the left must follow suit. 4th. The mania of repetition, or going back. This is an important mania. It may apply to bodily function, such as urination, and may compel the patient to return to the toilet numberless times, to make sure he has evacuated the last drop of urine from his bladder. It may compel him to do the same thing daily, at the same hour and at the same place. 5th. The mania of compromises. If he does an act under impulsion, he does another to counteract the effect of the first. If he does a bad deed, he follows it by a good one, or one causing him pain or inconvenience, a sort of self-inflicted penance.

Next we are apt to find a series of algias or pains.

These pains may appear in any part of the body, very often in connection with the functional discharge of an organ, as defecation, urination or swallowing. The patient insists and is probably honest in his insistence, that he suffers great pain when these organs act.

Again, he may have excruciatingly tender spots on his body. A thorough physical examination will reveal no tangible foundation for his pains.

Next we may quote a variety of phobias or fears.

The phobia of objects. In this phobia the perception of the object by any of the senses produces a painful emotion. So the patient develops a fear of the object. The objects are various; one patient fears the sight of a dog, another has a terror of knives, or other sharp or pointed instrument, or there may be a fear to touch certain objects on account of contamination.

The phobia of places. One fears wide, open places. He feels a sense of complete helplessness, accompanied by intense mental or physical suffering.

The opposite of this agoraphobia, is claustrophobia, or fear of enclosed places, as a theatre or church. Another has a fear of walking on the sidewalk; a brick might fall from a building and strike him, or of crossing a street for fear of accident. There may be an irresistible desire to return to the house after leaving it for fear something has happened to one of the family. Phobia and obsession are very often associated. These obsessions, manias, algias and phobias, only a few of which I have mentioned, group themselves in numberless ways, according to the individuality of the patient. Nor are they continually present in the patient. There are what might be called lucid intervals. They come on more by spells or crises. But in their best mental states, these psychesthenics are not really normal. Their mental processes are not acute or decisive. We find, as in neurasthenia, that heredity and strain are the prime factors. Probably in seventy-five per cent of the cases, an investigation would show mental alienation in the ancestry. Some cases are no doubt acquired and these tend to recovery when the exciting causes are removed. In hereditary cases we notice a tendency to chronicity.

As to pathology, we are obliged for the present to discuss it in psychologic terms only. Clinical experiences of its various manifestations point to the conclusion that a psychesthenic is a person who has suffered a partial disintegration of his personality, of his ego which is distinct and peculiar. He is not in any true sense insane, yet his thinking, willing and doing faculties have undergone such a change that he cannot keep pace with the movements of the every-day world about him. His transformed ego lives in the realm of the abstract, produces nothing practical, substantial, real. His actions are incomplete and barren of achievement. This

feeling of unreality, both as to persons and to the outside world, is fundamental and of great importance in establishing the character of the disease.

The psychesthenic might be said to be suffering from a kind of intellectual "petit mal," the difference between it and psychic epilepsy being, that the psychesthenic remembers his frenzied, often even criminal acts. The epileptic has no recollection of them; the psychesthenic has. Another point of similarity is that psychesthesia frequently terminates in true epilepsy.

Neurasthenia and psychesthesia both have many physical symptoms in common. In both we find the various body pains, chronic feeling of fatigue, the circulatory disturbances, the dyspepsias, the insomnia, etc., but the psychesthenic is far too engrossed with his obsessions, phobias, and manias to give much heed to them. The nervous insufficiency is probably identical in the two conditions, but in psychesthenia the intellectual manifestations predominate.

NEURASTHENIA *

By B. F. BAILEY, M.D.

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NEURASTHENIA has become so common a term as to be almost a household word. But where the popularity of the term, neurasthenia, has increased, the use of the old term: nervous prostration, spinal irritation, etc., have decreased. I know it is not quite popular in professional circles to recognize our own little frailties, but I do believe that it is sometimes helpful to sit down and take an account of stock and consider our dealings with the public, with each other, and especially with ourselves. It may be possible to deceive the public for a long period, sometimes along harmless lines, the psychological effect of which may even be good; it may be possible to become so scientific as to permit deception of each other by apparent acceptance of a common term and still do no harm, but, it is dangerous to deceive ourselves until the time comes when we do not know whether we are self-deceived or not and the public has to suffer from our lack of acumen. In short, I do not believe the term, neurasthenia, in its common use, is wise or warranted. I believe it serves as a receptacle for many ailments, the true etiology of which is overlooked.

* Read before the Nat. Soc. of Physical Therapeutics.

For the sake of argument, let us accept the term even in as broad a sense as Baird suggested at so early a date as '69. I shall then insist upon dividing these cases into two classes. The one, the etiology of which is a long-endured strain on the nervous system from grief, anxiety, or, what is more common, life in an atmosphere of unfortunate suggestion, auto- or otherwise. Such cases of neurasthenia we shall call the first class. They present all the classical symptoms of disproportionate sense of fatigue, headache, backache, depression, irritability, insomnia, etc. They are unquestionably the nearest to functional aberration of any we may study. I question if any conditions are entirely functional, but so far as our present means of diagnosis are concerned, these conditions are functional. Doubtless in many cases, if it were possible to analyze closely, we should find Hodges' changes in the motor cells, but, it is not specially necessary that the diagnosis of these cases include the pathology for the reason that, although I question their being entirely functional, nevertheless, the actual organic change, if such exist, has not gone far enough to be beyond recuperation, if subjected to the right influence and treatment.

The second class presents much the same symptoms and this, unquestionably, is convincing evidence that the exhaustion of nerve cells may be much the same, but, they are not due to mental strain, to business perplexities, or to any of the mental trials of life. This the history of the cases demonstrates. Having established this, we must necessarily find some cause for this exhaustion of nerve force without psychic influence. Doubtless there are many causes, which, in the development of marked pathologic conditions, show neurasthenic complication, but I desire simply to consider in this class conditions which, to my mind, are common, and frequently overlooked.

Dealing with the first class in which mental conditions are the undoubted etiologic factors, we shall find patients whose minds have been so intensely concentrated upon a few things, physical in character, that they have lost sight of everything save their own little circle. They cannot get outside of themselves, nor even get outside of the little circle of thought, be it in reference to their own ambitions, their business, their griefs or what not. They cannot, I say, get sufficiently outside this little round of thought to have any interest in any of the physical pleasures of the world. In the first place initiative does not exist, for, their power of initiative is introspective, or, if I may use the term, intro- and cir-

cumspetive, within and about themselves. Secondly, the sense of fatigue removes from them even the little desire they might possess to be once again a boy or girl. This class of cases offers one of the best opportunities for influencing by physical therapeutics those with whom we come in contact. The physical therapeutics fitted to these conditions, however, must appeal to the psychic as well as to the physical, for the psychic must furnish the initiative. The first appeal must convince the patient that the life which he or she is leading is unsatisfactory, disappointing, and that he owes it to himself and to those dependent upon him to acquire the physical and mental outlook which shall make life worth living. The start once made, it is necessary to be so sure of your ground that within a reasonable time the new vigor and enthusiasm which shall come into the life of your patient may give him the necessary persistence and thoroughness. Remember that you first have to deal with a patient who is physically lazy. Passive exercise must bring him to the point of desire for active exercise; hence, massage and the Schott exercises may be carried on by a judicious attendant with a steady regaining of strength and an almost unconscious development. With this, I am firmly convinced that alternation of vibratory treatment with the high frequency current through autocondensation may be of vast benefit.

I believe we recognize that all acts of life are acts of vibration, a tremulous action. I am thoroughly convinced from the cell-conditions present during fatigue or from the excessive sensations during fatigue in neurasthenia, that in all these cases of neurasthenia there is a lessening or slowing of the vibratory action of the cells, in other words, that the very slowing of this action is a demonstration of lowered vitality, and that the increased action means increased vitality, nutrition, renewal of the old and elimination of the waste. It has certainly seemed to me that the stimulation of these vibrations by the high frequency and vibratory treatment has been most rational. And acting upon this hypothesis the result of treatment has been most satisfactory.

You will remember that Weir Mitchell, in his famous rest cure, plainly recognizes that, although absolute rest is necessary in many cases of nerve exhaustion or neurasthenia, nevertheless, it is a fact that there cannot be recuperation from rest except as the functions of the body are carried on at their best. Now, the functions of the body cannot be carried on at their best without exercise, but active exercise induces actual fatigue, especially in these cases; first, because the execution of any voluntary exercise demands a certain amount of will power; secondly, and this is

of the most importance, in every one of these cases we not only have to use the will power, but also a disproportionate amount of will power, for, we have to overcome the disinclination of exhaustion, therefore we get the exhaustion of mental friction as well as fatigue. This is overcome in properly administered rest cures by carefully administered massage. This should be carried out by a competent person and under surroundings most restful and agreeable to the patient, and done for results, not for fees, and therefore not limited in time. These massage treatments should be alternated in suitable cases by a mild faradic current which again gives passive involuntary contraction of the muscles, and this, with massage of course, gives not only support to the arterial coats, but also promotes prompt emptying of the lymphatic vessels. We have also found in our own work that these treatments are often well followed, as a greater or less convalescence ensues, by the use of one of our mechanotherapy machines, namely, the oscillator. This oscillator gives mechanical massage of the abdomen, of the limbs, and also gives a shaking vibratory motion to both upper and lower limbs. In resumé, the cases of neurasthenia, which are, so far as we in our present knowledge, are able to differentiate, of functional origin and psychic etiology, are best treated by the rest cure, a psychic inspiration, and the physical therapeutics of massage, electricity, the use of the vibrator and oscillator and auto-condensation with the high frequency. This line of treatment followed with patience, persistence and wisdom in the selection, will not fail you, but, can be carried out most satisfactorily away from home under proper institutional treatment.

The second class mentioned are the neurasthenics who, aside from the mental and psychic symptomatology, present upon careful examination, irritations or lesions which, in many cases, may account for the entire syndrome present. The treatment in this class of cases may well depend upon the evident conditions to which it seems rational to attribute the disproportionate fatigue or exhaustion, which is the most marked of all the symptoms of neurasthenia. In this paper, we cannot consider all possible conditions, but we can consider enough of them to make the principle upon which we base our work quite plain. As fatigue is the most marked symptom, it is reasonable to suppose that when we can explain its cause, we can explain the cause or causes of the whole syndrome. Now, fatigue is unquestionably toxic in origin as shown by the muscles being overcharged with sarcolactic acid.

Upon spoke of the pseudo-fatigue of neurasthenia as the effect of these same poisons. Muscles and tissue being surcharged

with them, the liver, the great clearing house of the system, struggles to fulfill its mission, until, unable to accomplish it, it rests in sheer exhaustion. The kidneys fail in their elimination, and hence the whole condition is one of toxic fatigue. Now, the toxic substance or substances are produced by the overworking of the system, and sensations of fatigue are the result of the toxemia.

We know that irritation of a nerve fibre is felt all along its course. We know that this would not be possible, were it not for the connection of the nerve filament with the nerve-cell. We know that the more sensations, that are carried to the neuron, the more the cell is exhausted. We know that the cell of a battery will last almost indefinitely out of active use, but if short circuited and thus kept in constant use, it is soon exhausted, inactive, inert. This is a good illustration of what takes place in the human system where there is persistent irritation of a nerve tract. Recently the entire left side of my chest became so lame and painful that I was much exhausted from it, much discomfort in the day time, unable to sleep at night, and questioning the cause. At the same time, I was conscious of an irritation about the dentine of a tooth. Not thinking of any association between the two, I had my dentist examine this tooth, found it beyond possibility of preservation, and had it extracted with the result that inside of half an hour the discomfort in my chest had left me. Upson, in a little book, "Insomnia and Nerve Strain," speaks of the many cases of insomnia and neurosychois due entirely to impacted teeth. My case furnishes so graphic an illustration of the fatigue, even to the point, if I may use the term, of pseudo-neurasthenia, as the result of an irritated nerve.

Again, there is a class of neurasthenics among young women. For some years these cases were most trying to me, as I presume they have been to many others, until I have found in many of them, upon careful investigation, marked evidence of scoliosis. It would be difficult to say how many of these cases we have treated in the last eight years in connection with our work, but of one thing I can speak assuredly—I do not remember a single case that we have treated upon the basis upon which I am to speak, which was not relieved of this hyper-exhaustion and imperfect nutrition, although I am free to state that I believe this imperfect nutrition is more seeming than in fact, being largely resultant from a toxemia.

We have contractions about the neck where postural tendencies often involve the same condition of spinal nerve irritation found in the dorsal lumbar regions. Taylor, of Philadelphia, says, "Perfect flexibility of the inter-vertebral tissues makes for uniform

circulation in the segments of the cord." In these conditions we use a series of exercises for the correction of these pronounced postural conditions which are nerve-irritating in results. We employ a trapeze so made that the patient may be suspended with the bar perfectly horizontal or elevated at either end to such point as we desire. One of our favorite exercises for these conditions, which almost always present a degree of scoliosis, is the use of a girdle made of elastic webbing, three inches wide and very heavy. One side of this webbing is attached to a firm hook in the wall, the other encircling the body of the patient, just touching firmly the chest when the patient stands erect at such a distance from the wall as we desire the center of action in our exercise. Now suppose that the scoliosis or contraction is upon the right side. This means that there is a firm, almost permanent tendency to contraction of the muscles of the right side with a narrowing of the space between the spine and the right periphery of the body. Whereas, on the left side, the same space is broader, the muscles are lax and never properly and firmly contracted. We recognize that the upright position is maintained only by the action of these muscles and that the overaction of the muscles of one side must induce such condition as we mention. Assuming this to be the usual cause, our effort is to overcome it by the development of these truant muscles. We therefore have the patient make active effort to bend the body to the left against the resistance of the rubber webbing. The point of departure is taken from the center of the body in an erect posture and not swaying backward beyond the center line to the right side. In addition to this, we practice persistently the well known fact that light massage relaxes, firm massage contracts. Thus, we use light massage on the right side and firm massage on the left side, thus soothing and relaxing the over-contracted muscles of the right side while we build up and energize the dilatory muscles of the left side. We thus release the pressure upon the irritated nerve. This allays exhaustion of the whole nervous system and results in most satisfactory recuperation.

Another very common cause of the toxic form of neurasthenia is the lack of balance in intra-abdominal pressure, usually the result of lessened muscular tone in the abdominal walls and accompanying tendency to visceral ptosis. In these cases, the first treatment is hydropathic, in other words, lavage of the stomach and occasional proctoclysis. This relieves the system so far as possible of the toxemic results of atonic muscular coats and a failure to properly empty the excretory and digestive tracts, and, at the same

time, by the use of normal saline solution in proctoclysis and gastric lavage, we by rapid osmosis stimulate the elimination of toxins as can be done in no other way. These treatments should be followed up by physical exercises, first passive as in massage, to strengthen the walls of the abdomen, and also exciting to a greater or less extent, contraction of the muscular walls of the stomach and intestines. This is to be followed, as the patient grows stronger and more enthusiastic through your physical and psychic work, by exercises carried out systematically, slowly and rhythmically, such as raising of imaginary weights, one in each hand to and above the head. And we have found much benefit by accompanying this persistent work with the use of the violet rays over the abdominal walls.

Another exercise found most helpful is for the patient to recline upon the back with hands meeting upon the lower part of the abdomen, being directed then to take a long breath and as the breath is rapidly expelled, to make deep manipulations, undulating in character, downward and upward through the abdominal walls.

I do not wish to make this paper too long and only wish it to result in the suggestion of a few thoughts to my friends in the profession. The first and most important is that neurasthenia must not be accepted always or usually as a functional disease, secondly, a careful consideration of the cause in each case will usually lead to the conclusion that a resort to methods of exercise, active and passive, together with a call upon forces which we as yet know only in a primary way as electricity, the oxygen of the air we breathe, the nitrogen of elimination, will give us more permanent results than any medication without these. It is true that basing treatment upon these facts, may tend to a multiplication of institutions and institutional work. That this will take place is probable, for it is to be remembered that throughout all this work, he who can have his patients placed most absolutely under his control, who can realize that exercise without enthusiasm, is of little avail, that nutriment taken without the condiment of cheeriness, may lead to starvation, that an attempt to prolong life without inculcating an aspiration to helpfulness need hardly inspire gratitude, will bring to the neurasthenics of his clientele relief from many conditions of weariness and despondency, which sometimes make him think with Auld light of the Little Minister that "Heaven may be the place for hymns and tunes, but hell is the place for company."

A NATURAL BABYHOOD

By MARY THOMPSON-STEVENS, M.D.

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AT the risk of acquiring a reputation for trite sayings, we shall begin with the statement, "every child has the right to be well-born," and the oft-quoted words of Oliver Wendell Holmes to the effect that the condition of every infant depends on its grandparents for two hundred years back. Henry Ward Beecher's rule for longevity was to "choose your father and mother."

A great deal of attention has been given to the breeding of stock, and now, even pigs and poultry must have a pedigree to be profitable, but the thousands of victims of tuberculosis, gonorrhoea and syphilis, the defectives of all kinds, the criminals of every type are allowed to continue to propagate their kind without let or hindrance.

What is the greatest factor in the continuation of such a state of affairs? I have no hesitancy in affirming that it is the indifference of physicians. We are largely responsible, because of our failure to enlighten and warn our patients and the general public, and our neglect to secure adequate laws or to aid in the enforcement of such as are already enacted.

How many of you know that in Michigan we have a law to the effect that no insane person, idiot, or person who has been afflicted with syphilis or gonorrhoea, and has not been cured of the same, shall be capable of contracting marriage, and that such a person shall be deemed guilty of a felony, punishable by a fine of a thousand dollars and imprisonment in the State prison for five years?

I had a vague idea I had somewhere, sometime, heard of such a law, but I had to apply to a good many officials, whose very business one would suppose to be a knowledge and execution of such a law, before I could find one who even knew of it, and then it was some time before I could secure a copy of it.

Call it "constitution," "vital force," what you will, but that subtle something with which our ancestors endow us, and which means so much for good or ill to the physical, mental and moral future life of each new being, should be of sufficient quantity to make one's resistance high, and of a pure quality, untainted by excesses of body or mind.

We are all too familiar with the weak, wailing bits of humanity, born of parents saturated with the poisons of alcohol, narcotics and venery, but it is not so well known that idiots have been begotten of fathers worn out by excessive mental work, and we have no idea how many cases of low mentality and degeneracy might be traced to a similar cause.

But, even with a sound, vigorous heredity, the prenatal condition must be also good. At no other time in the life of a woman does she so much need to be surrounded by comforts, tenderness, and love as she does during those crucial nine months. Then she should have ease, but not laziness; exercise, but not fatigue; pleasant society, but not the gay social world; amusement, but not excitement; sleep, but not late hours. plenty of plain, nourishing food, but not excessive in amount; fruits ad libidum, but no indigestible concoctions or stimulants, with little or no meat; a liberal quantity of water internally and externally, and clothing loose and light.

Much improvement of the race would also come if all fathers were as solicitous to do the right for their family as was Manoah of old, who besought the angel of the Lord, "how shall we order the child, how shall we do unto him?" And the angel replied, "of all I said unto the woman let her beware."

Such conditions fulfilled we have done our best to have a child "well-born."

Statistics show that one-half of all deaths occur in infants under five years of age. Of one million births, one hundred and fifty thousand die the first year. Something is radically wrong, and we cannot attribute it all to bad heredity. Some one said, "it is the fate of a great majority of our race to fall from the hands of nature into those of an ignorant nurse or an ignorant mother." (And we might add, or ignorant father, for a careless father can undo in a few minutes all that the care and diligence of a mother may have accomplished in days or weeks.)

For a long time we have been increasing the scope of knowledge necessary for almost every calling in life except that of home-keeping. For that, it was thought that all that was needed was for a couple to decide to set up a home of their own, and lo! they were prepared. Intuition would teach them what was best to do in every emergency, in every condition, however critical.

The barber that cuts our hair, or the milliner that trims our

hats, must have special training before we trust them to do our work for us.

From sad experience we have learned that love will not point out the danger lurking in a defective trap in the waste-pipe, that amiability cannot avert an epidemic of typhoid fever resulting from drinking of impure water.

Courses in domestic science, sanitation, etc., are being established in many of our colleges, but comparatively little interest has been aroused in the subject thus far, and at least, much that would conduce to greater health and happiness in our homes is not taught even there.

There are many occasions when a little more knowledge of anatomy and physiology would be of inestimable value to the mother and father to enable them to care better for their own bodies, and then they could bequeath stronger and more vigorous bodies and nerves to their children.

Though there are over sixteen hundred diseases, there are but few causes of disease, and most of those are preventable, were we willing to learn of them and then practise a little self denial and sacrifice the gratification of some of our false tastes of tongue and eye. These causes may be briefly summarized as lack of fresh air and exercise, improper dress and diet, loss of sleep and rest, impure water, worry, and loss of faith in God and man.

Statistics show that seventy-five per cent. of the mortality of children under five years is due to preventable causes, chiefly improper food and clothing. When we consider all this, then, and then only, can we begin to realize the importance of attention to these matters.

In ancient times the son of the bond woman could never be heir with the son of the freed woman, and it is no less true to-day. The woman who is a slave to her appetite, her passions and her pleasures, who is a servile follower of fashion, changing her figure each year, to meet the changing style of what has well been termed the "dear slayer," instead of adapting the style to suit her own form, such a woman need not expect that her offspring will be free from dyspepsia, nervousness, violent temper, feeble resisting powers, both physical, mental and moral.

Verily, the Hagers are many whose Ishmaels are a sore affliction to the parents, and these poor bond women seldom come to a realizing sense that it is due to their own condition of servitude and opposition to nature's laws.

Of course, we are naturally tree-dwellers, like our simian ancestors, so a perfectly natural babyhood would consist of a life in the open, with a cradle of boughs; a carriage, the back of the mother or older child; a garment, when necessary to protect from sun or storm, or perhaps a palm leaf; food, just milk, plain milk; for the mother's diet, nuts, grains, seeds and fruits, ideal for furnishing a rich, bountiful supply of lacteal fluid.

But I take it that it was not about a really natural babyhood, I was expected to write, but how we, in the complexities of our modern strenuous life may hark back, at least with our babies, to as nearly natural conditions as possible.

You know the wise Carlisle said: "Man is by nature an unclothed animal," and many a poor baby, so uncomfortable in its tight, heavy, woolen or starched finery, has cried for hours in a futile attempt to teach its mother that fact.

Dr. Page, of Boston, wrote of his happy experience in leaving his own babies unclothed in warm weather, resulting in the greatest peace and comfort to the babies and an unusual development compared to other infants of equal age.

The writer's personal experience corroborates the view of the great benefits to the baby allowed to thrive in such unconventional garb. Of course, a little light clothing was put on cool mornings and evenings.

To be sure, such advice, if followed, may lose you some fees from frightened mammas, who mistake a simple heat rash for something more serious, but doctors are notoriously altruistic, and if the little innocents are thereby spared from itching and pricking, we should be satisfied.

After the baby's first bath, which should be of oil and quickly given, if it be frail, better not dress it, but wrap it in cotton like a premature infant. But if it must be dressed, for the first two weeks at least, put on only a shirt of cotton, linen, or silk—not woolen, for the fibres, as the microscope discloses, are full of little javelins that will pierce the tender flesh, and be the cause of frequent unaccountable crying spells, and over the shirt, a night dress of cotton in summer, soft flannel in winter. The adoring relatives will raise their hands in holy horror, but there is altogether too much of a tendency to dress the baby, often tired out from its journey into the world, and at best experiencing much discomfort in adjusting itself to its new environment, as though both baby and clothing were only for exhibition.

The band, always loose, should be discarded as soon as the navel is healed, for there is much less danger of rupture without than with the band. Nature left the abdomen flexible, without stiff support, purposely, so the bowels could be untrammelled in their peristalsis.

Pinning blankets are an invention of the evil one, and should be tabooed. All the clothing necessary is the shirt, napkin, one flannel petticoat, made with high neck and sleeves, so the warmth is uniform. (Most petticoats are made on a cotton band, so the warmth is only from the navel down, then there is usually half a yard of superfluous cloth, dragging on the soft bones and joints, not at all equal to the burden put upon them.) Then the dress, simple, soft, fine, unstarched, neither dress nor petticoat being more than from twenty to twenty-three inches long. In cold weather, stockings or booties may be worn.

Thus clothed, the baby is free to kick and roll about, a comfort to itself and a delight to all its attendants.

Sleep should be long and undisturbed for feeding. Not more than one feeding is needed during the night, and then only for the first three or four months. The daily naps should be out of doors and the sleeping rooms should always have windows open, even in zero weather, the child being protected from drafts, and warmly but lightly covered. A hot water bag may be used day or night in extreme cold.

There is only one natural food; it goes without saying.

For years scientists have tried to find an artificial food adapted for infants to take the place of their natural sustenance, since so many mothers are unable to furnish it to their offspring. They have run the gamut of cow's milk through all sorts of powder and liquid preparations of milk, cereals, eggs, and broths, back to a modification of cow's milk. And all their experimentation and vast expenditure of time, money and gray brain matter, has simply emphasized the fact that no perfect substitute for maternal milk has yet been found.

An article on this subject in the *Maryland Medical Journal* says: "Still the ideal is not reached. Many a baby lies awake all night weeping because it was not born a calf. If we could only modify that baby, or one other possibility, cannot we modify the mother into a healthy woman? Our work on the cow's milk having gone around the circle to its original starting place and the baby remaining obstinate, it really seems possible that the next effort

to solve the great food problem of infancy may be along the line of radical modification in our ideas—concerning the physical education of those who will preside over the silent meditations of infancy in the coming century.”

If a fortunate combination of constitution and personal effort enables the mother to enjoy the comfort of furnishing to her children their natural food, she often fails to understand how fermenting food in her own stomach may injure not only the stomach, but the brain as well, of the child.

As a nurse in the city told me not long since, “O, yes, Mrs. _____ loves her babies very dearly; but she will go out nearly every evening, eat late suppers of salads, pickles, coffee, and wine, come home and feed the baby, and then wonder why I cannot keep the baby quiet, when his food has made him nervous and colicky.”

The mother that had a violent quarrel with her husband, and then nursed her healthy baby, thereby causing it to die in convulsions before a physician could arrive, killed her child just as much as though she had given it a dose of strychnia. In such a case, people recognize the rapid and fatal effect and its cause. But in the all too common effects of a restless feverish night, they do not so easily reason back to its cause, which may be pickles, too many machine tucks in the baby's dress, the unexpected departure of the cook, or an excess of social duties.

When a substitute must be employed, each physician has his favorite, though doubtless cow's milk variously modified, has more advocates just now than any other food. Perhaps we might profitably learn something from our European or Cuban friends. They employ goat's milk very generally. The advantages claimed for it are very numerous. First, the goat is not subject to tuberculosis, the expense of its maintenance is much less than that of a cow, even if we do not confine its diet to the time-honored tomato-can, and the milk much more nearly resembles human milk in the greater amount of sugar and the more flocculent casein.

The old Greeks could teach us hygiene, as well as philosophy, in their free use of olive oil internally and externally. It is of inestimable value in constipation and in malnutrition.

Many babies suffer from lack of frequent sips of cold water. The water should be boiled and cooled. Water is so common, its use is often scorned, but many a colic, or fancied hunger has been relieved by simple hot water.

We cannot close without a plea for a good deal of judicious

letting alone. Best is that baby whose mother has other duties than simply caring for babies, and who is not surrounded by doting relatives of leisure. Nothing so quickly spoils a baby, makes it so nervous and unhappy, as to be continually picked up every time it is awake, and then dandled and tossed and jogged till its poor little brain is in a whirl.

Let the baby have the simple life, get back to nature as nearly as may be, and then, and then only, will it have the ideal, the "Natural Babyhood."

HYDROTHERAPY IN MENTAL DISEASE*

By MORRIS BUTLER, M.D.

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THE extensive use of hydrotherapy in mental disease is of comparatively recent date. Fifteen years ago a complete hydrotherapeutic institution for the care of the insane was practically unknown. To-day in every private and public hospital for the insane, hydrotherapy is recognized as one of the most important methods of treatment. With the recognition of the varied uses of water, an almost complete revolution has been made in the general management of the insane. In a large measure, to hydrotherapy can be credited the establishment of the non-restraint system now in vogue in all hospitals for the insane. A knowledge of the varied uses of water has relegated to the junk heap cribs, chamisoles, muffs and lock straps. The demonstration of the soothing and quieting influence of baths upon the brain and general nervous system has, also, in all these institutions, greatly diminished the use of powerful drugs with their baneful trail of after-effects.

The baths most efficacious in the treatment of mental disease are: 1st. The prolonged hot tub bath; 2d. The hot pack. 3d. The cold pack; 4th. The douche, spray and needle baths. The bath most frequently useful, especially in excited cases, is the prolonged hot tub bath. The water should be at a temperature of 96° to 98° F. The quantity of water employed should be sufficient to afford a considerable degree of buoyancy so that there may be as little pressure as possible upon the limbs and different parts of the body. The tub, if desired, can be supplied with a wooden cover, or a canvas sheet may be stretched over it, great care being observed

* Read before the Nat. Soc. of Physical Therapeutics.

that excited or depressed cases are allowed no opportunity of strangling themselves by means of the edge of the sheet. If a portable tub is used, a long hose carried to the nearest bath room, can be utilized for the ingress and egress of the water supply. As a rule, the first bath should last from fifteen minutes to an hour. In cases of marked excitement the baths may be continued for several hours. Certain physicians gradually increase the length of the bath, leaving the patient in the bath the first day for half an hour, the second day one hour, third day two hours, fourth day three hours, and soon up to six or seven hours a day. As a rule, excited patients become quickly accustomed to the water and after a few minutes, make no objection to the continuance of the bath. Warm baths by lessening the arterial tension and the general nervous irritability and relaxing the muscular system produce sleep and reduce the mental excitement. For the production of sleep, the best time for its administration is just before retiring.

The forms of disease to which this bath is particularly adapted are the maniacal types of manic-depressive insanity, excited forms of paresis, amentia, febrile delirium, collapse delirium, Korsakoff's disease, alcoholic, hysterical, and epileptic insanity, and neurasthenia when attended by persistent sleeplessness.

The hot pack is serviceable when on account of a weak heart, cerebral hemorrhage or other reasons, the tub bath is contraindicated. It is applied in this way: A rubber blanket is spread upon the patient's bed, and upon this a sheet which has been soaked in hot water and then wrung out to dry is laid. The patient then lies down upon this, and the entire body with the exception of the head is evenly and closely enveloped in the wet sheet. One or more woolen blankets are then spread over the sheet. Thus enveloped, the patient is allowed to remain for an hour or longer, or if he falls asleep until he awakens. This pack is especially advised for cases of obstinate sleeplessness whether the patient is sane or insane, and in cases of insanity, where the prolonged warm tub bath does not produce the desired results.

Cold baths, on account of their stimulation of the brain and spinal cord through their action upon the sensory and motor nerves and the cerebro-spinal circulation, are contraindicated in maniacal cases, but often prove useful in depressed and stuporous states.

The spinal douche is administered by means of various nozzles through which, for a few seconds only, from a distance of about ten feet, a strong stream is sent up and down the patient's back. For the first application, the water should be only moderately cold, but

later may be reduced by degrees to 50° F. If the patient's reaction is not good it is well for him, at the beginning to first take a warm bath or stay for a few minutes in a hot air box before it is applied. The spinal douche is often useful in neurasthenia, hysteria, apathetic stupors, depressed and cataleptic states where stimulation of the brain, spinal cord and general circulation is needed.

Another method of applying cold water is the "dripping sheet." By this method, the patient, after a cold bath of 85° to 75° F., standing in warm water or on a dry surface with a cold towel about the head, is wrapped around with a linen sheet, which has been dipped in water of 75° to 55° F., the nurse at the same time, applying friction until a thorough reaction is apparent.

This bath is especially valuable in neurasthenia and in mental disorders where marked surface stimulation is desired.

A summary of its varied beneficial effects establishes hydrotherapy as one of the most important adjuvants in the treatment of mental disease.

MALARIAL FEVER.

By O. F. MILLER, M.D.

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MALARIAL FEVER in this locality is the most feared of any disease, as it is easily the most prevalent, and the aestivo-autumnal type is often, under regular treatment, accompanied by considerable fatality. The disease frequently attacks an entire family in succession, without regard to age or sex. The milder types, especially in children, convalesce in from six days to two weeks, while the severer cases endure rarely longer than five or six weeks, scarcely any two cases being exactly alike, yet all presenting the same general symptoms, and requiring nearly routine remedies.

After careful observation covering a large number of cases during several years, I have found many to present various groups of symptoms during the period of time immediately preceding the attack. These groups gradually have assumed a certain constant character in a sufficiently large number of cases to enable me to classify them as prodromal affections.

PRODROMAL AFFECTIONS

CONJUNCTIVITIS: These cases formerly, and until I understood their aetiology, were most trying and intractable. The most care-

ful selection of remedies seemingly indicated and frequently assisted by local applications, only served, apparently, to prolong the case, and exasperate both the patient and myself. Two or three cases finally drifted into other hands and ultimately became nearly blind.

The history as given by the sufferer, is first usually that of a sensation as of sand in the eye, generally the left, a scratching, aggravated in afternoon and evenings. Examination shows the conjunctiva inflamed, some chemosis, but not much discharge, nightly agglutination. More or less excoriation, and intolerance of light. The majority of these cases, without treatment become chronic, with constant redness, slight discharge, itching and burning, photophobia, blepharitis, etc.

SPREADING ULCERATIONS. This affection occurs most frequently among children who run barefooted, local infections occurring through abrasions of the skin or the bites of insects, though many cases seem to begin without any such cause, the case presenting, first, a local burning and itching followed by the formation of a vesicle, which may or may not be broken by scratching. In the latter case, the contents become purulent, the pustule enlarging, and finally, after discharging its contents by spontaneous rupture, the infection continues peripherally, immediately under the stratum corneum, extending at times over entire anatomic areas, i. e., the leg or arm, denuding large surfaces which slowly heal in the center, while peripherally progressing. The pus is thin, watery, and only present, if ordinary cleansing is carried out, about the edges of the denuded area.

DIARRHEAS. Many cases of diarrhea present themselves during the heated term, having the following characteristics: Periodicity, coming on only during the day or only during the night; little if any pain; stool watery, dark, mostly black, of foul odor, frequent (even fifteen or twenty) actions during the diarrheal period. emaciation, one case losing five pounds in as many days.

If not soon controlled, these cases finally become hemorrhagic, with much pain and tenesmus, simulating a dysentery.

Such cases are invariably followed by a term of aestivo—autumnal fever, usually emaciated condition, of very low type, with more or less delirium.

EXCORIATING DISCHARGES. These may be a nasal catarrh excoriating the nose and upper lip; a leucorrhœa of such acidity as to make the thighs sore; a urine so acid as to cause an intense erythema with thickening of the skin, involving the genitalia, abdomen, thighs; acrid lachrymal secretion, causing a blepharitis marginatis

of obstinate character; acrid stools, burning the anus and surrounding parts; over-secretions of the salivary glands, causing stomatitis in the deep unhealthy ulcerations, a yellow or brown coating covering the sore. Any of these acrid conditions may precede or accompany an outbreak of malarial fever.

I do not wish to convey the impression that all cases of malarial fever are preceded by these affections, but rather that these affections which I have called prodromal, are in nearly every case, followed by the fever in this locality.

PREDISPONENTS. I have observed that many more cases of this disease are apparent when the hygrometer registers a high degree of humidity than when the air is dry, and vice versa, when the air is lacking in moisture, cases are few, if any. The puerperium seems to lower the vitality of the system to such a degree that an attack of malarial fever is often found post partum, and I am convinced that some, at least, of the conditions called septic, occurring after child birth, are malarial in character.

Colds, whooping cough, tonsilitis, or any condition that lowers the vitality, will allow the malarial poison already in the system to assert itself and become dominant.

SYMPTOMS

The symptoms most frequently grouped together, are as follows:

A period of malaise varying from two days to as many weeks, during which the patient complains of capricious appetite, aching of head, back, and limbs, especially knees and ankles, great weakness, alternate diarrhea and constipation, all symptoms aggravated in the afternoon and evening, rarely a chill or slight chilliness follows and fever begins to rise, at first only in the latter part of the day, reaching as high as 103° or 104°, passing away at midnight with more or less perspiration. Each succeeding day the febrile action begins earlier until the high temperature is continuous, with remissions of one to two degrees each morning. Even during the day the fever will occasionally drop one or one and a half degrees, rising again in an hour or two. The temperature is also higher on alternate days, from a half to one or two degrees. After a variable period, the temperature begins to drop, as it rose, with periodic fluctuations, alternate aggravations, and ameliorations, until finally the febrile action is absent in the morning, and a subnormal temperature is found, in some cases as low as 96°. This is accompanied by a profuse sweat, and later in the day the fever again rises. This may continue for two days or a week, when, finally, the

fever leaves for an entire day, perhaps to be followed by a day's fever, which ends the case. Frequently, after the fever apparently breaks in this way, it will again rise and pass through the same course for a period of one or two weeks, finally to disappear altogether, or, occasionally, after the fever is gone for seven, fourteen or twenty-one days, there is a sudden chill, with fever, lasting for the day, and ending in a profuse sweat, this being the final bout.

In one or two cases, the fever has assumed at the last an intermittent type, with two or three ague chills on alternate days, this ending the attack.

Accompanying the fever, we frequently find pains, usually fleeting, neuralgic in character, either in face, scalp, or limbs, accompanied by a hyperesthetic skin, sometimes pain in spleen, liver, bowels, lungs, or other parts, and due to local congestions. The pains usually cease as soon as the patient is thoroughly under the influence of the appropriate medicament. There is also anoxia, coated tongue, alternate constipation and diarrhea, more or less thirst, a craving for acids, etc.

REMEDIES. I use for the conjunctivitis arsenicum 2x when I get the case at the very beginning. The injection into the conjunctival sac of glycerite of tannin, with a few doses of arsenicum, seems to cure immediately; sometimes a severe case with chemosis will vanish in one or two days.

The spreading ulcerations are amenable to arsenic, also if found during the vesicular stage. After this time the pustules must be thoroughly cleansed with a solution of calendula or carbolic acid and water, applying a 10 per cent. iodoform ung. daily, in conjunction with the administration of arsenic 2x.

The diarrhea usually succumbs to arsenicum alb. 2x. I have been repeatedly surprised at the complete failure of bryonia in these cases. Cases which have the daily exacerbation coming on after moving, only in the daytime, brown, watery stools, yield only slightly and occasionally to large doses of bryonia, but arsenicum does the work at once. Just recently a case came to me from another physician, of two months' standing, which had lost flesh largely, which recovered completely in two weeks time with arsenicum only.

For the excoriating discharges, you can already guess my remedy. I have run the gauntlet of medicines for these conditions. natr. m., merc. corr., kreosote, sulphur, etc., not one of any service whatever. In the case already mentioned, of acid urine, arsenicum only partially relieved until on quizzing the mother, who

was still nursing the child, I discovered that she had occasional spells of aching of limbs and headache. Arsenicum, duly administered to her, at once cleared up the condition. The cases of blepharitis are cured by giving in addition to the arsenicum 2x, a little merc. bin. 10 per cent., for local applications, which seems to somewhat hasten recovery.

For the febrile cases, I give arsenicum album., 2x., as often as every two hours in some cases, regardless of age, sex, or condition. This is my main standby as an antiperiodic. Quinine has been tried and found wanting in this locality. Under arsenicum not a case is lost, except in the extreme aged. Every fatal case I have had was over sixty, and succumbed to heart failure, one man 86 years old. The only difficulty I find with the above dosage (1-50 grain), is that sometimes the stomach is irritated, burns, etc. This may be obviated by having the patient take some milk or other nourishment before swallowing the medicine.

The arsenic is continued for at least fourteen days in diminished dosage to prevent a return, which is liable to take place, particularly if the fever seems to break in less than a week. These exacerbations are frequently more than the primary attack, and usually come without warning, developing quickly. A temperature of 104° in some cases neglecting to continue the remedy, was reached in an hour or two, and endured two weeks, whereas the primary attack only lasted one week, the second occurring on the fourteenth day after the subsidence of the first course of fever.

INTERCURRENT REMEDIES. *Eucalyptus glob.* I have used a great deal and thought it hastened the cure. It stimulates the kidneys, relieves the irritation of the stomach due to the arsenic, and, after a long series of cases, I conclude that this remedy assists materially in shortening the term of sickness. I use it in mother tincture, 40 to 60 drops in a half glass of water, to be given in teaspoonful doses every two or three hours.

Gelsemium I find a valuable remedy in cases developing during the hot season, especially in children, I use it in the lower potencies.

Bryonia is also much called for in cases where great pain and headache is present, accompanied by the modality, aggravation from motion.

Rarely the headache is so severe as to overshadow all else, assuming the characteristics of a migraine. Here caffeine 1x, is valuable, controlling the paroxysms until the principal remedy is able to assert its power. Toward the close of the disease, very profuse

perspirations appear nightly, when the temperature declines and the patient is bathed in sweat. At the beginning, I allowed myself to be persuaded to administer china 3x to relieve this, which a single dose would do,, but invariably I found the fever would rise, and for several days the temperature would remain above normal. Now, I allow the sweats to continue as nature, doubtless relieves herself of a great deal of toxins by this means.

TONICS. I have seen enough of the evil results of tonics, so-called, to enable me to place a ban on them all in this disease. In the first place, if the poison is entirely eliminated from the system, the appetite is ravenous and energy is soon regained. However, I find occasional cases that do not recover rapidly, and they are those of tubercular tendencies. Here I find no tonic so good as the tinctures of *cornus florida* and *prunus virg.* in equal parts of the fresh plant tinctures. This excels as a builder of appetite, any manufactured article I can find.

SEDATIVES. Only in very nervous patients, when the excessive restlessness prevents sleep, do I feel justified in giving any drug for the purpose of sedation. *Passiflora* serves me well here in dosage varying from 10 to 30 drops, as often as necessary to control the desire to toss about, and allow sleep.

COLLAPSE. As already stated, in the closing days of the fever, the temperature sometimes falls to 96° in the early morning hours, only to rise again during the day. Obviously, any active remedy here would cause an excessive reaction; therefore, my treatment consists of external heat in the form of hot bricks, water bottles, etc., with as much hot sweet milk as will be taken.

For cardiac failure, I have so far found nothing. In my last case, I thought *carbo. veg.*, 12x, did some good, but there was no lasting efforts. Heart tonics, so-called, have so far availed nothing. Nitro-glycerine has an evanescent effect, and strychnia is worse than useless, positively detrimental.

Postural Deformities.—Serious deformities often grow out of simple defects in the management of a case. Permanent knee flexion may follow faulty position in bed for a long time. The legs should be straightened out daily, and a hard bed is preferable to a soft bed. A patient lying for a long time in a faulty position will contract adhesions between the muscles and ligaments, which may prove very troublesome.

DESULTORY NOTES ON THE HOMŒOPATHIC
MATERIA MEDICA *

FOURTEENTH PAPER: GRAPHITES

By WALTER SANDS MILLS, A.B., M.D.

New York City

GRAPHITES is a form of carbon, and, according to Carroll Dunham, "this remedy belongs exclusively to the homœopathic pharmacopœa." The proving appears in Hahnemann's Chronic Diseases.

The symptomatology of graphites is very extensive. My personal use of it, however, has covered a limited field, but in that field it has been of great value.

I wish first to speak of graphites in erysipelas. When an interne at the old Ward's Island Homœopathic Hospital (now the Metropolitan), twenty years ago, one of my colleagues was a former student of Dr. Goodno. He had learned of the value of graphites in erysipelas in Philadelphia, and we had ample opportunity to test it in the hospital. Since then, my experience in erysipelas has been somewhat extensive and I have learned to value graphites as a remedy very highly, so much so that, unless the indications for some other remedy are overwhelming, I always use it. A few cases will suffice to illustrate:—

CASE 1. A woman, forty, with a nursing baby six months old. Patient was taken with facial erysipelas on December 10th. My first prescription was belladonna. On the 11th, I gave graphites. On the 12th, patient was so much better that she got up before my call. Recovery prompt and uneventful, although the baby was nursed right through.

CASE 2. Patient in the Metropolitan Hospital, aged twenty-four, confined December 17, 1901. The next day the temperature started up and we supposed we had an infection. Douches were used, and on the 22d, patient was curetted. December 25th, the temperature was 105°. On the 26th, I found the patient with well marked facial erysipelas, both sides. All uterine treatment was at once stopped, and the patient given graphites. On the 27th, the face was still much swollen and both eyes closed. From this on, improvement began and the patient made an uneventful recovery. Beginning January 2d, my successor gave rhus tox.

CASE 3. Colored boy, aged eight, with traumatic erysipelas. In three days he was well.

* Read before the Homœo. Medical Society of the County of New York.

CASE 4. Tertiary syphilitic eruption about scrotum and perineum. The eruption would heal over, then break down and exude pus, then heal over again. I tried various remedies locally and internally. Graphites healed it in a very few days, apparently permanently.

There are some other skin conditions where graphites has served me well, namely, in chronic eczemas, constantly appearing and disappearing, and usually associated with constipation.

CASE 5. A man, aged forty-five. This patient was well-to-do; his occupation, consulting engineer. He came to me with a history of chronic constipation. Had not had a natural movement in more than twenty years. As a young man, he had had a fistula which had been operated on. He was also troubled with eczema on various parts of the body, particularly about the arms and legs. The skin was seborrheic. He was quite bald and his eyebrows were scanty. After prescribing more or less successfully for some acute condition, I finally gave this man graphites. It was very hard to break him of his cathartic habit, but I finally did. After taking the graphites for a month or so, he came to my office one night in a most happy frame of mind. He had had the first natural, spontaneous evacuation of the bowels that day that he had had in more than twenty years. And what was more remarkable to me, he had quite a crop of hair on his head, and his eyebrows were much thicker. He finally got rid of his eczema also. That was four years ago.

CASE 6. Man, aged fifty-three, developed alopecia areata in the spring of 1908. From having a very heavy head of hair, this patient in two or three months developed totally bald spots about the size of silver dollar on numerous places all over the scalp. It gave him a very curious appearance, so much so that people would turn around to look at him in the street. This patient was also well-to-do. I had his scalp treated with alcohol every day by his barber and gave graphites internally. He is cured now.

I have also used graphites satisfactorily in a number of cases of chronic constipation where the skin was inclined to be oily. It is very hard to break patients of the cathartic habit when the habit is long standing, but it can usually be done with perseverance. For that reason, when I think something must be done temporarily, I recommend Rubinat water. This acts effectively on the bowels, but is so disagreeable to take that the patient never gets the habit. The Rubinat alternated with enemas, will keep the patient contented until finally he finds he can get along without help.

with regulations framed to mitigate the effects of sexual errors. The evil must be attacked at its root; and most sexual crimes and sexual errors can be traced to the ignorance of one or both of the parties.

We give our boys and girls, in school, high school, or college, instruction in "physiology and hygiene," but a course in physiology without reference to the functioning and care of the reproductive organs is almost as emasculated as the play of Hamlet with Hamlet left out. And the harvest of this sin of omission is the spread of venereal disease, the consignment of thousands of innocent wives to the operating table or to a life of invalidism, the blinding of new-born babes, countless divorces and unhappy marriages, and the filling of the coffers of the charlatan "expert in diseases of men."

It has been proven by many instances that instruction in sexual hygiene can be satisfactorily given in institutions of learning of various grades; but the great mass of the present population of this country is already beyond the reach of such channels of instruction, and for their education we shall have to depend upon the printed page.

But here a possible difficulty presents itself.

While the well-informed and the students of social science appreciate the necessity of sexual instruction, and see nothing unnatural, contrary to Nature, in the teaching or study of the subject, there are many people who have not yet reached this plane of understanding. To them, any discussion of sexual matters is lewd, lascivious, obscene and indecent. and these super-sensitive ones and professional moralists generally have the law and the postal regulations to aid them in suppression of printed matter designed for use in sexual instruction.

The statute books contain laws providing for the punishment of the crime of publishing and circulating "obscene and indecent" literature, and the post office regulations deny the use of the mails for the circulation of the same type of printed matter. But neither statute nor regulation defines what is meant by "obscene" or "indecent"; and the determination whether a given pamphlet or book

is obscene or indecent is left to a jury acting under the influence of the judge's charge, or to the point of view of the post office official. The business or profession of the author or publisher, or the purity of motive in offering the book to the public, count for nothing. It is true that a quasi rule seems to have been established by the courts and by the post office that literature dealing with sexual matters may circulate freely among physicians; but neither the law nor the regulation warrants such an interpretation. and from a strictly legal standpoint it would seem to be an indefensible position for the authorities to take.

This judicial license, however, does not meet the needs of the case. It is precisely the laity and not the doctor whom we must reach in this campaign of education; and before some meddlesome prude stirs up trouble, we need to have the ground cleared and the way opened for a reasonable freedom of action along the lines specified. Either the laws and regulations dealing with the subject must be repealed, or they must be so amended as to state specifically what is "obscene" or "indecent" literature. And the definition must be in accord with the enlightened understanding of the age.

The practice seems to have been to have called that "obscene" or "indecent," which has a "tendency to deprave and corrupt those whose minds are open to such immoral influences and into whose hands a publication of this sort may fall." This means that the good done to thousands by the reading of a book on sexual hygiene would count for nothing against the judicial opinion that one person might misappropriate the information contained in the volume, might read the book to his hurt.

How would it do to apply such a standard to the practice of medicine? Would it not be just as rational to forbid the sale or prescription of many drugs because some people are peculiarly susceptible to them?

One has only to glance into the history of prosecutions for publishing or writing indecent literature to see how thin is the ice upon which those anxious to issue instructive literature on the subject, would have to skate.

A reprint of an official report to the governors of a charitable institution has been refused circulation in the mails. The medical author of a book entitled "The Sexual Life," which received favorable reviews from many professional magazines and commendations from clergymen and university authorities, has served a jail sentence for selling to the laity what had been described as "a high scientific discussion of sex." A health officer in New York State has found himself facing indictment for circulating among the laity less than a hundred specimen copies of certain rules of hygienic living endorsed by his board of health, in which were included suggestions relating to sex matters. The editor of a medical journal was convicted for printing in his journal an "obscene" prescription, which had been written upon a blackboard by a male student in a co-educational medical college, and which he published as evidence of the improper conduct of the male students, which he sought to have redressed by the college authorities. The obscenity of the prescription consisted wholly in the use of one word of double meaning.

The situation is rendered absurd when one learns that a man was arrested for circulating obscenity, but was found to be not guilty on the ground of insanity when it was shown that the pamphlet consisted entirely of quotations from the Bible. An issue of a newspaper containing these same quotations was seized and destroyed. A citizen of Kansas was found guilty and fined for sending a quotation from the Bible through the mails. And yet the Bible may be sold anywhere and read by everybody, in spite of the fact that the courts have more than once decided that if any part of a book is obscene, the book is obscene within the meaning of the statutes.

In view of what has been done by exponents of the law and would-be moralists, those who are to take part in this campaign of education in sex matters should exercise caution. The situation, as it exists, is really intolerable, and a menace to public health work, and true morality among the people. The physician owes it to his position as a leader and teacher in hygiene, to protest against the cloud which hangs so threateningly over this important move-

ment, and he should seek to join to himself as many as possible of the laity in an endeavor to right this wrong by urging our legislators to modify the existing statutes. The framing of a definition is often a difficult piece of work; but if we are to continue to have laws against the publishing and circulation of "indecent" and "obscene" literature, we must have a definition of "indecent" and "obscene," which will not prevent us imparting to the laity instruction in sex matters. If the determination of what is "decent" or "indecent," "obscene" or the reverse, is to be left to the judgment of an individual or of individuals, let these individuals be men who will view the matter, not from a personal or individualistic standpoint, but from the platform of the sanatarian or educationalist.

Notes and Comments

Editorial Collaboration.—THE NORTH AMERICAN JOURNAL OF HOMŒOPATHY will enter upon its fifty-eighth year of existence with its next issue. During all this time it has consistently striven to be the worthy exponent of the truths of homœopathy and of the professional aims, and work, and progress of the homœopathic physicians scattered throughout the North American continent. It has aimed to be a national journal, the representative homœopathic publication in North America. It is for the homœopathic physicians of the country to say how far its efforts have been successful; and the NORTH AMERICAN is not unsatisfied at the verdict as shown in its subscription list and in the many letters of commendation and appreciation which it receives from those best qualified to judge of the worth and standing of the publications of the homœopathic school.

Striving to improve the service rendered to its readers and to reflect more perfectly the national character of the publication, the NORTH AMERICAN congratulates itself and its readers upon obtaining the consents of a number of physicians, whose eminence is recognized not only in their own respective communities, but throughout the country, to become members of the editorial staff and to furnish each, at least one signed editorial a year.

The NORTH AMERICAN feels itself honored by the co-operation of such men as Bukk G. Carleton, M.D., of New York, Royal S. Copeland, M.D., of New York, Burton Haseltine, M.D., of Chicago, W. J. Hawkes, M.D., of Los Angeles, DeWitt G. Wilcox, M.D., of Boston, John E. Wilson, M.D., of New York, James C.

Wood, M.D., of Cleveland, and John Prentice Rand M.D., of Worcester.

It may be said that an international character has been imparted to the *NORTH AMERICAN*, for James Searson, M.D., of London and Francois Cartier, M.D., of Paris, have consented to be associated in the editorial department.

The *NORTH AMERICAN* exists for its readers, for the service it can render to the physicians of North America in particular, and to homœopathy throughout the world in general. To a large extent it is true that the quality of the service depends upon its subscribers. North American homœopathy would have a journal that it could point to with even greater pride than it points to the *NORTH AMERICAN*, if it could number on its subscription list every homœopathic physician in the country. It must be sadly confessed that we are a long way from this ideal, and the fact is mentioned in the hope that our readers will realize that they will serve their own interests and the prestige of the homœopathic school by influencing their professional associates to become subscribers to the national journal—the *NORTH AMERICAN JOURNAL OF HOMŒOPATHY*.

Printers' Pie.—The *NORTH AMERICAN* recently inaugurated a campaign for the extension of its subscription list. Just at the time when it desired to make the most favorable impression possible upon the newly-enrolled readers, a landslide, monsoon, or some other catastrophe descended on the printing shop and not only caused a delay of several days in the publication of the November issue, but made the *NORTH AMERICAN* hang its head in shame on account of the many typographical errors and the wretched presswork. Our new readers are urged to believe that this is not the best we can do, not a fair specimen of the publication for which they were asked to subscribe. The forbearance of old readers is also asked. They know that things have been better, and are entitled to demand that the best standards of the past be maintained and be surpassed if possible. And an apology is also due to the writers whose contributions appeared in that particularly unfortunate number.

Red Cross Christmas Stamps.—The American Red Cross has recently completed its arrangements for the distribution of its Christmas stamps, which, as last year, are to be used as "stickers" on gifts and letters during the holiday season, four-fifths of the proceeds from their sale going to the agencies fighting against tuberculosis in the community in which the stamps are sold and one-fifth reverting to the American Red Cross to defray the expenses. The stamps will sell for one cent each, and will be placed on sale after Thanksgiving day in post-offices, drug stores and other public places. In 1908 the Red Cross Christmas stamp was sold in thirty-five states and territories, and through this means \$135,000 was available for the prosecution of anti-tuberculosis work.

Dr. Ward's Letter.—Reference has already been made to the effects of the cataclysm that struck the printer's shop, as evidenced in the November issue of the *North American*. The most conspicuous effect was seen in Dr. Ward's letter on "The Settled Question," printed on page 774, where Dr. W. A. Dewey is said to have arranged what one correspondent aptly describes as "Hungarian goulash." The profits from medical journalism are very lean, and to avoid being thrown into bankruptcy as the result of a verdict for heavy damages granted to Dr. Dewey, by the libel court, the *North American* hastens to explain that what Dr. Dewey and the trustees arranged was, in the words of Dr. Ward, "the terms of the annulment, which proved acceptable and the only possible solution."

Journal of Missouri Institute of Homœopathy.—The November issue of *The Clinical Reporter*, announces that it has become the official organ of the Missouri Institute of Homœopathy. This should make for the strengthening of the *Clinical Reporter* and ought not to be without advantage to the society. The arrangement has been made for the term of one year. While the heading of the editorial announcement suggests that the publication may be contemplating a change of name, there is no definite statement that this is to be the case, and the title, "Clinical Reporter" is carried throughout the November issue.

The General Practitioner and the Medical Society.—In seeking recruits for membership in a county or state or national medical society it is not difficult to secure the applications of the specialists of the medical community. Without casting any reflections upon specialism in medicine or upon specialists, it may be said that the latter recognizes what for want of a better term may be called the "advertising value" of membership; moths are not attracted to the light hid under a bushel measure, and the livelihood of the specialist depends upon conveying to his professional associates in any legitimate way the impression that he has made a special study of his specialty and is peculiarly fitted to advise in, or treat such cases.

It is the general practitioner who taxes the ingenuity of the membership committee. Sometimes he is a man who did not join societies in his early years of practice because he felt he could not afford such luxuries, and as his financial ability improved, his professional experience enlarged; and he became satisfied that attendance at society meetings could add little to his knowledge. Or, in his younger years, the man belonged to the society, but dropped out because he could not see that he was getting his money's worth.

After all, it is value for money that the doctor wants, and there is a large number who place very little value on the prestige or the political advantages accruing from membership in a society. And it along the line of making our medical meetings more practical to the general practitioner that we must first proceed; like the business house, we must offer what the customers want.

The average program of a medical society meeting fails to reflect the needs of the average doctor. He has not the laboratory, clinical or hospital facilities which would enable him to take advantage of the latest niceties in diagnostic or surgical technique nor is he liable to have more than a passing interest in that wonderfully, unique case which is very unlikely indeed, to be duplicated in his practice. What he wants is to share the plain, everyday experience of his fellow average practitioners, every one of whom has, from the sheer necessity of being up against it, to use the vernacular, acquired ideas and methods which he can also use to advantage.

Of course there is something to be said on the other side of the question. It is not an easy thing to get such men to contribute to programs; they fear that what they would offer would seem quite commonplace beside the story of the wonderful exploits of the city specialist, and the bureau chairman often has to turn to the specialist, even when starting out with the best of intentions. Sometimes the specialist is appealed to because the bureau chairman knows he can get more favorable and prompt action from him.

But the fact remains that it is the needs of the average physician which must be met if he is to be made to recognize the advantages of membership in the average medical society.

Periodical Urinalysis.—Urinalysis as practised or advocated by the profession to-day means the search for the comparatively late indications of serious renal or constitutional conditions. Yet, in the hands of a skilled examiner, the urine can be made to yield the evidences of early metabolic or functional changes, and the possibility of this should be developed for the good of our patients. The majority of people of intelligens have been educated up to making a "prophylactic" visit to the dentist from time to time, in order that skilled attention may be given to any evidence of dental decay. Why would it not be well for our patients to regularly submit specimens of urine for examination at a reasonable fee as a test of their functional or metabolic efficiency? The family physician might easily master the necessary technique, or the services of a laboratory might be employed.

A Tuberculosis City.—A block of buildings is being erected in New York City, being intended for occupancy by families having one or more members afflicted with tuberculosis. The most recent development is the proposed formation of a tuberculosis city near Phoenix, Arizona. The idea is to erect several series of cottages about central administration buildings, each group consisting of about 100 cottages. Accommodations are to be provided for the unattended patient, and also for the consumptive accompanied by his family. The cottages will be equipped for light house-keeping. In making this provision for consumptives the projectors of the enterprise have in mind the needs of the large number who arrive in the Southwest annually with little or no means of support; although at the same time, everything possible will be done to discourage the immigration of patients.

International Homœopathic Review

Conducted by

R. F. RABE, M.D.

DURATION OF ACTION AND ANTIDOTES OF THE PRINCIPAL REMEDIES

WHEN I first saw in Hahnemann's Chronic Diseases that a single dose of the homœopathic remedy would often act for from six hours to eight weeks and even three months, and afterward found this to be actually so from personal experience, it occurred to me that it would perhaps benefit others, who did not have access to that work, to know that fact, and deter them from repeating the remedy too often, as I rather think is customary with many homœopaths. The following complication is the result.

I am aware that the duration of the action of a remedy is by no means positively always the same, but depends somewhat upon the nature of the disease, whether acute or chronic, and also upon the idiosyncrasy of the patient, yet hope that the knowledge that hepar., for example, has been found to act for eight weeks and longer may be of some material benefit to many a young homœopath as well as his patients. For it is positive fact that many a case is spoiled by repeating the remedy too often instead of allowing one dose to continue its beneficent curative action to the end. Hahnemann's Chronic Diseases, Dr. C. von Boenninghausen's works, and Hering's Condensed Materia Medica have been used in collecting the data for the following list of the most used remedies of the homœopathic materia Medica, their duration of action, antidotes and complementary and inimical remedies.

Those remedies which are taken from Hahnemann's Chronic Diseases and in the older works are called "antipsorics," in this list are designated by heavy black letters. Those which in the older works are also called antipsorics, but which are doubtful in this list appear in italics.

Acetic acid.

Antidotes: Lime water, magnes., calc c., natrum mur.

Acetic acid antidotes: all anesthetic vapors; acon., asar., coffea, euphorb., hepar., ignatia, op., stram., tabac., alcohol.

Complementary: china in hemorrhages.

Inimical: borax, caust., nux vom., ranun. bulb., sarsapar.

Aconitum nap. Acts six to forty-eight hours.

Antidotes: acet. acid, paris, vinum.

Acon. antidotes: bell., cham., coff., nux v., petrol., sep., sulph., veratrum alb.

Complementary to: arn., coff., sulph. (high).

Agar musc. acts forty days.

Antidotes: charcoal, coffee, wine, brandy, camphor, fat or oil; calc. c., puls., rhus tox.

Agnus castus. Acts eight to fourteen days.

Antidotes: camph., natr. mur.

Ailanthus gland.

Antidotes: aloe, rhus tox., nux v.

Nervous sensitive persons; bilious temperament, stout, and robust.

Aloe soc.

Antidotes: sulph., mustard, camph., nux v., lycopod.

Old people, phlegmatic and indolent persons.

Aloe has many symptoms like sulphur, and is equally important in chronic diseases, with abdominal plethora.

Alumina. Acts over forty days.

Antidotes: bry., camph., cham., ipecac.

Alumina antidotes lead poisoning.

Complementary: bryonia.

Constipation of infants; stools green acidity of primæ viæ; puberty: chlorosis, with longing for indigestible substances.

Dark complexion, excitable. Mild disposition. Lack of animal heat; spare habit. Old people, hypochondriacal.

Ambra grisea. Acts for three to five weeks.

Antidotes: camph., coff., nux v., puls., staphis.

Ambra antidotes: staphis., nux v.

Ammon. carb. Acts over thirty-six days.

Antidotes: arn., camph., hepar, vegetable acids and fixed oils, as olive, castor, linseed.

Amm. c. is an antidote to: rhus poisoning and stings of insects. Inimical to lachesis.

Ammon. mur. Acts over six weeks.

Antidotes: camph., coff., nux v.

Anacardium. Acts over thirty days.

Antidotes: coff., juglans; for the anger and violence of mind: smelling of raw coffee. (Gastric and nervous disorders during pregnancy; nervous and hysterical females.)

Angustura. Acts three or four weeks.

Antimonium crud. Acts four weeks.

Antidotes: calc. c., hepar, mercur.

Ant. crud. antidotes: stings of insects.

Complementary: squilla.

Antimon. tart. Acts two weeks.

Antidotes: asafoet., china. coccul., laurocer., ipec., opium, puls., sep.

Ant. tart. antidotes: sepia

Apis mel.

Antidotes: nat. mur., ipec., lach., lact. ac., apis high, salt. sweet oil, onions.

Apis antidotes: canth., china, digital.

Complementary: nat. mur.

Inimical: rhus tox.

Argent. met. Acts two to three weeks.

Antidotes: merc., puls.

Argent nit.

Antidotes: nat. mur., ars., milk, calc. c., puls, sepia, lycopod. merc., sil., rhus tox., phos., sulph.

Argent. nit. antidotes: ammon. caust.

Melancholy: congestions to head and chest, epistaxis, climaxis, flushes, itching skin.

Arnica mont. Acts two to six days.

Antidotes: camph., ipec., acon., ars., china, ignat., arn., mont.

Arnica antidotes: ammon. carb., china, cicuta, ferr., ignat., ipec., seneg.

Arsenicum alb. Acts over thirty-six days.

Antidotes to large doses: sesquioxide of iron, hydrated peroxide of iron, precipitated carbonate of iron, juice of sugar cane or honey-water. Lime-water in copious draughts, emetics of sulphate of zinc, carbonate of potash and magnesia shaken in oil; infusions of astringent substances.

Antidotes to small doses: camphor, chin., chin. sul., ferr., hepar, iod., ipec., lach., nux v., sambuc., tabac., verat.

Ars. antidotes: carb. v., china, ferr., graph., iod., ipec., lach., merc., nux v., verat., lead poisoning and evil effects of alcohol.

Hydrogenoid constitution of Grauvogl, complaints of drunkards.

Arum triph.

Antidotes: buttermilk; lactic acid.

Asafœtida. Acts four to six weeks.

Antidotes: camph., caust., china, puls., merc., valerian.

Phlegmatic temperament; scrofulous, bloated, clumsy children, venous, hemorrhoidal constitution, nervous people; syphilitics, who have taken much mercury.

Asarum europ. Acts eight to fourteen days.

Antidotes: camph., vinegar, and all vegetable acids.

Nervous temperament, excitable or melancholic.

Aurum Met. Acts over six weeks.

Antidotes: bell., chin., coccul., coff., cupr., merc., puls., spigel., sol. nig.

Aurum antidotes: merc., spigel.

Girls at puberty; old people, weak vision. Sanguine temperament.

Scrofulous, syphilitic, and mercurial patients.

Baryta carb. Acts forty to fifty days.

Antidotes: ant. tart., bell., camph., dulc., zincum.

Old fat people; scrofulous children, dwarfed in body and mind; general emaciation.

Belladonna. Acts over five weeks.

Antidotes: coff., hyos., camph., hepar, opium, puls., vinum.

Vinegar increases the headache.

Bell. antidotes: acon., cupr., ferr., hyos., merc., plumb; jaborandi.

Complementary: calc. carb.

Bell. suits plethoric, lymphatic constitutions, jovial and entertaining when well, but irritable and violent when sick.

Women, children, blue eyes, light hair, fine complexion, delicate skin.

Benzoic acid.

It antidotes copaiba.

Rheumatic or gouty diathesis; especially in syphilitic or gonorrhœal patients.

Berberis vul.

Antidote: camph.

Berberis antidotes: acon.

Bismuth. Acts five to seven weeks.

Antidotes: calc. c., caps., nux v.

Borax. Acts seven to eight weeks.

Antidotes: cham., coff. Inimical to borax:acetum, vinum.

Bovista. Acts for fifty days.

Antidotes: camph.

Coffee disturbs its action.

Palpitation in old maids, stammering in children.

Bryonia. Acts two to three weeks.

Antidotes: acon., alum., camph., cham., clem., coff., ignat., mur. ac., nux v., puls., rhus tox., senega.

Bry. antidotes: rhus tox., chlorine.

Similar: colocynth.

Complaints from warm weather following cold days; exposure to heat of fire.

Cactus.

Antidotes: acon., camph., china.

Caladium. Acts six to eight weeks.

Antidotes: camph., caps., juice of sugar cane.

Calad. antidotes: mercur.

Complementary: nit. ac.

Antidotes: camph., nit. ac., sp. æth. nit., nux v., sulph.

Calc. antidotes: acet. ac., bismuth., chin., chin sul., nit. ac.

Calc. carb. Acts over fifty days.

Leuco-phlegmatic temperament; fair, plump children, with open fontanelles and sutures, excessive obesity of young people.

Camphora. Acts five to fifteen minutes.

Antidotes: opium, sp. æth. nit., dulcamara.

Camph. antidotes: canth., cupr., squilla.

Inimical after nitrum.

Cannabis sativa. Acts two to three weeks.

Antidotes: camph., lemon juice.

Cantharis. Acts three weeks.

Antidotes: acon., camph., lauro., puls.

Oil increases the pernicious effects of cantharis.

Inimical: coffea.

Capsicum. Acts four to eight days.

Antidotes: calad., china, cina, camph., sulph.

Caps. antidotes: calad., china., coff.

Phlegmatic, awkward, easily offended; indolent, melancholic,

- lack of reaction, dread of open air, lazy, fat, dirty, light hair, blue eyes.
- Carbo an.** Acts over thirty-six days.
 Antidotes: ars., camph., nux v., vin.
 Useful in elderly people, with venous plethora, blue cheeks and lips; young scrofulous subjects.
- Carbo veg.** Acts over thirty-six days.
 Antidotes: ars., camph., coff., lach., sp. æth. nit.
 Carbo v. antidotes: effects of putrid meat or fish, rancid fats; chin., lach., merc.
 Low vital powers, venous system predominant; old people; children after exhausting diseases.
 Complementary to kali c.
- Causticum.** Acts over fifty days.
 Antidotes: asafet., coff., coloc., nux v., sp. æth. nit.
 Caust. antidotes: merc., sulph.
 Inimicals: acids, coffea, phos.
 Persons with dark hair, rigid fibre. Children with delicate skin.
- Cepa.** Antidotes: arnica, chamom., verat.
 Complementary to: phos., puls., sarsap.
- Chamomilla.** Acts for several days.
 Antidotes: acon., alum., borax, camph., coccul., coff., colo., ignat., nux v., especially puls.
 Chamomilla antidotes: coff., opium.
 Complementary to magnes.
 Children, light-brown hair, nervous, excitable temperament.
 Adults and aged persons with arthritic or rheumatic diathesis.
- Chelidonium.** Acts over fourteen days.
 Chel. follows well after ledum.
 Antidotes: acon., acids. coffee, wine, camph.
 Chel. antidotes: bry.
 Spare subjects, disposed to abdominal plethora, cutaneous diseases, catarrhs or neuralgia, blonds.
- China off.** Acts two or three weeks.
 Antidotes: aran. diad., ars., arn., bell., calc. c., carbo v., eupatorium per., ferr., ipec., lach., merc., nat. m., nux v., puls., sep., sulph., verat.
 China antidotes: ars., ipec.
 Complementary to ferrum.
 Inimical to selen. Swarthy persons; debilitated, broken down from exhausting discharges.
 Women after menopause; pleurisy, dropsy.
- Cicuta vir.** Acts five to six weeks.
 Antidotes: arn., opium; massive doses of tobacco.
 Cicuta antidotes: opium, cimicifuga.
 Antidotes: acon., baptis., cauloph., gels., puls.
 Climacteric years; nervousness from anxiety and over-exertion; rheumatic persons, etc.
- Cina.** Acts two to three weeks.
 Antidotes: camph., china, caps., ipec., piper niger.

- Cina antidotes: caps., china, merc.
- Clematis erecta.** Acts five weeks.
Antidotes: bryon., camph.
Torpid, cachectic conditions; light hair.
- Cocculus.** Acts eight to fourteen days.
Antidotes acon., camph., cham., cupr., ignat., nux v.
Cocculus antidotes: alcohol, cham., cupr., ignat., merc., nux v.
- Coffea.** Acts one or two days.
Antidotes: acon., cham., ignat., nux v., puls.
Coff. antidotes: cham., coloc., nux v., psorin.
Inimicals: canth., caust., coccul., ignat.
- Colchicum.** Acts three to four weeks.
Antidotes to poisoning: amm. caust., a few drops in sugar-water; bell., camph., coccul., nux v., puls.
Gout in persons of vigorous constitution.
- Colocynthis.** Acts thirty to forty days.
Antidotes: camph., coff., staph., caust., chamom. in large doses, tepid milk, camph., opium.
Coloc. antidotes: caustic.
- Conium mac.** Acts thirty to thirty-five days.
Antidotes: coff., nit. ac., sp. æth. nit.
Conium antidotes: nitr. ac.
Old men: old maids.
Women of rigid fibre, and easily excited, also those of opposite temperament. Light-haired persons. Children with marasmus, with frequent sour evacuations worse at night, better during the day.
- Crocus sat.** Acts over eight days.
Antidotes: acon., bell., opium.
- Croton tig.** It antidotes rhus poisoning.
- Cuprum met.** Acts two to three weeks.
Antidotes: sugar or white of egg for large doses; hepar or potash soap for poisoning from food containing copper; the aggravation from cuprum is better from smelling camphor.
Dynamic antidotes: bell., chin., conium, dulc., hepar., ipec., merc., nux v.
Cupr. antidotes: aur., opium.
Complementary to: calc. carb.
- Cyclamen.** Acts two to three weeks.
Antidotes: camph., coff., puls.
- Digitalis.** Acts over six weeks.
Antidotes: to large doses: sweet milk with fœnum græcum (trigonella fœnum græcum—fœnugreek seed), vegetable acids, vinegar, infusion of galls, ether, camph.
Antidotes to small doses: nux v., opium.
China increases anxiety produced by digitalis.
- Drosera.** Acts two to three weeks.
Antidote: camph.
Sul. and verat. are the most appropriate intercurrents in whooping-cough.
Complementary: nux v.

Dulcamara. Acts thirty to forty days.

Antidotes: camph., cupr., ipec., merc.

Dulcam. antidotes: cupr., merc.

Complementary: baryta carb.

Incompatible: bell., laches.

Phlegmatic, torpid, scrofulous persons, who are restless and irritable, susceptible to changes of weather and taking cold easily.

Euphorbia off. Acts seven weeks.

Antidote: camph. succus citri.

Euphrasia. Acts three to four weeks.

Antidotes: camph., puls.

Ferrum met. Acts four to six weeks.

Antidotes: ars., chin., hep., ipec., puls., verat.

Ferr. antidotes: cupr., merc., prussic ac.; ars., iod., chin.

Complementary: alum., chin.

Persons who, though weak and nervous, have a very red face.

Delicate, chlorotic women. Sangune, choleric people.

Gelsemium.

Antidotes: china, coff., natr mur.

Glonoinum.

Antidotes: china, coff., natr. mur.

Graphites. Acts forty to fifty days.

Antidotes: acon., ars., nux v., wine.

Graphites antidotes: ars., iod., rhus tox.

Complementary: ars., caust., ferr., hepar.

Guaiacum. Acts over five weeks.

Antidote: nux vom.

Guaiac. antidotes: caust., abuse of merc. in rheumatism, gout, contractions.

Syphilides, old women, dark hair and eyes.

Hamamelis.

Antidote: puls.

Complementary to ferr. (hemorrhages).

Helleborus. Acts three to four weeks.

Antidotes: camph., china.

During dentition brain symptoms, weakly, scrofulous children.

Hepar. Acts over eight weeks.

Antidotes: acetic ac., bell., cham., sil.

Hepar antidotes: potass. iod., mercurial and other metallic preparations.

Hydrastis.

Antidote: sulph.

Hydrastis antidotes: merc., kali. chlor.

Hyos. Acts eight to fourteen days.

Antidotes: acetic ac., bell., citric ac., china, stram.

Hyos. antidotes: bell., plumb., stram., ether.

Sanguine temperament; nervous, irritable, excitable hysterical subjects; drunkards, old men, children.

Hypericum.

Antidotes: arsen., chamom., sulph.

Ignatia. Acts five to nine days.

Antidotes: arnica, camph., cham., coccul., coff., nux v., puls.

Ignat. antidotes: zinc., coff., cham., brandy, puls., tobacco.

Inimicals: coff., tabac.

Suitable to nervous, hysterical females of mild, but easily excited nature.

Iodium. Acts over six weeks.

Antidotes: starch or wheat flour beat up in water; ant. tart., ars., bell., camph., chin., chin. sul., coff., hepar., opium., phos., spong., sulph.

Iod. antidotes: argent. nit., ars., calc. c., merc.

Complementary: lycopodium.

Suitable particularly for persons with dark hair and eyes; over-grown boys with weak chests; scrofulous diathesis; old people.

Ipecac. Acts twelve to twenty-four hours.

Antidotes: arn., ars., chin., nux v., tabac.

Ipec. antidotes: alum., arn., ars., chin., vapors of copper, dulcam. ferr., lauro., op., tabac., tart., emet.

Complementary: cuprum.

Kali bi.

Antidotes: ars., lach., puls.

Complementary: in dysentery; after canth. has removed the scrapings, kali bi. will often complete the cure.

Fat, light-haired persons, fat, chubby children.

Kali carb. Acts over six weeks.

Antidotes: camph., coff., sp. aeth. nit.

Complementary to carbo veg.

Suitable for the aged, rather obese, lax fibre; dark hair.

After loss of fluids, of vitality; especially in anemic persons.

Kreosotum.

Antidotes: acon., nux v., ars., chin., ipec.

Inimical: after carbo veg.

Young people, tall for their age, dark complexion, slight, lean.

Complexion livid: disposition sad, irritable; often indicated in old women.

Lachesis. Acts four to five weeks.

Antidotes: ars., bell., merc., nux v., phos. ac., heat, alcohol, salt.

Complementary: lycopodium.

Useful in women during the climacteric period.

Laurocerasus. Acts four to eight days.

Antidotes: camph., coff., ipec., opium.

Painlessness with the ailments.

Ledum palustre. Acts three to four weeks.

Antidote: camph.

Ledum antidotes: chin., alcohol, bee stings.

Lycopodium. Acts forty to fifty days.

Antidotes: acon., camph., caust., cham., coff., graph., puls.

Lycopod. antidotes: chin., but follows well after calc. or lach.

Complementary to iodium.

Often useful in old women, persons of keen intellect, but feeble muscular development; lean and predisposed to lung and hepatic affections.

Magnes. carb. Acts forty to fifty days.

Antidotes: cham., rheum.

Mag. c. in large doses antidotes acetic acid.

Complementary to cham.

Nervous, irritable temperament; children.

Magnes. mur. Acts forty to fifty days.

Antidotes: camph., cham.

Women: especially hysterical, with uterine affections. Children during dentition.

Manganum. acet. Acts over forty days.

Antidote: coffea.

Marum verum. Acts two to three weeks.

Antidote: camph.

Menyanthes. Acts two to three weeks.

Antidote: camph.

Mercurius. Acts two to three weeks (anti-syphilitic).

Antidotes: hepar., kali hydr., nit. ac., aurum, carbo veg., mezer., sul., iod., guaiac., dulc., chin., staph., ferr., bell., lach., calc. c.

Mercur. and silicea do not follow each other well.

Merc. cor.

Antidote: silica.

Mezereum. Acts forty-five to fifty days.

Antidotes: calc. c., nux v., merc., camph.

Mezer. antidotes: merc., nit. ac., phos.

Phlegmatic temperament.

Moschus. Acts one day.

Antidote. camph.

Muriatic acid. Acts over five weeks.

Antidotes: to large doses: carbonate of soda, potash, lime or magnesia; small doses: camph., bry.

Mur. ac. antidotes: opium and cures muscular weakness from excessive use of opium.

Natrum. Acts thirty to forty days.

Antidote: camph.

Natrum carb.

Antidotes: camph., sp. æth. nit.

Nat. carb. antidotes: china.

Natrum mur. Acts forty to fifty days.

Antidotes: sp. æth. nit., phos., arsen.

Nat. mur. antidotes: arg. nit., chin., sul., bee stings.

Complementary: apis.

Nitrum. Acts over six weeks.

Antidote: sp. æth. nit.

Camph. increases the pains.

Nitric acid. Acts over forty days.

Antidotes: calc. c., camph., hep., merc., mez., sul., alkalies, soap, magnesia.

- Nitr ac. antidotes: calc. c., dig., merc.
 Complementary: calad.
 Inimical: lachesis.
 Nitric ac. is especially active after kali.
- Nux mosch.** Acts six to eight days.
 Antidotes: semen capi., gels., lauro., nux v.
 Nux mosch. antidotes: ars., rhodo., lauro., inhalations of mercury,
 lead colic.
 Suits mostly women and children and the aged.
- Nux vom.** Acts ten to twelve days.
 Antidotes: acon., camph., cham., coccul., coff., puls., wine,
 alcohol.
 Nux vom. antidotes: abuse of aromatics, drastics, hot medicines,
 narcotics, bad effects of coffee and alcoholic drinks.
 Complementary: sulph.
 Inimical: zinc.
 Suitable for thin, irritable, choleric persons with dark hair,
 who make great mental exertions or lead a sedentary life.
 Debauches, who are irritable and thin.
- Oleander.** Acts three to four weeks.
 Antidote: camph.
- Opium.** Acts only a few hours.
 Antidotes: strong coffee, bell., ipec., nux v., vinum, vanil. arom,
 Opium antidotes: bell., dig., lach., merc., nux v., strych.,
 plumb., stram., tart. emet.
 Especially suitable for children and old persons. Frequently
 suited to persons addicted to liquors.
- Paris quad.** Acts two to four days.
 Antidotes: camph., coff.
- Petroleum.** Acts forty to fifty days.
 Antidote: nux vom.
 Petrol. antidotes: lead poisoning.
- Phosphorous.** Acts over forty days.
 Antidotes: nux v., coff., terebinth., camph., vinum.
 Phos. antidotes: tereb., rhus ven.
 Complementary: cepa, ars.
 Inimical: causticum.
 Tall slender women, disposed to stoop. Nervous, weak;
 grows too rapidly.
- Phosphoric acid.** Acts over forty days.
 Antidotes: camph., coff.
 Bad effects from growing too rapidly; as if beaten in back and
 limbs.
- Phytolacca.**
 Antidotes: milk and salt; ignat., sulph., opium.
- Platina.** Acts five to six weeks.
 Antidotes: puls., sp. æth. nit.
 Platina antidotes: bad effects of lead.
 Especially suited to women with dark hair, rigid fibre.
- Plumbum.** Acts three to four weeks.

Antidotes: alumen, alum., opium, petrol., nux v., platina, ant. crud., coccul., zinc.

(Alcohol may be used as a preventive).

Podophyl. pelt.

Antidotes: lactic acid, nux vom.

Complementary: salt.

Bilious temperament, especially after mercurialization.

Psorinum.

Antidote: coff.

Scrofulous; nervous, restless, easily startled.

Psoric constitutions; especially when other remedies fail to improve permanently. Lack of reaction after severe diseases.

Pale, sickly, delicate children.

Pulsatilla. Acts eight to fourteen days.

Antidotes: cham., coff., ignat., nux vom.

Puls. antidotes: chin., ferr., sulph., sulph. ac., vapor of mercury or copper, coff., cham., bell., colch., lycopod., platin., stram., sabad., ant. tart.

Complementary to puls., lycop., sulph. ac.

Sandy hair, blue eyes, pale face, inclined to grief and submissiveness; easily moved to tears or laughter. Often indicated with women and children.

Ranunculus bulb. Acts four to six weeks.

Antidotes: bry., camph., puls., rhus.

Inimicals: alcohol, sp. aeth. nit, staph., sul., vinegar, wine.

Ranunculus scel. Acts five to six weeks.

Antidote: camph.

Rheum. Acts two to three days.

Antidotes: camph., cham., coloc., merc., nux v., puls.

Complementary: mag. carb.

Rhododendron. Acts five to six weeks.

Antidotes: bry., clem., rhus., camph.

Rhus tox. Acts three to six weeks.

Antidotes: bell., bry., camph., coff., crot. tig., sulph ,

Rhus antidotes: bry., ranunc., rhodo., tart. emet.

Complementary: bry.

Inimical: apis.

Ruta. Acts eight to fourteen days.

Antidote: camph.

Ruta antidotes: merc.

Sabadilla. Acts three to four weeks.

Antidotes: camph., puls.

Children; old people. Light hair, muscles lax.

Sabina. Acts three to four weeks.

Antidote: puls.

Chronic ailments of women; arthritic pains, tendency to miscarriage.

Sambucus. Acts three to four hours.

Antidotes: ars., camph.

Samb. antidotes: ars.

Scrofulous children; people formerly fat and robust become emaciated.

After violent emotions, grief, anxiety, or excess in sexual indulgence.

Sanguinaria.

It antidotes rhus radicans.

Sarsaparilla. Acts over five weeks.

Antidotes: bell., merc.

Vinegar appears at first to increase the effects of sarsap.

Secale. Acts two to three weeks.

Antidotes: camph. (solan nig.)

Similar to ars. but heat and cold act oppositely.

Irritable, plethoric subjects. Women of very lax muscular fibre; feeble, cachectic, thin scrawny. Old, decrepit persons. Nervous temperament.

Selenium. Acts five to six weeks.

Antidotes. ignat., puls.

Incompatible: chin., puls.

Senega. Acts over four weeks.

Antidotes: arnica., bell., bry., camph.

Sepia. Acts forty to fifty days.

Antidotes: vegetable acids, inhalation of sp. æth. nit. is the most powerful antidote; ant. crud., ant. tart., acon.

Sepia antidotes: calc. c., chin., merc., phos., sarsap., sulph.

Incompatible: lachesis.

Especially suited to persons with dark hair, for women and particularly during pregnancy, in child-bed and while nursing.

Silica. Acts forty to fifty days.

Antidotes: flour. acid, hep., calc. c., camph.

Silica antidotes: sulph., merc., but does not follow the potentized merc. well.

Complementary: thuja.

Especially suitable for children with large heads, open satures; much sweat about the head; large abdomen. Nervous irritable persons, with dry skin, profuse saliva. diarrhea. night-sweats.

Weakly persons, fine skin, pale face, light complexion, lax muscles. Scrofulous diathesis. Rachitic, anemic conditions; caries, over-sensitive, imperfectly nourished from imperfect assimilation. Stone-cutters; chest affections, and total loss of strength.

Spigelia. Acts three to four weeks.

Antidotes: aur., coccul., puls., camph.

Spongia. Acts three to four weeks.

Antidotes: camph.

Squilla. Acts two to three weeks.

Useful after bry.

Stannum. Acts over five weeks.

Antidote: puls.

Stan. follows well after causticum.

Complementary: puls.

Staphisagria. Acts three to four weeks.

Antidote: camph.

Staph. antidotes: merc., thuja.

Incompatible: ran. bulb.

Stramonium. Acts one-half to one day.

Antidotes: bell., hyos., nux v.; against large doses lemon juice, senna, tobacco injections, vinegar.

Stramon. antidotes: ailments from vapor of mercury, plumb.

Suitable for children, especially in chorea mania, fever.

Young, plethoric persons.

Strontiana. Acts over forty days.

Antidote: camph.

Sulphur. Acts forty to fifty days.

Antidotes: acon., camph., cham., chin., merc., (nux v.,) puls., rhus tox., sepia.

Sulph. antidotes: chin., iod., merc., nit. ac., rhus tox., sepia; ailments from the use of metals generally.

Complementary: aloë.

Sulph. is especially suited for lean, stoop-shouldered persons. It frequently serves to rouse the reactive power of the system, when carefully selected remedies have failed to produce a favorable effect, especially in acute diseases.

Sulph. acid. Acts over four weeks.

Puls. is an antidote and also complementary

Sulph. ac. antidotes the bad effects of lead-water.

Frequently indicated for old people, particularly women.

Light-haired people. Flushes of heat in climacteric years.

Tabacum.

Antidotes: ars., ipec., nux v., phos., ignat., clem., sep., lyco.

Plantago maj. has often produced an aversion to tobacco.

Taraxacum. Acts two to three weeks.

Antidote: camph.

Terebinth. is antidoted by phos.

Thuja. Acts three weeks.

Antidotes: cham., coccul., camph., merc., puls., sulph.

Thuja antidotes: iod., merc., nux v., sulph., thea.

Valeriana. Acts eight to ten days.

Antidotes: camph., coff., puls.

Valerian. antidotes: cham.

Nervous, irritable, hysteric individuals.

Veratrum alb. Acts five to eight days.

Antidotes: acon., camph., chin., coff.

Verat. antidotes: ars., chin., cup., ferr., op., tobacco.

Lean, choleric or melancholic persons: anemia; children.

Veratrum vir.

It antidotes spasms from strychnine.

Full-blooded, plethoric persons.

Verbascum. Acts four to eight days.

Viola odorata. Acts two to four days.

Antidote: camph.

Viola tri. Acts eight to fourteen days.

Antidote: camph.

Zincum. Acts thirty to forty days.

Antidotes: hepar, ignat., camph.

Incompatible: cham., nux v.

Homœopathic Therapeutics of the Lying-In Period.—We assume at the outset that each stage of labor has been properly conducted; that all injuries to the parturient canal that should be repaired have been, and that every precaution against infection on the part of the doctor and the nurse has been fully carried out. Even if this be true, there are still some lacerations of the cervix and extensive bruised and raw surfaces in the vagina and vulva present and ready to absorb any poison that may reach them. I do not, for a moment, believe in attempting to perform primary repair of the cervix unless it be so badly torn as to cause a continuous flow of red blood, and even then, only stitches enough are taken to control the bleeding. More than this it is not feasible to attempt, as more harm than good will result. This sore parturient canal makes the occlusion dressing, properly applied and kept in place, absolutely essential to prevent infection. Another condition always present is an enlarged uterus and a corresponding increase of all the tissues participating in the process of pregnancy and delivery. These must all be reduced to substantially the non-pregnant condition, and this can only be done in the absence of infection and by the proper physiological workings of the mother's system. As you all know, this increased size is sixteen hundred per cent. We thus see at a glance why it is that many authors consider the condition of the mother at the close of labor as necessarily pathological, as all of this excess of tissue must be eliminated.

Another essential fact to be borne in mind is that immediately following the delivery of the child and the placenta the mother is necessarily greatly fatigued. Still another factor to be considered is the highly wrought state of the mother's nervous system. These four factors are not properly emphasized by writers and teachers, as it seems to me.

Let us take the conditions as we find them, and with these conditions in mind, outline a rational and successful line of treatment. We know that the woman is very much fatigued and, may be, completely exhausted. Therefore, the first and all-essential thing to do is to insure absolute quiet to the end that she may have complete rest of mind and body. This must be done at all hazards in every case. Allow but little light in the room; allow no noise and especially forbid all whispering. In this, as in all cases where the patient is conscious, whispering is not to be allowed for a moment, not even by the doctor or nurse, much less by others. After a short sleep give the patient some hot drink, such as tea or hot water and milk.

TREATMENT

In each and every case, even if perfectly normal, I give aconite 2x every hour while awake, for at least twelve to eighteen hours, or even twenty-four hours, if there is any so-called fatigue fever. For this is too early to have fever due to infection. You can tell how long to give aconite by the condition of the skin and the character of the pulse. These are a much better guide than the temperature. The temperature may, during this time, reach 99 1-2 to 100 within a few hours after labor, but, as already stated, this is simply the so-called fatigue fever and is very promptly controlled by aconite. When the pulse drops below 90 and the skin is moist, discontinue the aconite and give arnica 2x for the next twenty-four hours. This remedy will control the sore and bruised feeling and alleviate the "after pains" to a marked degree. After the arnica I give belladonna 3x for a week or ten days, unless the breasts are too hard, in which case I give bryonia instead of belladonna. and in hundreds of cases have seen the breasts soften under its use and mastitis prevented. Of all remedies in the materia medica, belladonna produces the most marked benefit in relieving the engorged and congested condition of the pelvic organs. This is true in all cases as well as lying-in women.

We have now reached a very important stage in the treatment of these cases, where the accoucheur must watch very closely for the early signs of trouble that he may best ward off the danger. This is why I insist on seeing a lying-in woman each day for at least ten days, even if all is going well. I explain to them why I come and they then do not express any surprise or enter any objection to the frequent visit. Briefly, what do we look out for? At the first visit, usually twelve to sixteen hours after labor, note the condition of the bladder and by all means use every possible measure to have the patient void before resorting to the catheter. For there is not one nurse in a hundred that can use the catheter and not infect the bladder. The parts are so swollen and discolored that you need not wonder that they have great difficulty in its use and so often cause cystitis. Unless the patient is very much exhausted, I would much prefer that she be put in a sitting posture rather than resort to the catheter. This is not so tedious as it seems at first sight, and it also helps to clear the clots from the vagina. And after the patient has once voluntarily evacuated the bladder there is very little subsequent trouble; while if the catheter is once used it is often demanded for several days. And ninety-nine times out of a hundred, cystitis is produced, and you all know how tedious and how serious this condition is. Watch very closely at this and each subsequent visit the quantity, color and odor of the lochia, and upon the first appearance of anything abnormal, ascertain the cause and remove it, and then your patient is in proper trim to respond to the similimum. Without going into detail I would say that in nearly every case,

if not in every case, the trouble will be due to infection or retention within the system of waste products. These waste products, if retained, soon become toxic and must be eliminated by means of the liver, kidneys, intestines, lungs and skin. You will note that I make mention of the five channels of elimination. These are all to do their share, and if any one or more of them do not perform their function it is the province of the physician to help them do their work. The sources of infection, whether from within or from without, must be removed. If from the uterus, this cavity must be cleaned out, but do it with great caution, but thoroughly, and do not use the curette or in any way injure the lining. If the system is overloaded with the toxic product or any of the eliminative functions arrested they must be assisted. How often have I seen the fever and pain due to infection disappear after a brisk purge or free diuresis and sweat! After these have done their work the homœopathic remedy can do its work, while without the eliminative helps the patient's vitality is often over-powered before the remedy has time to act. In giving indications for the following remedies I shall confine myself to those I have tried time and time again and know, from bedside tests, what they will do. Some of these may not seem to you to be homœopathic. I have not the time nor space, neither is it my purpose to argue the point as to their homœopathicity at this time, but rather to help you, if I may, to cure these cases.

As to remedies: as a rule, we do not need to give anything to make the bowels move, but if they are not already moving freely Hunyadi water is one of the best laxatives we have. If the whole system is saturated with the poison and there are marked gastric symptoms I rely largely upon the salicylate of soda, giving two grains every two hours until the bowels show signs of being too loose. This is followed in nearly every case for at least a few hours, and perhaps two or three days, by arsenate of china 2x. Rhus tox. and mercurius are two very important remedies in these cases. One other remedy which has served me well I mention last because it is not indicated until the latter stages of the disease, after pus has formed. Then is when echinacea is indicated. And to be of benefit it must be given in material doses. A favorite prescription with me is the following: Put one dram of the mother tincture (Luyties' preparation) in four ounces of water. Give a teaspoonful every half-hour until its results are manifest, then gradually lengthen the interval between doses. One great remedy for the lying-in period and any other cases of marked engorgement of the pelvic organs and tissues is belladonna. This is without question the greatest remedy in the materia medica for the relief of such engorgement. For marked cases of metritis this is a great remedy, but is frequently alternated or followed by calc. iodide 1x or hydrastis 1x.—DR. C. B. KINYON, *Hahn. Monthly*.

Department of Physical Therapeutics

Conducted by - - - WILLIAM H. DIEFFENBACH, M.D.

Report of the 1909 Meeting of the American Roentgen Ray Society, held at Atlantic City, N. J., Sept. 23-25.

LANGE (Cincinnati) read a paper upon the Roentgen Ray Examination of the Mastoid Process." He demonstrated plates showing abscesses, sclerosis, and necrosis of bone and emphasized the value of the Roentgen ray in cases of doubtful diagnosis. Two cases, in which extensive abscesses were diagnosed by the ray, had few, if any, subjective symptoms of the lesion.

PFAHLER (Phila.), gave an interesting talk upon the Roentgen laboratories of Europe. The great and growing importance of the Roentgen ray in diagnosis and therapeutics has produced a new crop of specialists—the Roentgenologist—and every hospital, with any pretension to efficiency, has a well equipped and well conducted x-ray department. In instantaneous Roentgen ray work is now being essayed, and the profession is still laboring to secure an efficient measuring apparatus. The Kienboeck quantimeter, a device having graduated tints of photographic paper corresponding to certain exposures of the Roentgen ray appealed to the essayist as a practical method of measuring the ray by placing strips of the same paper in the area to be treated and, after development, comparing it with the standardized scale. In the discussion the writer pointed out that photographic paper readily deteriorates; that the method had already been tested, and, while probably as good as any now procurable, is still far from satisfactory as a measuring agent.

PANCOAST (Phila.) showed Roentgenograms of cases of achondroplasia and cretinism. In the former the characteristic points are the enlargement of the epiphyseal ends and the poor development of the rest of the shaft. In cretinism, while development of bone is arrested, the enlargements at the epiphyses are absent.

BROWN (Boston) read a paper on the relation between bodily deformity and gastro-intestinal irregularities. He pointed out that faulty dress, tight lacing, corset deformities occupation posture, curvatures, torsion and accidents in many cases cause gastropnoxis, enteropnoxis and nephropnoxis and, that the Roentgen ray has, in many instances, shown the relative frequency of these lesions to be very great. He also claims that improper shoes, flat-foot, inversion and eversion of the tarsus causes ptosis of the abdominal organs. Roentgenograms, after bismuth meal, were shown to fortify these observations.

HICKEY (Detroit) advocated stereographic plates of the chest in the diagnosis of thoracic lesions and showed a number of excellent slides demonstrating his points.

DIEFFENBACH (N. Y.) presented a collection of lanternslides illustrating the "Differential Diagnosis of Diseases of Bone by

Physical Therapeutics.

the Roentgen Method." The following lesions were shown and differentiated: Periostitis, ostitis, osteo-mylitis, osteomalaria, ossium fragilitas, bone-cysts, enchondroma, osteoma (en and exostosis), Iosteo-sarcroma, syphilis and tuberculosis of bone; also a new study of the effects of the gonococcus upon bone. The studies in this branch of diagnosis represent a step forward in medicine and the practical value of diagnosing the above lesions accurately will appeal to all who have heretofore relied on objective and subjective symptoms alone in the diagnosis of bone disease.

GRAY (Richmond, Va.) described his technic in calculus diagnosis. He employs the compression diaphragm and exposes moderately long. Proper preparation, clearing of the bowel of the patient before exposure, is emphasized.

WILLEY (Rochester, Minn.) was booked for a paper on calculus ureteritis and nephritis, a topic of great interest, the frequency and etiology of which the Roentgen ray can readily establish.

COLE (N. Y.) discussed "Speed Mania in Radiography," criticizing the 1-10 second exposure men and showing that this extreme speed is only indicated in children or nervous individuals when fixation is impossible. The disadvantages of exceedingly short exposures are the very heavy charges used, which, in many cases, are apt to injure the tube and prevent good detail in the picture.

STEVENS (Detroit) had an elaborate report upon x-ray work in hospitals, containing statistics which should be read by all interested in this branch of the work. The superiority of European hospitals in equipment and service over many of the American hospitals was emphasized.

KASSABIAN (Phila.) read his annual address upon Roentgen ray dermatitis and the dangers to the x-ray operator. As the essayist is a victim of chronic Roentgen dermatitis, his recommendations will carry weight. He insisted that the operator must remain outside of the field of the ray, preferably remaining in an adjoining room, protected by heavy lead screening. In his experience, the use of hot normal saline solutions frequently repeated is the treatment of choice for Roentgen ray dermatitis. The parts affected must also be protected from friction.

HOLDING (Albany) advocated the use of the Roentgen ray in tubercular cervical adenitis. He read the reports of a number of cases successfully treated which have remained well for several years. He applies the continuous ray until erythema develops and then waits for fibrosis and repair. The cases must be under treatment for several months and, in some cases, repeated to insure permanency of results.

DACHRLER (Toledo) reported a case of cancer of the uterus which he rayed after a modified Wertheim through a special speculum introduced into the vagina. Continuous Roentgen-

ization was given for several weeks upon alternate days and no recurrence has thus far taken place.

LEONARD (Phila.) read a paper and showed plates confirming the value of the Roentgen ray in pulmonary lesions. Tuberculosis early and advanced, emphysema, empyema, pleuritic exudates and adhesions were shown. He demonstrated several cases in which clinicians were shown to be in error by subsequent x-ray interpretation.

CARL BECH (N. Y.) had a paper upon Roentgen treatment in "Basedow's Disease" but, owing to the absence of the author the paper was read by title.

This short report will serve to show the increasing value of the Roentgen ray in diagnosis and therapeutics and emphasizes the necessity for thorough clinical and practical teaching of this subject in all colleges. Each year, thus far, has shown an expanding field for the use of Roentgen's discovery and the physician who neglects to inform himself of these advances is forgetful of his duties to patients and to his profession.

Medical and Surgical Review

Conducted by - - - WALTER SANDS MILLS, A.B., M.D.

Early Recognition of Pulmonary Tuberculosis.—In a paper in the *Lancet-Clinic*, on suggestions to the physician for the Early Recognition of Pulmonary Tuberculosis, Dr. F. M. Pottenger, of Monrovia, California, speaks of a new sign as follows:

Muscle rigidity as a sign of an inflammatory condition of the parenchyma of the lung I first described in the *Journal of the American Medical Association*, March 6, 1909, and more fully in the *American Journal of the Medical Sciences*, May, 1909. This sign consists of a spasm of the muscles over the areas of infiltration, caused by the irritation transmitted to the muscles from the inflamed areas in the lung. In incipient apical tuberculosis this rigidity can readily be detected by palpating the muscles, and when the process is in a state of activity these muscles often stand out, making the muscles of that apex seem much fuller than those of the other side. When this condition exists, I believe it to be a strong evidence of the presence of an active lesion at that apex. While I have only been observing this point for a few months, yet this sign has not failed me in a single instance where I found it present. Often it is so evident that a single glance at the two apices will give a hint as to which apex is involved. When both are involved, one with an old lesion with little or no activity, the other with an acute process, a glance or the palpation of the muscles tells us at once, which is the active or more active lesion. This same

muscle rigidity is of value in examination of chests, the seat of advanced lesions, but I will not go further into its description at this time. Those who may be interested in it may refer to my former papers and one which will appear in the transactions of the American Climatological Association, 1909."

Dr. Pottenger also states that he believes the tuberculin skin test for tuberculosis to be the most satisfactory and delicate. He says that although most bodies show tubercular lesions, yet clinically many persons will not react to the skin test.

Value to the Family Physician of a Knowledge of Orthopedic Surgery.—In the *N. Y. State Journal of Medicine*, Dr. Wisner R. Townsend has an article with the above title, in which he says:

"Those practicing a specialty unfortunately occasionally see cases, where no disease has existed, and yet there is extreme deformity due to faulty decubitus. Twice within the last few years, I have been called to operate on shortened hamstring muscles, because during the long confinement in bed of a patient ill with typhoid fever, the knees were allowed to be kept permanently flexed. Neither patient had any disease in the joints, and the simple precaution of straightening out the legs daily would have avoided this condition. More or less persistent flexion of the thighs may follow faulty position in a soft bed for a long time, and on several occasions it has been necessary to divide the thigh flexors to overcome the deformity. A hard bed and full extension of the limbs daily would avoid such results. To call attention to such deformities should suffice to prevent their occurrence. An early diagnosis of beginning knee flexion from faulty position will enable one to correct it by manual force where later on, operations on muscle or even bone may be necessary to produce the same result. After fractures, deformities that should have been prevented are occasionally found, notably the flat foot after Pott's fracture. With the increasing use of radiography many of the more difficult diagnoses in fractures and dislocations can be made simple and correct diagnosis made and proper treatment instituted.

Joint Tuberculosis.—Dr. Leonard W. Ely in the *Medical Record* has a study on the pathology of joint tuberculosis. He concludes as follows:

"The main points which we have tried to bring out are:

1. The possibility of error in diagnosis.
2. A general idea of the pathology of joint tuberculosis.
3. Nature's attempt to heal the disease by ankylosis.
4. The wisdom of imitating nature in our treatment.
5. The necessity of adapting the operation to the individual case, and of only removing enough tissue to secure ankylosis.
6. The frequency of Primary synovial tuberculosis."

Book Reviews

Repertory of the Homœopathic Materia Medica. By J. T. Kent, A.M., M.D., Professor of Materia Medica, Hahnemann Medical College, Chicago. Second revised edition. 1380 pp. Examiner Printing Office, Lancaster, Pa., 1908. Price, \$16.50.

To mention the word "repertory" is to think of "Kent," for Kent's Repertory stands head and shoulders above all others for completeness and excellence of arrangement. It is ten years since the first edition was printed, and the new volume contains many additional remedies, improvements in location and rubrics. This is a book the prescriber needs, and should make a sacrifice, if necessary to possess. Such a book is expensive to publish, and the price must necessarily be high; but no one should attempt to do business without it.

The book is published by the author himself, Boericke and Tafel being his selling agents.

Progressive Medicine. A Quarterly Digest, Edited by Hobart Amory Hare, M.D., and H. R. M. Landis, M.D. Vol. x. No. 4; whole number 40. December 1, 1908. Lea & Febiger, Philadelphia and New York. Six Dollars per Annum.

The contributors to this volume are Drs. Wm. T. Belfield; Joseph C. Bloodgood; John Rose Bradford; David L. Edsall; and H. R. M. Landis; the departments of medicine and surgery reviewed being Diseases of the Digestive Tract and Allied Organs, the Liver and Pancreas; Diseases of the Kidneys, Surgery of the Extremities, Tumors, Surgery of Joints, Shock, Anesthesia, and Infections; Genito-Urinary Diseases, and Practical Therapeutic Referendum.

The Practitioner's Visiting List for 1909. The Weekly, Monthly and 30-Patient Perpetual contain 32 pages of data and 160 pages of classified blanks. The 60-Patient Perpetual consists of 256 pages of blanks alone. Each in one wallet-shaped book, bound in flexible leather, with flap and pocket, pencil and rubber, and calendar for two years. Price by mail, postpaid, to any address, \$1.25. Thumb-letter index, 25 cents extra. Lea & Febiger, Publishers, Philadelphia and New York.

The text portion of the practitioners' visiting list for 1909 has been thoroughly revised and brought up to date. It contains among other valuable information a scheme of dentition; tables of weights and measures and comparative scales; instructions for examining the urine; diagnostic table of eruptive fevers; poisons and antidotes; directions for effecting artificial respiration, and directions for ligation of arteries. The record portion contains ruled blanks of various kinds, adapted for noting all details of practice and professional business.

Helpful Hints for the Busy Doctor.—If every physician should have a working knowledge of homœopathic therapeutics, he should also be familiar with all other systems of medicine. Alkaloidal therapy has gained many adherents during the past few years, largely owing to that unquenchable fire and irresistible torrent, Dr. W. C. Abbott, the accomplished editor of the *Journal of Clinical Medicine* and the purveyor of "things that do things in medicine—no support for quackery, no service to the laity." Dr. Abbott has started a new issue of "Helpful Hints for the Busy Doctor." Write to the Abbott Alkaloidal Co., 1424 East Ravenswood, Park, Chicago, to put your name on the mailing list.

Prophylactic Practice.—Some think that the therapy of the future will be mainly preventive or prophylactic practice, and adherence to only those remedial agents that have proved particularly efficacious. Sanmetto, if kept at hand, and always used upon the slightest manifestation of a threatening enlargement of the prostate gland, will prove prophylactic. It is particularly efficacious in prostatitis and in all inflammatory conditions of the genito-urinary tract.

In the Treatment of Bronchitis, la grippe and other diseases incident to sudden changes of temperature during the winter months, due consideration should be given to the diet. Those who have given Horlick's Malted Milk a thorough trial in such diseases regard it as meeting the indications better than any other nutrient. It gives the benefits of a pure milk diet with a proper ratio of malted cereal nourishment, so prepared for use by simply dissolving in water, is tolerated by the weakest stomach, and is acceptable to many who cannot take raw milk without a feeling of discomfort following. Served hot with flavoring if desired, it is soothing and grateful, very efficient in preventing the weakness and lassitude that is frequently observed during convalescence.

Analytical Report.—Messrs Smith, Kline & French Co., of Philadelphia, have issued an exceedingly attractive report of the work done in their analytical laboratory. When a consignment of material is received by this concern, representative samples are taken for comparison and analysis. The work is in charge of Mr. W. A. Pearson, a graduate of the Department of Pharmacy of the U. of M. The laboratory also does a large amount of research work, and some important papers and monographs have been issued.

The Oklahoma State Institute of Homœopathy just closed a two-days session held in the offices of Joseph Hensley, M. D. The meeting was well attended and 14 new members were admitted. There were a number of excellent papers, and discussions were full and animated. Everyone expressed great satisfaction at being present, and the feeling was general that homœopathy has taken a new and firm hold in the new state. The following officers were elected for the year: As Dr. Hensley refused to allow his name to be used again for President, having held that office for three years, he was, by standing vote, unanimously elected Honorary President for life. President, D. M. Miller, M.D., of Blackwell; Vice-President, W. M. Hammond, M.D., of Lawton; Secretary and Treasurer, M. E. Roy, M.D., of Tecumseh. Delegates to the American Institute, Drs. Hensley, Roy and Hammond. Legislative Committee, Drs. Hensley, D. M. Miller and Sinks. A number of good homœopaths are now located in the state since the new medical law went into effect. There is a mixed board of nine members: four old school, two homœopaths, one eclectic, one physico-medical, one osteopath. This is an advance for homœopathy, as heretofore there has been no representative on the board. The examinations are the same in all subjects save materia medica. Osteopaths are prohibited from giving medicine internally. The law provides for reciprocity with states having equal requirements, provided they reciprocate. The homœopathic members of the board are Drs. Hensley and Miller.

Societies and Current Events

CONDUCTED BY

ALFRED DRURY, A.M., M.D.

Readers of the JOURNAL are cordially requested to send personals, removals, deaths and all items of general news to Alfred Drury, M.D., 552 14th avenue, Paterson, N. J.

Secretaries of societies and institutions are invited to contribute reports of their proceedings, and, as it is intended to make this department crisp and newsy, reports should be complete but *concise*. In order to be inserted in the current issue all matter should reach the editor by the tenth of the preceding month.

CORRESPONDENCE STAFF

Boston, Mass.—Grace E. Cross, M.D.
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Cincinnati, O.—J. E. McCleary, M.D.
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Utica, N. Y.—C. T. Haines, M.D.
Washington, D. C.—A. H. Taylor, M.D.

PERSONALS

DR. ALBERT W. PHILLIPS, of Derby, Conn., was raised by the recent election to the dignity of a state senator. Dr. Phillips is also a member of the State Board of Health, and ex-surgeon-general of Connecticut.

DR. C. E. FISHER, of Chicago, has located temporarily in Denver, owing to the ill health of his daughter-in-law. He will spend some time there with his wife and daughter in a home that he has taken there. Dr. Fisher was elected president of the American Institute at Denver in 1892, so he will be right among friends.

New York Alumni Marry.—Cupid seems to have been busy among the younger graduates of the New York Homœopathic Medical College and Flower Hospital of late, and the last months of 1908 witnessed at least three weddings.

DR. DANIEL E. S. COLEMAN, of New York, married Miss Elizabeth R. Donnelly, of New York, at the church of the Holy Trinity, on Oct. 31st.

DR. CLARENCE W. DATESMAN, of Oradell, N. J., married Miss Sabra I. Hunter on Nov. 4th.

DR. FRANK P. EKINGS of Patterson, N. J., married Miss Anna Fairhurst on Nov. 25th. The wedding was a large one, St. Paul's Church being filled with the guests, while a large number were entertained at the reception which followed in the spacious home of the bride's father. Dr. Thomas D. Blair, of Plainfield, N. J., was the best man, and a number of young physicians from New York and vicinity assisted as ushers. The young couple are now residing at their home, which is also the office of Dr. Ekings, at 25 Church St.

The Triumphs of Modern Surgery.—The Thanksgiving number of the *Plain Dealer Magazine* contained a full-page illustrated article on "The Triumphs of Modern Surgery," by Dr. James C. Wood, of Cleveland. Among the portraits of eminent surgeons, past and present, of which the article had five, were to be seen pictures of William Tod Helmuth, M.D., LL.D., of New York, "who was surgeon, author, poet," and the late Dr. R. Ludlam, of Chicago, "a pioneer gynecologist."

NEW YORK NEWS

MATERIA MEDICA SOCIETY.—A meeting of the New York Homœopathic Materia Medica Society was held at the office of Dr. E. Wilton Brown, Mt. Kisco, Wednesday evening, Nov. 25th. The following drugs were on the list for discussion: Mezereum, psorinum, pulsatilla, hepar sulphur.

THE ACADEMY OF PATHOLOGICAL SCIENCE held its monthly meeting Friday evening, Nov. 27th, at the Royalton, 44 West 44th St. The program was very interesting throughout.

Dr. G. De Wayne Hallett exhibited various forms of cataract, having the patients present, as well as specimens.

Dr. J. Perry Seward described an interesting case diagnosed as stomatitis neurotica chronica.

Dr. E. Wallace MacAdam demonstrated, by an ingenious arrangement of pump and electric lights, the action of the heart valves, using a beef's heart for the purpose.

Dr. Walter Gray Crump gave a clear description of the various forms of multiple pregnancies and exhibited two fetuses delivered at the same time but at considerably different periods of development.

The following were elected members of the society: G. F. Brewster, M.D., Middletown, N. Y.; Clark Burnham, M.D., 182 Clinton St., Brooklyn, N. Y.; William M. Collins, M.D., Greenwich, Conn.; Royal S. Copeland, M.D., 616 Madison Ave., N. Y. C.; B. F. Build, M.D., Ridgewood, N. J.; Joseph Hasbrouck, M.D., Dobbs Ferry, N. Y.; Albert E. Hinsdale, M.D., 581 Lexington Ave., N. Y. C.; F. Edward W. Hopke, M.D., 327 Green Ave., Brooklyn, N. Y.; Frank A. Jacobson, M.D., 269 Grand St., Newburg, N. Y.; R. M. Levenson, M.D., 927 Grant Ave., N. Y. C.; Leon S. Loizeaux, M.D., 155 East 72d St., N. Y. C.; Norman D. Mattison, M.D., 16 Central Park West, N. Y. C.; A. Overbeck, M.D., 305 East 55th St., N. Y. C.; George H. Patchen, M.D., 147 West 23d St., N. Y. C.; P. D. Riordan, M.D., 1047 Lexington Ave., N. Y. C.; Charles W. Strouwger, M.D., 765 St. Nicholas Ave., N. Y. C.

Officers for the ensuing year: President, John E. Wilson, M.D.; vice-president, Reeve Turner, M.D.; corresponding secretary and treasurer, James E. Tytler, M.D.; recording secretary, Harold A. Foster, M.D.; curator, W. C. McKnight, M.D.; pathologist, Robert Lowell Wood, M.D.

THE HOMŒOPATHIC MEDICAL SOCIETY OF THE COUNTY OF NEW YORK held its December meeting on the tenth at the New York Academy of Medicine.

The following bureaux reported: Bureau of drug proving—Dr. J. Wilford Allen, chairman; "Why Drug Proving Is Necessary," by Dr. Rudolph F. Rabe; bureau of public health—Dr. Charles McDowell, chairman; "Hygiene and Prophylaxis of Mental Deficiency," by Dr. Mary Sutton Macy; bureau on legislation—Dr. Jno. E. Wilson, chairman; bureau on public institutions—Dr. George T. Stewart, chairman.

The reports of officers for the year were then read.

Dr. R. S. Bickley, 432 West 34th St., and Dr. C. W. Strowger, 765 St. Nicholas Ave., were elected to active membership.

Dr. F. H. Barnes, Stamford, Conn., was elected a corresponding member.

The following were elected officers for 1909: President,

George A. Shepard, M.D.; vice-president, Louis Apgar Queen, M.D.; secretary, Jno. S. Gaines, M.D.; treasurer, Anson H. Bingham, M.D.; necrologist, Charles Ver Nooy, M.D.; censors, George Frederick Laidlaw, M.D.; Frederick M. Dearborn, M.D.; Emily C. Charles, M.D.; T. Drysdale Buchanan, M.D.; Joseph Henry Fobes, M.D.

—REEVE TURNER, M.D.

A New Bellevue Hospital Building has been opened for patients in New York City. There are now in the whole institution nearly nine hundred patients with room for three hundred more. The new building is at the southeast end of the grounds; and another new building is almost completed at the northeast end.

BOSTON ITEMS

MASSACHUSETTS SURGICAL AND GYNECOLOGICAL SOCIETY.—The seventy-first session and thirty-second annual meeting of the Massachusetts Surgical and Gynecological Society was held in Pilgrim Hall, Beacon St., Boston, at 3.30 P. M., Dec. 9, 1908, Dr. Edgar A. Fisher, president of the society, in the chair.

At the business session, three new members were admitted to the society, and the following list of officers elected to serve for the ensuing year: President, Geo. E. May, M.D.; vice-presidents, Martha E. Mann, M.D., and J. Herbert Moore, M.D.; recording secretary, Frederick W. Colburn, M.D.; associate secretary, Herbert D. Bryce, M.D.; treasurer, Isabel G. Weston, M.D.; auditor, Herbert C. Clapp, M.D.; censors, J. Emmons Briggs, M.D.; Mary A. Ceavitt, M.D., and O. W. Roberts, M.D.

During the scientific session, Dr. Horace Packard showed a cystoscope which will illuminate the bladder for inspection and admit at the same time of an attachment for irrigating. There are also attachments for showing the ureters by means of a telescope and for catheterizing them and also for giving vision of the bladder to the right, the left, and forward and backward. This instrument is the latest modification of the Lewis, and is considered of great value in bladder examinations. Dr. Packard also displayed some pathological specimens (Watters' mounts), among them a kidney from which copious and nearly fatal hemorrhage had taken place.

Dr. Briggs exhibited Watters' mounts of an extra-uterine fetus and a tuberculous scrotum with reports of the cases.

Dr. Crane, in his resumé of the important things of the year in gynecology, spoke especially of rectal and spinal anesthesia, hypodermic anesthesia, bacteriological therapeutics and the etiology of cancer, laying special stress upon the germ theory and the treatment of cancer by sunlight and by trypsin-amylopsin. He spoke most favorably of the results in the H. M. C. anesthesia and was corroborated in his statement by Dr. Horace Packard, who drew upon his two years' experience of its use in the Mass. Horn. Hospital. Dr. Packard's special reasons for his preference for hypodermic anesthesia over general anesthesia are: 1. The psychological effect upon the patient in removing dread and anxiety. 2. The absence of post-operative bronchitis and pneumonia, which often follow inhalation anesthesia. 3. The freedom from kidney complications following H. M. C. anesthesia. And 4. The absence, usually, of nausea and vomiting.

Dr. George R. Southwick spoke of the objections to the use

of the H. M. C. and said that the Mayo's had discarded it in their work, as they had had much more trouble with it than with inhalation anesthesia.

Dr. Wessellhoefst enforced in an able paper the idea that the physician should, if possible, discover the true cause of uterine hemorrhage, not excluding from his mind any possible factor, and that then he should try the milder means of cure before resorting to hysterectomy.

Dr. Howard's paper on abortions and their sequellæ thoroughly covered the ground of his subject and considered, among its phases, the treatment of septic states by bacteriological therapeutics as well as by surgery, and the legal and the moral bearings of these conditions upon physician and patient.

Of very special interest was the paper of Dr. William Francis Honan, of New York City, dealing with complications of appendicitis. His cases were of comparative rarity and were reported in a clear and concise manner. Among them were complications of sub-phrenic abscess, pleuritic abscess, phlebitis of the inguinal vein with thrombosis, and simulated typhoid condition. Dr. Honan described the methods of treating these cases by means of nuclein, and lactic acid bacteria, and by the introduction into the rectum of large quantities of saline, drop by drop, for many hours. Dr. Honan uses this latter expedient in many of his abdominal cases, feeling that it adds greatly to his patient's powers of resistance. He uses the water at a fixed temperature for 24 hours, and the stream is allowed to flow through rubber tubing, being regulated by means of a clip to a rapidity of about 2 drops per second. In this way a patient may absorb from 5 to 7 gallons of water in 48 hours. This greatly stimulates elimination, some patients passing 100 ounces of urine the third day.

Dr. Briggs, in his discussion of Dr. Honan's paper, also detailed some interesting cases of complications attending appendicitis.

At 7 P. M. the annual dinner of the society was held at Young's Hotel, covers being laid for 150. The post-prandial exercises consisted of a brief but witty speech by the president-elect, Dr. George E. May; the annual address by the retiring president, Dr. Edgar A. Fisher, and a very enjoyable after-dinner speech by Dr. Honan, of New York City, the guest of honor.

Dr. Fisher's address was a plea for the revival and cherishing of the old relations of family doctor with his patients, and a warning against temptation by the spirit of commercialism or by experimentation. Dr. Honan introduced his remarks by some humorous stories of clever application and then spoke most earnestly along the lines of holding fast to homœopathic principles, and of resisting the allurements held out to us in the present day to forsake our staunch allegiance, and so rendering powerless this insidious foe which would undermine our position in the world of medicine.

—GRACE E. CROSS, M.D.

BOSTON HOMŒOPATHIC MEDICAL SOCIETY.—The December meeting of the Boston Homœopathic Medical Society was held on Thursday evening, Dec. 3d, at the Natural History Rooms, Boston. Dr. Arnold T. Rockwell presiding.

The work of the scientific session was embraced under the general title "What is Medicine?" This subject was taken up from

different standpoints. Dr. J. P. Sutherland, dean of Boston University School of Medicine, spoke for the medical profession in general; Wm. L. Huntington, LL.D., president of Boston University, spoke from the educational standpoint; Richard C. Cabot, M.D., professor of clinical medicine, Harvard University, considered psycho-therapeutics; Edmund A. Whitman, A.M., LL.B., president of the New England Hahnemann Association, discussed the legal aspects of the subject, and Howard T. Crawford, A.B., D.O., dean of the Massachusetts College of Osteopathy, spoke on the "Relationship of Osteopathy to Medical Sciences."

The meeting was certainly an open forum for the fair discussion of the various matters which came under consideration. Dr. Cabot expressed with the greatest freedom his extremely liberal views regarding the practice of the healing art as well as giving something of an idea of the work of the Emmanuel Movement. He feels that every one who wishes should be absolutely free to practice, and that the public has an equal right to employ any and every sort of practitioner. He would have no restrictions placed upon the work of healing the sick, but let each method have a fair field for demonstration and stand upon its own merits. The members of the society are indebted to Dr. Crawford for a clear and concise statement of the theory and practice of osteopathy and its claims of cure. Mr. Whitman took issue with Dr. Cabot's ultra-liberalism and the little bout between them added zest to the meeting. Dr. Cabot and Dr. Frank C. Richardson, who spoke for the "indignant neurologists," also enjoyed a short encounter. Dr. Huntington, who spoke from the educational standpoint, gave a sane statement of the matter from his point of view, which was enjoyed by all. Dr. J. P. Sutherland, who spoke for the medical profession, gave a well-thought-out exposition of the whole matter and voiced the opinion of the majority present when he said that all who propose to practice the healing art should be first thoroughly educated in the medical sciences, then pass a proper examination, and, having received their licenses, appear before the public in their true colors, that citizens may choose with intelligence whatever form of treatment they may wish to employ.

The meeting was one of vital interest and was attended by large numbers. Mutual understanding among the various practitioners should be brought about in order that some rational ground of examination and licensing prevail and a more equitable reciprocity among the various states be obtained.

—GRACE E. CROSS, M.D.

TWENTIETH CENTURY MEDICAL CLUB.—The regular meeting of the Twentieth Century Medical Club was held on Nov. 18th at the office of Dr. Eliza B. Cahill, Hotel Westminster, Cop'ey Sq., Boston, Dr. Mary E. Mosher presiding.

The scientific session was in charge of Dr. Cahill and was full of interest. A most helpful exercise for the general practitioner was a talk, with demonstration, on deformities of the feet, given by Dr. Helen S. Childs, of Jamaica Plain. Dr. Childs had for illustration models and apparatus which made most clear the points which she very skilfully presented.

Dr. Coon's paper on pneumonia was scholarly and was made practical by cases from actual experience. A paper on nosodes by Dr. Chubbuck was up to date and full of information for many of those present, who confessed themselves wanting in knowledge

of the scientific bearings of the subject. Dr. Chubbuck professed herself as having great faith in such of the nosodes as she had personally employed and is looking forward with confidence to further valuable developments along that line.

—GRACE E. CROSS, M.D.

Miami Valley Society.—The 96th semi-annual session of the Miami Valley Homœopathic Medical Society was held at the Phillips House, Dayton, Ohio, on Oct. 29, 1908, with 42 members in attendance.

The following papers were read and discussed: 1. Frank Murphy, M.D., Dayton, Ohio, "Inaugural Address." 2. Chas. C. Meade, M.D., Cincinnati, Ohio, "Hydrarnnios." 3. A. S. B. Nellis, M.D., Dayton, Ohio, "Hints in Therapeutics." 4. Mark Pardee, M.D., Franklin, Ohio, "Alimentation." 5. I. N. Palmer, M.D., Newark, Ohio, "Infant Feeding." 6. W. A. Phillips, M.D., Cleveland, Ohio, "Observations on the Ear." 7. Lincoln Phillips, M.D., Cincinnati, Ohio, "Habits and Training in Infancy and Childhood." 8. W. E. Pryor, M.D., Camden, Ohio, "The Treatment of Hemorrhoids by Injection."

On recommendation of the Board of Censors, the following were elected to membership: Hugh M. Beebe, M.D., Sidney, Ohio; Rome Webster, M.D., Dayton, Ohio; H. L. Good, M.D., Cincinnati, Ohio; Rupert K. Welliver, M.D., Dayton, Ohio, and Clarke Sullivan, M.D., Dayton, Ohio.

Officers for the ensuing year were elected: Harry Miller, M.D., Springfield, Ohio, president; E. Holaday, M.D., West Elkton, Ohio, vice-president; H. W. Dickinson, M.D., Dayton, Ohio, treasurer; W. Webster Ensey, M.D., Dayton, Ohio, secretary.

Censors: Howard Webster, M.D., Dayton, Ohio; R. B. House, M.D., Springfield, Ohio; J. W. Overpeck, M.D., Hamilton, Ohio.

Executive committee: H. H. Herman, M.D., Dayton, Ohio; Frank Webster, M.D., Dayton, Ohio; J. M. Wine, M.D., Dayton, Ohio.

Legislative committee: J. W. Means, M.D., Troy, Ohio; M. P. Hunt, M.D., Columbus, Ohio; H. E. Beebe, M.D., Sidney, Ohio.

Necrologist: R. B. House, M.D., Springfield, Ohio.

The question of members of this society joining old school societies, and still retaining membership in this, brought out a heated discussion, and was finally laid on the table till the next regular meeting.

During the past six months the society records the death of Dr. William H. Webster, Dayton, Ohio, who died rather suddenly on Aug. 10, 1908, of heart failure.

The resolutions sent out by the Committee on Pharmacopœia of the American Institute of Homœopathy were favorably acted upon, and reported to that effect to Dr. T. H. Carmichael, the chairman.

Adjourned to meet at Dayton on the 1st Thursday in April, 1909.—W. WEBSTER ENSEY, M.D., Sec'y.

The Bureau of Homœopathy for the next meeting of the American Institute is already definitely planned for the Detroit session under the efficient leadership of its chairman, Dr. J. B. Kinley, of Denver, and its secretary, Dr. D. M. Gibson, of St. Louis. Dr. Kinley will make the opening address upon homœopathy.

Lachesis.—In the announcement of Boericke & Runyon, of New York (see page 129, Societies and Current Events, December issue of the *NORTH AMERICAN*), to the effect that preparations of the venoms of the *lachesis mutus* and also of the *lachesis trigonocephalus* could be obtained from them, the closing clause should have read, "our one aim being to furnish the profession with fresh preparations of exactly the remedies called for," instead of, "our next aim," etc.

In this connection, and in view of the fact that more than one homœopathic publication printed a somewhat similar communication from the same firm as "correspondence," the *NORTH AMERICAN* desires to say that its managing editors decided that, in justice to its readers, this communication could only be accepted as a trade notice to be paid for at the customary rates and to be inserted in the department of the journal in which other trade notices are published. The *NORTH AMERICAN* does not believe that its readers desire its "correspondence" columns to be made a forum for the controversies of rival pharmacists.

The Southern Homœopathic Medical Association is not Dead.—The members, delegates and visitors who meet with us during the coming session will find one of the most interesting cases of resuscitation it has ever been their good fortune to witness, and fitting it is that this should take place in New Orleans, the city of its birth.

Judging from the letters of encouragement, applications for membership and assurances of attendance that are coming from all over the South, from the editorial comment in the journals and the assurances of attendance from many prominent American Institute workers, already in the hands of the secretary, and the probability that the Executive Committee of the American Institute of Homœopathy will meet here at that time, this will be the largest and best-attended meeting ever held by this association. From the titles of papers already received and the contributors that have promised papers to the various chairmen, this meeting will be one of most intense interest to every live medical man of the homœopathic school, be he located North, South, East or West.

So success is already assured, but we want more than this: we want every homœopathic physician, especially in the South, who has the interest of his school at heart, to join in with us and attend this meeting, and aid us in the propaganda to spread homœopathy all over the South and carry on the spirit of propagandism commenced at the last meeting of the American Institute of Homœopathy.

To you of the North who are interested and willing to join in and aid us in this work, we extend a hearty welcome; we need you one and all. In recent years the sessions have only been two days, but the work promised for this session is so voluminous and important that it has become necessary to provide for a session of three days, which will be Feb. 24, 25 and 26. This will give all visitors a chance to see and enjoy the Carnival festivities before the meeting convenes.

It is to be remembered that those who are limited to a few days should arrive here not later than Feb. 23, Mardi Gras day; those having more time, as much earlier as they desire.

Monday, Feb. 22, at 2:00 p. m. King Rex will arrive at the foot of Canal Street and the keys of the city will be turned over

to him; at 7:30 p. m. Proteus and his crew will appear on the streets. Tuesday, Feb. 23, Mardi Gras day, at high noon, King Rex parades the streets, and last but not least comes the pageant of Comus, at 7:30 p. m.

Cheap Mardi Gras rates can be secured from all sections, both North and South. The exact fare can be obtained by members, delegates and visitors at their home stations. Dates of sale will differ in the territory of the various passenger associations. All tickets will be good to arrive in New Orleans on or before Feb. 23; return tickets will be good up to and including March 1, 1909, with the privilege of an extension up to and including March 13, if the ticket is deposited by the original purchaser with Mr. James Richardson, special agent, not later than March 1, 1909, upon the payment of a fee of \$1.00 to be paid at the time of deposit.

The St. Charles Hotel will be the official headquarters during the session. Special rates have been secured. However, on account of the crush at Carnival Season, all those expecting to attend the session should make advance reservations, through the secretary, No. 718 Machea Building, New Orleans, La., to be sure of securing accommodations. The earlier the reservations are made the better.—V. H. HALLMAN, M.D., President, Hot Springs, Ark.; EDWARD HARPER, M.D., Sec'y, New Orleans, La.

Texas Homœopathic Medical Association.—The twenty-fourth annual session of the Texas Homœopathic Medical Association was held Oct 8th and 9th, at San Antonio, Dr. H. B. Stiles, president, in the chair.

Acting upon the suggestions of the president's address, the Association formulated a bureau for the systematic study of the science of homœopathy, a three-year post graduate course, certificates to be given those who complete it.

To Dr. G. F. Thornhill was assigned the subject of Homœopathic Philosophy; Dr. W. D. Gorton, The Repertory; Dr. C. E. Johnson, Materia Medica; Dr. Wm. L. Smith, Homœopathic Propaganda.

The Association voted \$100 to A. I. H., to be paid in two instalments, for the use of its committee on propaganda, and doubled the dues for 1909.

Dr. Gorton of Austin was given sole charge of legislative work. Dr. Stiles read a paper on Education; Dr. Gorton on Radium and Renal Calculi; Dr. Thornhill on Homœopathic Propaganda; Dr. Bass on Aconite.

The Association passed a vote of confidence in the late Homœopathic Medical Examining Board and its secretary, Dr. H. B. Stiles of Waco, and emphasized it by re-electing Dr. Stiles to the presidency, no other nominations being offered. The other officers are: 1st V. P., Dr. W. L. Smith, Denison; 2nd V. P., Dr. O. Hartman, San Antonio; secy., Dr. Julia H. Bass, Austin; Treas., Dr. F. L. Griffith, Austin.

St. Louis Society.—At the annual election of the St. Louis Homœopathic Medical Society the following officers were elected: Dr. Willis Young, president; G. N. Seidlitz, vice-president; Dr. L. E. Bunte, secretary and treasurer. Outlines of a plan for the winter's work were submitted by the president at the meeting of Nov. 7th.

Societies and Current Events

CONDUCTED BY

ALFRED DRURY, A.M., M.D.

Readers of the JOURNAL are cordially requested to send personals, removals, deaths and all items of general news to Alfred Drury, M.D., 562 14th avenue, Paterson, N. J.

Secretaries of societies and institutions are invited to contribute reports of their proceedings, and, as it is intended to make this department crisp and newswy, reports should be complete but *concise*. In order to be inserted in the current issue all matter should reach the editor by the tenth of the preceding month.

CORRESPONDENCE STAFF

Boston, Mass.—Grace E. Cross, M.D.
Chicago, Ill.—Della M. Mac Mullen, M.D.
Cincinnati, O.—J. R. McCleary, M.D.
Columbus, O.—C. E. Silbernagel, M.D.
Dayton, O.—W. Webster Ensey, M.D.
Des Moines, Ia.—Erwin Schenk, M.D.
London, Eng.—James Searson, M.D.
Minneapolis—Norman M. Smith, M.D.
New Orleans, La.—Chas. Mayer, M.D.
New York.—Reeve Turner, M.D.
Philadelphia, Pa.—Chas. D. Fox, M.D.
Pittsburg, Pa.—Verner S. Gaggin, M.D.
Providence, R. I.—Robert S. Phillips, M.D.
Rochester, N. Y.—William Perrin, M.D.
San Francisco, Cal.—C. B. Pinkham, M.D.
Toledo, O.—Carl Watson, M.D.
Utica, N. Y.—C. T. Haines, M.D.
Washington, D. C.—A. H. Taylor, M.D.

New York City's Homœopathic Hospitals.—The first of these institutions, the Metropolitan, has grown to be the largest general hospital in the United States. It has nearly fifteen hundred beds and takes all classes of cases except the acute contagious. About half of the institution is devoted to the care of tuberculosis patients, and is known as the Tuberculosis Infirmary. There are some eight hundred tuberculosis patients there at present.

During the present administration, under Commissioner of Public Charities Robert W. Heberd, much has been done to improve the Metropolitan. In the first place, a comprehensive plan has been outlined for future development. All new buildings are to be units of a grand whole. Moreover, some of the units are already provided for. A new nurses' home is about completed at a cost of nearly three hundred thousand dollars. Two pavilions for tuberculosis are under way to cost nearly two hundred thousand dollars each. These will relieve some of the crowding necessary now on account of lack of room. Electric lighting throughout will soon take the place of gas. A staff house for internes is also being erected. Altogether a million dollars has been appropriated to enlarge and improve this one institution alone since Commissioner Heberd took charge.

The Homœopathic Hospital in the Borough of Brooklyn, also a part of the Department of Public Charities, has about four hundred beds. Located in a busy part of the city, it has a very active service. Some building and many improvements have been done here, too, so that this hospital, as well as the Metropolitan, is under deep obligations to the city authorities.

All monies to be expended by the city have to be passed upon by the Board of Estimate and Apportionment, of which the mayor and the comptroller are the most important and influential members. Both Mayor McClellan and Comptroller Metz have done everything in their power to assist Commissioner Heberd in his administration of the Department of Public Charities. They have been extremely liberal with the Metropolitan and with the Brooklyn Homœopathic Hospitals. These two institutions are second

to none in their efficiency, and the authorities so recognize. Both are used for clinical teaching for medical students; both have training-schools for nurses; both contain unlimited possibilities for study for internes and visiting staffs. They are of incalculable value to the homœopathic profession. In view of the liberal policy of expansion and improvement in equipment on the part of the authorities, the homœopathic profession owes its thanks to them, especially to Mayor McClellan and Comptroller Metz as well as to Commissioner Heberd.

A Massachusetts Scheme for the Cure of Tuberculosis—

According to *Charities*, a scheme has been devised in Massachusetts whereby a large number of manufacturers have agreed to pay a part of the cost of any employees sent to the State Sanitarium at Rutland. The expense of maintenance at Rutland is nine dollars per week. Of this sum the State contributes five dollars and the manufacturers have agreed to pay the other four.

A Special Tuberculosis Clinic has been established at the Flower Hospital in charge of Prof. Walter Sands Mills and Dr. Charles W. Strowger. A district has been assigned it by the Association of Tuberculosis Clinics.

Homœopathic Physicians at the Tuberculosis Exhibit in New York.—During the Tuberculosis Exhibit in New York many meetings have been held. The Homœopathic Medical Society of the County of New York had the only medical society meeting on December 18. Dr. George F. Laidlaw presided. Other speakers were State Commissioner of Health, Hon. Eugene H. Porter; Commissioner of Public Charities, Hon. Robert W. Heberd, and Dr. H. D. Pease, of the State Department of Health. At a mass-meeting of medical students on December 8 Dr. George F. Laidlaw represented the Homœopathic Medical College Faculty. December 21, New York State Day, Commissioner Porter spoke. On December 9, Dr. Walter Sands Mills spoke before the Monday Club of New York and again on January 4 before the Monday Club of Brooklyn. Both of these clubs are made up of social workers.

BOSTON ITEMS

TWENTIETH CENTURY MEDICAL CLUB.—The regular monthly meeting of the Twentieth Century Medical Club (woman's) was held on the evening of December 16, 1908, at the offices of Dr. Clara E. Gary, 416 Marlboro street, Boston, Dr. Gary presiding at the scientific session.

There is so much interest manifest at this time, especially in Boston, in mental methods of healing, that Dr. Barbara Ring's paper on Psycho-therapy was particularly well received. Dr. Ring illustrated her points by the report of the cases recently treated by her at the Ring Sanitarium, Arlington Heights. Dr. O'Meara demonstrated a new type of cup and stem pessary in which she has carried out some original ideas as to the mechanical support of the uterus in procedentia; and Dr. Ebbs presented a paper on Opsonotherapy, another subject of present interest.

The next meeting will be held at the offices of Dr. Mary L. Swain, January 20, 1909. Subject, "The Emmanuel Movement—Pro and Con."—GRACE E. CROSS, M.D.

BOSTON HOMŒOPATHIC MEDICAL SOCIETY.—The annual meeting of the Boston Homœopathic Medical Society was held in

Jacob Sleeper Hall, Boylston street, Boston, January 7, 1909, at 7:45 P.M.

At the business session, the following officers were elected for the ensuing year: President, Nelson M. Wood, M.D.; vice-presidents, Eliza Taylor Ransom, M.D., and Conrad Smith, M.D.; secretary, Orville R. Chadwell, M.D.; associate secretary, Wm. A. Ham, M.D.; treasurer, Alonzo G. Howard, M.D.; auditor, Edward S. Calderwood, M.D.; censors, J. Arnold Rockwell, M.D., Edward E. Allen, M.D., George D. Bliss, M.D.

Resolutions of sympathy upon the death of the wife of Dr. J. P. Sutherland, Dean of B. U. School of Medicine, and of the wife of Dr. James B. Bell, were read and accepted by the society.

The special feature of the meeting, which is the social meeting of the year, was a lecture by William Lyman Underwood, Mass. Institute of Technology, entitled "Hunting Big Game with Camera and Canoe in New Brunswick." The lecture was illustrated by colored stereopticon views from photographs taken and colored by the lecturer. The pictures were striking and unusual as well as beautiful and the audience much appreciated Prof. Underwood's "bloodless" methods.

Following the lecture, Dr. J. Arnold Rockwell, the retiring president, delivered his annual address upon "Hahnemann's Organon in the Light of Recent Scientific Discoveries and Current Medical Practice." Dr. Rockwell's paper was a scholarly consideration of the connection between the fundamental doctrine of Hahnemann and its more recent re-discovery through different avenues of approach.—GRACE E. CROSS, M.D.

HAYNES HOSPITAL—Any doubt as to the need for a hospital for contagious diseases in Boston, has been dispelled by the fact that the John C. Haynes Hospital recently opened in the Brighton district is already filled to overflowing, and its capacity of 120 beds severely taxed. The patients come from allopathic as well as homœopathic physicians, but the nurses are from the training school of the Mass. Homœopathic Hospital. It is probable that at a near day the hospital will be equipped to its limit of 150 beds.

DR. ELOISE A. SEARS, of Waltham, Mass., an alumna of B. U. School of Medicine and an enthusiastic practitioner of homœopathy, has recently been elected by a large majority a member of the School Board of Waltham.

GROUND HAS BEEN BROKEN for the erection of the new tuberculosis hospital at Reading, Mass. This is to consist of eight buildings, of wood and concrete, with accommodations for 150 patients.—GRACE E. CROSS, M.D.

CHICAGO ITEMS

THE REGULAR HOMŒOPATHIC MEDICAL SOCIETY held their December meeting on the first. The topic for the evening was "Typhoid Fever: Management and Treatment."

THE MEDICAL WOMAN'S CLUB and the **AFTER DINNER CLUB** took dinner together at the Carrieabbie Shop, Thursday, December 10, 1908. May this fraternal feeling continue to exist between these two woman's clubs, representing both schools of medicine as they do.

THE CHICAGO HOMŒOPATHIC MEDICAL SOCIETY met at the Public Library, Thursday, December 17. The papers for the

evening were "The Study of Materia Medica and Its Application" by Dr. Fred W. Wood, "New and Unusual Uses of Common Remedies" by Dr. Leonard E. Schoch and "Suggestions in Materia Medica" by Dr. Edward M. Bruce.

DR. H. C. ALLEN, dean of Hering Medical College and editor of *Medical Advance* died suddenly on January 22nd.

A MEETING OF THE ENGLEWOOD HOMŒOPATHIC MEDICAL SOCIETY was held December 15. The subjects were "Systemic and Nervous Reflexes from Venereal Diseases" and "Pelvic Reflexes." Drs. Frank Wieland and Peter Clark were the essayists.

DURING THE PAST FEW MONTHS a number of physicians have been giving free lectures in churches and different park field houses to instruct the laity how to care for and prevent tuberculosis. Thus far the interest taken in these lectures has been all that could be desired.—DELLA M. MACMULLEN, M.D.

The Pennsylvania Society of Physico-therapy.—At the last meeting of the society, the following officers were elected: President, Arthur W. Yale, M.D.; first vice-president, W. C. Barker, M.D.; second vice-president, P. A. Tindall, M.D.; secretary, C. Sheble Brown, M.D.; treasurer, J. W. Frank, M.D. The society is in a flourishing condition, is conducting scientific investigation along the lines which its name would indicate, and is constantly increasing in numbers.

Rhode Island Homœopathic Medical Society.—The Rhode Island Homœopathic Medical Society united with the Corporation and Aid Society of the R. I. Homœopathic Hospital in a banquet held in the Churchill House on Monday evening, January 4th, 1909.

The meeting was a memorable one, marking the beginning of a united effort of these three organizations in the building of a new homœopathic hospital in Providence. The present institution is inadequate to the growing demand for a larger and more modern general hospital under the management of homœopathic physicians.

About 125 sat down to an excellent dinner followed by an after-dinner long to be remembered as one full of spirit and enthusiasm for homœopathy.

Program.—Mr. Wm. H. Waite Presiding. Mr. John R. Rathom, Toastmaster. "The Hospital and the Doctor," Horace Packard, M.D., of Boston. "The Hospital and the Trustee," Mr. Wm. F. Whitmore of Boston. "The Hospital as an Educator," W. H. P. Faunce, President Brown University. "The Hospital in Philanthropy," Rt. Rev. Bishop W. N. McVickar, Providence.

THE ANNUAL MEETING of the R. I. Homœopathic Medical Society was held at the Hospital on Friday evening, January 8, 1909.

The officers elected for the following year were: President, Arthur H. Wood, M.D. Vice-president, Robert S. Phillips, M. D. Secretary, Ralph W. Hayman, M.D. Treasurer, William M. Muncy, M.D., all of Providence.

The annual reports of the retiring officers showed an encouraging condition of the society.

An open discussion as to the location of the new hospital brought forth many important points altho no definite action was taken.

Adjournment was followed by the usual lunch.

—RALPH W. HAYMAN, M. D.

Propaganda in Massachusetts—The following letter was recently addressed to the homœopathic profession of Massachusetts.
Dear Doctor:—

The Council of Medical Education of the American Institute of Homœopathy are about to commence an active campaign for the advancement of homœopathy throughout the United States.

At the meeting of the Institute, last June, in Kansas City, the subject came up and \$5,000.00 was raised to carry on the work. This money is placed in the hands of the Council for the advancement of the cause, and they now appeal to the homœopathic physicians for information which will enable them to use it to the best advantage.

They wish to get in touch with students of our academic colleges who have not as yet decided fully upon their future career, and who, perhaps, at some time may study medicine.

To this end they desire to know who upon the faculties of the following institutions, professors or instructors, employ homœopathic treatment when ill, and the names of the physicians who attended them:—

1. Amherst College.
2. Williams College.
3. Clark College.
4. Boston College.
5. Holy Cross College.
6. Massachusetts Agricultural College.
7. Boston University—Literary Department.
8. Harvard University—Literary Department.
9. Tufts College—Literary Department.
10. Massachusetts Institute of Technology.
11. Worcester Polytechnic Institute.
12. Mount Holyoke College.
13. Smith College.
14. Simmons College.
15. Wellesley College.

Information in regard to the above, or any other college, normal school, or high-grade institution of learning, will be gratefully received. Only homœopathic physicians can give this information. This, perhaps, means YOU. Please fill out the accompanying blank as fully as possible, and return to the Chairman of the Auxiliary Committee for Massachusetts, without delay.

Chairman, J. P. Rand, Worcester, Mass.

E. H. Copeland, Northampton, Mass.

G. F. Martin, Lowell, Mas.

RETURN BLANK.

To the Auxiliary Committee of the
Council of Medical Education of the
American Institute of Homœopathy.

Gentlemen:—

The following professors or instructors in the colleges or other literary institutions of Massachusetts I know have employed homœopathic treatment upon occasion, as indicated below:—

- below:
- Name and location of college or institution.....
- Names and addresses of professors or instructors who employ homœopathic treatment.....
- Names and addresses of homœopathic physicians who attend each
- Name and location of College or institution.....
- Names and addresses of professors and instructors who employ homœopathic treatment

Names and addresses of homœopathic physicians who attend each

Remarks

Name and address of physician who makes this report.....

N. B. Kindly return this blank whether you have names to report or not.

Texas Homœopathic Medical Association.— The twenty-fourth session of the Texas Hom. Med. Ass. convened at San Antonio, October 8th and 9th, President H. B. Stiles in the chair.

The President's address advocated the formation of a bureau for the systematic study of the science of homœopathy, proposing to make the work a post-graduate course of three years.

Dr. H. D. Gorton, Chairman of Legislative Committee, reviewed the effect of the last medical law on the influx of homœopathic physicians into Texas. It has become impossible to induce medical students to go from Texas to the far away homœopathic colleges, since the credit for a year's work with a preceptor is now denied them. Most students are comparatively poor boys and girls, and now time and distance have made the expense prohibitive to the majority. The only remedy seems to be the establishment of a Chair of Homœopathy in the medical branch of the State University. Many students now go to this school and are wholly lost to us, who would become homœopaths under favorable conditions.

The officers for the ensuing year are: Pres.—Dr. H. B. Stiles, Waco. 1st V. P.—Dr. W. L. Smith, Denison. 2nd V. P.—Dr. O. Hartman, San Antonio. Sec'y.—Dr. Julia H. Bass, Austin. Treas.—Dr. Frank L. Griffith, Austin.

Dr. WARD informs the NORTH AMERICAN that his offices are now the Galen, 391 Sutter St., corner of Stockton St., San Francisco. He resides at Fairmont Hotel.

NATHANIEL W. EMERSON, M.D., has removed from 1069 Boylston St., Boston, to 244 Newbury St., Boston. Dr. Emerson devotes himself to surgery exclusively.

Dr. O. D. KINGSLEY of White Plains, N. Y., announces that he will be the resident physician at the Colonial Hotel, Nassau, Bahamas until April 1st.

Dr. THOMAS F. DAVIES (N. Y. H. M. C. & H., '98) has resumed general practice at Scarsdale Ave., Tuckahoe, Westchester Co., N. Y.

Maternity Department for Grace Hospital.—Grace Hospital of New Haven, Conn., has recently opened a maternity ward which will be known as the Mary J. Munsill Maternity Ward, accommodations being provided for about twenty patients. This enlargement is made possible by the gift of a house situated on the grounds adjoining the present hospital building.

The San Francisco County Homœopathic Society elected the following officers to serve for the current year: President, Dr. Sidney Worth; Vice-President, Dr. Guy E. Manning; Secretary, Dr. Edith Wells; Treasurer, Dr. R. F. Tomlinson. The chairmen of sections are: Dr. Arndt, Mental and Nervous Diseases; Dr. Minaker, Manual and Electro-Therapeutics; Dr. James W. Ward, Gynecology and Obstetrics; Dr. McConkey, Pathology and Therapeutics; Dr. Cath. Scott, Pediatrics; Dr. Bryant, Surgery; Dr. Boericke, Materia Medica; Dr. C. B. Pinkham, Sanitary

Science and Public Health. The next meeting will be held on the evening of the third Thursday in January, 1909.

Southern Association.—Prospects for the coming meeting of the Southern Association, like wine, "improve with age." Official notice has just been received from Dr. Horner, secretary of the Institute, calling a meeting of the Executive Committee, February 23, 1909, at the St. Charles Hotel, New Orleans, La. This will leave them free to attend the session of the Southern the following three days.

The Homœopathic Clinical Club of Camden and Burlington Counties, New Jersey, held its annual meeting on January 8th at the home of Dr. Charles S. Mills, of Riverton, N. J. The scientific feature of the evening was a paper by the host on the subject of China off. Dr. Mills also provided an elaborate banquet, while each member of the club was presented with a silver thermometer case as a souvenir of the occasion. The newly elected officers are: President, Dr. E. R. Richie, of Moorestown; secretary, Dr. L. E. Griscom, of Camden.

Fairness in Michigan.—Nineteen homœopathic physicians have been appointed examiners for the Michigan State Sanitarium for Tuberculosis, which is located at Howell.—*The Critique.*

DR. JOHN PRESTON SUTHERLAND, for many years editor of the *New England Medical Gazette*, has our sympathy over the tragic death of his wife, Evelyn Greenleaf, who died on December 24, 1908, from shock following accidental burns received on the preceding morning. She did much to aid her husband in his literary work, while she also gave masterly originality, organizing and executive ability to the work of the New England Hahnemann Association in financing the Boston University School of Medicine. Her life work, however, was as a writer and dramatist. For years she was regular correspondent and dramatic critic for a number of Boston papers under the pseudonym of Dorothy Landt. In recent years her work has been devoted to dramatization, and her plays have found popular favor both in this country and England. Her death is a distinct loss both to the literary and medical fraternities.

The St. Mary's Hospital Training School for Nurses held its commencement exercises at Passaic, N. J., on the evening of January 6th. Dr. Edwin DeBaun, of Passaic, Secretary of the Board of Governors, presided, while Dr. Charles A. Church, also of Passaic, President of the Board and Chief of Staff, conferred the diplomas. The address of the evening was delivered by the Right Rev. Charles H. Kelley, of Newark, in whose diocese the hospital is located. The pins of the training school were given to the graduates by Dr. Alfred Drury, of Paterson. Music was interspersed during the program, and at its close an informal reception to the newly graduated nurses followed, after which dancing was enjoyed. The large Elks' hall was crowded with friends of the nurses and of the hospital, which is the only homœopathic institution in the vicinity, and numbers upon its staff physicians not only from Passaic, where it is located, but from Paterson and Rutherford as well.

Diet in Typhoid Fever.—There has been a tendency among a large part of the profession to cut down the diet of a typhoid patient to almost nothing. To be sure there have been advocates of a liberal diet, but they have been almost lost sight of through the excess of enthusiasm of the cutters down.

An editorial in the *Therapeutic Gazette* for November, 1908, makes a plea for more liberal diet. The author quotes a Dr. Shaffer, who has shown that theoretically typhoid patients need a liberal diet, and practically he finds that typhoid patients do better on a liberal diet. The writer of the editorial in question is probably the editor, H. A. Hare. His diet follows:

"It is our own custom to administer carbo-hydrate foods in the form of well-cooked barley, rice, corn-starch and wheat, deprived, of course, of all extraneous material, from the end of the first week on through typhoid fever, and in addition such quantities of milk as the patient may be able to take without disgust and discomfort. Not infrequently, indeed almost constantly, such patients also receive from one to four raw or very soft-boiled eggs in every twenty-four hours, each dose of starchy food being accompanied by one of pancreatin or takadiastase, and each dose of proteid being accompanied by hydrochloric acid and pepsin to hurry digestion."

With this he gets the best of results.

Money for the New York Homœopathic College.—It is reported that twenty thousand dollars have been poured into the treasury of the New York Homœopathic Medical College and Hospital since Thanksgiving. Part of this sum was made up of gifts for specific purposes, part has been used for current expenses, and fully one-half has been added to the already not inconsiderable endowment fund.

The Philadelphia Academy of Medicine.—On the evening of October 20th, 1908, eleven of the younger physicians of Philadelphia met at the office of Dr. Ralph Bernstein, 37 South 19th street, to form the Philadelphia Academy of Medicine. The meeting was called to order by Dr. G. Harlan Wells, he having been named as temporary chairman, and who in a few words named the object of the meeting. Dr. Ralph Bernstein was appointed as temporary secretary. The election of permanent officers resulted as follows: President, Dr. G. Harlan Wells; vice-president, Dr. Leon T. Ashcraft, it being the consensus of opinion among those present that this office should go to one of the older men of the profession, and should be awarded as a position of honor in recognition of the interest displayed in the organization of the younger men of the profession. Dr. Ralph Bernstein was elected secretary, and Dr. J. W. Frank, as treasurer, all to serve one year.

The Academy meetings are held on the third Tuesday of each month, and sessions in the future will be held at Odd Fellows Temple, until arrangements can be made for permanent headquarters. The Board of Trustees constitute the following members: For three years, Drs. Leon T. Ashcraft and Ralph Bernstein. For two years, Drs. Oscar Seeley and J. Frank. For one year, Drs. G. Harlan Wells, W. N. Sylvis and Jos. McEldowney.

On November 17th, 1908, the regular monthly meeting of the Academy was held at Odd Fellows Temple, this meeting marking the official opening of the Academy and was marked by addresses by prominent speakers from Philadelphia and vicinity, among them Dr. D. P. Maddux, who spoke on behalf of the State Medical Society; Dr. Herbert Northrop, who spoke on behalf of the Hahnemann Medical College; Dr. August Korn-

derfer, Dr. Clarence Bartlett, Dr. Leon T. Ashcraft, Dr. E. R. Snader, and Dr. E. M. Gramm. The addresses were filled with enthusiasm and commendation to the young men of the society for their loyalty and devotion to their profession and for the work which they had undertaken.

The speech delivered by Dr. Snader on this occasion was one of the last he was ever to deliver before a body of medical men. His address was characterized by more than ordinary feeling and the earnestness with which he said, "Gentlemen, you do not realize what you are doing here to-night. You are making a new epoch in the medical history, not only of Philadelphia, but of the entire world," made a deep impression on all who heard him.

The Academy was duly incorporated and charter granted by Judge Staake, of Common Pleas Court No. 5, on December 24th, and the same was accepted by the Academy on December 29th. The charter members of the Academy are as follows: Drs. Leon T. Ashcraft, G. Harlan Wells, Ralph Bernstein, Jos. McEldowney, Wm. M. Sylvis, Jacob W. Frank, F. C. Allen, F. J. Frosch, Oscar Seeley, R. C. Hoffman, W. F. Killian, Chas. Robelen.

The objects of the Academy are to promote the organization and welfare of the medical profession and by means of lectures and demonstrations to encourage study and research in all departments of medical science. Practical therapeutics will be given the greatest attention and all methods that have attained any repute in the treatment of the sick, whether they be homœopathic, allopathic, eclectic, electric, mechanical or psychical will be fully presented and discussed. Membership in the Academy is not limited to any one school of practice.

Research work will be an important factor. There, as well, will be clinics, to be conducted by men prominent in our own city, and from outside points as well. Postgraduate work is to be outlined by a committee, who will have charge of such courses. General meetings will be held monthly, and those interested in sub-clinics will meet as often as they decide upon. Special lines of work will be taken up according to the number of members demanding it.

It is furthermore the intention of the Academy to grant fellowships and honorary fellowships to those who are worthy of them, having accomplished definite results in their lines of work, and who, by special lines of research or investigation, shall make themselves worthy of such honor.

Membership in the Society is unlimited, and based upon broad, liberal lines, and will certainly keep in touch with those matters which are of interest to the public and which refer to the medical science. The Academy now numbers 74 members and, with applications on hand, which have come in without solicitation, will probably reach 100.

Dr. Pierson, of the University of Pennsylvania, will speak on the "Transmissibility of Foot and Mouth Disease to Men."

The next meeting will be held on Tuesday, January 19th, at 9 p. m. Dr. Augustus Kornderfer will deliver an address on "The Homœopathic Materia Medica and How to Study It."—*The Hahnemannian Monthly.*

Allopaths Attend the Honeyman-Gillespie Lectures.—In a letter to the *British Homœopathic Review*, Dr. James Searson reports that several young allopathic doctors, absolutely new to homœopathy, are in regular attendance at the Honeyman-Gillespie lectures being given under the auspices of the British Homœopathic Association. This is a good work and homœopathy in Great Britain will be strengthened by it.

Work Begun on New Tuberculosis Hospital.—It is reported that ground has been broken at North Reading, Mass., preparatory to the construction of the eight buildings that are planned for the Tuberculosis Hospital in that location. On account of deficient appropriation, these buildings will be constructed of wood and concrete rather than entirely of fireproof material, as would, of course, be preferable. It is planned to provide accommodations for about one hundred and fifty patients.

The Hahnemann Medical Association of Iowa will hold its annual meeting in May, 1909, at Waterloo, which is one of the most progressive cities of the state. The invitation was extended to the association by the Board of Trade and Mr. Johnson, of the Ellis Hotel, and the latter will donate the use of his club rooms and should these prove inadequate will provide a meeting place in the near vicinity of the hotel. President R. W. Homan, M.D., is laboring to make the meeting a good one, and urges all members to do their share towards attaining that end.

Homœopathic Official in England.—The Lord-Lieutenant of the County has nominated and the Chancellor of the Duchy has appointed Thomas Simpson a Justice of the Peace for the County Palatine of Lancaster. Dr. Thomas Simpson for many years resided at Waterloo, where he is still highly thought of, and recently took up his residence at Palatine Road, Birkdale. He was for a lengthy period a member of the Waterloo-with-Seaforth Urban District Council, and was largely instrumental in obtaining the Carnegie Free Library for Waterloo. Although he has left the district, Dr. Simpson still retains the position of chairman of the Waterloo Free Library and Museum Committee, in the work of which he takes a deep interest. In homœopathic circles his name will always be intimately associated with the Southport Homœopathic Dispensary and Cottage Hospital.

The New York State Board of Medical Examiners.—Dr. William Warren Potter, of Buffalo, has been elected president of the State Board of Medical Examiners, and Dr. William S. Searle, of Brooklyn, vice-president. The board at its meeting on Nov. 16th placed itself on record in favor of the six year combined baccalaureate and medical course. Arrangements were made for the preparation of a medical syllabus in keeping with the suggestions of prominent medical educators, and the committee of which Dr. Lee H. Smith, of Buffalo, is chairman was continued in power. The assignments to the various subheads of medicine were voted as follows: Physiology, Dr. R. H. Williams, of Rochester; anatomy, Dr. William S. Ely, of Rochester; hygiene and sanitation, Dr. Eugene Beach, of Gloversville; chemistry, Dr. F. S. Farnsworth, of Plattsburg; surgery, Dr. F. S. Crandall, of New York; obstetrics and gynecology, Dr. W. W. Potter, of Buffalo; bacteriology, Dr. Adriance, of Elmira; pathology, Dr. Lee H. Smith, of Buffalo; diagnosis, Dr. William S. Searle, of Brooklyn. The following were elected members of the question committee: Drs. Smith, Potter, Adriance and Williams.

Book Reviews

Seven Hundred Surgical Suggestions. Practical Brevities in Surgical Diagnosis and Treatment. By WALTER M. BRICKNER, B.S., M.D., Assistant Adjunct Surgeon, Mount Sinai Hospital, New York; Editor-in-Chief, AMERICAN JOURNAL OF SURGERY, ELI MOSCHCOWITZ, A.B., M.D., Assistant Physician Mount Sinai Hospital Dispensary, New York, and HAROLD M. HAYS, M.A., M.D. *Third Series.* Duodecimo; 153 pages. New York: SURGERY PUBLISHING Co., 92 William St. Price, semi-de-luxe, \$1.00; full library de luxe, ooze leather, gold edges, \$2.25.

This volume is literally "packed full" of useful and valuable information for the general practitioner or surgeon. Written in short, terse epigrammatic paragraphs it puts its hints up to the eye of the reader in a manner which makes a lasting impression.

Any work which would call for three editions in two years, each larger and better than the previous one, is an indication of its usefulness and popularity.

Essentials of Homœopathic Materia Medica and Homœopathic Pharmacy. being a Quiz Compend upon the Principles of Homœopathy. Homœopathic Pharmacy and Homœopathic Materia Medica arranged and compiled for the use of students of medicine by W. A. DEWEY, M.D. Fourth Revised Edition. 372 pages. Cloth, \$1.75, net. Flexible Leather \$2.00 net. Postage, 11 cents. Philadelphia, Boericke & Tael, 1908.

Dewey's Essentials has grown considerably since the first edition appeared in 1894, and that a fourth edition has been called for testifies to its popularity among students of homœopathy. Of its kind it is probably the best. But there is room for improvement. For instance, the question: "What property has ricinus communis or castor oil?" would not evoke from one out of a thousand the answer given in this book: "It increases the milk in nursing women?" Is it not strange that the author, who is the editor of the official *Journal of the American Institute of Homœopathy*, paid propagandist of the A. I. H., and salaried professor of materia medica in a homœopathic medical college, should make no mention whatever of the official Pharmacopeia of the American Institute of Homœopathy, while he inferentially condemns it by giving contrary directions for the preparation of homœopathic tinctures? Has the servant become greater than his master?

International Hahnemannian Association Transactions. Proceedings of the Twenty-ninth Annual Session of the International Hahnemannian Association held at Chicago, Ill., June 29, 30 and July 1, 1908. Published by the Association

There never was a volume of this Society's transactions published which was not full of good things, and this issue is no exception to the rule. The rank and file of the homœopathic fraternity need to get in touch with works of this character in order that they may see what can be accomplished by the homœopathic remedy, and have their faith strengthened thereby.

Children Who Need Not Have Been Blind.—Prevention a Public Duty. Prevention of Blindness No. 2. New York Association for the Blind. Special Committee on Prevention of Blindness,—January 1909. New York City, 289 Fourth Avenue.

There is a 40-page brochure including a number of illustrations issued by the Special Committee on the Prevention of Blindness of the New York Association for the Blind. THE NORTH

AMERICAN recently printed the late Dr. John T. Wheeler's paper on "Ophthalmia of the New Born," and commended editorially the campaign now being waged against preventable blindness. This brochure we understand, was written by a laywoman, and it presents the case from the layman's standpoint. The frequency, the dire consequences, the easy preventability of ophthalmia neonatorum are first touched upon; the need for control of midwives is insisted on, the co-operation of the medical profession is sought, the important part to be played by departments of health is pointed out; an appeal is made to the public with recommendations as to legislative and other measures advisable; and in an appendix are given directions for the care of the eyes of the new born.

Nothing but commendation can be given of the work of the philanthropists in charge of this movement, and physicians everywhere should strive to hold up their hands.

Modern Medicine. Its Theory and Practice. In original Contributions by American and Foreign Authors. Edited by WILLIAM OSLER, M.D., Regius Professor of Medicine in Oxford University, England; formerly Professor of Medicine in Johns Hopkins University, Baltimore; in the University of Pennsylvania, Philadelphia, and in the McGill University, Montreal. Assisted by THOMAS MCCREA, M.D., Associate Professor of Medicine and Clinical Therapeutics in Johns Hopkins University, Baltimore. In seven octavo volumes of about 900 pages each, illustrated. Volume IV. Price per volume: cloth, \$6.00, net; leather, \$7.00, net; half morocco, \$7.50, net. Lea & Febiger, Publishers, Philadelphia and New York, 1908.

In a work covering the vast domain of Internal Medicine it is no small merit to have the scheme logical and the division into volumes so arranged that the whole of a natural group can be taken from the shelf between a single pair of covers. It is a token of skill to do difficult things with apparent ease, and Professor Osler has certainly so managed the classification and division of subjects in *Modern Medicine*, two very important practical considerations.

The fourth volume, just from press, accordingly comprises all diseases of the circulatory system and of the blood including spleen, thymus and lymph-glands. Its list of authors exhibits the same editorial purpose and ability to know and to secure the best writer for each subject. As the plan for the whole work was of course developed before any part was undertaken, the seven volumes when assembled will constitute an even and complete library on General Medicine, and it may be remarked that as the leading authority on each subject was chosen without regard to nationality or geography, *Modern Medicine*, therefore, reflects the best human knowledge at the present time.

Modern Medicine is a practical consultant for every physician. In its pages he can post up on the methods and treatment developed by the most successful men the world over. Against such knowledge a man practising on past ideas or individual experience is handicapped. To have the best equipment is compulsory in the long run, and the man who most quickly recognizes such aids as *Modern Medicine* gains both knowledge and time. Judging by its sale so far and its rate of progression *Modern Medicine* is destined to go into the library of every alert practitioner in America.

Intestinal Auto-intoxication. By A. Combe, M.D., Professor of Clinical Pediatrics at the University of Lausanne (Switzerland) Chief of Clinic for Children's Diseases etc., together with an appendix on the Lactic Ferments with particular reference to their application on Intestinal Therapeutics, by ALBERT FOURNIER, formerly demonstrator at la Sorbonne, Paris. Only authorized English adaptation by WILLIAM GAYNOR STATES, M.D., with 18 figures in the text, four of which are colored. New York. Rebman Company, 1123 Broadway.

This work of Professor Combe met with immediate recognition and more than favorable reception abroad, and the importance of the subject and its timeliness make the American translation of service and value.

The great advances made in physiological chemistry and in the various departments of experimental research have brought to light many new and unquestionable facts pertaining to metabolism, and the origin and action of toxins as well as showing the relation and interdependence of the various glandular organs concerned with the nutrition, their supplemental and complementary action and the effects upon the organism of their insufficiencies. The subject is of great interest not only to the practitioner and internist, but also to the specialist in different branches of medicine for many obscure and baffling conditions are explained by it.

As may be inferred, the treatment of auto-intoxication demands an alimentation adapted to the particular condition with such therapeutic measures as may be indicated. In this part of the subject Prof. Combe has devoted much space and presents in detail the methods he has adopted after many years' experience, including the discussion of the relative merits of the various soured milked and lactic ferments now so widely engaging medical attention.

Marriage and Disease. Being an abridged edition of Health and Disease in relation to Marriage and the Married State. Edited by PROFESSOR H. SENATOR and DR. S. KAMINER (Berlin). Translated from the German by J. DULBERG, M.D. Paul B. Hoeber, 69 East Fifty-ninth Street, New York, 1909.

The large manual from which this volume was prepared was a veritable mine of information, but was written for the professional man and student. As the subjects treated are of great importance to the general public it was thought advisable to issue an abbreviated edition with special reference to the needs of the general reader. This volume from which all purely technical and professional matter has been excluded is the result. At a time when such questions as the decline of the birth rate, the sterilization of the degenerate, the restriction of indiscriminate marriages, the voluntary limitations of families and even the venereal diseases to some extent, form subjects of daily debate, and magazine and newspaper articles, it is of the greatest advantage that every man or woman who either contemplates or has embarked on matrimony should be as well acquainted as possible with the medical and hygienic aspect of marriage. The present volume gives in a becoming manner without sensationalism and in well chosen non-technical language, the knowledge required for the prevention of the evils which ill assorted or ill-conducted marriages bring in their train.

Societies and Current Events

CONDUCTED BY - - - - -ALFRED DRURY, A.M., M.D.

Readers of the JOURNAL are cordially requested to send personals, removals, deaths and all items of general news to Alfred Drury, M.D., 552 14th avenue, Paterson, N. J.

Secretaries of societies and institutions are invited to contribute reports of their proceedings, and, it is intended to make this department crisp and newsy, reports should be complete by concise. In order to be inserted in the current issue all matter should reach the editor by the tenth of the preceding month.

CORRESPONDENCE STAFF

Boston, Mass.—Grace E. Cross, M.D. New York.—Reeve Turner, M.D. ..
Chicago, Ill.—Della MacMullen, M.D. Philadelphia.—Chas. D. Fox, M.D. ..
Cincinnati, O.—J. R. McCleary, M.D. Providence, R. I.—R. S. Phillips, M.D.
Columbus, O.—C. E. Silbernagel, M.D. obert etaoin etaot etaor etaoin eta
Dayton, O.—W. Webster Ensey, M.D. Rochester, N. Y.—Wm. Ferrin, M.D.
Des Moines, Ia.—Erwin Schenk, M.D. San Francisco, C.—C. B. Pinkham, M.D.
London, Eng.—James M. Searson, M.D. Toledo, O.—Carl Watson, M.D.
Minneapolis—Norman M. Smith, M.D. Utica, N. Y.—C. T. Hains, M.D.
New Orleans, La.—Chas. Mayer, M.D. Washington, D. C.—A. H. Taylor, M. D.

WILLIAM P. FAUST, M.D., of Schenectady, N. Y., has sent out announcements stating that in the future he will limit his practice to surgery and gynecology.

Dr. W. B. HINSDALE, dean of the Homœopathic College of the University of Michigan, has received from the governor of his state an appointment as trustee of the State Sanatorium for Consumptives.

DR. E. R. SNADER, a member of the faculty of the Hahnemann of Philadelphia, was killed by being crushed under his automobile, which went over the wall above Wissahicken Creek, Fairmount Park. The doctor was a well-known physician and for many years had been connected with the faculty of old Hahnemann and the dispensary service connected with it. He was an able and genial man. He was a member of the American Institute, and of the various local medical societies of the vicinity.

DR. JOSEPH SHREVE, an old practitioner of New Jersey, and for many years a member of the American Institute, died at his home in Burlington, N. J., November 19th, aged eighty-six years.

DR. HENRY C. ALLEN, of Chicago, died on January 22nd, 1909. He was a prominent member of the American Institute and of the Hahnemannian Association, as well as of many state and local societies. He was editor of the *Medical Advance* and devoted that journal as well as numerous other literary efforts to the expounding of homœopathy according to the strictest sect. H. C. Allen was born at London, Ontario, October 2, 1836. His father was a Vermont Allen a member of the famous Allen family of whom Ira and Ethan were the most conspicuous. He received his medical education in the College of Physicians and Surgeons of Ontario, and the Cleveland Homœopathic Medical College of Cleveland, Ohio. He was professor of materia medica in the University of Michigan, 1880 to 1885. He was one of the founders of Hering College in 1892 and has been connected with the same ever since, holding the position of dean at his death. As an expounder of the principles of homœopathy and the Organon, Professor Allen attracted students to Hering College from all parts of the globe. Besides his wife Dr. Allen leaves two children, Franklin Lyman and Helen Marian.

NEW YORK NEWS

COUNTY SOCIETY.—On January fourteenth the members of the New York Country Society listened to the annual address of the retiring President, Dr. Laidlaw, and listened to the inaugural address of the President, Dr. Geo. A. Shepard. Dr. Rudolph F. Rabe gave a very interesting description of homœopathic case taking.

Officers for 1909: George A. Shepard, M.D., president, The Glenmore, Seventh Ave. and 55th St., City; Louis Appgar Queen, M.D., Vice-President, The Lucerne, 201 West 79th St., City; Jno. S. Gaines, M.D., Secretary, 163 West 91st Street, City; Anson H. Bingham, M.D., Treasurer, Euclid Hall, Broadway and 86th Street, City; Charles Ver Nooy, M.D., Necrologist 146 West 64th Street, City. Censors: George Frederick Laidlaw, M.D., Frederick M. Dearborn, M.D., Emily C. Charles, M.D., T. Drysdale Buchanan, M.D., Joseph Henry Fobes, M.D.

INFORMAL DISCUSSIONS of given subjects is a departure from the usual routine in the New York County Medical Society.

The President, Dr. E. A. Shepard recommended it and it was adopted by the Society. On February eleventh, the subjects for informal discussion were: (A) Is the Operative Removal of Adenoids Justifiable? (B) Is Follicular Conjunctivitis Communicable? (C) Is the Present School Curriculum affecting the Nervous System of our Children Detrimentally?

The discussion was lively and to the point. This part of the programme bids fair to be fully equal in interest to the discussion of papers.

Dr. E. H. Linnell, of Norwich, Conn., read a paper entitled "Ocular Reflex Neuroses," which was ably discussed by Dr. F. H. Boynton.

Dr. Copeland was unable to be present, owing to an important engagement elsewhere. In place of Dr. Copeland's paper Drs. Stearns and Coleman gave verifications of *Allium Cepa* and *Natrum Mur*.

HOMŒOPATHIC CASE TAKING seems to be having a well-deserved revival of interest. The discussion of the question has occupied the attention of the New York Materia Medica Society for the past two meetings.

PATHOLOGICAL SOCIETY.—Owing to the Christmas Holidays, the December meeting of the Academy of Pathological Science had to be omitted. The January meeting was well attended. It was held at the "Royalton" on the evening of the twenty-second, the hosts being Drs. Benson, Buckwalter, Beals, Cocheu, Dawley, Dearborn, Emmel, Fobes, Hallett, Harrington, Hollister and Wilcox. The program follows:

I. A. Renal Calculus (Presentation of Specimen); B, Ureteral Calculus, (X Ray Plates); C, Abnormal Conditions of the Kidney discovered in operation for Nephroplexy. Sidney F. Wilcox, M. D. 2 Scar Tissue, Its Prevention and Removal, Chas. H. Duncan, M. D. 3. One Stomach with Three Strictures, (Presentation of Specimen), B. H. B. Sleght, M. D.

THE STATE SOCIETY received a good-sized delegation from Brooklyn and New York. Dr. Garnsey is to be congratulated on the success of his administration and the continuance of the secretary and treasurer in office speaks well for their abilities.

Dr. Van Loon of Albany the new president was welcomed at

the banquet held in the ball room of the Ten Eyck, Tuesday evening February ninth.

Previous to the opening of the State Society meeting in Albany, the Eastern Division of the Alumni Association of the New York Homœopathic Medical College and Flower Hospital was organized. Branches of the Alumni Association are being organized all over this state and adjoining states.

DR. R. L. KAUFMAN has been quite ill. He has been at Atlantic City resting, and now is feeling better.

DR. PHILIP COOK THOMAS announces the opening of his new office at 44 West 77th Street. Hours: 11-1, 5-6:30.

DR. HENRY CLINTON SAYRE announces the opening of his office and laboratory at 44 West 77th Street. Special attention given to clinical pathology. Hours: 12-1:30, 5:30-7:30.

DR. AND MRS. McDUFFIE have a young son of whom they are naturally and justly proud. He arrived per Stork express a few days ago.

THE REMAINING LECTURES of the course at the New York Homœopathic Medical College and Flower Hospital are as follows:

February 23rd, 5 P. M., "Problems in Sewage Disposal;" March 1st, 5 P. M., "Problems Relating to Public Water Supplies;" March 8th, 5 P. M., "Voluntary Organizations in Public Health Work;" March 15th, 5 P. M., "Military Hygiene". The hours have been changed.

THE VOLUNTEER ST. GREGORY HOSPITAL has issued an excellent annual report for 1908.

BOSTON ITEMS.

BOSTON HOMŒOPATHIC MEDICAL SOCIETY.—The regular meeting of the Boston Homœopathic Medical Society was held in the hall of the Boston Society of Natural History, Boylston street, on the evening of February 4th, 1909.

The principle motto for the evening's consideration was a lecture on "Modern Methods of Sewage Disposal" by Prof. Earle B. Phelps, of the Sanitary Research Laboratory of the Mass. Institute of Technology. The lecture was fully illustrated by stereopticon and contained much interesting and valuable information. Prof. Phelps described the various methods of disposing of sewage from the most primitive one of emptying into the nearest stream to the latest one of purifying by chemical disinfection. The lecture showed that the United States is far behind some of the countries of the old world in this matter, and that Boston's system of discharging diluted sewage into the ocean is one of the most primitive. At the experimental station, Prof. Phelps is using 10,000 gallons of Boston's sewage daily in conducting experiments with various sorts of filter and contact beds. It is to be hoped that Boston in the near future may see her way clear to inaugurating more advanced methods in this branch of her sanitation..

GRACE E. CROSS, M.D.

It is proposed to give Dr. Walter Wesselhoeft, of Cambridge, Emeritus Professor of Clinical Medicine in the Boston University School of Medicine, and member of the Medical Board of the Massachusetts Homœopathic Hospital, a testimonial in honor of the completion of 50 years in the practice of medicine. It is to take the form of a loving cup which will be presented to Dr. Wesselhoeft at a dinner, about March 3, 1909.

Preparations are on foot for an appropriate celebration of the birthday of Hahnemann, which is April 11th. The affair will take place about the middle of the month, just after Easter, but it is not yet determined what form it will take.

TWENTIETH CENTURY MEDICAL CLUB.—The regular monthly meeting of the Twentieth Century Medical Club, was held on the evening of January 20th, 1909, at the offices of Dr. Mary L. Swain, 222 Huntington Avenue. Dr. Mary E. Mosher presided, and Dr. Clara D. Whitman-Reed conducted the scientific session. This consisted of a consideration of the subject of Psychotherapy, which has been occupying so much attention in Boston of late. Several very fine papers were presented, and the discussion was animated. Dr. Eloise A. Sears, of Waltham, Mass., gave a paper on "Sanotherapy," a study of modern healing cults, in which she gave special attention to the "Emmanuel movement," commenting upon it adversely. Dr. Louise Ross, of Newton, Mass., presented a scholarly account of the rise of modern mental healing and the psychic factor in medicine, discussing the present movement in moderate fashion. Many members of the club joined in the discussion, Dr. Eliza Taylor Ransome commenting upon the good points in Christian Science and Dr. Grace E. Cross speaking on the scientific data of psychotherapy and its value in the treatment of functional conditions.

The next meeting, February 17th, will be a clinic in electricity at the offices of Dr. Clara E. Gary, Marlboro Street.

GRACE E. CROSS, M.D.

Lactopeptine Medical Annual.—A very neat and attractive brochure bearing the foregoing title has reached the editorial desk, sent with the compliments of the New York Pharmacal Association. There is a retrospect and a prospect. In the ordinary notices of prominent physicians who died during 1908, is the portrait of the late Frak Kraft. The sections devoted to Flotsam and Jetsam, Helpful Hints, and Frivolities contain some very interesting reading.

Middletown State Homœopathic Hospital.—The 38th annual report of this well-known institution at Middletown, N. Y., has recently been issued. A glance through the same affords evidence of the good work being done under the guidance of the superintendent, Dr. Maurice C. Ashley, not only for the wards of the state under his care, but also for homœopathy. During the year included in the report, 250 new cases were admitted and studied, transfers swelled the number of admissions to 675. The total number cared for was 2,006. 85 patients and 5 employees were treated for tuberculosis; 70 per cent of the hospital's herd of cow's reacted positively to the tuberculin test, and in 43 per cent tubercle bacilli were found in the rectal mucus.

American Journal of Surgery.—Announcement is made that Dr. James P. Warbasse, formerly editor of the N. Y. State Medical Journal, has joined the editorial staff of the American Journal of Surgery. This enterprising publication features its March issue as a Greater New York number, in which will appear a number of valuable illustrated articles, some describing new operations, by men of note in the metropolitan city.

Proceedings of the American Medical Editors' Association.—

The report of the 39th annual meeting of this important organization, together with the papers read at Chicago, has recently been issued. The influence of the medical editors of this country is very great, and it is gratifying to see by the papers printed in these transactions, that they take their duties seriously and are endeavoring to render a real service to the profession. Among the contributions was one entitled "A Plea for a Square Deal," by the managing editor of the *NORTH AMERICAN*.

Harvard Free Lectures.—The course of popular lectures on medical topics, which was conducted by the Harvard Medical School last year with gratifying success, was resumed in February and was well attended. These lectures, though patterned somewhat after those of the Lowell Institute and at times somewhat technical, are instructive to the educated audiences though perhaps not always intelligible to other sorts and conditions of people. This is a movement in the right direction and worthy of emulation in other large cities where facilities for instruction are ample and always at hand.—*New England Medical Monthly*.

The West Jersey Homœopathic Medical Society held its winter meeting in the parlor of the West Jersey Homœopathic Hospital, Camden, on February 17th. President Richie called the session to order at 11:30 a. m., and following a few preliminary remarks, the scientific part of the program was at once started. Papers were presented upon *The Surgical Treatment of Ulcers*, by Wesley J. Barrett, M.D.; *Surgery from a General Practitioner's Standpoint*, by H. R. Faringer, M.D.; *Diagnosis and Treatment of Tuberculosis of the Urinary Organs, with Especial Reference to the kidneys*, by Prof. Leon T. Ashcraft, M.D., of Hahnemann Medical College of Philadelphia. Prof. Herbert Leopold, M.D., also of the college, read a paper upon surgery. Papers were also read in memoriam of the four members who have died since the May meeting. In memoriam of Edward H. Phillips, by Chas. H. Hubbard, M.D., of Joseph Shreve, M.D., by Wallace McGeorge, M.D., of Prof. Edward R. Snader, M.D., by Prof. E. M. Howard, M.D., and of Van Room Tindall, M.D., by the secretary Wallace McGeorge, M.D. Dinner was served by the lady managers of the Hospital.

Clinical Club.—The regular meeting of the Homœopathic Clinical Club of Camden and Burlington Counties was held on February 5th, at the office of Dr. Edgar Clement, Haddonfield. There was a full attendance, and a very interesting paper by Dr. Clement on Arsenicum. A dinner followed the scientific session.

Square Deal in Denver.—At a recent meeting of the supervising board of the City and County Hospital, of Denver, the following homœopathic physicians were appointed on the staff of the hospital: Homœopathic Medicine, Dr. Carl D. Fisher, Dr. Charles M. Worth, Dr. Otto S. Vinland, Dr. James B. Brown. Consultant in Medicine, Dr. James P. Willard. Surgery, Dr. Clinton Enos. Gynecology, Dr. John W. Harris. Obstetrics, Dr. John G. Locke, Dr. Margaret H. Beeler. Diseases of the Ear, Nose and throat, Dr. David A. Strickler. Mental and Nervous Diseases, Dr. Ambrose C. Stewart. With the above appointments, provision was made that the proper proportion of cases in the different departments will be assigned in the order of their admission.

Cornell University Lectures.—The course of lectures on sanitary science and public health at Cornell University which is being given there this year for the first time through the co-operation of the university and the State Department of Health has been most favorably received. One hundred and eleven students are regularly registered in the course while the attendance at every lecture has been about three times that number. Many members of the faculty are regularly present, as well as a sprinkling of the residents of the city.

Of the 111 students, 17 are women and 94 men. The entire number is about equally divided between the seniors, juniors and sophomores, and in these classes there are 88% of the total. The first year men in medicine, graduate students, and special students account for the other 12%. The College of Arts furnishes the largest number of students, viz., 39, and the Law School, the smallest number, 3, although the proportion registered, to the total number of students in each college, is remarkably uniform. About 5% of the students in arts, agriculture, architecture and civil engineering are registered, 2% of the students in law and in mechanical engineering, and 20% of the students in medicine. This would seem to indicate that while the medical course students consider the course a professional one for them, the rest of the university regards it as a subject of general interest, and the large number of regular visitors would seem to confirm this attitude.

The lectures which have so far been given have, without exception, been carefully prepared, have held the attention of the mixed audience throughout, and will undoubtedly serve to awaken a live interest and concern in matters pertaining to the public health.

—*Bulletin of N. Y. State Dept. of Health.*

Neurilla.—This is a remedy for nervous patients, more especially for those female patients who are passing through the elimacteric. It is a bitter tonic, creates appetite, builds up the patient and at the same time quiets the nerve centers. Dose, teaspoonful four times a day.

"I have taken Cactina Pillets for my weak heart, occasioned by a continued illness of three months, and have been much benefited by it. I am now able to get along better, since my heart has become stronger and more regular."—Jos. Adolphus, M.D., Atlanta, Ga.

Saunders' Illustrated Catalogue.—This catalogue has been subjected to a most thorough revision, incorporating some twenty-five new books and new editions. The colored plate from Keen's new Surgery, and the colored illustration of the spirochaeta pillida as stained by the method of Levaditi—illustrating the announcement of Jordon's General Bacteriology—in themselves give the catalogue a real value.

Glyco-Thymoline, Formula.—This preparation contains benzo-salicylate of soda, methyl salicylate from betula lenta, eucalyptol, thymol, pini pumilionis, glycerine and solvents. The alcoholic content is 4 per cent.

ACTION.—A solution composed of glyco-thymoline one part, water three parts, approximates the alkalinity and salinity of the human blood, thus harmonizing with the secretions of tissues treated. When applied slightly warmed to the mucous membranes of the nose and throat it is soothing, solvent, mildly antiseptic, exosmotic and anesthetic. It promotes aseptic conditions and favors the restoration of normal functions of the mucous membrane. In-

ternally glyco-thymoline is antacid, carminative, and anti-fermentative.

DOSAGE.—Externally—Glyco-Thymoline may be used in solutions ranging from 10 per cent to full strength. Internally—It may be used one-fourth to two teaspoonsfuls in water as indicated.—*American Medicine.*

Change in Editorial Direction.—*The Chicago Clinic and Pure Water Journal*, which has been under the editorial control of Dr. George Palmer for a long time, appears with its January, 1909 issue with the announcement that it is now under Dr. Thomas G. Atkinson's editorial management. Dr. Atkinson has for some time edited the *Medical Standard* of Chicago, which paper, under his able editorship, has taken front rank among medical journals in this country. He proposes to change the name of the journal so that with the February issue, it will be called *The Chicago Clinic and Pan-Therapeutic Journal*. Dr. Atkinson will pay special attention in his journal to the subject of therapeutics, both drug therapeutics and drugless therapeutics. He will also make his paper entertaining by publishing a cartoon each month on some medical subject.

A New Ferment.—Dr. A. B. Barr has recently been granted a patent by the U. S. Government for a new ferment, which is to be known commercially as Cellasin. The ferment is distinguished from others by each of the following properties or actions, to wit: the property of splitting or decomposing sugar and other carbohydrates in an alkaline medium into carbon-dioxid, lactic and acetic acids and water; the property of effectively splitting fats into carbon-dioxid fatty acids and water, the quality of being indestructible in a solution containing 25 per cent. hydrochloric acid, and the property of combining in itself the power to split or decompose various carbohydrates in an alkaline medium and albuminoids in an acid, alkaline or neutral medium; and the invention for the first time provides ferment having these properties or actions or any of them.

The actions or properties of the ferment, not only define it but also illustrate its practical value. For example, no ferment has heretofore been available for administration through the stomach which will effectively decompose carbohydrates and fats into their end products in the alkaline conditions prevailing below the stomach, because all ferments having such activity under alkaline conditions heretofore available have by reason of the acid conditions of the stomach lost their power to act in the alkaline conditions below it. The process which the inventor has discovered produces ferment which, administered in the usual way, will not be rendered inactive by the acid of the stomach and will act in the alkaline conditions beyond.

It is claimed that the new ferment, Cellasin, will aid diabetics to oxidize sugar.

Erie Street Medical College.—One of the most interesting reminiscences of the study of medicine in this country during the first half of the last century is the annual address delivered before the Cleveland Medical Library Association last December, by David Herrick Beckwith, M.D. Dr. Beckwith was a student in the Erie Street Medical College, Cleveland, during 1848 and 1849. During his college course it was his fortune to have to present the negative in a debate on "Resolved that homœopathy is the greatest humbug of the age." Dr. Beckwith cites the three incidents that occurring early in his career, in fact during his student days, led him to em-

brace the principles of homœopathy. Sixty years have passed since then, and Dr. Beckwith is now able to say: "I am glad that I have lived to see such a change in the medical profession so that we now meet as medical brothers, each striving to the best of his knowledge to relieve and benefit suffering humanity." Dr. Beckwith served as chairman of the Finance Committee of the Cleveland Medical Library Association, and has been Vice-president of the Association for three years.

Dietetics.—Vol. II, No. 1, of *Dietetics*, a quarterly review of current literature upon Dietetics with special reference to the substitute feeding of infants and invalids, was issued in January. It contains as its leading article a contribution on The Practical Uses of Acid Milk, by J. Madison Taylor, M.D. The editorial on The Energy Quotient System of Infant Feeding is a discussion of the relative importance of considering caloric and food values in feeding.

The Support of Authority is an attractive brochure setting forth the value of Fellows' Syrup of Hypophosphites in neurasthenia, chronic alcoholism, paralysis, brain exhaustion, melancholia, sleeplessness, children's ailments and during the degenerative period of life.

Gowanda State Homœopathic Hospital.—The 15th annual report of the managers of the Gowanda hospital for the insane, to the State Commission in Lunacy has recently been issued, and is full of testimony to the good work being done in this institution. The recovery rate for the past year was 40 per cent as against 30 per cent in 1907, the improvement being due in large measure to the character of the cases received. The death rate was increased from 5.05 to 7.107, the increase being attributed to the prevalence of pneumonia among the aged inmates. The institution houses 100 patients in excess of its capacity. Appropriations have been made for a building for 50 women tuberculous patients. Appropriations are asked for the construction of a building for acute cases.

Horlick's.—Mothers are often obliged to stop nursing the baby on account of lowered vitality and scanty supply of milk. In many instances, the addition of Horlick's Malted Milk to the dietary of the mother serves to improve the quality as well as the quantity of the nursing. It can be used also supplementary to mother's milk in feeding the baby, because it fits in admirably with the natural diet, is adapted to the digestive powers of a child, and supplies nutrition that Nature demands for promoting a robust development.

Benger's Food is a pancreatized cereal milk modifier containing the enzymes amylopsin and trypsin, by means of which the starch in the flour is converted into dextrines and part of the caseine into soluble peptones, the remainder being so modified as to precipitate in fine flocculæ as in human milk. This process is under the perfect control of the physician both as regards the nature of the modification and the degree of self-digestive action. The resulting food is not only self-digested but is also thoroughly sterilized by the method of preparation. Moreover it is palatable and will be found to be retained in the most enfeebled gastric conditions, the waste products of combustion being reduced to a minimum.

A Great Field for Service.—In an opening address to the students of the College of Physicians and Surgeons (Columbia University), Dr. M. Allen Starr pointed out the wide field of endeavor opened up by a consideration of the diseases of occupation, the

opportunities for usefulness to the community offered in public health work, and the peculiar relation of the physician as the counselor and advisor of his patient in many matters outside the domain of medicine.

Homœopathic Pharmacopœia of the United States.—The following resolutions in relation to the Homœopathic Pharmacopœia of the United States and the proposed amendment to the National Pure Drug Act, were unanimously adopted by the American Institute of Homœopathy at its meeting in Kansas City, June, 1908:

Resolved.—That in order to obtain the benefits of the uniformity of preparation which the pharmacopœia secures and at the same time to give homœopathic pharmacists further opportunity to comply with the obvious demands of the profession, all homœopathic pharmacists are requested to prepare their remedies on and after January first, 1909, according to the Homœopathic Pharmacopœia of the United States and to state the fact that they are so prepared upon the label placed upon the box, bottle, or other container, so that physicians may know the official preparations of homœopathy from the numerous unofficial remedies of varying strengths that have hitherto been in use.

Resolved.—That physicians are urged to demand of their pharmacists remedies prepared according to the Homœopathic Pharmacopœia of the United States, so that with remedies of a known uniform strength we may have a more scientific and useful literature.

Resolved.—That copies of the above Resolutions shall be sent to every homœopathic pharmacist and to every homœopathic college, hospital, medical society and medical journal in the United States.

Resolved.—That the American Institute of Homœopathy—the National Society of the homœopathic medical profession of the United States—in meeting assembled would respectfully demand of Congress when it again assembles, the passage of an amendment to the Food and Drug Act which would add the words “or in the Homœopathic Pharmacopœia of the United States” after the words “National Formulary” wherever they occur in the law. We would demand this in order that the standards in the Food and Drugs Act may be made complete by providing for the uniform strength and preparation of nearly three hundred fresh plant tinctures which are at present unprovided for and also that justice may be done to thousands of physicians whose scientific remedies are classed among the proprietary or quack remedies.

Resolved.—That the Interstate Committee and the Committee on Medical Examining Boards and Medical Legislation be instructed to render all possible aid to the Committee on Pharmacopœia to secure the passage by Congress of the proposed Amendments to place the Homœopathic Pharmacopœia of the United States in the Food and Drugs Act.

(Signed) THOMAS M. CARMICHAEL,
WILLIAM DAVIS FOSTER,
THOMAS H. CARMICHAEL,
J. HENSLEY,
J. RICHEY HORNER,
THOS. FRANKLIN SMITH,
J. H. BALL,

Book Reviews

Parcimony in Nutrition, by Sir James Crichton-Browne, M.D., L.L.D., F.R.S. 12mo, Cloth. 75 cents, net. Funk & Wagnalls Company, New York.

The via media is a pretty safe road to travel, and those inclined to follow the present-day tendencies in dietetics in company with Professor Chittenden and Horace Fletcher would do well to read what Sir James Crichton-Browne has to say on the other side, or rather on the side of temperance in all things.

Epoch-Making Contributions to Medicine, Surgery, and the Allied Sciences: Being reprints of those communications which first conveyed Epoch-Making observations to the scientific world, together with biographical sketches of the observers. Collected by C. M. B. Camac, M.D., of New York City. Octavo of 435 pages, with portraits. W. B. Saunders Company, 1909. Artistically bound, \$4.00 net.

It is hard to conceive of any medical man not being glad to be able to get at in so convenient a form, the essays in which from time to time, men who have made themselves famous in the history of medicine for epoch-making advances in medicine and surgery, have first announced their discoveries to the profession. Both author and publisher of this volume deserve the thanks and encouragement of physicians. The literary contributions included in the books are Lister on the Antiseptic Principle of the Practice of Surgery; Harvey on the Motion of the Heart and Blood in Animals; Anenbrugger on Percussion of the Chest; Loennec on Diseases of the Chest and Mediate Auscultation; Jenner on Variolæ Vaccinæ or Cowpox; Morton on the Proper Mode of Administering Sulphuric Ether by Inhalation; and Holmes on the Contagiousness of Puerperal Fever.

Of course, it is impossible to gather in one volume all the essays which should be accessible to the profession in this form, and it is to be hoped that the author will be moved by the reception accorded to his first effort in this direction to prepare other such groups of announcements. In one of these we hope to see reprints of one or more of Hahnemann's essays—that in Hufeland's journal for instance.

Practical Dietetics, with Reference to Diet in Disease, by Alida Frances Pattee, former Instructor in Dietetics in Bellevue Hospital Training School for Nurses, New York City; and Special Lecturer at Bellevue, Mount Sinai, Hahnemann, and the Flower Hospital, Training Schools for Nurses, New York City, and St. Vincent de Paul Hospital, Brockville, Ontario, Can. Cloth, 311 pp.; price \$1. New York. A. F. Pattee, 52 W. 39th St., or Mt. Vernon, N. Y. 1909.

This book having reached a circulation of something like 50,000 copies, calls for congratulations to the author and publisher upon having produced a work that so satisfactorily meets the requirements of both the medical and the nursing professions.

Backbone. Hints for the Prevention of Jelly Spine Curvature and Mental Squint. A Straight-up Antidote for the Blues, and a Straight Ahead Sure Cure for Grouch. 80 pp. with art cover and silk cord. Price 50 cents. Address S. De Witt Clough, Ravenswood, Chicago.

This little booklet constitutes a good-sized dose of psychotherapy, and as it costs only half a dollar it is a very much cheaper treatment than is usually meted out by professional suggestionists. Moreover, this prescription can be repeated inasmuch as *verba scripta manent*. Men like Abbott, Waugh, Butler, Lydston and others have made contributions. Buy the book, read it, and put it on the reception room table.

Transactions of the 45th Session of the Homœopathic Medical Society of the State of Pennsylvania. Held at the Board of trade Building, Harrisburg, September 22, 23 and 24, 1908.

The Pennsylvania Society's Transactions are always worth while, and in this volume are included a number of very excellent papers covering a wide field.

Liver Logic.—In spite of the conclusion of some of the laboratory scientists that the biliary fluid is devoid of physiologic action or effect, the practical physician appreciates the importance of its presence in the intestine, in normally sufficient quantities, during the periods of digestion. It is a well established clinical fact that hepatic insufficiency begets hepatic torpor, and that a lazy liver results in biliary stasis. By virtue of its contained bile acid salt (sodium glycocholate) chologestin is a true hepatic stimulant and cholagogue.

Calcidin Not Only For Croup.—The fact that Calx Iodata (Calcidin, Abbott) is about the most generally useful of all the remedies suggested for disorders of the respiratory tract, is becoming more apparent as time passes. The value of Calcidin in all infections or inflammations of the upper respiratory tract is being acknowledged by doctors throughout the country.

The Abbott Alkaloidal Co., Ravenswood, Chicago, will cheerfully send samples with very full and instructive literature upon request. If you haven't tried Calcidin, do so now.

In Chronic Affections of the Liver.—Chionia is a "jewel." No matter in what type, say in bile insufficiency, congestion and even in cirrhosis, I have obtained most happy results through its use.—J. M. McLaughlin, M. D., Mansfield, Ohio.

Hypertrophy of the prostate with urinary blockage is a relatively common condition. These patients should be constantly under their physician's observation and advice. They should be warned of the complications and familiarized with the importance of aseptic precautions, and in the use of sanmetto to avoid the establishment of catheter life.

A Trustworthy Remedy.—It is said that few remedies so promptly justify the confidence placed in them as Gray's Glycerine Tonic Comp. It is not unusual after even a few days' administration to note a decided improvement in the appetite, digestion, assimilation and general physical condition.

Societies and Current Events

CONDUCTED BY

- - - ALFRED DRURY, A.M., M.D.

Readers of the JOURNAL are cordially requested to send personals, removals, deaths and all items of general news to Alfred Drury, M.D., 562 14th avenue, Paterson, N. J.

Secretaries of societies and institutions are invited to contribute reports of their proceedings, and, as it is intended to make this department crisp and newsy, reports should be complete but concise. In order to be inserted in the current issue all matter should reach the editor by the tenth of the preceding month.

CORRESPONDENCE STAFF

Boston, Mass.—Grace E. Cross, M.D. New York.—Reeve Turner, M.D. . .
Chicago, Ill.—Della MacMullen, M.D. Philadelphia.—Chas. D. Fox, M.D. . .
Cincinnati, O.—J. R. McCleary, M.D. Providence, R. I.—R. S. Phillips, M.D.
Columbus, O.—C. E. Silbernagel, M.D.
Dayton, O.—W. Webster Ensey, M.D. Rochester, N. Y.—Wm. Perrin, M.D.
Des Moines, Ia.—Erwin Schenk, M.D. San Francisco, C.—C. B. Pinkham, M.D.
London, Eng.—James M. Searson, M.D. Toledo, O.—Carl Watson, M.D.
Minneapolis.—Norman M. Smith, M.D. Utica, N. Y.—C. T. Hains, M.D.
New Orleans, La.—Chas. Mayer, M.D. Washington, D. C.—A. H. Taylor, M. D.

PERSONALS

DR. M. BONNER FLINN, of Worcester, Mass., announces his removal to The Albion, 765 Main street, corner of Jackson. Telephone 1773.

DR. NATHANIEL W. EMERSON is now located at No. 244 Newbury street, near Fairfield street, Boston, practicing surgery exclusively.

DRS. M. F. MIDDLETON and WM. S. MOSLANDER, two of Camden's oldest practitioners, are both confined to their homes by illness.

ROBERTS vs. TERRY.—In the Supreme Court of New York, Part 14, on Feb. 11th, after a jury trial lasting two days, Judge Greenbaum gave Dr. George W. Roberts a verdict against Dr. M. O. Terry for performing an operation for appendicitis upon his wife. It was admitted that Dr. Terry had retired from practice. Dr. Roberts' bill was for \$3650. Jury's verdict was for \$2325. and costs.

BOSTON ITEMS

TWENTIETH CENTURY MEDICAL CLUB. The regular monthly meeting was held at the offices of Dr. Eliza Taylor-Ransom at the Ericson, Commonwealth Avenue, on the evening of February 17th, 1909. The scientific session was in charge of Drs. Ransom, Woodman and Cross.

A very interesting case was presented by Dr. Ransom, of granulated lids of many years standing. This case had been treated, after all other treatments had failed, by cataphoresis, the flat copper electrode being inserted under the upper eyelid. At the time of the meeting, the lesions were entirely healed.

Dr. Mary L. Swain described a case of long standing general rheumatism in an elderly man which she had cured with the static spark and breeze.

Two interesting cases treated by the high frequency current were

reported by Dr. Marian Coon. One was an obstinate case of fissure in ano; this was cured by the application of the high frequency current, using the vacuum electrode per rectum. The other case was a peculiar erosive skin lesion of the scalp and face which did not seem to fall into the class of any of the described skin diseases. This also was cured with the high frequency current.

BOSTON HOMŒOPATHIC MEDICAL SOCIETY: The March meeting of the Boston Homœopathic Medical Society was held at the Boston Natural History Building on the evening of March 4, 1909.

The society had as guest Dr. Royal S. Copeland, Dean of the New York Homœopathic Medical College, who gave a most scholarly paper on "The Scientific Reasonableness of Homœopathy." Dr. Copeland considered the law of similars and the small dose in the light of modern scientific postulates. He drew analogies between the cellular hypothesis and the basis of the action of the infinitesimal dose of remedies, and compared the action of the law of similars with the theory of the opsonic treatment and the conduct of the nosodes. Dr. Copeland's paper, though it dealt with scientific propositions which might have been dryly treated, was full of interest and animation.

The subjects considered in the address of the evening were freely discussed by Drs. Walter Wesselhoeft, Howard P. Bellows, Frederick B. Percy, George R. Southwick, and William H. Watters.

DR. WALTER WESSELHOEFT'S JUBILEE. The 50th anniversary of Dr. Walter Wesselhoeft's graduation from Harvard Medical School and beginning of the practice of medicine was celebrated by his colleagues at a testimonial dinner at Hotel Somerset, Boston, at which 125 persons were present. A beautiful loving cup was presented to Dr. Wesselhoeft "in appreciation of his 50 years of faithful and devoted medical service, by 170 of his admiring and loving medical associates." The cup was presented by Dr. Frederick B. Percy and Dr. Wesselhoeft responded to the presentation with much emotion.

The loving cup was a massive silver one, having three faces. On one face appears the above inscription, and on the others etchings of the Massachusetts Homœopathic Hospital, and of the Boston University Medical School.

Dr. John P. Sutherland, dean of the Boston University Medical School, was toastmaster and the following persons made eulogistic addresses: Trustee William T. Piper for the Massachusetts Homœopathic Hospital, of whose board Dr. Wesselhoeft is vice-president; Dr. Howard P. Bellows for the faculty of medicine of Boston University, and Dr. John L. Coffin '76, Dr. Sarah Sweet Windsor '85, and Dr. Wesley T. Lee '98, for the graduates of Boston University School of Medicine.

The many letters which Dr. Wesselhoeft received from medical men abroad and in this county will be bound and presented to him as a memento of the occasion.

HAHNEMANN FESTIVAL.—Arrangements are progressing toward the celebration of Hahnemann's birthday, which will occur shortly after Easter, the birthday falling on April 11th. It has

been decided to give a ball at Hotel Somerset and there will be a supper and other attractions in connection. It is hoped to make the affair a brilliant one.

GRACE E. CROSS, M.D.

CHICAGO ITEMS

DR. G. P. WARING, on account of health and other reasons, is contemplating a change in residence and possibly vocation during 1909. With this end in view the Doctor is disposing of his library which numbers about 300 volumes of homœopathic works, many rare and out of print, including the standard works of the earlier masters as well as the recent productions.

THE AFTER DINNER CLUB held its regular monthly meeting Thursday, March 18th, at 6 Madison street. "Pasteurization of Milk" was the subject considered until 8:30, when a motion to adjourn was entertained, in order that those present might attend the meeting of the Chicago Homœopathic Medical Society.

THE CHICAGO HOMŒOPATHIC MEDICAL SOCIETY held its regular monthly meeting at the usual place, The Chicago Public Library Building, on the evening of March 18, 1909. The following program was presented:

- 1: The Basis of Moral Degeneracy from the Medical Standpoint, by Dr. V. H. Podstata, Superintendent of the Illinois Northern Hospital for the Insane, at Elgin.
- 2: Symposium on the early recognition of Tuberculosis, by Drs. Haseltine, Hood, Gordon, Tenney and Cushing.

The Southern Homœopathic Medical Association held its 25th session in the auditorium of the New Orleans Public Library, New Orleans, La., February 24, 25 and 26, 1909. The attendance was large, nineteen states being represented—thirteen southern and six northern. Delegates were present from the Massachusetts State, Boston Homœopathic and Gynecological Societies and also from the Philadelphia County Homœopathic Society. Telegrams of greeting were received from the Southern California Homœopathic Association as well as from many physicians throughout the United States. A session of the Executive Committee of the American Institute of Homœopathy was held in the New St. Charles Hotel, the official headquarters of the Southern Association, on February 23d. All members were present, except Dr. Ball, and remained for the meetings of the Southern. A spirit of unusually warm enthusiasm pervaded the entire session. It will ever be remembered as a memorable occasion, one that has contributed much to further the objects of the Association which, as stated in Article I, of the Constitution, are as follows: "Its object shall be the promotion of the interests of Homœopathy, especially in the Southern States, the advancement of Homœopathic Therapeutics and all other departments of Medical Science." The program presented was in keeping with the object of the Association.

The address of welcome was delivered by the Mayor of New Orleans, the Hon. Martin Behrman, and responded to in a very appropriate and happy vein by Dr. C. E. Fisher, of "sometimes here and sometimes there" renown. Having disposed of the usual formalities of the preliminary business session, the balance of the three days was devoted to the consideration of the scientific feast which had been prepared. However, the time was too limited to do justice to all of it and a few of the papers were necessarily read by title as well as those whose authors were not present. Among those contributing to the program were the following: Dr. W. E. Reily, Fulton, Mo., address as chairman of the Bureau of Homœopathy and Propagandism; Dr. George Royal, "Propagandism in Its Relation to the Medical Colleges and Examining Boards;" Dr. C. E. Verdier, Norfolk, Va., "Homœopathy in Virginia;" Dr. Royal S. Copeland, New York City, "The Scientific Basis of Homœopathy;" Dr. Geo. B. Maxwell, Attleboro, Mass., "Homœopathy in the Field of Preventive Medicine;" Dr. Chas. E. Fisher, Chicago, "Homœopathy in Consumption;" Dr. Chas. J. Lopez, New Orleans, La., "Some Uncommon Indications for Cina;" Dr. L. C. Phillips, Pensacola, Fla., "Nux Moschata with Clinical Pictures;" Dr. A. M. Duffield, Citronelle, Ala., "An Interview with the Tissue Cell Salts;" Dr. John T. Crebbin, New Orleans, "Eye Strain;" Dr. E. P. Howell, Houston, Tex., "Trachoma;" Dr. Henry R. Stout, Jacksonville, Fla., "A Case of Tetanus;" Dr. W. W. Osgood, Mobile, Ala., "The Prostrate Gland: Its Cure by the Indicated Remedy plus Electricity;" Dr. E. P. Banning, Chicago, "Gravity, the Prime Factor in Health and Disease;" Dr. S. R. Geiser, Cincinnati, "Pyrexia and Antipyretics;" Dr. Minnie C. Dunlap, Lexington, Ky., "Some Sane Suggestions on Insanity;" Dr. C. E. Sawyer, Marion, O., "Professional Duty to the Mentally Afflicted;" Dr. Joseph Hensley, Oklahoma City, Okl., "Scientific Psychotherapy;" Dr. Willis Young, St. Louis, Mo., "Stones in the Urinary Tract;" Dr. William Davis Foster, Kansas City, Mo., "Address on Surgery;" Dr. Chas. E. Walton, Cincinnati, O., "A Dry Tap;" Dr. Wm. A. Boise, Knoxville, Tenn., "Management of the Third Stage of Labor;" Dr. Jos. P. Cobb, Chicago, "Feeding of Children During the Second Year;" Dr. A. P. Stauffer, Hagerstown, Md., "Tuberculosis of Infants;" Dr. Susan M. Hicks, Atlanta, Ga., "The Culture of the Mother is the Culture of the Child."

The interest and enthusiasm at these meetings reached a sensational climax when Prof. E. S. Bailey, of the Hahnemann Medical College and Hospital of Chicago, announced his researches with the substance that he has named Radio-Thor or Tho-Rad-X. This is a product of pitchblende obtained from Prof. Bailey's mine in Colorado, for which he claims curative properties similar to those of radium. This substance, however, is more plentiful than radium and consequently less expensive, thus bringing it within the reach of everybody who may need its reputed virtues. A number of radiographs were exhibited: some taken by using the crude material as found in the deposits in Colorado, and others taken with the substance after the removal from it of the materials that interfere with

the emanations of light, and others with this substance, thorium, added—giving rise to the name Tho-Rad-X. The uses to which it may be put in a medical way were only suggestive. The emanations of light, an ultra-violet, suggested that it might be found useful in the same class of cases as the Finsen light, namely, cancer, lupus, and various other skin diseases. He also stated at an informal private gathering that it might be useful in locomotor ataxia, it having been used to relieve the pains in locomotor ataxia by applications over the spinal column. It is the intention of Prof. Bailey to continue his researches and if the results warrant will make further announcements at the meeting of the American Institute of Homœopathy in Detroit, in June. At present the outlook is promising.

The announcements of Prof. Bailey caused intense excitement among the press representatives whose efforts somewhat misrepresented him, but, all-in-all, both the local and the United Press throughout the United States accorded to him and to the Association most extensive and favorable notices.

Before the close of the session, it was decided to hold the next meeting during November, 1909, in Hot Springs, Ark.: and the following officers were elected:— President Dr. Edward Harper, New Orleans, La.; First Vice-President, Dr. W. E. Reily, Fulton, Mo.; Second Vice-President, Dr. Geo. F. Bagby, Richmond, Va.; Secretary, Dr. Wm. A. Boise, Knoxville, Tenn.; Treasurer, Dr. John T. Cribben, New Orleans, La.

The St. Louis Children's Hospital (free), in its 29th annual report, year ending September 30, 1908, shows much excellent work being done by that institution for the juvenile population eligible to receive its hospitality. In addition to caring for the child's physical condition according to the most advanced scientific methods, the ethical side of its nature is developed as evidenced by the reports of the Educational and Entertainment Committees. The heads of the surgical and medical departments are homœopathic physicians.

Grace Hospital of New Haven, Conn. The formal opening of the Mary S. Munsill Maternity Ward of Grace Hospital occurred on Tuesday, February 9, 1909, when the members of the Women's Board of the Hospital and the nurses received during the afternoon and evening. A general invitation had been extended to all interested in the new ward, and there were many who were shown over the building. The house adjoining the hospital proper, it will be remembered, valued at thirty thousand dollars, has been the former residence of its donor, Mrs. Mary S. Munsill of Hartford, and was given to the hospital last fall. Since then, through the efforts of those interested and under the direction of the superintendent, Miss M. J. Putts, it has been remodeled to a certain extent, and has been furnished throughout, through the munificence of its friends, thereby making it one of the most up-to-date equipped, elegantly furnished and most homelike buildings of its kind in the country. By the addition of this ward the capacity of the hospital has been increased to 105 beds, thus making it rank with the larger homœopathic institutions in New England.—*New England Medical Gazette*.

Recognition of Boston University In Australia.—The New

England Medical Gazette is informed that the degree of Boston University is now recognized by special act of Parliament in Tasmania, Australia. Those of our readers who have been following the active contest in progress in this commonwealth for and against homœopathy will learn of this act with pleasure. Dr. Eben C. Gould, a graduate of Boston University School of Medicine, is the first to be registered under the act.

It is also gratifying to note that the opposition started against registration of Boston University graduates in Victoria has been removed and that all such complying with the regulations are eligible to locate in that state.

A British National Homœopathic Fund.—Further details of the program for the extension of homœopathy in Great Britain are to be found in the March issue of the *British Homœopathic Review*. Under the chairmanship of Sir George Truscott, Lord Mayor of London, a public meeting to be held at the Mansion House on March 17th, was to be called upon to approve a plan for the establishment of a national homœopathic fund for the assistance of homœopathic institutions in the United Kingdom, and of the foundation, maintenance and endowment of new homœopathic hospitals, cottage hospitals, dispensaries, and other institutions. The scheme embraces provision for homœopathic medical education, research into the problems of medicine on homœopathic lines, the foundation of homœopathic hospitals for infectious diseases, the establishment of special convalescent homes, the establishment of open air sanatoriums. The mark to be aimed at is the securing of a capital sum of one hundred thousand pounds (roughly \$500,000) during the year of office of Lord Mayor Truscott. The noticeable feature of the plan is that the proposed fund is to be administered by a governing body of influential laymen, although it is expected that outside advice—medical, financial, or otherwise—will be sought as needed.

The ladies' branch of the British Homœopathic Association is also pushing ahead. The close of 1908 was marked by the completion of the fund started six years ago for the purpose of sending biennially a "scholar" to study the diseases of women and children at the important clinical centres in Europe. Not content with resting on their laurels, the ladies have decided to found a homœopathic dispensary in one of the poorest districts in London.

Tu Quoque.—THE NORTH AMERICAN chronicles the above aims, plans, and achievements of our British friends, not only for the news interest, but also as a stimulant to homœopathic affairs in America. From past experience it is safe to say that if British homœopaths set themselves to get \$500,000, they will get it, and the constructive work of the British Homœopathic Association augurs for an excellent administration of the fund. Considering the extent and wealth of this country, the number of homœopathic institutions, practitioners and patrons, it ought to be as easy to raise a fund of \$5,000,000, for the advancement of homœopathy in America. But the work must be put in the right hands. To entrust it to a little political clique of American Institute members would be to invite a fizzle. We should certainly need to take a leaf out of the book of the British scheme, and put the matter entirely in the hands of a strong body of laymen. The average

medical man has too narrow a horizon, has had too limited an experience with business affairs, and is too thoroughly permeated by professional prejudices and jealousies, to make him a satisfactory working trustee of any such fund.

The Cleveland Homœopathic Hospital.—Dr. H. F. BIGGAR, the honorary president of the A. I. H., has come to the defense of this institution and to the protection of homœopathy, by issuing a statement to the effect that the recent local disturbance is a mere surface ripple due to the administration of an incompetent superintendent, resulting in a run-down condition of the hospital, and that the fact that there are at present allopathic physicians on the staff is not to be interpreted as a reflection on the efficacy of homœopathy.

The Homœopathic Clinical Club of Camden and Burlington, Counties, N. J., held its regular monthly meeting at the office of Dr. Nathan Thorne, Moorestown, on March 5th. Dr. Thorne gave a talk on Diet in Typhoid Fever, after which refreshments were served. A full attendance was present.

West Jersey Homœopathic Hospital.—The Professional Board of the West Jersey Homœopathic Hospital, Camden, held a special meeting on the afternoon of March 16th, when the plans of the new hospital building were gone over by the Board. It is hoped that in the near future, the hospital will have an up-to-date building, as the facilities of the present one are outgrown.

New Jersey State Society.—Owing to the fact that the Hotel Cape May will not be opened until the 15th of June, the annual meeting of the New Jersey State Homœopathic Medical Society will not be held at the dates formerly arranged but will probably be at Cape May on June 17, 18 and 19. Plans are under way to make this a banner meeting, and the papers and discussions will be of a high order. Several changes to the constitution will be considered at this meeting.

Atropine as a Hemostatic.—Dr. William F. Waugh, of 1424 E. Ravenswood Park, Chicago, is collecting material for a paper upon atropine as a hemostatic, and would be glad to receive from readers of the NORTH AMERICAN notes of their experience with this remedy. Dr. Waugh states that he is particularly anxious to receive adverse reports, as well as those favoring the use of the remedy.

Nihilopathy.—There is a new school of medicine with a large membership and with as sharply defined tenets as those of erstwhile allopathy, and homœopathy, and eclecticism. It is just as worthy of a distinct name as any pathy or ism of history. It has originated almost wholly from the regular school of practice. Its title, as usual, must be taken from its therapeutic beliefs. I suggest the name of Nihilopathy.

It is an outgrowth of the revolution that has occurred in theoretical medicine during the last half-century. The ultra-scientific and their apes (more numerous) appear to have been overwhelmed by the radical reconstruction of non-therapeutic medicine, and now demand that therapeutics be equally scientific or they will have none of it. If they stopped with the demand their influence would be all constructive, but when they go farther and become therapeutic nihilists their influence becomes exactly the opposite.

They have allowed the destruction of a few ancient therapeutic dogmas to make them general therapeutic iconoclasts.

The new school will live, but it cannot dominate because it is based on a fallacy. It interdicts empiricism, which generated and developed therapy and is to-day responsible for practically all of our remedial equipment. It not only generated treatment but medicine itself. While the physiological action of many empirically born agents has been scientifically explained, exactly how they act in a given disease has been conclusively established regarding very few.

Practical experience alone begot, and practical experience alone explains the specific value of iodides, mercurials, quinine, colchicum, salicylates, and many less specific equipments of practical medicine.

The new school glories in its rigid theoretic tenets, refuses to recognize experience, and ridicules clinical data unsupported by plausible or at least finely drawn theories, and a thousand clinical results weigh nothing when apparently controverted by an abstract theory or even a tenable hypothesis.

The damage this school has done to therapeutic advance is immensely greater than the good it may have done or may do. It was not necessary to evolute therapeutic nihilism in order to encourage scientific therapy. The scientific study of known therapeutic agents and search for the unknown were progressing much more rapidly before the days of the nihilist than since.

No nihilist has ever discovered anything in treatment and never will, but his influence is unfortunately not negative. He, with his apes, and his friends the mugwumps, are responsible for the present unpopularity of any but the most ultra-scientific research. Empiric developments of unusual merit in therapy have been practically unknown for twenty years, and this period covers the life history of the school in question.

Its baleful influence has not been entirely obstructive. Because of the dignity and prestige which ultra-conservatism seems always to emanate, this school has destroyed the confidence of many of the other school (the optimist) in remedials invaluable but proven so by experience alone, and they unconsciously prescribe the remedies of empiric origin half-heartedly and with corresponding success.

Not only is their culpability found in their obstructive and destructive effects but likewise in their constructive. These super-scientists who cannot tolerate the least breach of empiricism, faith or unanalyzed experience, have done more than any other single or combined cause to fill the ranks of the direct antithesis of their creed—the Christian Scientists and their correlated offshoots and copyists. It is needless to itemize the many other illicit profit takers of medical misanthropy.

While this school comprises many eminent educators, it is largely constructed of gab, or pen-gifted pseudos, who view this school as the en route to the faculty and fame, and of fledgeling medicos who recently left a hospital and welcome therapeutic nihilism because they know nothing but therapeutics.

MORAL.—If it is right for one school of medicine to refuse to consult with another, why isn't it more right for a real physician to refuse to consult with a nihilopathist?—*Bulletin-Journal of Animal Therapy.*

Book Reviews

Vital Economy, or How to Conserve Your Strength. By John H. Clarke, M. D. Paper, 96 pp. London: T. Fisher Unwin. American edition imported by A. Wessels Company, Brooklyn and New York. Price, 30 cents net.

Dr. Clarke has here penned some useful protests against excesses in a number of directions. He attacks that Englishman's idol, "the daily tub;" he shows that fresh air is not a panacea and should not be thrust on everybody; he believes that the question of exercise is very much overdone, that when for instance we are engrossed in absorbing mental work, we best conserve our energies by cutting down physical exertion to the minimum; he shows how the habitual use of stimulants waste vital energy; he points out the abuse to which tea and coffee are subjected; and has a word to say against worry. There are a number of well-made points in these essays, which we are sure our readers will be glad to make their own when it comes to advising patients.

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, Chicago, Ill. Vol. II, published by the author, 417 pp.

This, the second volume on the chronic miasms of Hahnemann, deals with the subject of sycosis as it is understood by the homœopathic physicians. The soundness and essential corrections of Hahnemann's views in regard to the fundamental causes and nature of disease are each year receiving verification at the hands of clinicians and pathologists. If we substitute for the old terms psora and sycosis those of tuberculosis and latent gonorrhœa, with all that these terms imply, we find ourselves easily able to accept many if not all of the early teachings concerning the so-called miasms without doing much violence to our modern conception of pathology and disease. Nor is there anything in bacteriology which need in the slightest degree even conflict with the clinical facts first pointed out by Hahnemann. Dr. Allen's work furnishes us with much that is of interest and value and to many will be a revelation concerning the broad field which homœopathy does and should occupy. The baneful effects, often far reaching and disastrous, of the sealing up of gonorrhœal discharges, are known to even the most superficial of observers, while equally well known is the fact that such discharges have frequently been made to appear under correct homœopathic medication. Those who are interested in one of the most widely spread diseases, whose ramifications are found in the very fibre of our national and social life, will not fail to find food for thought in Dr. Allen's work. It is regrettable that the diction and typography are far from perfect.

Principles and Practice of Physical Diagnosis.—By John C. Da-Costa, Jr., M.D., Associate in Clinical Medicine. Jefferson Medical College, Philadelphia. Octavo of 548 pages, 212 illustrations. Philadelphia and London, W. B. Saunders Company, 1908. Cloth, \$3.50 net.

Opposite the title page of this book appears the following quotation from W. W. Keen: "With all our varied instruments of precision, useful as they are, nothing can replace the watchful eye, the alert ear, the tactful finger, and the logical mind which correlates the facts obtained through all these avenues of information and so reaches an exact diagnosis. Always bearing these facts in mind the author has given us a good, practical work on diagnosis."

Section I takes up methods and technic. Section II, examination of the thorax. Section III, examination of the bronchopulmonary system. Section IV, diseases of the above. Section V, examination of the cardiovascular system. Section VI, diseases of the cardiovascular system. Section VII, examination of the abdomen. The book is a most excellent guide to bedside diagnosis, the place where the diagnosis, must most often be made. It is well and clearly written and the mechanical make up is well executed.

Progressive Medicine.—A Quarterly of Advances, Discoveries and Improvements in the Medical and Surgical Sciences. Vol. XI No. I. Philadelphia and New York. Lea & Febiger. Six dollars per annum.

This new volume of Progressive Medicine keeps up its high standard. It treats of surgery of the head, neck and thorax; infectious disease; diseases of children; rhinology, laryngology, and otology.

Rademacher's Universal and Organ Remedies.—(Erfahrungsheillehre) Abridged and translated by A. A. Ramseyer, "Prove all things; hold fast that which is good." 104 pages. Cloth, \$1.00, net. Postage, 5 cents. Philadelphia. Boericke & Tafel. 1909.

The study of the history of medical systems and their authors and advocates is at once fascinating and helpful. Thus as a diversion the homœopathic physician will find this little book interesting. Moreover, he cannot read it without getting some good ideas from it. It is a little difficult to abridge a whole system of medicine into so small a compass as this book. The principle underlying Rademacher's therapeutics seems to have been that certain drugs have affinity for special organs, and the organ affected by the disease should be the key to the remedy.

Constipation and Intestinal Obstruction.—By Samuel G. Gant, M.D., LL.D., Professor of Diseases of the Rectum and Anus in the New York Post-Graduate Medical School and Hospital. Octavo of 559 pages, with 250 original illustrations. Philadelphia and London. W. B. Saunders Company, 1909. Cloth \$6.00 net; Half Morocco, \$7.50 net.

To those to whom constipation seems a minor ailment, this work of Dr. Gant will come as a surprise, for here are 540 pages devoted exclusively to the consideration of constipation and obstipation or intestinal obstruction. The work, though the author says it is concise, is a pretty complete review of the whole subject, considering the etiology, pathology, symptoms, diagnosis and treatment of these affections. The author particularly emphasizes the drugless treatment, drawing upon his fifteen years of success in the non-medical and surgical treatment of these troubles. Especially beneficial are the results derived by him from the use of psychotherapy, diet, and physical measures such as massage, mechanical vibration and electricity. An endeavor is made to give the exact indications for these forms of treatment and the directions for their applications are lucid and complete. This we should recommend as a great advantage of this book, for so often an author advises treatment of a certain sort and then fails to give the technic for its correct application. For the benefit of those who wish to use drugs, there are two chapters devoted to therapeutics and formulæ. Needless to say the book lacks any indications for homœopathic drugs, or any mention of the remarkable results obtained from their correct administration. But in spite of this omission, the work should rank as a standard in this branch of medicine, and there is no doubt that much good would be accomplished if its advice were followed, and fewer drugs and more common sense were used in the treatment of these ailments.

Societies and Current Events

CONDUCTED BY

- ALFRED DRURY, A.M., M.D.

Readers of the JOURNAL are cordially requested to send personals, removals, deaths and all items of general news to Alfred Drury, M.D., 553 14th avenue, Paterson, N. J.

Secretaries of societies and institutions are invited to contribute reports of their proceedings, and, as it is intended to make this department crisp and newsy, reports should be complete but concise. In order to be inserted in the current issue all matter should reach the editor by the tenth of the preceding month.

CORRESPONDENCE STAFF

Boston, Mass.—Grace E. Cross, M.D. New York.—Reeve Turner, M.D. ..
Chicago, Ill.—Della MacMullen, M.D. Philadelphia.—Chas. D. Fox, M.D. ..
Cincinnati, O.—J. R. McCleary, M.D. Providence, R. I.—R. S. Phillips, M.D.
Columbus, O.—C. E. Silbernagel, M.D.
Dayton, O.—W. Webster Ensey, M.D. Rochester, N. Y.—Wm. Perrin, M.D.
Des Moines, Ia.—Erwin Schenk, M.D. San Francisco, C.—C. B. Pinkham, M.D.
London, Eng.—James M. Searson, M.D. Toledo, O.—Carl Watson, M.D.
Minneapolis.—Norman M. Smith, M.D. Utica, N. Y.—C. T. Hains, M.D.
New Orleans, La.—Chas. Mayer, M.D. Washington, D. C.—A. H. Taylor, M. D.

PERSONALS.

DR. CHARLES L. JOHNSTON has removed to 232 Hancock street, Brooklyn, N. Y.

DR. MILLIE J. CHAPMAN has permanently settled in Springboro, Crawford County, Pa.

DR. I. P. TRUMAN, formerly of Harnett, N. Y., is now located in Nunda, N. Y.

DR. ELLEN EASTMAN SCHENCK has announced her removal from Ashby, Mass., to Shirley, Mass.

DR. HARRIETT HORNER has changed her location from Castine, Me., to Newton Center, Mass. Hours, 2 to 4 p. m.

DR. FRANK C. RICHARDSON announces his removal from 1069 Boylston St., to No. 244 Newbury street, near Fairfield street, Boston.

DR. J. IVIMEY DOWLING can now be consulted in his new suite of offices at 116 Washington avenue, Albany, N. Y., from 9 to 1. Afternoons and Sundays by appointment.

DR. JOHN STROTHER GAINES announces the removal of his office to the Sherman Square Hotel, 71st street and Broadway, New York City. Hours 1 to 12; 5:30 to 7 p. m. Sundays 4 to 5 and by appointment.

CHARLES H. HELFRICH, M.D., desires to call attention to the removal of his office to 542 Fifth Ave., New York, and a change in his office hours to 9.30 to 12.30, Sundays and holidays excepted.

DR. GEORGE H. MARTIN, having returned from his European trip, announces the opening of offices in the Butler Building, Stockton and Geary streets, San Francisco, Cal. The doctor is making a specialty of treating mental and nervous diseases.

The Emerson Hospital.—Dr. DeWitt G. Wilcox, late of Buffalo, is now associated with Dr. Nathaniel W. Emerson in the exclusive practice of surgery, and together they will conduct the Emerson Hospital at 29 Morton St., Forest Hills, Mass. Both surgeons are also on the chair of gynecology at the Boston University School of Medicine.

DR. N. B. DELAMATER, of Chicago, well known to most of the members of the homœopathic profession, has retired from active work and has permanently given up the practice of medicine, after 40 years of practice. The cause of the retirement was ill health, not, however, of an organic nature, which decided him to seek a change of climate. He goes to Sanford, Florida, where he will have a small truck farm for outdoor exercise and amusement. The doctor has been a faithful worker in the field of medicine, and the best wishes of his many friends go with him to his new home.

NEW YORK NEWS.

New York County Society.—Three papers of exceptional merit were read and discussed at the April meeting of the Homœopathic Medical Society of the County of New York. Dr. W. H. Watters, Professor of Pathology, Boston Univ. School of Medicine, showed the close relationship between homœopathy and bacterio-therapy in an admirable essay on "Immunity from the Homœopathic Viewpoint." The root idea of Dr. Maurice Worcester-Turner's paper on "Logical Extensions of Treatment Suggested by the Remedy," was that the characteristics of amelioration and aggravation of the indicated remedy furnish a valuable guide to suitable climatic, hydropathic, dietetic, or postural treatment as an adjuvant. J. Morgan Howe, D.D.S., M.D., discussed the "Problem of Teeth and Health," urging that research be made in the composition of the saliva, abnormalities in which he believed to be very largely responsible for the dental decay so prevalent. Before the reading of these papers—which will later appear in the *NORTH AMERICAN*—there was an informal discussion on "Is Revaccination Necessary?" The extreme interest of the program put off an adjournment to the unusual hour of 11.30 p. m.

Summer Course in Chemistry.—Columbia University, New York City, announces a course of eighteen lectures to be given during the six weeks, July 7 to August 18, dealing with those important organic substances which are of interest to medical men, including sugars and carbohydrates, fats, amino-acids and the hydrolysis of proteids, the uric acid group, alkaloids, essential oils, the artificial remedies and the bearing of their chemical constitution on their physiological function. Other courses will be offered in elementary physiological chemistry, chemistry of nutrition, organic and sanitary analysis and elementary physical chemistry. Further information can be obtained by writing to Professor J. Livingston R. Morgan.

Western New York Society.—The twenty-fifth annual meeting of the Western New York Homœopathic Medical Society, which convened at Hotel Seneca, Rochester, April 19, was one of the most successful in the history of the organization, both in the widely representative delegates gathered, and in the numbers, which much exceeded the anticipation of the local arrangement committee, there being about 170 present.

In joint session with the Western New York Society, were also met, the Monroe County Homœopathic Society, the Hahnemannian Society of Rochester, and several physicians not identified with any of these organizations.

At the session which was called shortly after 2 o'clock, with President Frank Seitz, of Buffalo, in the chair, a small amount of

routine business was disposed of prior to the taking up of the regular programme of addresses as arranged.

Among the speakers who addressed the body during the afternoon were: Dr. L. L. Button, of Rochester, who spoke on "Medical School Inspection;" Dr. W. Lewis Hartman, Syracuse, subject, "Stomach Ulcers and Their Treatment;" Dr. A. C. Hermance, Rochester, "The Organon;" Dr. Royal S. Copeland, dean of New York Homœopathic College and Hospital, "The Scientific Reasonableness of Homœopathy," Dr. Copeland receiving little less than an ovation, at the conclusion of his address; Dr. W. Frank Fowler, Rochester, "Fracture of the Skull and Treatment;" Dr. John M. Lee, Rochester, "Treatment of Adhesions in the Peritoneal Cavity;" Dr. R. Montford Schley, Buffalo, "Hydrotherapy."

At the conclusion of the addresses, on presentation of the nominating committee, the following nominees were unanimously elected to serve the Western New York Homœopathic Medical Society for the ensuing year: President, Dr. Joseph Rieger, Dunkirk; first vice-president, Dr. Charles R. Sumner, Rochester; second vice-president, George T. Moseley, Buffalo; secretary-treasurer, Dr. C. W. Seaman, Buffalo. The Local Committee on Arrangements included Dr. R. C. Grant, chairman; Dr. E. H. Wolcott, Dr. S. R. Snow, Dr. Harold Baker, Dr. E. G. H. Beck, Dr. David B. Jewett.

In the evening the alumni of the New York Homœopathic College, resident in Rochester and vicinity, effected an auxiliary organization of the Alumni Association of New York Homœopathic Medical College and Flower Hospital.

About 100 alumni were present at the initial meeting and assisted in the organization, the purpose of which is to promote the growth and general interests of the college, through these local auxiliaries, of which there are to be four within the state. The territory of the Rochester district includes all territory west of Onondaga county, and to Rochester, which has the reputation of containing the greatest number of homœopathic practitioners in proportion to its population of any city in the United States, is given the honor of having stationed in it the executive offices and headquarters of the new auxiliary, which elected as officers to serve the ensuing term: President, Dr. George T. Moseley, Buffalo; vice-president, Dr. H. S. Hutchins, Batavia; secretary, Dr. William Perrin, Rochester; treasurer, Dr. David B. Jewett, Rochester; chief of executive board, Dr. Edwin H. Wolcott, Rochester. Through this board all official connection will be had with the state alumni association of which the auxiliary is a branch.

Socially, the joint meeting of the societies reached its climax at the banquet last night, when the medical fraternities with their guests, to the number of nearly 200 gathered in the ball room of Hotel Seneca, when unmindful of anything like medical advice they consumed two hours of time and other things incidentally, finally to be further entertained by the toast list which included several notable speeches.

At the banquet, Dr. V. A. Hoard, president of the Monroe County Homœopathic Medical Society, presided, with Dr. R. C. Grant as toastmaster. The list of speakers included Dr. Royal S. Copeland, dean of the New York Homœopathic Medical College, who responded to the toast, "Hahnemann," Rev. Nathan Krass of Berith Kodesh Temple gave a ringing speech on, "Mulum in Parvo."

Said Rabbi Krass: "In these later days you physicians hear much of the echo of certain cults which would have you to think that there is no such thing in reality as pain, human pain, and suffering, but however well this may sound to those who are not the victims for the time of suffering in these mortal bodies of ours, that one who is unfortunate enough to have at the time what may very properly be called 'inside information,' is totally unable to combine theory and personal experience."

Other speakers were. Dr. Rudolph Rabe of the New York Homœopathic Medical College who spoke on "The Homœopathic Trust;" Dr. W. A. Dewey, of Ann Arbor, propagandist of the American Institute of Homœopathy, "Advancement of Homœopathy." Impromptu speakers included, Dr. J. W. Le Seur, of Batavia, and Dr. Charles E. Fisher, of Chicago.

Conference of New York State Hospital Physicians.—The third meeting of the conference of State Hospital Physicians, held at the Middletown State Homœopathic Hospital, occurred on March 25-26, 1909. Three sessions were held, and they were presided over by Dr. Adolf Meyer, director of the Psychiatric Institute. At the afternoon session papers were read on, "An Inquiry in the Progress of the Later Stages of Dementia Præcox," "Cases of Constitutional Inferiority, with a Consideration of Their Detention in Hospitals for the Insane, Their Responsibility, and Their Proper Classification," and "The Laboratory Work of the Middletown State Hospital," by members of the medical staff of this institution, followed by a free discussion. In the evening the director of the Psychiatric Institute, and one of the members of his staff reported on specimens submitted by this hospital to the institute, illustrated by means of a projection apparatus. At the third session papers were read on, "A Digest of the Cases of Manic-depressive Insanity Admitted During Six Years, Ending January 1, 1909, Middletown State Hospital," "Three Cases of General Paralysis with Prolonged and Marked Remissions," and "Review of Some Cases Presented at Previous Conferences," together with notes as to the course of their psychoses, all by members of the staff of this hospital.

Physicians were present from the Bloomingdale Hospital, from the Poughkeepsie, Binghamton, Matteawan, King's Park, Central Islip, and Manhattan State Hospitals, also doctors from New York City and Middletown.

These meetings have been found to be very instructive, and serve as a stimulus to physicians in the State Hospital service.

Care of Inebriates.—In connection with the discussion with regard to the plans for more adequate treatment of public intoxication and inebriety in New York City now pending before the state legislature of New York, it is interesting to note that a bill has now passed the state legislature of Pennsylvania providing for a state hospital for the treatment of the habitual drunkard. The plan now before the state legislature at Albany contemplates such an institution together with additional features which provide for more extended probation work in connection with habitual drunkenness. The problem is one for both social and medical experts and both of these agree that an institution in which the habitual drunkard can be surrounded with abundance of light, air and outdoor work and where he can be kept from alcoholic liquors for a somewhat extended period of time offers the only possible means of reformation for this

class of persons. The Agnew-Bates Bill providing these features is receiving the unanimous support of authorities dealing with this problem both in New York City and throughout the state.

BOSTON ITEMS

BOSTON HOMŒOPATHIC MEDICAL SOCIETY. The regular monthly meeting of the Boston Homœopathic Medical Society was held in the Natural History Society Hall, Boylston street, on the evening of April 1st.

The subject of the scientific session was "Blood-pressure," which has recently been deemed of great importance from a clinical standpoint.

Dr. Percy G. Browne gave a paper on "High Blood Pressure as Beginning Evidence of Disease." Dr. Browne treated the subject with special reference to the vascular organs, heart, blood-vessels and kidneys. The latter organs he said came under this head organically for they are merely masses of blood-vessels held together with a little epithelial tissue. A pressure of over 150 as indicated by the sphygmomanometer showed danger in the future of some derangement of the circulation leading to serious disease of the vascular system. This remote prognosis gives the practitioner opportunity to warn the patient of possible contingencies and to help him in many cases to ward off an undesirable outcome to his condition. Dr. Browne showed and explained the working of several forms of the instrument and Dr. David W. Wells showed another and simpler model.

Dr. Frank E. Allard presented a paper on "The Relation of Blood-Pressure to Life Expectancy," and discussed the subject from the standpoint of the medical examiner. He claimed that the sphygmomanometer was a valuable acquisition to the life insurance companies for often an apparently first-class risk is transformed by the results of a blood-pressure test into a precarious one.

The interesting discussion which followed was conducted by Drs. F. P. Batchelder, S. H. Blodgett, and David W. Wells, questions being asked by members of the society and visitors.

TWENTIETH CENTURY MEDICAL CLUB.—The March meeting of the Twentieth Century Medical Club was held on the 17th inst., at the office of Dr. Lucy Appleton, 479 Beacon street.

Dr. Clara E. Gary gave a very interesting exhibition of the use of the leucodescent light and a general discussion of color influence in electricity. The remainder of the meeting was given over to a discussion among the members of the club as to the attitude of the Massachusetts Homœopathic Hospital toward women. Those who prepared remarks upon the subject were Drs. Sanford, Eliza B. Cahill, Lucy Barney-Hall, Eliza Taylor Ransome, Mary Leavitt and Eloise Sears.

The concensus of opinion was that women had not been fairly treated either as patrons of the hospital or as applicants for staff positions. As there is nothing in the by-laws prohibiting the appointment of women to either medical or surgical staff, the opposition which several such proposed appointments have received is unwarranted. There are women in the medical societies of the city and state who are perfectly well qualified to be members of both staffs. It is time, in the minds of the members of the Twentieth Century Medical Club for such individuals to receive proper recognition.

After the business meeting a collation was tendered the club by Dr. Appleton, and music was enjoyed.—GRACE E. CROSS, M.D.

Sunlight is Germ Killer.—The Worcester *Daily Telegram* of March 24 gave a full account of the address given by Dr. J. P. Rand, of that city, the seventh in a series dealing with the anti-tuberculosis movement. This particular subject was "The Prevention of Tuberculosis."

Special Announcement.—All arrangements are now completed for the fifty-fourth annual session of the Illinois Homœopathic Medical Association. The headquarters will be at the Sherman House, Chicago, where a special rate is made to visiting physicians and their families. A program has been arranged for the second week of May containing more attractions than any previous meeting in the history of our association.

The meeting will begin Tuesday morning, May 11th, at the Sherman House, when a number of important legislative and business matters will be brought up for discussion. Tuesday afternoon the president will deliver his annual address and the chairman of the legal defense committee will make a report covering the entire work done by this committee. The value of this insurance and the way in which it may best be utilized will be fully explained and several facts brought out which are not commonly known to the profession.

Wednesday will be devoted entirely to program work. Arrangements are being made by the organization committee for informal luncheons and dinners each day of the meeting giving opportunities for better acquaintance among the members. A special parlor will be provided for the use of the various committees and a representative of the American Institute will be present each day to assist in arranging for the annual meeting in Detroit one month later.

On Thursday afternoon Dr. W. B. Hinsdale, dean of the Homœopathic Medical College of Michigan University, will deliver an address upon "Some Present Day Medical Problems." Thursday evening there will be an informal banquet at six o'clock at the Sherman House followed by the report of one of the most important bureaus. Friday, May 14th, will be devoted entirely to clinics at Hahnemann Medical College, and luncheon will be served by the college to visiting physicians.

Friday evening the annual meeting of the Alumni Association of Hahnemann College will be held at the Auditorium Annex, followed by the annual banquet to the graduating class. Saturday morning, May 15th, at 11 o'clock the commencement exercises of Hahnemann College will be held at the Garrick Theater. Saturday afternoon a special train will run via the Rock Island to Ottawa, Ill., where all visiting physicians are invited to spend Sunday as the guests of the Buffalo Rock Tent Villa. Full details of the program will be found in the annual circular which will be mailed to all members in advance of the meeting. Further information may be had by addressing the secretary.—BURTON HASELTINE, M.D.

New Jersey State Society.—The annual meeting of the New Jersey State Homœopathic Medical Society will be held at Atlantic City, with headquarters at the Hotel Chalfonte, on June 1st, 2d, and 3rd. It had been planned to hold the session at Cape May, but owing to a change of management of the hotel, it was impossible to persuade them to open the hostelry in time for the meeting, hence the change of location. Dr. Adams, the president, has the program well under way, with fourteen papers already promised, and hopes of more. He hopes that the three days will be well filled with interesting sessions. The opening session, on Tuesday afternoon, will be a business session, when new officers will be elected and various amendments to the constitution considered. The scientific sessions will open on Wednesday morning and continuing through that day will be prolonged until all papers are read and discussed, on Thursday. It is hoped that the attendance will repay the work done by the president. The enrollment shows that a large proportion of the physicians of the state are members of the society, but the attendance at the meetings, and interest shown in the work of the organization, is discouragingly apathetic.

The Homœopathic Hospital of Essex County, New Jersey, is prospering, if one may judge from the reports presented at the annual meeting, held at Newark on April 12th. Dr. G. Herbert Richards of Orange, was in charge of the meeting as president of the Board of Trustees. There are eighteen trustees, and the terms of four expired with this meeting. All were re-elected, among them being Dr. Charles A. Groves of East Orange. There are three auxiliaries to the hospital, in addition to the women's board of managers. The auxiliaries are situated in Newark, Orange, Glen Ridge, and Bloomfield. Of these that of the Oranges reported \$600 as the result of an entertainment given by the Paint and Powder Club. The Women's Board reported a total of \$1,900, in money given to the hospital during the year, \$1,500 of this being raised at a harvest bazaar held in Orange last November, and in addition supplies of food and linen were given to the hospital and nurses' home. The treasurer reported that the total collections for the year were \$18,080.80 and that there was a cash balance of \$451.34. It was also stated that a note had been given to one of the trustees five years before for \$5,000. This trustee, Mr. Wm. J. Rogers, had stated that he would cancel this note provided that the money were turned over to the building fund. There was considerable discussion as to a new site for the hospital, but no definite conclusion was reached. An entertainment for the benefit of the hospital was given under the auspices of the auxiliary of Newark on April 21st. Mrs. Mary Elizabeth Cheney gave a recital on "Three Centuries of English Ballads." She was assisted by Mr. Otto K. Schill, violinist.

The Osteopaths have had another set-back in New Jersey. After considerable lobbying, a bill was prepared which gave them legal recognition, but it was prepared by the medical profession. As passed by the Senate, the bill gave them a representative upon the State Board, and defined the practice of medicine, so that it made it illegal for them to give drugs or use instruments. It also required the same preliminary and medical education as is required for the applicants to practice medicine. But the osteopaths claimed that the privileges granted were not enough, and by their influence, and it is said with the help of the druggists, whose prescribing the

bill also curtailed, the bill was defeated in the Assembly. So the battle will arise afresh at the next meeting of the legislature. The three branches of the medical profession have stood together in the fight, and so far have won all the engagements.

American Institute Meeting.—The executive committee of the American Institute of Homœopathy met in New Orleans at the time of the meeting of the Southern Association, and named June 21 as the day for opening the next meeting of the American Institute in Detroit, Mich. The new million dollar Y. M. C. A., was selected as the meeting place. Over 100 new members were elected to the Institute, this being an innovation from former practice of electing new members only at the time of meeting.

Homœopathy Recognized in Denver.—Professional women, especially those in the medical world, feel highly elated over recognition accorded them by the county commissioners. One of their number has been appointed county physician, and quite a few have been honored with appointments on the county hospital staff. Dr. Margaret Hofer Beeler, graduate of the Denver Homœopathic Medical College, was one of the appointees. A banquet was indulged in by many professional women at the Brown Palace hotel, Saturday evening, February 6th, at which time much pleasure was expressed that the democratic county commissioners had kept their promise to recognize the ladies in their appointments of county physicians and members of the county hospital staff. On this occasion Mrs. Catherine Cook responded to the toast, "Homœopaths," and Dr. Beeler, "Embryo Efforts." Before the conclusion of the meeting the following resolutions were unanimously adopted:

Whereas, The democratic members of the board of county commissioners of the city and county of Denver, John G. Prinzing, William P. Quarterman and Thomas Henry, have appointed as members of the county medical force, a woman county physician and seven members of the hospital staff, now therefore be it

"Resolved, That we, the members of the Professional Women's Club of Denver, express our hearty appreciation of their courtesy and fairness in giving equal recognition to woman practitioners.

"Resolved, That a copy of this resolution be spread upon the records of the club and copies be sent to Prinzing, Quarterman and Henry."—*The Critique.*

The Forty-third Session of the Indiana Institute of Homœopathy will be held this year in Indianapolis, Tuesday and Wednesday, May 25th and 26th. You will see from the following that the chairman of the various bureaus are wideawake and up-to-date homœopaths and they are going to have one of the best meetings of the Institute:

In surgery, H. H. Martin, M.D., of La Porte, Indiana, is chairman.

In materia medica, James M. Hicks, M.D., of Huntington, Indiana, is chairman.

In clinical medicine, John Walter Webb, M.D., of Indianapolis, is chairman.

In homœopathics, John H. Baldwin, M.D., of Jeffersonville, Indiana, is chairman.

The members of the Committee on Arrangements are W. R. Stewart, M.D., and Scott C. Runnels, M.D., both of Indianapolis. These latter gentlemen have it in their minds to have one of the

best entertainments for the first evening of the meeting that the members of the institute have ever attended, and all who have to do with this coming meeting are enthusiastic workers.—*Progress*.

Mortality from Pulmonary Tuberculosis.—The mortality from pulmonary tuberculosis in New York State, during 1908 as shown by the certificates of death filed during the year, was 14,316, which was 115 less than occurred during the previous year. While the death rate from pulmonary tuberculosis decreased from 171.0 per 100,000 population in 1907 to 167.5 in 1908, the percentage of all deaths due to tuberculosis increased from 9.8 to 10.3. The city mortality was 185.0 per 100,000 population and the rural death rate 123.0. A hopeful sign that the campaign of education being carried on for the prevention of tuberculosis is proving effective is found in the fact that the death rate from pulmonary tuberculosis in the cities is steadily decreasing, the rate having dropped from 203.5, average for the five-year period 1901-5, to 194.1 in 1906, 190.0 in 1907 and 185.0 in 1908, while in the rural districts, where instruction and preventive measures are lacking the rate has increased from 112.7 to 123.0 in 1908. If the provisions of the new tuberculosis law passed at the last session of the legislature are enforced throughout the state there is sure to follow a decided decrease in the deaths from tuberculosis during the next few years.—*N. Y. State Bulletin of Health*.

Tuberculosis Incubators.—The importance of thorough cleansing or disinfection of a house recently occupied by a consumptive before a new tenant moves in is indicated by the following experience related by Dr. F. Lansing Stebbins in a recent issue of the *Geneva Times*:

"About ten years ago a man whom we will call Mr. A. living in a tenant house on a farm near Geneva presented himself at my office for examination. He was found to be in the advanced stage of tuberculosis. About three months later he died. At that time his wife also showed signs of the disease. After this death, a new tenant moved into the house, whom we will call Mr. B. In 1903 Mrs. B. came to me for examination, she was found to be in the early stage of the disease. They continued to live in this same house for some time. I think a year or eighteen months, then they changed their residence.

Last month Mr. B. presented himself for examination and was also found to have contracted the disease. At the present time there is a third tenant in this 'incubator,' and I have heard indirectly that he has a cough."

Galactenzyme.—A "sour-milk" ferment triturate of active lactic bacilli, a modified culture of the bacillus of Massol of which so much has been written in the past few months. Galactenzyme is a very efficient product in the treatment of intestinal putrefaction and auto-intoxication. It is supplied in bottles of one hundred tablets nicely flavored with chocolate and vanilla, or plain as may be desired. In addition to this a special tablet of the same culture is supplied for the home production of Bulgarian "sour-milk." Bouillon cultures also are made to order for use as colonic injections, and for nose, throat and urethral work. Samples of the regular, edible tablets (mixed both plain and flavored in same package) will be sent by the Abbott Alkaloidal Company, on request to Chicago.

Internal Vaccination.—Those homœopaths in Iowa who believe in internal vaccination instead of the method usually employed, have won their fourth local case in the courts. In Red Oak the local board of health refused to accept the certificate of Dr. L. A. Thompson who had used variolinum to immunize certain pupils. An injunction was obtained from the courts restraining the school board from this exclusion on the ground that no board of health is empowered to dictate to a regularly licensed physician the method by which he shall treat his patients.

Neurasthenics.—It is found that neurasthenics and other nervous invalids, who are frequently obliged to drink milk freely, relish it better in the form of Horlick's Malted Milk, and derive more benefit from its use. In this food, pure milk with the cream, is enriched with the soluble nourishment of choice malted cereals, then subjected to a process of manufacture at a low temperature, eliminating the moisture. By this means, the solids of the milk are intimately blended with the nourishment of the malted grain, and sufficiently predigested to be quickly assimilated in depressed conditions. It contains a due ratio of the tissue building and energizing food principles derived from the best natural sources, and presented in a form that is very acceptable to fastidious patients.

Intestinal Flatulence.—Constant flatulence is a symptom of hepatic insufficiency, biliary stasis, and digestive inactivity, and leads to putrefaction. Chologestin, together with proper dietary restrictions, is recommended as a corrective of these four accompaniments of intestinal flatulence.

The Antiseptic Dressing for Burns.—The primary dressing should be made as early as possible to insure comfort to the patient and reduce the degree of shock. Dry dressings, heavy oils or salves should never be used, as they cause irritation and predispose to pus formation. Prompt applications of Glyco-Thymoline in a 50% to full strength solution to burns of the first degree prevent the loss of epidermis and relieve pain. When applied to denuded surfaces in burns of greater degree, Glyco-Thymoline prevents the formation of pus and by stimulation of the local circulation prevents stasis and decomposition.

Martial Therapy.—A neat specimen of the advertising man's art comes to the NORTH AMERICAN from the M. J. Breitenbach Co., to call attention once more to the valuable combination of metallic iron, manganese and digested albumen conceived by the German chemist, Dr. A. Gude, and marketed under the trade name of Pepto-Mangan (Gude). The therapeutic advantages claimed for this remedy are hematonic potency, distinct palatability, prompt acceptability and absorbability, lack of astringency.

Differential Diagnosis.—The Arlington Chemical Co., makers of Liquid Peptonoids, have from time to time issued brochures of much interest and considerable value to physicians. The most recent of these is Part I of an epitome of Differential Diagnosis, dealing with the infectious diseases, general diseases, exanthemata and anemias. This is well written, clearly arranged, and admirably illustrated by a number of colored plates.

Societies and Current Events

CONDUCTED BY - - - - -ALFRED DRURY, A.M., M.D.

Readers of the JOURNAL are cordially requested to send personals, removals, deaths and all items of general news to Alfred Drury, M.D., 552 14th avenue, Paterson, N. J.

Secretaries of societies and institutions are invited to contribute reports of their proceedings, and, as it is intended to make this department crisp and newsy, reports should be complete but concise. In order to be inserted in the current issue all matter should reach the editor by the tenth of the preceding month.

CORRESPONDENCE STAFF

Boston, Mass.—Grace E. Cross, M.D. New York.—Reeve Turner, M.D. ..
Chicago, Ill.—Della MacMullen, M.D. Philadelphia.—Chas. D. Fox, M.D. ..
Cincinnati, O.—J. R. McCleary, M.D. Providence, R. I.—R. S. Phillips, M.D.
Columbus, O.—C. E. Silbernagel, M.D.
Dayton, O.—W. Webster Ensey, M.D. Rochester, N. Y.—Wm. Ferrin, M.D.
Des Moines, Ia.—Erwin Schenk, M.D. San Francisco, C.—C. B. Pinkham, M.D.
London, Eng.—James M. Searson, M.D. Toledo, O.—Carl Watson, M.D.
Minneapolis—Norman M. Smith, M.D. Utica, N. Y.—C. T. Hains, M.D.
New Orleans, La.—Chas. Mayer, M.D. Washington, D. C.—A. H. Taylor, M. D.

PERSONALS

DR. J. PERRY SEWARD has taken a cottage a Riverside, Ct., for the summer.

DR. WILLIAM C. MCKNIGHT announces his removal to 164 West 72nd street.

DR. M. W. CONROW has removed his office to 55 East Fifty-fifth street.

DR. IRVING TOWNSEND is also now located at 55 East Fifty-fifth street.

DR. J. H. IRISH, of Syracuse, N. Y., is now located at 121 Green street.

DR. C. W. MULLER has removed his office to 339 East 87th Street, New York City.

DR. W. M. SLOAN, of Philadelphia, may now be consulted at 4825 Baltimore avenue.

DR. O. ANDERSON, Theatre Building, Houston, Tex., is now practicing in Alameda, Col.

DR. H. C. LEONARD, 416 Providence Building, Duluth, Minn., is now located in Aitken, Minn.

DR. T. C. ROBINSON, Los Angeles, Cal., has removed from the Mason Block to 62d and Compton Streets.

DR. CHARLES H. HELFRICH announces the removal of his office to 542 Fifth Avenue, corner of 45th Street.

DR. F. H. STOCKER, of Hartford, Conn., announces his change of address from 25 State Street to 112 Oakland Terrace.

DR. EDWARD GROVE, of San Diego, Cal., announces the removal of his office to Suite No. 505, Union Building.

DR. FRANK M. CUMMINS, of Warwick, N. Y., has been passing some weeks at Atlantic City.

DR. FISHER, of Chicago, lately took the scalp of Dr. A. B. Norton at golf at the Scarsdale Golf Club.

DR. L. B. DAWLEY, of West Brighton, N. Y., announces the change of his office to the corner of Dugan and Cedar Streets.

DR. AND MRS. KAUFMAN are to be felicitated on the arrival of a little daughter in their household.

DR. H. E. GRISWOLD, formerly of Girard, Pa., is now located at '5 E. Eighth street, Erie, Pa.

DR. ELLIN EASTMAN SCHENCK, formerly of Shirley, Mass., is now located in Ashley, Mass.

DR. C. S. JOHNSON, of Brooklyn, N. Y., announces a change of address to 232 Hancock street.

DR. GEORGE H. MARTIN has removed his office from the Marson building to Butler building, San Francisco, Cal.

DR. CHARLES McDOWELL has recently changed his address to 310 Kenmore Place Brooklyn, N. Y.

DR. JOHN M. BARDEN announces his removal from 300 Castle street to 107 Lafayette avenue, Geneva, N. Y.

DR. LUCY A. KIRK may now be consulted in The Gladstone, Dorchester, Mass.

DR. S. D. BODER, formerly of Peabody, Ind., is now practicing in Columbia City, Ind.

DR. E. V. GRAY has given up his office in the Rose Building, Cleveland, O., to accept a position on the staff of the State Hospital at Gowanda, N. Y.

DR. W. F. WEST, formerly in the Greenburg Building, is now occupying his new suite of offices in the American National Bank Building, Everett, Wash.

DR. FREDERICK K. HOLLISTER will be at East Hampton, L. I., from June 5th until September 28th. During his absence from the city his practice will be attended to by Dr. G. Carleton Dominick.

DR. EDWARD HILL BALDWIN, of Newark, N. J., has been re-appointed a member of the N. J. State Board of Medical Examiners by Governor Fort. His subjects will be Physiology and Materia Medica and Therapeutics.

DR. E. C. SWEET, of Chicago, the faithful treasurer of the Illinois Homœopathic Medical Association, announces that his office is now in Suite 1008, Masonic Temple. Hours 12.30 to 3 p. m., same telephone as before, Central 6633.

DR. GILBERT FITZ-PATRICK, of Chicago, has been appointed chairman of the Transportation Committee of the A. I. H., succeeding Dr. N. B. Delamater who resigned. As usual, party cars will be reserved for Chicago physicians and those passing through that city en route.

DR. WILLIAM J. MOSLANDER, of Camden, N. J., died on Wednesday, May 12th. Dr. Moslander had been ill for some time with tuberculosis, and unable to attend to his practice. He had practiced medicine in Camden for almost twenty years, and was a member of several secret societies, and of some medical organizations. His funeral, which occurred on May 15th, was conducted by a Camden Lodge of Free Masons.

DR. N. EMMONS PAINE takes pleasure in announcing that Dr. Edward Mellus is now associated with him in the care and treatment of nervous and mental invalids at the Newton Sanatorium and Newton Nervine, West Newton, Mass.

THE N. Y. OPHTHALMIC HOSPITAL needs assistance in the clinic. Dr. G. De Wayne Hallett whose hours are 2 to 4 P. M., Tuesday, Thursday and Saturday, writes to us, saying that he will welcome any physician who desires to work in his clinic, even for a short period of time, and will give him aid in acquiring a knowledge of refraction and diseases of the eye and ear.

DR. J. B. KINLEY, while presiding at a banquet May 13th, given by the faculty of the Denver College of Physicians and Surgeons, of which he was dean, to the graduating class, was stricken with apoplexy. He died a few moments later after he had faintly made a request for a glass of water. Dr. Kinley was fifty years of age, a native of Germany, and came to the United States when a child. Twenty-five years ago he went to Colorado and after teaching school in and around Castle Rock for several years he studied medicine, graduating in 1885. When the Denver Homœopathic Medical College was organized he became its dean and he continued to hold this position when, a year ago, the college became united with the Westminster college. Dr. Kinley was a mason of high rank and also belonged to the shriners.

NEW YORK NEWS

MATERIA MEDICA SOCIETY.—Is the New York Homœopathic Materia Medica Society entering upon another period of prosperity? Dr. Coleman, the new president, has prepared a program for the season consisting of papers by well-known specialists and general practitioners on subjects of interest to all. The last meeting, that of March 24th, held at the office of the president, inaugurated the series by a paper by Dr. John E. Wilson on nervous diseases and their treatment. The discussion gradually converged to the treatment of epilepsy, that bugbear to all physicians. Dr. Wilson's paper was listened to with great interest. The attendance was above the average, and all enjoyed the hospitality of the president of the society.

Owing to pressure of events, notes for the March issue of the *NORTH AMERICAN* were omitted. Hence the meeting of the Materia Medica Society at Dr. Stearn's house, on the evening of February 4th, has not been mentioned. The subjects were a discussion of *Allium Cepa*, and a demonstration of a card system devised by Dr. Vandenburg of Mount Vernon, N. Y. Dr. Vandenburg made this repertory from *Hering's Guiding Symptoms*. It seems to be of practical value.

PATHOLOGICAL SOCIETY.—Drs. Brown, Burt, Buchanan, Deady, Gaines, Hardy, Jones, Oberbeck, Rabe and, Townsend entertained the Academy of Pathological Science on February 26. The programme follows:

"Multiple Heart Lesions," (presentation of patient), H. G. Sloat, M.D.; "Epitheloma of Penis," (presentation of specimen), "Sarcoma of Penis," (presentation of specimen), Sprague Carleton, M.D.; "Two Cases of Duodenal Obstruction by Gall Stones," J. Perry Seward, M.D.; "Small Cell Sarcoma of Eyeball and Orbit," (presentation of specimen), Chas. C. Boyle, M.D.

The following were elected to membership: C. Herbert Church M.D., Newark, N. J.; Elwood M. Easton, M.D., Newark, N. J.; Edward W. MacAdam, M.D., 17 E. 184th street; C. H. Mersheimer, M.D., Jersey City.

The meeting of March 26th was entertained by Drs. Bagg, Beattie, Beers, Boyle, Keith, Paine, Riordan, Schall, and Turner. The programme was of great interest. Dr. W. H. Dieffenbach had

several cases present, showing the curative action of radium on birthmarks and epithelioma.

Dr. Bond Stowe exhibited a specimen of "Bilateral Metastatic Fibro-lympho Sarcoma of the Ureters, Secondary to Sarcoma of the Internal Anterior Mediastinum of Probable Thymus Origin. He stated that he could find no account in the records of any like condition.

J. E. Maeder, M.D., Hahnemann Hospital, Chester R. Brown, M.D., 212 Lenox avenue; Chas. E. Hastings, M.D., 163 West 140th street, were elected to membership.

SPEAKING OF DR. MILLS, he is running a tuberculosis clinic in connection with the Flower Hospital Dispensary, and in connection with his other special work along these lines. Flower Hospital can therefore be classed in the front rank with other institutions fighting tuberculosis.

FLOWER HOSPITAL has been assigned part of the Roosevelt Hospital district: that part extending from Forty-second to Seventy-sixth street west, to the North River. As a result, the hospital now has motor ambulances beside the horse-propelled, and business is booming.

The dispensary now has a district nurse.

THE WOMEN'S GUILD OF FLOWER HOSPITAL is doing good work giving supplies to the hospital as well as cash.

THE BABY HOMOEOPATHIC HOSPITAL, namely The Volunteer St. Gregory Hospital, has its Women's Guild also, which is already a success.

Officers of the Ladies' Auxiliary of the Volunteer St. Gregory Hospital: President, Mrs. Mary B. Thomas; first vice-president, Mrs. Fred S. Allen; second vice-president, Mrs. B. Burt Sheldon; secretary, Mrs. Ralph A. Stewart; treasurer, Mrs. E. S. Munson; guard, Mrs. Helen J. Andruss; chaplain, Mrs. Jennie Carson.

Meetings are held at the headquarters of the Volunteers of America, 34 West Twenty-eighth street.

DR. FREEMAN ST. C. HITCHCOCK married Miss Gladys Rylands, daughter of Mr. and Mrs. Thomas Rylands, in February, at the home of the bride's parents. Best man was Dr. J. B. Gregg Custis, Jr., Washington, D. C. Dr. and Mrs. Hitchcock will pass several weeks in the south, and then reside at the Marie Antoinette.

DR. KAUFMAN is around again after a serious illness. Welcome Louis!

DRS. McDUFFIE and LOIZEAUX have had recent additions to their families, which additions will later become students at the New York Homoeopathic Medical College.

DR. WILLIAM CLARK MCKNIGHT has removed to 164 West Seventy-second street. Hours 10 to 12, 6.30 to 7.30. Sundays: 11 to 12, and by appointment. Phone, 1032 Columbus.

COUNTY SOCIETY—All seats were taken at the meeting of the New York County Society Thursday evening, May 6th. Dr. DeWitt G. Wilcox read a paper entitled "The Education of Women Relative to Diseases Incident to the Menopause." He took the stand that abnormal conditions at this time were often not properly appreciated as being warnings of serious and perhaps fatal disease.

Rev. James B. Thomas, Ph. D., brother of Dr. Philip Cook Thomas, described in outline psychotherapy from the standpoint of the minister of the Gospel. It is unfortunate that his time was so limited. He described the methods of accomplishing "relaxation."

The old friend of the Society, Dr. H. Worthington Paige, described the "Influence of Heredity" upon the human race. He stated that the salvation of humanity consisted in the avoidance of "in-breeding," as the methods of the stock breeder could not be applied to human beings.

"Should not fumigation be more generally practiced and advised by physician," was the subject for informal discussion.

HOSPITAL CAKE SALE.—A very successful tea and cake sale was held by the Ladies Auxiliary of the Volunteer St. Gregory Hospital Thursday, May 11th, from three to ten p. m., at the Headquarters of the Volunteers of America, 34 West 28th St. The Volunteer St. Gregory Hospital is a homœopathic institution arranged by the Volunteers of America. The officers of the Ladies Auxiliary are as follows: President, Mrs. Mary B. Thomas; 1st vice-president, Mrs. Fred S. Allen; 2nd vice-president, Mrs. B. Bass Sheldon; secretary, Mrs. Ralph Stewart; treasurer Mrs. E. S. Munson; warden, Mrs. Helen J. Andruss; chaplain, Mrs. Jennie Carson.

PATHOLOGICAL SOCIETY.—As usual an interesting program was presented at the meeting of the Academy of Pathological Science held on the evening of April 23rd. It was as follows: 1. Floating Cataract, Present in Anterior and Posterior Chamber, According to Posture, (Presentation of Patient), G. De Wayne Hallett, M. D. 2. Pyorrhœa Alveolaris. The Unnecessary Disease, Frederick Crosby Brush, D. D. S. 3. Demonstration of the Examination of Stomach Contents, Roy Upham, M. D. 4. Osteomalacia, (Presentation of X-Ray Photographs), Joseph H. Fobes, M. D.

PRACTITIONERS WEEK at the the New York Homœopathic Medical College and Flower Hospital has come to a close, and was voted by all who were able to attend, amost instructive course of clinics. The attendance was good and seems to be increasing from year to year.

ALUMINI DAY, May 13th, the big day of the week, was filled with clinics at the College and Hospital. In the evening a meeting of the Alumni Association was held at the Waldorf-Astoria, followed by the annual banquet.

Dr. Walter Sands Mills was toastmaster and acquitted himself creditably. Dr. John Prentice Rand gave the annual address of the President of the Alumni Association. He was followed by Dr. C. C. Howard who spoke for the Class of '84 which celebrated its twenty-fifth year out of college. Hon. Robert W. Hebbard, Commissioner of Charities, gave some interesting facts concerning the homœopathic hospital on Blackwell's Island and promised for it a prosperous future. Hon. William B. Carey and Dean Copeland spoke for the College and Flower Hospital. Cyril H. Burdett, A. B. and John Haynes Holmes, D. D., spoke in complimentary terms of everything and everybody homœopathic.

THE COMMENCEMENT EXERISES at Mendelssohn Hall the evening of May 12th, were well attended. The arrangement to have these exercises in the evening of the day preceding Alumni Day seems to be an advantageous change from the old programs and does away with the rush formerly incident to Alumni Day.

Dean Copeland made the opening address. Hon. William B. Carey, President of the Board of Trustees, presented the diplomas to the sixteen graduates. Dr. W. E. Halfman received the first Faculty prize. Dr. W. D. Duckworth the second. The Alumni Trustees prize was presented to Mr. D. B. Hill.

Diplomas from the Metropolitan Hospital were presented to the graduates by Dr. Clinton L. Bragg, President of the Medical Board of that Hospital.

DR. GEORGE ROYAL, the new President of the Alumni Association, was unable to be present at the banquet. Dr. G. F. Martin accepted the gavel in his behalf.

CLASS DAY exercises of the graduating class took place at the College Tuesday evening, May eleventh. The President's address was made by Dr. R. S. Cooly. Prof. F. W. Hamlin addressed the class. The class history was read by H. E. Ayers, the class poem by H. L. Maps. The evening was closed with dancing.

THE NEW YORK HOMŒOPATHIC MATERIA MEDICA SOCIETY held a meeting on the evening of April 28, at the house of Dr. Willard Ide Pierce. Subject: Therapeutics of Skin Diseases, by Fredk. M. Dearborn.

The subject for the remaining meetings is as follows: May, Therapeutics of Scarlatina, Dr. J. T. Simonson; September, Therapeutics of the Eye, Dr. Royal S. Copeland; October, Therapeutics of the Nose and Throat, Dr. Chas. S. Teets; November, Therapeutics of the Ear, Dr. Geo. W. Mc. Dowell; December, The Relation of Laboratory Tests to the Homœopathic Prescription, Dr. Spencer Carleton.

BOSTON NOTES

BOSTON HOMŒOPATHIC MEDICAL SOCIETY.—The regular monthly meeting of the Boston Homœopathic Medical Society was held at the Natural History Hall, Boylston Street, Boston, May 6, 1909, at 8 P. M.

The scientific session consisted of a series of papers on Inebriety and Morphine Addiction. The subjects were all presented by experts in the treatment of these conditions and consequently were of especial value. The program was as follows: "The purpose of the State in Caring for Inebriates," by William H. Prescott, M. D., secretary of the Trustees of the State Hospital at Foxborough; "Hospital Treatment for Inebriety," by Irving H. Neff, M. D., superintendent State Hospital at Foxborough; "The Morphine Addiction," by Charles J. Douglas, M. D. Discussion of these papers was opened by Arthur H. Ring, M. D., of the Arlington Sanitarium, and S. H. Calderwood, M. D.; general discussion followed.

TWENTIETH CENTURY MEDICAL CLUB.—The April meeting of the Twentieth Century (women's) Medical Club was held on the evening of April 21st, at the office of Dr. Grace L. Savage, 535 Beacon St., Boston. A very interesting program was given.

The President, Dr. May E Mosher, presented an unusual and instructive case of pneumonia, a case of meningitis in a new-born infant and two cases of umbilical hemorrhage.

Dr. Myrick of the New England Hospital, reported a series of cases of typhoid fever occurring in children, one remarkable case running 103 days before a normal temperature was reached, and ending in complete recovery.

Dr. Grace E. Cross gave a paper entitled "Our Wayside Enemies," being an account of the poisonous shrubs and animals found in New England. After the scientific session refreshments were served.

The following extract from the *Boston Evening Transcript* of May 2nd, will doubtless be of interest to readers of the "North American."

The collection of pathological specimens of the Boston University Medical School, which has been on exhibition in Washington, New York and Philadelphia, during the past nine months, has been brought back to the school. It was first sent to the International Tuberculosis Congress held in Washington last summer. Many of the institutions were represented at the congress by excellent exhibits. Among these were Yale, Johns Hopkins, Maryland Medical School, Baltimore Medical School, University of Michigan, Phipps Institute of Tuberculosis in Philadelphia, the New York State Board of Health, the Pennsylvania Board of Health, Iowa State Board of Health. There were also a large collection from England, and a smaller one from Germany. The English collection was prepared by Professor G. Sims Woodhead and was composed of selected specimens taken from ten different museums of England, Scotland, and Ireland. This exhibit received the gold medal. The next award, the first silver medal, came to Boston University. From Washington the exhibit was taken to New York for several weeks, later going to Philadelphia. It is estimated that two million people saw the exhibit. The greater part of the specimens exhibited by the other competing institutions were mounted in accordance with the method first originated and devised by Dr. W. H. Watters of the Boston University Medical School, and now quite generally adopted for certain classes of work the world over.

MASSACHUSETTS HOMŒOPATHIC MEDICAL SOCIETY—The sixty-ninth annual meeting of the Massachusetts Homœopathic Medical Society was held on the morning and afternoon of April 14th, 1909, at Pilgrim Hall, Beacon St., Boston, and in the evening the Society's annual dinner was held at Young's Hotel, Boston.

The Society was unusually favored with distinguished guests, there being present Morton Prince, M. D., of Tuft's College Medical School; John Lovett Morse, M. D., of Harvard University; Thomas S. Southworth, M. D., of New York; Walter G. Crump, M. D., of New York; William A. Dewey, M. D., of Ann Arbor, Mich., and the Rev. R. Perry Bush of Chelsea

At the business session the following list of officers was declared elected for the coming year: President, Dr. Charles R. Hunt, of New Bedford; vice-presidents, Drs. A. Howard Powers of Boston, and Amanda C. Bray of Worcester; recording secretary, Dr. Charles T. Howard of Boston; treasurer, Dr. Thomas M. Strong of Boston; librarian, Dr. Caroline G. Wentworth of Newton; Censors, Drs. Edward E. Allen of Charlestown; Carl Crisand, of Worcester; Frank W. Patch of Framingham; Federick B. Percy, of Brookline, and Nathaniel R. Perkins of Dorchester.

In the course of the report of Westboro's Insane Hospital, Dr. Edward P. Colby stated that the institution is crowded to its utmost, having 980 patients. A new building has been applied for. The number of voluntary cases is steadily increasing showing a growing appreciation of the hospital. The continuous baths, lasting from 2 hours to 3 days, which are being used are proving most satisfactory in results.

There was a spirited discussion regarding the matter of the revision of the society's by-laws, which has been pending for some time. The object of the attempted revision was to make possible the affiliation with the central society of the various local societies. The society finally sustained the minority report of Dr. George H. Wilkins, which leaves the way open for future action along this line.

Under the head of Insanity and Nervous Diseases, the most notable paper was that of Morton Prince, M. D., Professor of Nervous Diseases, Tufts Medical College, on the subject of "The Psychological Principles and Field of Psycho-therapy." The paper was a masterly condemnation of the cardinal principles of the modern mode of treatment. It was of interest that Dr. Prince considers that it is a matter of indifference whether the subject of suggestion be in a sleeping or a waking state. Indeed he considers that only about 10% really requires hypnosis.

Under the report of the Committee on the Diseases of Children, Dr. John Lovett Morse, Professor of Pediatrics at Harvard University, gave an illuminating paper on "Infection of the Urine and Urinary Tract by the Baccillus Coli in Infancy."

Dr. Thomas S. Southworth, attending physician Nursery and Child's Hospital, New York, gave a very instructive paper on infant feeding. He made a special point of supplementary feedings with cow's milk during the time of weaning and discouraged the practice of frequent light feedings for infants with poor digestion.

Under the head of Obstetrics, Walter G. Crump, M. D., of the New York Homœopathic Medical College, presented a paper on "When and How to Empty the Uterus." Dr. Crump believes that 20% of all pregnancies which occur are interrupted, many of them criminally. He made emphatic the point that only when the woman's life is in danger is it allowable to interfere and said that in such cases the attending physician should share the responsibility with a consultant except in great emergency and also that after criminal abortions the physician called in should protect himself by a written statement of the facts in the case. Dr. Crump showed several forms of dilators to be used for the purpose of quick delivery.

July 1 to October 1 1908, at the Massachusetts Homœopathic Hospital. His statement of his routine practice of instilling into the

Under the report of the Committee on Clinical Medicine, Dr. George R. Southwick, who has wide experience in many foreign clinics, gave an interesting talk upon the "Advantages of Out-Patient Clinics." He stated that abroad students paid considerable fees for working with such material as in this country stands unutilized for want of sufficient interest in the profession to make the American clinics what they should be. This paper was followed by discussion as to the dispensary system in this country.

A 7 P. M., the members of the society and their guests, to the number of about 250, assembled at Young's Hotel for their annual dinner. After dinner, addresses were made by the retiring presi-

dent. Dr. Nathaniel R. Perkins, the president-elect, Dr. Charles R. Hunt, Dr. William A. Dewey of Ann Arbor, Mich., and the Rev. R. Perry Bush of Chelsea.

Dr Perkins considered in his address the oft-discussed subject of state-reciprocity and following his remarks, the society voted to act decisively in the matter at once. Dr. Dewey told of what the American Institute is doing in the way of securing students for the Homœopathic Medical Schools of the United States. The address of the Rev. Dr. Brush considered the reasons why physicians of all men should be full of faith in God and Immortality and should live always in touch with the eternal verities. He took up the subject from the standpoint of evolution, showed step by step how each creation reached out to something higher which it eventually attained and argued that the higher aspiration and outreachings of the soul of man implies the existence of that beyond and above him which shall at last be his fulfillment.

GRACE E. CROSS, M. D.

Atlantic City Homœopathic Medical Club.—The spring meeting of the society was held at the hotel Pennhurst, Friday, April 30th, the President, Dr. J. T. Beckwith, presiding. The spring meeting has been made an annual feature of the club and is looked forward to with pleasure by the members as well as by our visiting friends. The scientific session is made of special interest, it being our custom to invite men of special prominence in their respective branches to read papers and to be the guests of the club during their stay. The individual members of the club have the privilege of inviting as their guests any out of town physician whom they wish present. This brings a goodly number of men down from neighboring cities and makes the meeting of mutual interest and pleasure. This year Dr. O. S. Haines of Philadelphia, read a paper on "The Medical Side of Our Stomach Cases." Dr. Haines presented his subject in his usual clear and fluent style.

It was highly appreciated and discussed by Dr. R. Kingman of Washington, followed by Drs. Soppington, Tuller, A. Van Baun of Philadelphia, and D. C. Kline of Reading.

Dr. Geo. W. Roberts of New York, read a paper on "Infections of the Female Pelvis," with special reference to their operative treatment. Dr. Roberts gave his views on the subject in a very clear and pleasing manner. The discussion was opened by Dr. Jno. E. James, followed by Drs. N. F. Lane, Bushrod James, L. T. Ashcroft, and L. W. Thompson of Philadelphia.

The visitors were Drs. G. A. Roberts and A. B. Norton of New York; Drs. Rufus King, L. B. Swormstead and R. Kingman of Washington; Drs. A. D. Haines, Wm. A. Van Baun, L. P. Posey, J. J. Tuller, L. T. Ashcroft, Jno. E. James, Bushrod James, T. Louis Adams, H. S. Weaver Edw. M. Gramm, L. W. Toppington, L. W. Thompson, A. W. Yale, W. C. Baker, V. F. Lane, and J. B. Wurtz, of Philadelphia; Dr. Geo. C. Hallen of Germantown; Drs. H. F. Schwartz and D. C. Kline of Reading; Dr. N. A. Hilliard of Salem, N. J.; Drs. Geo. C. Woodward, L. A. Criscome

and Chas. F. Hadley, of Camden, N. J., and Dr. E. R. Richie, of Moorestown, N. J.

Members of the club present: Drs J. T. Beckwith, A. W. Baily L. D. Balliett, A. W. Ball, J. C. Bitter, L. H. Bewley, Allen Carson, J. R. Fleming, Wm. G. Gardner, I. N. Griscome, J. W. Hughes, M. S. Lyon, Albert Hanlon, M. L. Munson, H. I. Silvers, W. C. Sooy, A. D. Stickney, A. W. Westney M. D. Youngman, and Thos. Youngman.—ALLEN CARSON, M. D., Secretary.

The West Jersey Homœopathic Medical Society celebrated the fortieth anniversary of its birth on May 19th, at the West Jersey Homœopathic Hospital, Camden, N. J. As fitting this annual meeting was attended more largely than ever before, and the president and secretary with the assistance of many of the members, prepared an excellent program. After the regular business of the annual meeting had been transacted, the following scientific papers were presented and discussed: "Ulcers," by Wesley J. Barrett, M. D.; "Adenoids," from a General Practitioner's standpoint, by Dr. Alfred W. Westney; "Intestinal Obstructions," by Dr. Geo. D. Woodward; "Corneal Ulcer," by Dr. J. M. Hinson; "An Eye Case," The patient was examined by Dr. Hinson, who gave the diagnosis; Therapeutic Treatment, by Dr. Wallace McGeorge; "Phenol-Phtalein," by Dr. E. M. Howard.

'94 Reunion, N. Y. H. M. C.—Eighteen members of the Class of '94 of the N. Y. Homœopathic Medical College and Flower Hospital met at the Hotel Manhattan on May 12 and celebrated the 3rd quinquennial reunion. Dr. C. P. Hayward, of Elkhart, Ind., was the class president, and Dr. W. L. Love of Brooklyn, acted as toastmaster. In addition to the speeches provided for in the toast list, and which were contributed by Geo. P. Holden, Yonkers, N. Y., Hills Cole, New York, Edwin S. Munson, New York, Irvin P. Sherman, New York, and Eugene P. Roberts, New York, informal remarks were made by Horace G. Keith, Yonkers, Robert Walmsley, Brooklyn. The class officers for the ensuing five years are Robert Walmsley, Brooklyn, president; F. W. Bentley, Tonowanda, vice-president, and E. P. Roberts, New York, secretary. During the evening Dean Royal S. Copeland visited the gathering and gave a brief talk.

The Homœopathic Clinical Club of Camden and Burlington Counties held its regular meeting at the office of Dr. B. B. Powell of Moorestown, N. J., on the evening of May 7th. Dr. Powell, the essayist of the evening, read a paper on "Platinum." Refreshments were served after the meeting.

New Hospital Building.—The Board of Lady Managers of the West Jersey Homœopathic Hospital managed a "Tag Day" in Camden on May 15th. Over 100,000 tags were disposed of. The proceeds are for a new hospital building.

Dunham Club, N. Y. City.—Upon the evening of May 8th the "out-of-town" members of the Dunham Club entertained the society at a beefsteak dinner at Herrel's, in Amsterdam Avenue. Almost the full quota of members was present, which is the general rule and not the exception with all the Durham gatherings. This club was organized at Flower Hospital, Oct. 19th, 1894, by the resident physicians and a few congenial friends, and the occasion noted was its 13th meeting.

Societies and Current Events

CONDUCTED BY - - - ALFRED DRURY, A.M., M.D.

Readers of the JOURNAL are cordially requested to send personals, removals, deaths and all items of general news to Alfred Drury, M.D., 552 14th avenue, Paterson, N. J.

Secretaries of societies and institutions are invited to contribute reports of their proceedings, and, as it is intended to make this department crisp and newsy, reports should be complete but concise. In order to be inserted in the current issue all matter should reach the editor by the tenth of the preceding month.

CORRESPONDENCE STAFF

Boston, Mass.—Grace E. Cross, M.D. New York.—Reeve Turner, M.D. ..
Chicago, Ill.—Della MacMullen, M.D. Philadelphia.—Chas. D. Fox, M.D. ..
Cincinnati, O.—J. R. McCleary, M.D. Providence, R. I.—R. S. Phillips, M.D.
Columbus, O.—C. E. Silbernagel, M.D.
Dayton, O.—W. Webster Ensey, M.D. Rochester, N. Y.—Wm. Perrin, M.D.
Des Moines, Ia.—Erwin Schenk, M.D. San Francisco, C.—C. B. Pinkham, M.D.
London, Eng.—James M. Searson, M.D. Toledo, O.—Carl Watson, M.D.
Minneapolis.—Norman M. Smith, M.D. Utica, N. Y.—C. T. Hains, M.D.
New Orleans, La.—Chas. Mayer, M.D. Washington, D. C.—A. H. Taylor, M. D.

PERSONALS

DR. C. H. WINTSCH, of Newark, N. J., has been recently elected vice-president of the American Commercial Bank of that city.

DR. JOHN L. MOFFAT, of Brooklyn, announces that during August his address will be 476 Main Street, Orange, N. J. His practice will be in the care of Dr. Charles E. Paine, 653 St. Mark's Avenue, telephone 2385 Bedford, hours 8 to 1 and 7 to 8; Sunday by appointment only.

DR. BUKK G. CARLETON, 75 W. 50th Street, will keep his office hours on Wednesday mornings only during July and August. Dr. Sprague Carleton will be in the office every morning except Sundays. The evening and Sunday hours will be discontinued until October 1.

DR. E. P. SWIFT, of New York, will be at Rye, N. Y., until July 10th, and from that date until September 25th he will be at Lake Mohonk, N. Y. During his absence from the city his practice will be taken care of by Drs. P. C. Thomas and H. C. Sayre of 44 West 77th Street.

DR. CUSTIS, of Washington, D. C., announces the return of his son, Dr. J. B. Gregg Custis, Jr., who is now his associate, giving special attention to surgery, obstetrics and emergency calls. He will observe the regular office hours until September 20th, or otherwise by appointment. Dr. Birdsall continues as pathologist, microscopist and general assistant.

DR. W. H. VAN DEN BURG, 30 W. 48th Street, New York, will be in his office from 9 to 11 a. m. on Tuesday, Wednesday, Thursday and Friday of each week. During August and first half of September he will attend consultations only by previous appointment. Dr. P. C. Thomas and Dr. H. C. Sayre, 44 W. 77th Street, will see patients in Dr. Van den Burg's absence.

DR. T. M. DILLINGHAM, 8 W. 49th Street, is spending the summer months on Westover Farm, Marlboro, N. H.

DR. P. W. SHEDD, of 204 West 78th street, New York City, will spend the summer months in Lansdowne, Pa.

NEW YORK NEWS

THE NEW YORK MEDICAL COLLEGE AND HOSPITAL FOR WOMEN held the forty-sixth annual commencement Monday evening, May 31st, at the Waldorf-Astoria. The meeting opened with prayer by the Rev. Chas. F. Aked, who later made a forcible address. He questioned whether the new cults are not introducing old superstitions under new names and bringing back old foes with new faces. "The object of religion is to make us good. The object of these modern movements and cults is to make us comfortable. Comfort is a very comfortable thing. In proportion as these things grow scandals will increase. If the functions of the physician are usurped by one who possesses the temperament of the preacher and the habits of the priest you must look for disasters to result, and our last state will be worse than our first." Mrs. Belle De Rivera graphically pictured the progress of woman from an unrecognized existence a few generations ago to her present recognized position of co-worker for the good of humanity. The hippocratic oath was administered by Dr. Helen Cooley Palmer, dean of the faculty, to the four graduates, to which number the large freshman class of four years previous had been reduced from various causes. Mrs. Mary Knox Robinson, president of the Board of Trustees, conferred the college degrees, and Dr. Clinton L. Bagg the certificates of the Metropolitan Hospital. Dr. Boynton distributed the prizes, which were numerous and handsome: Freshman prize, No. 1, \$50, to Miss Lillian Martin; sophomore prize, No. 2, credit on tuition, \$50; junior prize, No. 3, usually consists in books valued at \$25 for the highest average in all subjects during the junior year, but the winner, Miss Rose Grosso, being an excellent student, it was decided to give her the equivalent in gold. The graduates are Dr. Lillian Burlingame, Dr. Frances Rieger, Dr. Augusta P. Schultz and Dr. Mary I. Sullivan. Each of these received prizes. Dr. Lillian Burlingame won the \$25 gold prize for the best report of the clinics of Prof. Sidney Wilcox, during the term. Dr. Augusta P. Schultz received a number of prizes and attained the highest average in the competitive examination between the men's and women's colleges, the man receiving honorable mention. The alumni banquet was given Wednesday evening at the Waldorf-Astoria.

THE METROPOLITAN HOSPITAL TRAINING SCHOOL FOR NURSES. On May 17 the new Nurses' Home of the Metropolitan Hospital Training School for Nurses was formally opened. Commissioner of Public Charities, Hon. Robert W. Heberd, presided at the opening exercises. The other speakers were Hon. Joseph H. Choate, Hon. Wm. Rhinelander Stewart, Hon. St. Clair McKelway, Mrs. Wm. Kinnicut Draper, and Dr. Royal S. Copeland.

Mrs. Draper gave a brief history of the school. All the speakers commended the work of Commissioner Heberd and expressed a hope that he might be reappointed at the end of his present term of office. In this they were but seconding the opinion expressed by Mr. Cary a few nights before at the alumni dinner of the New York Homœopathic Medical College.

The new nurses' home at the Metropolitan Hospital cost \$315,000. It is at the extreme northern end of Blackwell's Island and is most beautifully located. The building is of granite and is fire-proof. Each nurse is to have her own room and each room

has a fine view of the river with its never-ceasing panorama of interest. There are sitting rooms on each floor where the nurses may spend their hours off. On the first floor is a reception room, a dining room and a large lecture room. On the third floor is an infirmary for sick nurses, with a completely equipped operating room in case of need. The building will accommodate 114 nurses and every room will be occupied at once. It is expected that wings will be added to the home in the near future as the hospital is constantly growing.

This new building is without doubt one of the finest nurses' homes in the world, and when it is remembered that the Metropolitan is a homœopathic hospital, that branch of the profession has every reason to be proud.

The city administration is to be commended for its efforts to improve conditions at the hospital, and Commissioner Hebbard in particular.

BOSTON ITEMS

THE BOSTON UNIVERSITY SCHOOL OF MEDICINE COMMENCEMENT EXERCISES occurred in connection with the other colleges of the University at Tremont Temple on the morning of June 2, 1909. Eighteen graduates took their degrees in medicine, the places of residence being located all the way from Ohio to Nova Scotia. The number was somewhat larger than in the last few years, but it was notable that of the number only three were women.

VALEDICTORY AND FACULTY RECEPTION. The closing event of the Class Day of Boston University Medical School was the valedictory and faculty reception held in the college buildings Monday evening, May 31st, 1909. The valedictory was given in the amphitheatre of the old building, which was crowded with friends of the graduates and members of the profession. Addresses were made by President Huntington of the university; Dr. Charles Leeds, university trustee, and Dr. Nathaniel W. Emerson for the college faculty. The class valedictory was given by David Lorenzo Martin, Ph.D., M.B., and the class prophecy by Miss Olive Ella Smith, who amused those present especially by her clever characterizations of prominent members of the faculty. After the exercises a reception by the faculty and their wives, with dancing and a collation, took place in the Laboratory Building.

CLINICAL WEEK AT BOSTON UNIVERSITY, beginning May 31st and continuing for six days, was, as last year, a great success. Six hours of each day were filled with lectures, demonstrations and surgical clinics. The most prominent men and women in the homœopathic school took part in the exercises and gave their valuable time to present not only some cases which are rarely met with but suggestions embodying the latest developments in the art of healing, which should be of assistance to the regular practitioner in his daily work. The attendance was excellent, occupying during most hours all of the space available. It is notable that, as was the case last year, a large proportion of the medical men and women present were of old school affiliations. It is to be hoped that the "clinical week" at Boston University School of Medicine will come to be a permanent institution.

TWENTIEH CENTURY MEDICAL CLUB (WOMEN'S). The last meeting for the season was held at the residence and offices of Dr. Lucy Appleton, 479 Beacon Street, Boston, on the evening of May 19th, 1909. This being also the annual meeting, the list of officers

just elected to serve for the coming year was announced, as follows: President, Dr. Clara Whitman Reed, of Newton; vice-president, Dr. Bertha E. Ebbs, of Dedham; secretary, Dr. Grace Savage, of Boston; treasurer, Dr. Mary C. Swain, of Boston; auditor, Dr. A. S. Woodman, of Dorchester. A letter of greeting was read from Dr. Caroline E. Hastings, of Sharon, Mass., former professor of anatomy at Boston University School of Medicine, who was the first president of the club. Following the brief business meeting a social time was enjoyed and refreshments served. The history of the club for the past year has been one of both profit and pleasure and shows not only a good increase in membership and attendance but an unusually helpful series of papers, reports of cases, and clinical demonstrations.

THE MASSACHUSETTS SURGICAL AND GYNECOLOGICAL SOCIETY held its seventy-second session at Pilgrim Hall, Beacon St., Boston, at 3:30 P. M. June 9, 1909., it being the occasion of the semi-annual meeting and the report of the Bureau of Surgery, with Chas. T. Howard, M. D., Chairman, and Mary A. Leavitt, M. D., Secretary.

A review of the surgical progress for the year was given by Dr. Charles Howard. A paper on "The After Treatment of Prostate Cases" was presented by Dr. Harry J. Lee, M. D. with the discussion opened by W. F. Wesselhoeft, M. D. A consideration of "Some Helps in Surgical Technique, by Dr. Horace Packard, with discussion opened by Dr. Thomas E. Chandler, proved of special interest. Dr. Packard showed several pieces of apparatus, among them the improved Packard inhaler and the four-fold drainage tube used by him, appendicitis forceps, etc. (

The society was much disappointed at losing the promised paper on "Pseudo-Prostatic and Prostatic Experience and Observations" by Dr. Sprague Carleton, and Bukk G. Carleton, Dr. Bukk Carleton being detained in New York by illness.

At 7 o'clock in the same evening dinner was served to about 150 members of the society and guests at Youngs Hotel. The post-prandial exercises were especially enlivening. Dr. George E. May introduced as toastmaster Dr. Alonzo G. Howard who made an introduction speech full of humor and presented Dr. Horace G. Packard who gave an original adaptation of "Mr. Dooley on the Medical Profession." Dr. Packard delighted the audience in his new role, the text of the skit being clever and the delivery skilful.

Dr. Herbert E. Moore made a bright little address in place of Dr. Bukk Carleton, and Dr. T. De Witt Wilcox, who has recently come from Buffalo to locate permanently in Boston, responded to the toast "The Diary of a Doctor." Dr. Wilcox's address teemed with bright anecdotes and was tempered with touches of pathos, and brought to a happy close a most successful social meeting of the society and the working year of the homœopathic medical bodies in Boston.

GRACE E. CROSS, M.D.

The Homœopathic Medical Society of Ohio and The Homœopathic Medical Society of Michigan held a joint meeting at Hotel Secor, Toledo, O., May 4th and 5th, 1909, Dr. Lester F. Siemon, of Cleveland, president of the Ohio Society, and Dr. J. H. Ball, of Bay City, president of the Michigan Society, sharing the honors and the responsibilities of the presiding officer. The business meeting of each society was held on the forenoon of the first day, and the formal opening exercises

on Tuesday afternoon. The Mayor of the city, Hon. Brand Whitlock, welcomed the delegates and guests, and appropriate responses were made by Dr. H. F. Biggar, for Ohio, and by Dr. W. B. Hinsdale for Michigan. On Wednesday morning the societies, respectively, held a meeting for the election of officers for the ensuing year, with the following result:

Ohio society: President, Dr. Lincoln Phillips, Cincinnati; first vice-president, Dr. H. F. Staples, Cleveland; second vice-president, Dr. W. W. Ensey, Dayton; secretary, Dr. R. O. Keiser, Columbus; treasurer, Dr. T. T. Church, Salem; necrologist, Dr. D. H. Beckwith, Cleveland; censors, Drs. B. W. Dawley, Toledo; George H. Irvin, Orrville; J. W. Young, Bellefontaine; Joseph Danforth, Cleveland; Dr. C. A. Schulze, Columbus; William H. Smith, Cincinnati, and Martha A. McBride, Zanesville.

Michigan society: President, Dr. C. G. Crumrine, Detroit; first vice-president, Dr. William Delano, Grand Rapids; second vice-president, Dr. J. M. Griffin, Detroit; secretary, Dr. Dean W. Meyers, Ann Arbor; treasurer, Dr. R. M. Richards, Detroit; corresponding secretary, Dr. C. G. Jenkins, Lansing; necrologist, Dr. W. W. Barley, Detroit; board of control, Dr. D. T. Smith, Ann Arbor; censors, Dr. E. L. Orleman, Detroit; Oscar LeSeure, Detroit; J. W. Hutchinson, Sagwood; W. G. Paterson, Detroit; L. N. Tuttle, Holland; J. N. Reynolds, Grand Rapids.

The remaining time was occupied with the excellent program on which were the following: Dr. W. B. Hinsdale, Ann Arbor, Mich., "Tuberculosis in the Young;" Dr. Amanda Decker Holcomb, Mt. Pleasant, Mich., "A Guide to the Homeopathic Remedy;" Dr. Claude A. Burrett, Ann Arbor, "From Nosodes to Opsonines;" Dr. J. M. Wine, Dayton, O., "Preventive Medicine—A Triumphant March;" Dr. E. A. Hinsdale, New York City, "The Physician as a Sanitary Teacher;" Dr. W. Webster Ensey, Dayton, O., "The Effects of Alcohol, Tobacco and Coffee on Disease;" Dr. C. B. Kinyon, Ann Arbor, "Homœopathic Therapeutics of the Lying-in Period;" Dr. Hudson D. Bishop, Cleveland, O., "Indications and Technique of Pubiotomy;" Dr. C. E. Walton, Cincinnati, "The Surgery of Obstetrics;" Dr. Rollin H. Stevens, Detroit, "Preventable Ignorance and the Social Evil;" Dr. J. D. Buck, Cincinnati, "Man and the Theorem of Psychology;" Dr. Richey Horner, Cleveland, "Traumatic Insanity;" Dr. Oscar LeSeure, Detroit, "Is the Origin of Appendicitis in the Appendix?" and Dr. James C. Wood, "The Tragedy of the Gonococcus."

That the meeting was a success goes without saying. These societies hold that every one in the medical profession, enjoying full professional fellowship, incurs an obligation to uphold its dignity and honor, to exalt its standing and to extend its bounds of usefulness. With this object in view, every physician should identify himself with the organized body of his profession, as represented in the community in which he resides. The medical society constitutes the chief element of strength in the organization of the profession, and should have the active support of its members, and it should be made the instrument for the cultivation of fellowship, for the exchange of professional experience for the advancement of medical knowledge, for the maintenance of ethical standards, and for the promotion in general of interests of the profession and the welfare of the public. May the good work continue.

The Dr. C. E. Sawyer Sanatorium, Marion, O., was the

scene of the tenth annual commencement of the Ohio Sanatorium Company's Training School for Nurses, June 16th, 1909. The invocation was offered by Rev. C. W. Hensel. Dr. E. H. Pratt, of Chicago, delivered the class address. The diplomas were presented by Dr. C. E. Sawyer.

The Miami Valley Homœopathic Medical Society held its 97th session in the Phillips House, Dayton, O., Thursday, April 29th 1909. The inaugural address was delivered by Dr. Harry T. Miller, of Springfield, O. The following program was presented:

"Have Another; or, Some Advice on the Drink Problem," by Dr. Thomas M. Stewart, Cincinnati; "Professional Duty to the Mentally Afflicted," Dr. C. E. Sawyer, Marion, O.; "Post-operative Hindsight," by Dr. Charles E. Walton, Cincinnati; "Achyilia Gastrica," by Dr. J. E. Welliver, Dayton; "Pyloric Constriction," by Dr. W. H. Wiggers, Cincinnati; "As Others See Us," by Dr. H. E. Beebe, Sidney; Treatment of Burns and Varicose Ulcers," by Dr. H. H. Herman, of Dayton; and "The Care of Patients After Abdominal Section," by Dr. J. M. Bulla, Richmond, Ind. A feature of the program was "A new and necessary classification of kidney disease with the elimination of albumen as a necessary concomitant," presented by Dr. J. E. Studebaker.

The Ohio Valley Homœopathic Medical Society was reorganized at this meeting with a large roll in attendance. Dr. A. A. Roberts of Wellsburg, W. Va., was elected president; Dr. J. M. Fawcett of Wheeling, W. Va., vice-president; Dr. H. L. Wells of Cambridge, Ohio, secretary; Dr. W. T. Morris of Wheeling, W. Va., treasurer. Much enthusiasm was manifested, as this opens a large field of homœopathy to organization, much of which has been without a local society, and excellent meetings are anticipated twice a year.

Resolutions were adopted, declaring it the sentiment of the Society not to consolidate the American Institute of Homœopathy with the American Medical Association, and for the members of this society to maintain their dignity and individuality as homœopaths.

The next meeting will be held October 5, 1909, at Wheeling, W. Va.,

The West Virginia Homœopathic Medical Society held a meeting May 18, 1909, Wheeling, W. Va. The president Dr. W. R. Andrews of Mannington, W. Va., was in the chair and Dr. A. A. Roberts of Wellsburg, W. Va., served as secretary. Papers by Dr. John McCall of Wheeling, W. Va., on Pseudo-Bulbar Glossopharyngeal Paralysis, and Tetanus Treated Successfully were well received by the Society. Dr. W. B. McClure of Martins Ferry, O., presented a bone, which he had wired over six years ago with perfect union.

The Society was banqueted by the physicians of Wheeling, and in the evening was addressed by Dr. W. A. Dewey of Ann Arbor, Mich., on the Advancement of Homœopathy.

New Jersey State Homœopathic Society.—The fifty-sixth annual session of the New Jersey State Homœopathic Medical Society was held at the Hotel Chalfonte, Atlantic City, May 24th, 26th and 27th. President Adams had done an immense amount of work in order to make the meeting a success, and it was therefore somewhat of a disappointment that the attendance was not larger. But the papers were excellent, and some important items of business were transacted. The meeting was called to order at 2:30 p. m. on

Tuesday. The report of the secretary showed that there are now 225 members. It was noted that \$100. had been given toward the America Innstitute for homœopathic propaganda, and of this sum, \$75. was subscribed by the diffirent homœopathic organizations of the state. The necrologist, Dr. H. F. Datesman, of Passaic, presented extended obituaries of Drs. Joseph Shreve of Burlington and F. B. Mandeville of Newark, both of them senior members of the society, and Dr. H. C. Allen of Chicago, an honorary member.

Dr. Royal S. Copeland, Dean of the New York Homœopathic Medical College and Flower Hospital, was elected an honorary member. There were elected as ordinary members: Drs. W. F. Appleton of Passaic, David Posey Brown of Crosswicks, Isabel Drummond of Jersey City, E. W. Hamilton of Oakland, Frank R. Hughes of Cape May and R. W. Moister of Summit, bringing the membership to 231.

Amendments were made to the By-Laws providing for one meeting a year instead of two as was formerly the custom, and decreasing the term of years necessary for becoming a senior, from thirty years to twenty-five.

The address of the president was read by President Chas. F. Adams of Hackensack, and was a scholarly essay on the subject of Success. He said the common idea of success was the winning of large financial returns. But he emphasized the fact, that in professional life, while this usually comes along with the other, yet to merely attain wealth is far from being the highest ideal of the profession. He suggested that physician comes the nearest to success who, starting with the broadest possible education, takes the broadest possible view of life and engages in the broadest possible interests that do not conflict with his professional demands. The true physician must have an absolute love for his calling, total self-abnegation in its pursuit, tireless energy and an undaunted courage that fights on through wounds and even defeat, to the end, and then dies if necessary, but with sword in hand and face toward the foe." The address was received with manifest appreciation by the members, and President Adams was given the thanks of the society, not only for the address, but for his efforts to make a success of the organization during his term of office.

The remainder of the two days was devoted to the scientific sessions. By invitation, papers were presented by Drs. Wm. H. Bishop and Sprague Carleton of New York and Drs. C. Sigmund Raue and G. W. MacKenzie of Philadelphia. Dr. R. F. Rabe of New York, an active member of the society, gave an excellent paper on The Selection of the Simillimum in Difficult Cases; Drs. C. H. Wintsch and H. I. Silvers presented papers under the bureau of surgery; Drs. Nathan Thorne and E. R. Richie under the bureau of obstetrics; Drs. E. S. Sheldon and G. M. Ockford under the head of sanitary science, while O. O. and L. work was treated of by Drs. E. M. Howard and Howard Ivins.

The officers elected were: President, Dr. L. E. Griscom, of Camden; vice-presidents, Drs. Carl H. Wintsch of Newark, A. W. Atkinson, of Trenton, and F. P. Ekings, of Paterson; recording-secretary, Dr. Alfred Drury, of Paterson; corresponding secretary, Dr. C. F. Hadley of Camden; treasurer, Dr. L. E. Hetrick of Asbury Park. Censors: Drs. E. R. Ritchie, B. H. Garrison, Howard Iszard, A. Katherine Klein and Chas. F. Adams.

Memorial Resolutions.— At a regular meeting of the Machaon Club held May 5th, 1909, a Committee was appointed to send the following resolution: WHEREAS we have learned that death has taken from our roll of honorary members, Dr. F. B. Mandeville, of Newark, N. J., and WHEREAS during the many years he was identified with us, he ever gave his support, and was ever a friend to the young physician, aiding in every way by his mature advice and counsel, and ever standing for the highest ideals and loftiest standard of professional ethics: be it RESOLVED, That by his death we have lost a loyal, true friend—one who by his modesty, geniality, sympathy, and valued counsel in time of need, endeared himself to all with whom he came in contact; also be it RESOLVED, That these resolutions be spread upon the minutes of the Machaon Club, and a copy be sent to his family, also to the NORTH AMERICAN JOURNAL OF HOMŒOPATHY and to the Chironian. COMMITTEE L. A., OPDYKE, M. D.

J. L. NEVIN, M. D.

CHAS. E. PUTNAM, M. D.

The Connecticut Homœopathic Medical Society, organized in 1851 and incorporated in 1864, held its fifty ninth annual meeting in the Hotel Garde, New Haven, Tuesday, May 18, 1909. The usual business meeting preceded the medical session which was opened by the reading of the president's address by Dr. Augustus Angell, of Hartford. The bureau of clinical medicine presided over by Dr. Hooker, presented "A Symposium on Rheumatism and Rheumatoid Diseases," by Drs. E. B. Hooker, Hartford; C. N. Payne, Bridgeport; Adelaide Lambert, New Haven; Harry Fifield, Southington, and Royal E. S. Hayes, Farmington; also a thesis on "Rabies," by Prof. H. W. Conn, Middletown; and an address by Dr. Royal S. Copeland dean of the New York Homœopathic Medical College, on "The Scientific Reasonableness of Homœopathy." The bureau of surgery, presided over by Dr. Chas. P. Haller of Bridgeport, contributed the following: "The Role of the Prostate in Chronic Gonorrhœa," by Dr. E. Everett Rowell, of Stamford, and "Surgical Treatment of Exophthalmic Goitre," by Dr. Wm. P. Lang, of New Haven.

The California State Homœopathic Medical Society held its thirty-third annual session in the Hotel Vendome, San Jose, May 12, 13 and 14, 1909. The address of welcome was delivered by Mr. Victor A. Schiller, president of the San Jose Board of Commerce, and greetings to the society on behalf of the local profession, were extended by Dr. J. J. Miller. These were followed by the address of the president, Dr. Pliny R. Watts, of Sacramento.

A symposium on "The Medical College of the Future," was presented at the opening of the scientific sessions, to which the following contributed: Dr. W. J. Hawkes, Los Angeles, "The Curriculum;" Dr. J. W. Ward, San Francisco, "The Needs;" Dr. Philip Rice, Berkeley, "The Methods." Among others contributing to the program were Dr. Sophus G. Boolsen, Oakland on Modern Methods of Detecting Tuberculosis and Their Value; Dr. Philip Rice, The Factor of Temperaments in Our Materia Medica; Dr. H. R. Arndt, San Francisco, The Homœopathicity of a Remedy to Certain Morbid Conditions; Dr. Lynn Carl Smith, Chico, Homœopathic Therapeutics as Applied to Surgery; Dr. Chas. F. Clark, Woodland, Milk and Its Relation to Public Health; and Dr. Wm. Simpson, San Jose, The Pleasures and Hopes of the Health Officer.

Massachusetts Homœopathic Hospital.—It is with even more than the usual amount of pleasure that the latest report of the Massachusetts Homœopathic Hospital has lately been read. Considering that this is but the thirty-ninth annual report, a comparatively short space of time, the degree of success that has been attained is truly remarkable, speaking in no uncertain manner of both the wisdom of the founders and the sagacity of the present management.

Without doubt the most important event in the history of the hospital during the past year has been the successful completion and opening for occupancy of the Haynes Memorial. This places homœopathy not on a level with any other branch of medicine in the treatment of contagious diseases, but even on a higher elevation, as it is the only institution of its kind in Greater New Boston, built by private philanthropy and suitable for all classes of patients. The trustees permit any qualified physician of whatever school, to take his private patients there and treat them himself. This seems not only fit and proper but it is an indication that the homœopath is willing to bring his work and its results into comparison with those of anyone else. While planned for one hundred beds, it has already accommodated one hundred and forty at one time, and has repeatedly had its capacity stretched to the limits. Much credit is given by the trustees, and we think it is certainly most deserved, to Dr. W. O. Mann, the superintendent of the hospital for the successful outcome of the work in the contagious department.

The total number of patients treated in all departments was 4,543, an increase of 13 over the preceding year. This was in spite of the fact that both the maternity and the children's buildings were closed on account of the financial stringency of the year. The former building has been sold and wisely so, as it was but imperfectly adapted to the purpose for which it was used. It is hoped that in the near future benefactions will be received in sufficient amount to allow for the construction of special buildings for each of these important branches. In the out-patient department 10,530 persons were treated, while 8,743 visits were made by the physicians and 3,187 by the district nurses at the homes of the needy poor. The daily average of free patients was eighty-one, a smaller number than has been reported for the past five years. The total mortality was 3.61; including medical, 11.71; surgical, 2.70, and obstetrical 1.17.

Taken in its entirety or in sections the report is well worth reading and is one of which the homœopathic profession throughout New England may well be proud.—*New England Medical Gazette*...

Roberts vs. Terry.—With reference to a notice which appeared in a recent number of the *NORTH AMERICAN*, with regard to the suit brought against Dr. M. O. Terry by Dr. Geo. W. Roberts, for services rendered to Mrs. Terry, the *NORTH AMERICAN* has been asked to state that Dr. M. O. Terry has never withdrawn from practice and that in the suit in question, he did not go upon the witness stand because the suit was brought against him and not Mrs. Terry, to whom the bill was sent, and because he was not worried over the possible verdict.

The Detroit College of Medicine held its forty-first annual commencement exercises Thursday, May 27th, 1909, in the Light Guard Armory, at 7.30 p. m.

Clean Out. Clean Up and Keep Clean.—"Abbott's Saline Laxative" (granular effervescent magnesium sulphate) simple, pure and true, efficient and non-irritating; said facetiously to "do the business and never gripe." It removes, en-masse, intestinal toxins, debris from indigestion, etc., leaving the way clean for the direct action of sulphocarbolates to do the "clean up" act. The Abbott Alkaloidal Company are the largest producers of the sulphocarbolates in America if not in the world.

Acute Prostatitis.—In the treatment of acute prostatitis salicylic acid internally in five-grain doses and Sammetto in tea spoonful doses tend to diminish the source of infection, reduce the existing inflammation and encourage resolution. If the urine is acid, citrate of potassium in ten-grain doses will aid in relieving irritation and tenesmus. As further measures for reducing inflammation, light diet, absolute rest in bed, free movements of the bowels and local application of heat by means of sitz baths, or hot-water bag, should be enjoined. If the sanmetto is kept up urinary retention is not likely to supervene, unless there is a previously hypertrophied prostate; in that case the bladder should be emptied. The prostate should not be massaged during the inflammatory state, but during the period of resolution massage will aid the process.

Post-Grippal Complications.—If there is one particular feature which characterizes the genuine influenzal attack, it is the decided and sometimes intense prostration that remains after the subsidence of the acute symptoms of the disease, oftentimes entirely out of proportion to the severity of the original grippal attack. An easily borne, readily assimilable hematonic may hasten recovery and Pepto-Mangan (Gude) is an especially eligible method of introducing ferric and manganic elements, without producing or increasing digestive difficulty.

Nervous Excitement.—In these strenuous times, when the mental functions are frequently taxed far beyond their powers of endurance, insomnia is only too common. Under these circumstances, Peacock's Bromides will often prove the logical remedy. They do not compel sleep, like hypnotics but, by allaying the existing nervous excitement, promote sleep in a normal manner. The patient awakens refreshed with a clear head, and no unpleasant sequelæ follow.

The nervous patient always suffers from a multiplicity of ailments, which are usually of a functional character and a fairly reliable index of the degree of actual enervation. The stomach and intestines are almost invariably involved, the derangement adding to the nervous condition and thereby creating a sort of "vicious circle." In this class of patients, no remedy manifests its beneficial influence so rapidly and pronouncedly as Gray's Glycerine Tonic Comp. Therefore it has one of its principal and rational indications in neurasthenia.

The Medical Era's Gastro-Intestinal Editions.—During July and August, *The Medical Era* of St. Louis, Mo., will issue its annual series of issues devoted to gastro-intestinal disease. The July number will take up the usual bowel disorders of hot weather and the August will be devoted entirely to typhoid fever. These issues always attract considerable attention. The editor will forward copies to physicians applying for same.

Book Reviews

Self-Control and How to Secure it. By Paul Dubois, Professor of Neuropathology, University of Berne; author of "The Psychic Treatment of Nervous Disorders," etc. Authorized translation by Harry Hutcheson Boyd of the Author's "L'Education de Soi-Meme." Cloth 337 pp. List price \$1.50. Funk & Wagnalls Co., New York and London, 1909.

This volume makes a valuable addition to the flood of light which Prof. Dubois has already shed upon the subject of self-control, and especially upon the want of it as contributing to the production of nervous disorders. It provides a philosophical and charmingly direct discussion on what self-control may accomplish and tells how it may be secured. The volume is intimate and personal and at once inspires the confidence of the reader and moves him to action. "Man is the only animal who does not know how to live," says Prof. Dubois, and hopefully adds "all this need not have been and should no longer be possible." The book is replete with optimistic glimpses of life as manifest in children—the chubby and smiling upon whom affection is lavished as well as the poorly endowed toward whom our keener sympathies should go out—and also in the adult who no longer exercises upon us the charm of childhood. A note of warning is given to throw no stone at him who has strayed from the right. Mankind is divided into two classes, makers of sorrow and makers of joy. All should work to increase the number of the latter and there is only one way to do it—by self-education. It is truly refreshing to have such sound principles for the uplifting of humanity so clearly, concisely and practically stated. The book will teach us to think and attain that foresight which will enable us to foresee the immediate and the future consequences of our acts and we bespeak for it the most hearty welcome by the members of the profession and the laity.

Human Physiology. An Elementary Text-Book of Anatomy, Physiology and Hygiene, by John W. Ritchie, Professor of Biology, College of William and Mary, Virginia. Illustrated in black and colors by Mary H. Wellman. Cloth VI + 362 pages. List price 80 cents; mailing price, 96 cents. World Book Company, Yonkers-on-Hudson, N. Y., 1909.

This book is intended for school use, and is the best of its kind it has been the reviewer's privilege to see. If our children grasp the facts about their bodies and their care presented in these pages, it should mean a far higher average of public health in coming generations. As is customary with school text books on physiology, a good deal is said about the effects of tobacco and alcohol upon the human system, but it is happily couched in much more temperate language than is usually the case. The facts about germ diseases are presented in very clear language. A little more might have been said with advantage about the household care of milk, and, in speaking of clothing, attention should have been drawn to the need for sensible shoes.

Gonorrhœa in the Female: Dr. Gove S. Harrington has a paper with this title in the *Chironian* for April. Most cases of gonorrhœa in the woman begin as leucorrhœa. It occurs most frequently in the urethra, next on the os uteri, and lastly in the vulva. In the vagina the disease may or may not be primary. In the uterus and adnexa it is always secondary. In acute cases the patient should remain in bed; the diet simple; much water should be drunk and the bowels kept regular. In cases where the vulva and vagina are involved, sitz baths or hot sterile water or normal salt irrigations should be used every three hours. In the vulva or vagina the inflamed parts should be painted with nitrate of silver, 30-40 grams to the ounce, every second day. With the treatment thus outlined, Harrington expects to cure his cases in two and a half to four weeks.

Pulmonary Hemorrhage: In the *Medical Times* for May, Dr. John B. Huber has an article on tuberculosis. His treatment for hemorrhage is of interest. He believes in morphine as a sedative in ordinary cases. He does not use ergot, ipecac, adrenalin or digitalis, thinking them all harmful. His other recommendations follow:—

Aconite lowers blood pressure; but it is very depressing. Amyl nitrite pearls should be broken and inhaled; the effect here will last but a few minutes when this procedure must be repeated. Nitroglycerin acts less promptly than amyl nitrite; but its effect is more lasting; to be efficacious it must be given in large doses up to 1/20 or even 1/10 of a grain. Sodium nitrite acts least quickly of these three remedies, but its action is much the more prolonged. Most enduring of all is erethrol tetranitrate, which may be given after the others (one or two half-grain tablets every 4 hours), when the hemorrhage is prolonged, or when we fear a repetition of it. Ice bags may be placed over the region of the cavity from which we assume the hemorrhage to come; placed over the precordium the ice bags may calm the nervous and perhaps the tumultuous heart. Turpentine inhalations are recommended for the lowering effect upon the blood tension. In desperate cases we elevate the limbs; and we ligate them in the hopes that the systemic nervous congestion thus induced may relieve the pulmonary congestion.

China off.—Expectoration.—A lady, aged thirty, had abscess at bottom of right lung, with expectoration of grey, white, stringy, tenacious mucus, full of lumps of white granules, blood and pus (shown by the microscope), cough loose, causing vomiting of food, with loud whooping spasms three or four times in succession. After the above symptoms had been cured, had occasional cough, expectorating lumps of whitish phlegm, full of black grains, size of a small pinhead. China 30x removed this expectoration in two days; no return, patient convalescent.

Zinc Metal.—Urinating.—A gentleman about forty-five cannot pass his water standing, but only when sitting down. Zincum, twelfth trituration, immediately removed the trouble. It had been generally brought on or increased by any kind of worry.

Societies and Current Events

CONDUCTED BY - - - ALFRED DRURY, A.M., M.D.

Readers of the JOURNAL are cordially requested to send personals, removals, deaths and all items of general news to Alfred Drury, M.D., 552 14th avenue, Paterson, N. J.

Secretaries of societies and institutions are invited to contribute reports of their proceedings, and, as it is intended to make this department crisp and newsy, reports should be complete but concise. In order to be inserted in the current issue all matter should reach the editor by the tenth of the preceding month.

CORRESPONDENCE STAFF

Boston, Mass.—Grace E. Cross, M.D. New York.—Reeve Turner, M.D. ..
Chicago, Ill.—Della MacMullen, M.D. Philadelphia.—Chas. D. Fox, M.D. ..
Cincinnati, O.—J. R. McCleary, M.D. Providence, R. I.—R. S. Phillips, M.D.
Columbus, O.—C. E. Silbernagel, M.D.
Dayton, O.—W. Webster Ensey, M.D. Rochester, N. Y.—Wm. Perrin, M.D.
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Minneapolis.—Norman M. Smith, M.D. Utica, N. Y.—C. T. Hains, M.D.
New Orleans, La.—Chas. Mayer, M.D. Washington, D. C.—A. H. Taylor, M. D.

PERSONALS.

DR. S. A. STACY, formerly of Coshocton, O., is now located in Eugene, Ore.

DR. J. M. GRIFFIN of Detroit, Mich., has removed from 106 Miami Avenue to the Lenox Apartments.

DR. CLARA E. GARY, 316 Marlborough Street, Boston, is spending the summer at Lake Winnepesaukee, N. H.

DR. F. H. BOYNTON, 36 West 50th Street, will be in his office Mondays and Thursdays during August and September.

DR. J. P. RAND has removed his office and residence from 820 Main Street to No. 5 Benefit Street, Worcester, Mass.

DR. A. B. NORTON, 16 West 45th Street, will be in his office after September 15th. During his absence Dr. Wm. McLean will be in his office daily.

DR. WM. H. VAN DEN BURG, 30 West 48th Street, will observe his regular hours after September 1st, in the meantime attending consultations only by previous appointment.

DR. JOHN L. MOFFAT of Brooklyn, will be at 476 Main Street, Orange, N. J., from August 1st until September 7th. All patients are referred to Dr. Charles E. Paine, 653 St. Marks Avenue.

DR. BUKK G. CARLETON of 75 West 50th Street, will be in his office on Wednesday mornings only, during August.

DR. SPRAGUE CARLETON will be in his office every morning except Sunday. Evening and Sundays hours will be omitted until October 1st.

DR. CHARLES DEADY, 151 West 73d Street, New York City, announces that he will be in his office between the hours of ten and one o'clock daily except Saturdays and Sundays, until September 10th.

DR. GEORGE F. LAIDLAW of 58 West 53d Street, New York, will spend the summer at Point Pleasant, N. J. He will be in his office in New York on Mondays, except Labor Day, from 8 to 12 M. Dr. Sloat will have charge of his office and visiting practice during his absence.

Societies and Current Events

DR. FRANK H. BLACKMARR announces that hereafter he will devote his entire attention to office and hospital practice of electrotherapeutics. Office 735-737 Marshall Field Building, Chicago. Hours, 11 A. M. to 3 P. M.

DR. JOHN E. WILSON, 616 Madison Avenue, will be at the Lake Placid Club, Essex Co., N. Y., until September 15th. During his absence, Dr. Wilson's patients are referred to Dr. Reeve Turner, 208 East 73d Street.

DR. C. E. LANE announces that hereafter his son, Dr. George E. Lane, who recently completed a course of post-graduate work in Flower Hospital, will be associated with him in his practice of medicine and surgery.

DR. BYRON G. CLARK, 25 West 74th Street, will be in his office Tuesdays and Fridays until September 15th. Communications will reach him at Rye, N. Y., P. O. 76; telephone, 74-L, Rye. Emergency calls will be attended to by Dr. D. E. S. Coleman and Dr. H. S. Sloat.

DR. C. E. FISHER of Chicago, has issued a reprint of his excellent paper on Dynamite and Other Emergency Surgery. Dr. Fisher gives the results of his experience as surgeon of MacArthur Brothers Construction Company who had charge of the building of many railroads. He attributes much of his remarkable success in the treatment of the numerous wounds that the handling of large quantities of dynamite and black powder make unavoidable, to the action of the homœopathic remedy in addition to the up-to-date surgical technique employed. He concludes with the statement "Particularly, also, has it been impressed upon my mind, as never before, even, that in the field of surgery the homœopathic similitum not only has the rightful place, but a place even more important, if that be possible, than was assigned to it by our late and lamented Helmuth in his most ardent homœopathic days."

'89 Reunion N. Y. H. M. C. and F. H. Eighteen members of the Class of 1889 of the New York Homœopathic Medical College and Flower Hospital met at Hotel Manhattan on the evening of Wednesday May 12, 1909, to celebrate the twentieth anniversary of their graduation. There were present Drs. Wood of Providence, R. I.; Jenkins of Binghamton, N. Y.; Morrison of Newark, N. J.; Bunn of Orange, N. J.; Schoffmeister of Ossining, N. Y.; Bowen, Connell and Opdyke of Jersey City; and Drs. Allen, Laidlaw, Mills, Tuttle, Sherman, Hull, Dowe, Horan, Roberts and Hallett of New York. It was suggested, and unanimously agreed to, that it would be desirable to have the word Homœopathic appear on the Flower Hospital ambulances that every one might know that the Flower was a Homœopathic Hospital. During the evening, the Dean, Dr. Royal S. Copeland, dropped in to say a few words, as he had at the reunions of the classes of '74, '79, '84, '94, '99 and '04. At all of these other reunions the Dean said a few words of greeting and then passed on. At the '89 reunion he felt more at home because he was an '89 man himself of the University of Michigan. In view of that fact the class unanimously voted to make the Dean an adopted member of its organization. Dr. Copeland accepted the implied honor in a few felicitous words.

Dr. Thomas P. Wilson died at the home of his daughter in Montclair, N. J., June 23d. Dr. Wilson was nearly 80 years of age and his death was not wholly unexpected. He was born in Huron county, Ohio, in 1831, educated in the academy at Norwalk and in the Cleveland Homœopathic College where he taught from the time of his graduation until 1872. He was then connected with the medical college at Cincinnati until 1878, when he went to Ann Arbor as dean of the homœopathic faculty. He retired in 1886 because of ill-health and since then divided his time between Detroit and Cleveland until about nine months ago he went to live with his daughter in Montclair. Besides this daughter, he leaves a son, Dr. Harold Wilson of Detroit, and a brother, Dr. N. B. Wilson of Cleveland. It is probable that his oft expressed wish to have his remains cremated has been respected. For over forty years, Dr. Wilson was one of the best known members of the profession in the country. He was an ex-president of the American Institute of Homœopathy, an active member of many other leading professional societies, and a generous contributor to the medical literature of his time. He was also widely known as a writer on philosophical topics and his essays on agnosticism attracted the attention of the learned professions all over the world.

The Homœopathic Medical Society of Western Massachusetts held its quarterly meeting at Cooley's Hotel, Springfield, June 16, 1909, the president, Dr. Clara A. Sweet, presiding. The bureau of surgery, with Dr. Robert F. Hovey as chairman, presented the scientific program, as follows: Obstetric Surgery by Dr. DeWitt G. Wilcox, associate surgeon to the Emerson Hospital, Boston; Radium—Its therapeutic value, with special reference to inoperable conditions, by Dr. Wm. H. Dieffenbach, professor of electro-therapeutics, New York Homœopathic Medical College and Flower Hospital; an Unusual Case of Prostatitis, by Dr. J. H. Carmichael, and a report of cases by Dr. R. F. Hovey. Dr. Pliny R. Watts of Sacramento, Cal., a former president and honorary member of this society, died of acute hemorrhagic peritonitis on June 1st, 1909, and in view of his intimate and continued connection with this society, it caused to be placed upon its records the following:

RESOLVED, By the death of our colleague, Dr. Pliny Read Watts, this Society has lost one of its most faithful and distinguished members. During his residence at Stafford Springs, Conn., he was almost always present at our meetings and contributed freely of his thought and experience to their success. To his larger field at Sacramento he carried with him that courage and enthusiasm which marks the true physician. His success there marks but the natural sequence of his attainments. The people trusted him, his patients loved him and the homœopathic profession of California honored him by electing him president of their State Society. He had hardly laid down the duties of his presidential office when he was called home.

He was a man of spotless character, a generous friend, a devoted husband, a loving father and had that kindliness of heart which made him dear to every one he met.

RESOLVED, That these resolutions be spread upon the records of this Society and that a copy of them be sent to his bereaved family and to the leading homœopathic journals of this country, to which he was a frequent contributor.

ERDIX T. SMITH, M.D., Secretary.

The Hahnemann Clinical Club held a quarterly meeting at the Trenton House, Trenton, N. J., July 15th, 1909 the president, Dr. David Posey Brown presiding. During the preliminary business session there were elected to membership Dr. Llewella Merrow of Trenton and Dr. Barclay Furman, of Flemington, N. J.; and Dr. Walter D'Arcy of Trenton was proposed for membership. Through the efforts of Dr. J. B. Garrison, Treasurer of the Council of Medical Education and Board of Propagation of the A. I. H., the sum of \$25. was subscribed for the propagation of homœopathy. The following scientific program was presented: The Use of the Uterine Curette, by Dr. E. M. Howard of Camden; discussed by Drs. Hadley and Atkinson. Homœopathic Remedies in Chronic Cases, by Dr. Llewella Merrow, of Trenton; discussed by Drs. Perkins, Griffith, Cornell, Atkinson, Howard and Ivins. Is Homœopathy Scientific? by Dr. C. Winfield Perkins of Princeton; discussed by Dr. Garrison. The Medical Profession, by Dr. David Posey Brown, Crosswicks, N. J. Among the members present were Drs. John McCullough, Alton S. Fell, William A. M. Griffith, V. A. H. Cornell, Llewella Merrow, Walter D. Arcy, Howard Ivins, Alvin W. Atkinson and R. S. Seibert, of Trenton; J. S. Shinn, Jamesburg, N. J.; B. S. Furman, Flemington, N. J.; and the following guests: Drs. Charles Hadley and E. M. Howard, Camden; J. B. Garrison and George F. Laidlaw, New York. Having done ample justice to the magnificent scientific feast prepared for those present, the inner man was catered to in a bountiful manner in the dining room of the Trenton House at six o'clock.

DAVID POSEY BROWN, M.D., President,
HOWARD IVINS, M.D., Secretary.

The New Jersey State Medical Society, at its last meeting at Cape May, decided to admit homœopathic physicians to its membership—on condition that they do not style themselves as homœopathic. So far as we know, no physicians of our school have as yet availed themselves of this cordial invitation.

Southern Homœopathic Medical Association.—The twenty-sixth session of the Southern Homœopathic Medical Association will be held in Hot Springs, Ark., November 15th, 16th, and 17th, 1909. We earnestly urge every homœopathic physician in the Southern states to become a member of the Association and aid in the work of propagandism now being carried on all over this country with more vigor than ever before in the history of homœopathy.

Organization and propagation are more imperative now than ever and it is a duty each one of us owe to the system of medicine we practice, to support our national, sectional, state and local organizations, if we are to maintain our rights before legislative bodies and secure the representation to which we are justly entitled in medical departments of state universities and other medical institutions of this country that are supported by taxation of the public. This can be done if we will all join together and work with this purpose in view.

The benefits of good and successful meetings for the propagation of homœopathy by the South are already apparent and aptly demonstrated by the results of the last meeting of the Southern in New Orleans, as quite a number of letters have been received from several different states making inquiry in regard to homœopathic treatment and in every instance they came from places where we have no

homœopathic physician. From this it is but reasonable to suppose that where there were representatives of our school, others consulted with them. This also renders invalid that old excuse, "I can never attend the meetings, so can derive no benefit from the organization," which we so often hear as a reason for not becoming a member of the Southern Association.

The last meeting of the Southern was one of the best held in many years and there is no reason why the next session at Hot Springs should not be even more successful if we will only work to make it so, but we must all work together with this purpose in view. Spasmodic efforts and occasional good meeting will be of little avail in the work of propagation. They must be continuous. We must have good meetings every year to accomplish our purpose and obtain lasting benefits, else the good one may do is lost before we hold another.

Let us again urge every Southern Homœopath to support the Southern by becoming a member, give it his moral as well as his financial support and contribute his mite to the cause. "In union there is strength."

EDWARD HARPER, M. D., President.

WM. A. BOIES, M. D., Secretary.

The Ohio Valley Homœopathic Medical Society will hold its fall meeting in Wheeling, W. Va., October 5, 1909. Dr. A. A. Roberts of Wellsburg, W. Va., is president and Dr. H. L. Wells, Cambridge, O., is secretary. No efforts have been spared to make this a most successful meeting and every homœopathic practitioner in this large field has now an opportunity to affiliate with a live organization of his own denomination. Will he do it? If so, it will help that much to establish more firmly than ever, and consequently perpetuate, the method of curing disease according to the law and principles of similars.

The Connecticut Homœopathic Medical Society has issued two neat booklets containing the transactions of the State Society for the years 1907 and 1908. The books are very attractively prepared and their contents show that although the society is not large, it is very active and accomplishes an excellent work.

The National Confederation of State Medical Examining and Licensing Boards held its nineteenth annual convention at the Hotel Marlborough, Atlantic City, N. J., June 7, 1909. The meeting was called to order by the vice-president, Dr. A. Ravogli, of Ohio, at 10:15 A. M. There were present Drs. Edwin B. Harvey and W. T. Councilman, Massachusetts; L. F. Bennett, Wisconsin; Charles A. Tuttle, Connecticut; F. C. Zapffe and A. D. Bevan, Illinois; W. J. Means, N. R. Coleman, J. A. Duncan, R. A. Baker and M. A. Jerome, Ohio; Abraham Flexner of the Carnegie Foundation; N. P. Colwell, of the Council on Medical Education; Henry Beates, J. C. Guernsey, Augustus Korndoerfer, C. B. Middleton, W. L. Northrop and D. P. Maddux, Pennsylvania; A. B. Briggs, G. P. Swarts and J. H. Bennett, Rhode Island; E. L. B. Godfrey, New Jersey; W. W. Potter, W. S. Ely, A. Van der Veer and A. T. Bristow, New York; F. S. Raymond, Tennessee; George Dock, Tulane University; W. H. Welch, Maryland and S. D. Van Meter, Colorado.

The minutes of the eighteenth annual convention, held in Chicago June 1, 1908, were read and approved, and Drs. Harvey and

Guernsey appointed auditing committee. After calling Dr. Guernsey to the chair, Dr. Ravogli delivered his address, consisting of an eulogy of the late Dr. Thomas J. Happel, and a thesis on "The Necessity of a Practical Test for Candidates in the State Examinations."

The report of the Executive Council was read by the Chairman, Dr. N. R. Coleman. Acting upon the recommendations contained in this report, a committee of five, all of whom are members of state boards, was appointed to investigate and report at the succeeding meeting of the Confederation on the subject of clinical instruction in medical colleges; and provision was made for the presentation of this subject by clinical teachers themselves. The Secretaries of each of the state and territorial examining Boards, and of the District of Columbia, were appointed as a Committee of Official Correspondents of the Confederation.

Dr. N. P. Colwell then read a paper on "The Need, Methods and Value of Medical College Inspection," following which the report on Standing of Medical Colleges was read by Dr. James A. Duncan. These papers were discussed by Drs. Abraham Flexner, of the Carnegie Foundation; W. J. Means, R. A. Baker, Henry Beates, M. G. Motter, N. R. Coleman, Edwin B. Harvey, and F. C. Zapffe.

After a recess for luncheon, Dr. J. C. Guernsey read the report of the Examinations Committee. This report was referred to the Executive Council for further consideration, and on the basis of recommendations contained therein the following resolution was adopted.

WHEREAS, A mixed examination, oral, practical and written, of applicants for medical licensure in every state is important, therefore be it,

RESOLVED, That this Confederation earnestly recommends to the various state boards now restricted as to their methods of conducting examinations to take proper steps to secure amendatory legislation to enable them so to conduct their examinations.

Under the head of Symposium on Examinations, the following papers were presented: "Practical Versus Theoretical Examinations," by Dr. W. T. Councilman. "The Inadequacy of the Written Examination," by Dr. Edwin B. Harvey. "What Branches or Portions of Branches Should be Included in the Written, and What in the Oral Examinations?" by Dr. J. C. Guernsey. "Is It to the Best Interests of Students and Medical Examining Boards to Have Divided Examinations?" by Dr. William Warren Potter. "The Feasibility of Practical Examinations," by Dr. Augustus Korndoerfer. "How Can Practical Examinations be Graded and Recorded?" by Dr. L. F. Bennett.

Dr. M. G. Motter, as a part of the Secretary's annual report, reviewed briefly the work of the sub-committee on the "Teaching of Materia Medica and Therapeutics of the Council on Medical Education, A. M. A." The recommendations contained in this report were referred to the Executive Council, and the following resolutions were finally adopted.

WHEREAS, It is generally recognized that the time available

for instructions in Therapeutics, Materia Medica and Pharmacology does not suffice for the study of all the known drugs; and

WHEREAS, It is also recognized that the limited time can be devoted, to best advantage, to acquiring a thorough familiarity with the characters, actions and uses of the important drugs at the expense of those of doubtful or negative value; therefore be it

RESOLVED, That the National Confederation of State Medical Examining and Licensing boards urges upon its constituents the advisability of confining examination questions to the most important preparations of the most important drugs.

RESOLVED, That it recommends to their attention the report of the Sub-Committee on the Teaching of Materia Medica, etc., of the American Medical Association's Council on Medical Education; and be it further

RESOLVED, That the President of the National Confederation of State Medical Examining and Licensing Boards be, and he is, hereby authorized and instructed to appoint a committee of three to confer with the Council on Medical Education and to compile and report to this Confederation a list of the more important drugs and their preparation to which the examinations of the constituent boards may be confined, this list to be published by the Journal of the American Medical Association as with the approval and endorsement of the Confederation.

The several papers in this symposium on examinations were discussed by Drs. Dock, Northrop, Beates, Middletown, Van Meter, Van der Veer, Motter, Swarts, Harvey, Councilman, Korndoerfer, Bennett and Guernsey.

The auditing committee reported that the accounts of the Secretary-Treasurer had been examined and found correct.

Dr. H. L. Northrop, of Philadelphia, Pa., Dr. George MacDonald, of Washington, D. C., and Dr. A. B. Briggs, of Providence, R. I., were elected to membership in the Confederation.

The following officers and members of the Executive Council were elected for the ensuing year: President, Dr. A. Ravogli, Ohio; Vice-president, Dr. J. C. Guernsey, Pennsylvania; Second Vice-president, Dr. Charles A. Tuttle, Connecticut; Secretary-Treasurer, Dr. M. G. Motter, Washington, D. C.

Executive Council: Dr. N. R. Coleman, Chairman; Dr. Edwin B. Harvey, Dr. James A. Duncan, Dr. Henry Beates, Dr. D. P. Maddux.

The following committees were appointed: Committee on Clinical Instruction: Dr. Henry Beates, Chairman; Dr. Charles A. Tuttle, Dr. Fred C. Zapffe, Dr. M. J. Lewi, Dr. L. F. Bennett. Committee to Compile List of Drugs: Dr. M. G. Motter, Chairman; Dr. J. C. Guernsey, Dr. George MacDonald.

At 10:30 P. M. the Confederation adjourned to meet on the day preceding the annual convention of the American Medical Association in 1910 and at the place of that convention.

The American Confederation of Reciprocating, Examining and Licensing Medical Boards at its last annual meeting records the following progress, as reported by the Secretary:

"I have to report one additional state application for membership in the Confederation, viz., Utah.

"During the past year Texas has obtained a new medical act, creating a mixed medical board, which takes the place of the separate school boards formerly in existence. The secretary of the board

has announced that his board will reciprocate with other states under qualification No. I, only, but that at a future meeting of the board he will advocate the recognition of his board of qualification II, also.

"Also, during the past year the Homœopathic Medical Board of Maryland has entered into reciprocal agreements with other boards.

"At the meeting held in Chicago a year ago, two important committees were appointed, viz., a committee of College Inspection and Classification, and a committee on Conference with the Association of the American Medical Colleges, covering the adoption of a uniform standard of preliminary education. Three meetings of the former committee have been held, one in Detroit, 31st of last year, one in Chicago, December, last year, and in Cleveland yesterday. The Committee on Conference with Association of American Medical Colleges met formally at Cleveland at the annual meeting of the Association, March 17th. Both of these committees will submit to this meeting their reports.

A proposition from the President of the National Confederation of State Medical Boards was received, suggesting that the American Confederation and the National Confederation be dissolved, and that a new confederation be founded. This proposition of dissolving the American Confederation was not acquiesced in by your executive officers. Dr. George W. Webster, the President of the National Confederation, however, was informed that any propositions he might make on behalf of his association would be courteously received, discussed and considered at this meeting.

"The following boards are in active membership at this time: Georgia, Indiana, Iowa, Kansas, Maryland, Michigan, Nebraska, Nevada, North Dakota, Ohio, Oklahoma, Utah, West Virginia and Wisconsin.

"The following boards at the present time reciprocate under one or other of the qualifications of the Confederation, but are not actually in membership: Colorado, Delaware, District of Columbia, Illinois, Kentucky, Maine, Minnesota, Missouri, New Hampshire, New Jersey, New York, North Carolina, South Carolina, Tennessee, Texas, Vermont, Virginia and Wyoming.

Out of the Ordinary. Abbott's Saline Laxative has two features which distinguish it from the common run of saline cathartics: First, when taken in cool (not cold) water immediately on rising, it acts *once*, in an hour or two (a clean, satisfying flush) and usually no more; whereas ordinary salines keep the patient busy all day long. The annoyance of this when one is away from home or busy in business is great. Besides, there does not seem to be any failure in the action of this saline when used continuously for long periods—no habit forming necessitating increase of dose, but rather the reverse.

Pittsburgh's New Dispensary. As a memorial to the energy and perseverance of fifteen young women of the Dispensary Aid Society of the Tuberculosis League of Pittsburgh an airy and commodious dispensary building adjoining the Tuberculosis Hospital, Bedford Avenue and Wandless Street, erected at a cost of \$7,000, was dedicated on April 3. By private subscriptions, lectures and entertainments the band of fifteen raised every penny in a little more than a year. The president of the society is Miss Kate Spencer.—*The Survey*.

Homœopathic Enthusiasm in England. Dr. Margaret Tyler, an enthusiastic English homœopath, has started a fund, the income of which will be devoted to sending young medical graduates to the various homœopathic schools in America for instruction in the law of similia. As is well known, there are no homœopathic medical schools in England and the supply of young men to fill the positions made vacant by old age and death is limited. Dr. Tyler has already contributed \$15,000 toward the fund, which promises to rapidly become large. We extend to our English confreres our best wishes for their success and promise to exert ourselves to the utmost to live up to the expectations that they have of American homœopathy.—*New England Medical Gazette.*

Gastric Insufficiency. Weakness of the gastric muscles is responsible for a considerable proportion of all cases of indigestion. Immotility of the muscular coat necessarily means diminished secretion, and this added to mechanical insufficiency inevitably invites fermentation and putrefaction. It is then only a step to graver catarrhal disease with actual pathological changes which tend to progress and offer increased obstacles to successful treatment. In Gray's Glycerine Tonic Comp., however, the profession has a remedy that is said to possess extraordinary stimulating influence on the involuntary muscles of the body. As the muscle tissue of the whole alimentary canal approaches a condition of normal tonicity glandular secretions are increased and gradually but surely fermentation and its train of toxic tendencies are controlled and overcome.

Cleveland Loses Hospital. Contrary to the hopes of the Cleveland Anti-Tuberculosis League and its sympathizers, the special election recently held in that city on the \$250,000 bond issue for the erection of a municipal tuberculosis sanatorium resulted adversely. A majority of the votes was cast for the sanatorium, but, as a two-thirds majority is necessary, the question was lost. The Cleveland league inaugurated the campaign to secure the bond issue through a special committee composed of Harry D. Thomas, Norman C. McCloud and James F. Jackson, superintendent of the Associated Charities. The Chamber of Commerce gave its formal assent and the Associated Charities, churches and labor organizations, democratic newspapers and one republican newspaper joined in urging approval.—*The Survey.*

Gastro-Intestinal Irritation. John S——, age 32, white, was taken sick with a discharge of mucus from the bowels. He had tenesmus, griping pains, went to stool one hundred and twenty times the first twenty-four hours. He was given the ordinary treatment without any relief whatever. After the first forty-eight hours his bowels were washed out with a solution of hot water and Glyco-Thymoline two ounces to each pint of water. He was given a few doses of Dover's powder and a half a tablespoonful of Glyco-Thymoline in a little water every two hours. In forty-eight hours from the beginning of this treatment he was up and around. The constant vomiting he had disappeared after the third dose of Glyco-Thymoline.

Cystitis. In the treatment of all cases, rest in bed, with the hips elevated, will often give more or less relief from the strangury and the constant desire to urinate; by elevating the hips the urine accumulating in the bladder flows away from the most congested and sensitive part of the bladder. Heat to the perineum and above the

pubis, and hot sitz baths will greatly relieve the tenesmus, and to some extent lessen the congestion of the mucous membrane of bladder. Sanmetto can be freely given, each dose in wineglass of hot water, and if the urine is acid, potassium citrate will render the urine less irritating.

After Christian Science.—The annual report of the Massachusetts State Board of Registration in Medicine states that a definition of what constitutes the practice of medicine and a practitioner of medicine is most important, and is included in the medical practice laws of most of the other states, and the passage by the legislature of an amending section, as follows, is strongly urged: "Persons shall be considered, irrespective of methods of practice, as practising medicine within the meaning of Chapter 76 of the revised laws who shall assume or offer to assume the responsibility of determining the nature of disease, deformities or injuries to the human body, having in view the treatment of the same for the purpose of cure or alleviation." An attempt to enact a similar amendment last year called forth strong opposition from the Christian Scientists, and the Committee on Public Health finally recommended "no legislation necessary."

Enterocolitis and Cholera Infantum. The following advice from the pen of a well known Denver physician, will be found to be most seasonable and helpful, in the treatment of enterocolitis:

"Instead of opiates, which lock up the secretions and thereby favor auto-intoxication, relieve the muscular rigidity and the excruciating pain which is such a drain upon the vital forces by the use of Antiphlogistine as hot as can be borne over the entire abdominal walls and covered with absorbent cotton. If the patient is not too far gone, the effect will be astonishing. The little drawn-faced patient, who until now has been suffering severely, will in most cases soon quiet down; the agonized expression will leave the face and restful slumber supervene, thus starting the child upon the road to recovery."

Look Out for the Bottle Blowers' Union.—If your patient is a bottle blower and a member of the union be sure and give him his medicine in liquid form or as medicated pellets in a glass vial. The Bottle Blowers' Union of Gas City Ind., recently adopted a resolution pledging its members to refrain from the use of medicine in tablet form, because the "tablet" doctor uses pasteboard boxes instead of bottles, which is bad for business, don't you see!

Catheterization.—Cystitis has been found so often to follow not only a foul catheter but careless catheterism, that it is important to employ the most careful asepsis in the preparation of the patient, instruments and the operator's hands. And if the patient should essay to catheterize himself the above precautions should be enjoined upon him. After catheterization it is well to instill a few drops of a 1/1000 solution of silver nitrate to the trigonum and throughout the urethra, and to administer by mouth Sanmetto in teaspoonful doses, in a half wine-glass of warm water every two hours.

The Importance of Nutritive Repair in the treatment of all bodily disorders, associated with loss of weight and general vitality, is too patent to need more than passing emphasis, for instance, a tuberculous patient has been neglected, for any length of time, some

degree of anemia is almost always present. In such cases, an absolutely bland, non-irritant, readily tolerable and assimilable form of iron, such as exists in Pepto-Mangan (Gude), may be of benefit, by stimulating the formation of erythrocytes and hemoglobin, and thus augmenting the oxygen-bearing potency of the blood.

The Therapeutic Action of Prunoids. Prunoids produce their excellent therapeutic results by stimulating secretions, increasing the fluid content of the feces and only gently increasing peristalsis. They are extremely palatable, and easily taken by even young children. While prompt and decided catharsis follows their administration in six or eight hours, a mild and salutary laxative influence is observed for several days after the final dose of Prunoids.

Functional Neurotic Disorders. The various vital functions of the organism are so intimately associated and correlated that it is impossible to definitely attribute any chronic nervous illness to disease or derangement of *but one* of the great bodily systems, i. e., circulatory, respiratory, digestive, lymphatic or nervous. Neurasthenia, Nervous "Breakdown," Nervous Prostration, "Brain-fag" and allied states are usually but neurotic manifestations of some constitutional metabolic fault, which must be sought out and remedied if intelligent therapy is to be applied. Pepto-Mangan (Gude) stimulates and encourages oxygenation and nutrition, by furnishing the more or less impoverished blood with an immediately appropriate form of its vital metallic elements, iron and manganese. The vital stimulus thus imparted is often the one thing needful to initiate the substantial systematic "building up" process which must precede the desired recovery from neurotic disorders.

A New Book.—Dr. Robert Gray, of Pichucalco, Mexico, has written a most interesting book to which he has given the appropriate title, "Specific Medication." Dr Gray gives in the most open manner his experience with many drugs. About one remedy he says: "Anasarcin.—This has cured for me some of the most fearful cases of dropsy that I ever saw in all my long experience, not having failed me once." These words, strong as they are, will strike a responsive chord in the hearts of many physicians who have had similar experiences.—*Therapeutic Record*, April, 1909.

The following Societies convened in Detroit during Institute Week June 21st to 26th:—

The Surgical and Gynecological Association held a well attended meeting under the presidency of Dr. E. H. Pratt of Chicago. The program included 36 numbers, to which only brief reference can be made in so limited a space. The proper degree of anesthesia necessary for operative procedure was presented by Dr. J. W. Hassler of New York; Critical Surgery of the Cranium was the title of Dr. C. E. Fisher's paper; Dr. DeWitt G. Wilcox spoke on The Thyroid Gland; Dr. C. E. Walton described "A Dry Tap." The subject of drainage was presented by Dr. H. Mc D. Beebe, of Sidney, O. Other contributors were Drs. S. F. Wilcox, New York; S. W. Staads, Sioux City; J. H. Thompson, Pittsburgh; D. T. Smith, Ann Arbor and W. A. Paul, and N. W. Emerson, Boston.

The Obstetrical Society held its seventh annual meeting, presided over by Dr. Frank L. Newton, of Boston whose address gave a comprehensive review of the progress in the practice of obstetrics. Dr. Emma J. West, of Manistee described

two cases in successive pregnancies of post-partum hemorrhage from adherent placenta, and Dr. J. W. Cogswell of Iowa City described the management of labor complicated by organic heart lesion. Others on the program were Drs. D. A. Foote, Omaha; B. H. Ogden, St. Paul; F. J. Becker, Iowa City; H. C. Aldrich, Minneapolis; Peter Clark, Chicago; George W. Roberts, New York, H. F. Biggar, Cleveland; Wm. A. Forster; Kansas City; Olive O. Nelson, Huntingdon, Ind.; George R. Southwick, Boston, and W. S. Harvey, Chicago.

The Society of Neurology and Psychiatrics presented a truly scientific feast which was presided over by Dr. Frank C. Richardson of Boston. A number of alienists of national reputation appeared upon the program. Dr. W. W. Coles of Westboro reported two clinical cases of Friederich's ataxia; Dr. D. M. Gardner, of Caldwell, N. J., a Clinical Study of Psychasthenia; Dr. Spaulding of Norwich, Studies in Heredity. Other papers were by Drs. George F. Brewster of Middletown, N. Y., R. Monfort Schley of Buffalo; F. W. Wood, Chicago; S. C. Fuller and M. M. Jordan of Westborough presented further statistical studies in dementia praecox in women. Dr. J. Richey Horner presented "Traumatic Insanity," and Dr. Dale M. King, of Detroit, spoke on the care of the insane by the state.

The American Homœopathic Ophthalmological, Otolological and Laryngological Society, presided over by Dr. J. M. Patterson of Kansas City, Mo., presented 43 papers for the consideration of those present, also two clinics—one at Grace Hospital and one at the Hotel Cadillac. A notable paper was presented by Dr. John L. Shearer on "A Knowledge of Music and Tone Production as an Aid in the Treatment of Singers and Speakers." Dr. C. Gurnee Fellows described the effects of syphilis upon the eye; Dr. A. B. Norton told of some Cataract experiences; Dr. A. Worrall Palmer of New York told of the effects of syphilis upon the ear; Dr. John B. Garrison described the disorders of the larynx; Dr. Wm. F. Woodell of Los Angeles outlined the education of the deaf; other contributors were Drs. J. Ivimey Dowling, Albany; E. Mersch, Brussels, Belgium; G. A. Suffer, Boston; F. W. Beebe, Milwaukee; Isaac C. Soule, Kansas City; E. H. Linnell, Norwich, Conn., and G. W. Mackenzie of Philadelphia.

Homœopathy at the University of Minnesota. While all will regret that the College of Homœopathic Medicine of the University of Minnesota has been shorn of all its chairs save two (materia medica and therapeutics) the NORTH AMERICAN believes that the consensus of opinion must be that public support has no right to be given to an institution at which not a single freshman entered last year, and only three students, one senior and two juniors in all were in attendance. Commenting upon this change the N. Y. MEDICAL JOURNAL says: "The present feeling in the medical profession, unless we grossly misinterpret it, is to the effect that any physician has a right to practice in accordance with his convictions. It is to be expected we think, that the action of the University of Minnesota will be favorable to immunity in everything but admissible differences of opinion."

Lachesis.—Obstinate constipation; everything tastes sour Food becomes violently acid as soon as it reaches the stomach.

Societies and Current Events

CONDUCTED BY

ALFRED DRURY, A.M., M.D.

Readers of the JOURNAL are cordially requested to send personals, removals, deaths and all items of general news to Alfred Drury, M.D., 552 14th avenue, Paterson, N. J.

Secretaries of societies and institutions are invited to contribute reports of their proceedings, and, as it is intended to make this department crisp and newsworthy, reports should be complete but concise. In order to be inserted in the current issue all matter should reach the editor by the tenth of the preceding month.

CORRESPONDENCE STAFF

Boston, Mass.—Grace E. Cross, M.D. New York.—Reeve Turner, M.D. ..
Chicago, Ill.—Della MacMullen, M.D. Philadelphia.—Chas. D. Fox, M.D. ..
Cincinnati, O.—J. R. McCleary, M.D. Providence, R. I.—R. S. Phillips, M.D.
Columbus, O.—C. E. Silbernagel, M.D.
Dayton, O.—W. Webster Ensey, M.D. Rochester, N. Y.—Wm. Perrin, M.D.
Des Moines, Ia.—Erwin Schenk, M.D. San Francisco, C.—C. B. Pinkham, M.D.
London, Eng.—James M. Bearson, M.D. Toledo, O.—Carl Watson, M.D.
Minneapolis.—Norman M. Smith, M.D. Utica, N. Y.—C. T. Hains, M.D.
New Orleans, La.—Chas. Mayer, M.D. Washington, D. C.—A. H. Taylor, M. D.

PERSONALS

DR. GRACE E. CROSS, 581 South Broadway, Boston, Mass., spent the summer months at Sunapee, N. H.

DR. JAMES C. WOOD, 818 Rose Building, Cleveland, Ohio, returns from a two weeks fishing trip, September 7th.

DR. CLARA E. GARY has returned from her summer outing and may be consulted as usual at 416 Marlborough street Boston, Mass.

DR. PERCY L. BARNES, formerly of Atlantic City, has removed to West Virginia, where he will shortly open an office at Moundsville.

DR. JASPER W. COGLAN of Newark, N. J., has returned from his vacation at Allenhurst, N. J., and is once more at his office at 1009 Broad street.

DR. WILLIAM WELLS SANFORD of New Rochelle, N. Y., was married to Miss Ida Barbour Kroeger of Stamford, Conn., on the 12th of July. The young couple are now at their home on Webster avenue, New Rochelle.

DR. NINA J. STANSBURY, 15 Coventry Road, Cleveland, Ohio, spent the summer in New York taking post-graduate courses in obstetrics and operative gynecology.

DR. RUDOLPH F. RABE, 616 Madison avenue, expects to return from Mt. Arlington, N. J., September 25th. Until then he will be in his office Tuesdays and Fridays, from 10 a. m. until 2 p. m.

DR. CHARLES P. BEAMAN, of Ithaca, N. Y., is obliged to dispose immediately of his large practice, among university people, and wishes to get in touch with a well-equipped man at once.

DR. JOHN L. MOFFAT of Brooklyn, N. Y., has resumed his practice at 113 Dean street. Hours: Until 12 m. and 6 to 7 p. m. Sunday by appointment. Diseases of the eye, ear, nose and pharynx.

DR. J. PERRY SEWARD, 200 West 70th street, will spend the first twenty days in September at Riverside, Conn., making daily visits to his office, however, from 11 to 12 o'clock. Patients are referred to Dr. Guy B. Stearns, 119 West 82d street

DR. GRACE E. HEATH, 265 Water street, Gardner, Me., successfully convalesced from a few months illness and has again resumed the routine of professional life at her new address as above.

DR. JOHN E. WILSON, 616 Madison avenue, will return from the Lake Placid Club, Essex County, N. Y., and resume his regular office hours, September 16th. During his absence from the city patients are referred to Dr. Reeve Turner, 208 East 73d street.

DR. HARVEY FARRINGTON, of Chicago, announces that he has moved to the residence of the late Dr. H. C. Allen, 5142 Washington avenue, where he may be consulted from 8 to 10 a. m. and 6 to 7:30 p. m. Telephone, Hyde Park 90. Hours and telephone at suite 900 Marshall Field Building remain unchanged.

DR. AGOSTINO MATTOLI, of Rome, Italy, had bestowed upon him the order of Knighthood, by the order of the Crown of Italy, March 11, 1909. In his letter of notification, the President of the Counsel of Ministers extends to Dr. Mattoli his congratulations "for this most merited distinction, light recompense of your work, so truly meritorious, for humanity," and adds: "I wish most sincerely that you may long continue your fertile studies, always assisted by that iron will and tenacity of purpose that have already conducted you, young in years, to the best results a scientist could desire."

Splendid Opening in a University City.—Owing to ill health, a large practice among University people requires immediate disposition. Well equipped man can gain a foothold at once in a well established practice. Apply without delay to

Charles P. Beaman, M.D., Ithaca, N. Y.

New York City Statistics reflect the value of public instruction in sanitary matters and stricter enforcement of the health laws as shown in the death rate during the past six months, which has never been so low for a similar period in the history of the consolidated city.

The American Institute of Homoeopathy Meeting.—A recent letter from the President of the Institute intimates that the Pacific Coast wishes a large attendance at the 1910 meeting. To that end a liberality of spirit and action will prevail at all times. As few appointments as possible will be made from the West—only such as will be of material help to the Institute. The chairmen of the various bureaux will be all east of the Rockies in order to encourage Eastern members to come to the Western meeting, and bring co-workers as well. Pacific Coast members will magnify their privilege as that of host, and aim to make all happy who come within their gates.

Broome County (N. Y.) Homœopathic Medical Society.—

The annual meeting of the Broome County Homœopathic Medical Society was held at the Hotel Bennett, Binghamton, N. Y., on June 17th with President Bernard Clausen presiding. Dr. Arthur B. Van Loon of Albany, president of the Homœopathic Medical Society of the State of New York, read an excellent paper on "Floating Kidneys." Dr. E. B. Nash of Port Dickinson, presented a paper on "Materia Medica with especial reference to Apis Mellifica." Dr. Joseph F. Roe gave a clinic on "Mycosis." The president of the society, Dr. Bernard Clausen, delivered the president's annual address and spoke of "The Golden Rule in the Practice of Medicine."

The society re-elected the officers of the past year. These are: President, Dr. Bernard Clausen; first vice-president, Dr. A. F. Merrell; second vice-president, Dr. Joseph F. Roe; secretary and treasurer, Dr. George F. Harris; censors, Dr. Edward E. Snyder, Dr. Lynn A. Martin and Dr. D. H. McGraw. An invitation was extended to the Homœopathic Medical Society of the State of New York to hold its meeting in this city next September. After the meeting, the members and their wives enjoyed a social time, with dinner in the private dining room at the Bennett. The genial president of the Broome County Society has had experience in arranging state society meetings, for no Jerseyman will forget the meeting held in Hoboken in 1905, when Dr. Clausen was president of the New Jersey State Society. We bespeak a big time for the New York State Society in Binghamton this month.

Sugar and Albumen. The Bulletin of the National Association of Credit Men is responsible for the statement that a young physician, whose practice did not exceed far beyond an occasional examination for a life insurance company, secured a position as credit man with a mercantile concern to add grist to the mill. For the sake of the reader unfamiliar with business procedures, let it here be said that a credit man is responsible for determining the amount of credit and terms to be granted by his firm to a customer. This Medical Credit Man asked his first applicant the following questions:

1. When did you first begin to blow your own bazaar?
2. What was your weight in cash at that time?
3. Has said weight increased or decreased since then?
4. Have you exposed yourself to drafts?
5. Have you ever had a break, a burst or a bankruptcy?

The answers being satisfactory he was moved to remark: "How strange! When, as insurance examiner, I found sugar and albumen I felt constrained to reject the application; as credit man I am forced to arrive at the opposite conclusion on the same findings—sugar as represented by profits, an all booming business—O. K., Mr. Smith, glad to have your business; please send us your orders."

Stick to Principles. That homœopathic physicians should adhere more to the Hahnemannian principle of homœopathy and care little what attacks are made upon them by other lines of the medical profession were arguments advanced, May 25, at the opening session of the forty-third annual meeting of the Indiana Institute of Homœopathy at Indianapolis.—*Lancet Clinic.*

Labor Unions to Build and Maintain Tuberculosis Hospital.—Permission has been granted by State Commioner of Health, Eugene H. Porter, M.D., to the Brooklyn Central Labor Union to build and maintain a tuberculosis sanatorium on Long Island.

The site in question is a beautiful tract of 5 acres on Long Island, owned by the Brooklyn Central Labor Union. It is easily accessible to the city of Brooklyn, so that the relatives and friends may visit their kin taking treatment at the sanatorium. It is intended to erect a two-story building at a cost of \$50,000.00, the building to contain one hundred single rooms for patients, arranged along balconies extended around the central administration building. The structure will be of wood with concrete exterior and hardwood lining, and will in all respects be modern and up-to-date.

There is a great need among working people for an institution where patients may go at a low cost without feeling that they are recipients of charity. In Brooklyn alone there are over 5,000 cases of consumption and hospital provision for less than 400. By the co-operation of more than 200 labor organizations, by endowing beds, paying sick benefits to members, and establishing a maintenance fund, it will be possible to sustain the hospital when once established. It will be conducted on the broadest lines, open to everybody, to outsiders as well as to members of labor unions.

State Examiners in Maine.— Every county in the State of Maine now has at least one medical examiner. The law authorizing their appointment was passed by the legislature last winter. The duties are as follows: Whenever a medical examiner is notified by the attorney-general, county attorney for his county or coroner for his county that any person has come to his death by violence, and that an autopsy is necessary, he shall immediately make a complete autopsy in the presence of the coroner who has the body in charge. The coroner and the medical examiner, if they deem it necessary, may summon one local physician as an assistant and witness, who shall also act as clerk and make a full and complete record of all the facts and circumstances tending to show the condition of the body and all vital organs and the cause and manner of death, which record shall be signed by the medical examiner and the assistant and delivered to the coroner.—*Lancet-Clinic.*

Homœopathy and Typhoid. The British Homœopathic Review recently contained an item to the effect that the Launceston Homœopathic Hospital, Tasmania, has, since its foundation, treated seventy cases of typhoid with but one death, and this case was "admitted in a moribund condition from perforation of the intestine." This seems to demonstrate that the homœopathic treatment of typhoid is considerably superior to the modern methods, which in London have an average mortality in that disease of 16.9 per cent. To be sure the results at the Launceston Hospital are exceptional, but still the average everywhere shows a very marked difference in favor of homœopathy in the percentage of deaths, while, when it comes to the sequelæ of the disease, the difference is still more marked.

A Club Offer.—Arrangements have been made for a combination subscription to the *NORTH AMERICAN JOURNAL OF HOMŒOPATHY* and the *Pacific Coast Journal of Homœopathy*, whereby a subscriber to both publications can save one dollar, the clubbing price for both journals being \$4. per annum.

The *Pacific Coast Journal of Homœopathy* is a vigorous exponent of homœopathy and prints the ideas of the bright men in homœopathy on the Pacific slope. Dr. H. R. Arndt is the editor.

Positions in the Metropolitan Hospital.—There will be three positions as House Physicians and Surgeon at the Metropolitan Hospital, New York, open on competitive examination to any physicians who have served one or more years as interne in a hospital. Applications may be addressed to Dr. E. P. Swift, 170 West 88th street, New York.

Our New Health Conscience.—Mr. Edwin Bjorkman, in the *World's Work* for August, emphasizes the fact that health is becoming more and more a determining factor in all individual and social movements. The expenditure for public health in the various states, what we spend for health purposes and how it is spent, are phases of the subject considered and most of the recent health legislation is traced to the vigorous anti-tuberculosis campaign. Mr. Bjorkman considers almost exclusively the official and legislative side of the national health movement.

Back Number Wanted.—Dr. C. H. Wintsch, 138 Fairmount avenue, Newark, N. J., desires a copy of the August number, 1900. Any subscriber having a copy of this issue to spare will confer a favor upon Dr. Wintsch by sending it to him.

The Gastric Neuroses.—In all functional derangements of the nervous mechanism of the stomach, Gray's Glycerine Tonic Compound may be found of extraordinary therapeutic value. Its action is manifold, manifested by an immediate influence on the gastric tissues and a substantial promotion of the general nutrition. As the secretory and motor functions are improved, the patient's whole condition is correspondingly benefited.

College Women in the Medical Profession.—Dr. Adelaide Doolittle Hoeffel sums up a paper on this subject as follows:

1. Since the admission of women to higher education, less than a century ago, they have placed themselves on the same intellectual plane with men.
2. Outside of economic reasons women go into medicine because of the wide field in which to express themselves.
3. Married women adopt the medical profession because of the greater earning capacity for the relatively less time consumed.
4. Women have not achieved their full measure of success in medicine because of prejudice against the sex and timidity on their own part.
5. Preventive medicine is the future medicine, and in it there is a distinct place for women by virtue of their love for painstaking detail work.
6. The future medical women must have a college training or its equivalent.—*The Clinique*.

Boils in and about axilla; scurfy, itching, moist herpetic eruption; pus continues to discharge from boils for an unusually long time, they no sooner heal than fresh ones appear—lycopodium.
—*Homœopathic Physician*, 1889.

The Personally Conducted School Girl, whose physical requirements are carefully looked after during the impressionable and formative period of life incident to the initiation of the menstrual epoch is more likely to successfully weather the stress and strain of the modern educational system than one who is not so carefully guarded. In spite of all hygienic precautions, however, the school girl is likely to become more or less chlor-anemic. In such cases the irritant forms of iron are worse than useless, because of their disturbing effect upon digestion and their constipating action. *Pep-to-Mangan* (Gude) is said to be free from these disadvantages and can be given as long as necessary without producing intolerance or gastro-intestinal derangement. Periodical blood examinations will evidence the prompt and progressive increase of red cells and hemoglobin, and the gradual return of color will show the general improvement of the patient.

Indecent Quackery.—Bills were introduced the past winter before several State Legislatures with a view to curbing indecent advertising in the newspapers of quacks and medicine vendors. We have reason to believe that all the States will soon enact laws that will impose such penalties as to suppress this nuisance. The object of such laws is to get at the "manhood restorers," "weak women specialists," "female regulators," the caterers to "ladies in trouble," abortionists, etc. Many of the better class of publications are now turning down this class of advertising, and it looks reasonable to think that lay literature will soon be subjected to a thorough fumigation and purification. The "men and women" specialists must go.—*The Medical Summary*.

Carbuncles and Kindred Conditions, says Dr. W. C. Frazier, of Carrizo Springs, Texas, I investigate just as I would any other ailment, correcting morbid conditions, both systemic and organic, by the use of proper remedies. Abbott's "Clean out, clean up, and keep clean" is the motto, and *Salithia* to effect with the *W-A Intestinal Antiseptic* (*Sulphocarbolates Comp. Abbott*) q. s. are the remedies of choice. While doing this, saturate with Abbott's calcium sulphide, an unexcelled product, and apply to the carbuncle a saturated solution of *Menthol Compound* (Abbott)—at least four tablets to one pint of water. The pain is relieved immediately and does not return, and that is the desideratum with the patient. That's all. Only keep it up till resolution is complete.

The Action of Sanmetto in Gonorrhoea may be explained in this way: Sanmetto has no direct germicidal action in the treatment of membranous conditions due to the invasion of the gonococcus. It should be borne in mind that sanmetto does not have any such directly germicidal influence. What it probably does is to set up in the mucous membrane a reaction to the inflammation or a nutritive toning up of the parts, which brings to the parts a sufficient reinforcement of leucocytes to overwhelm the germs—the gonococci. This view of the action of sanmetto explains the apparent aggravation which sometimes is set up in the treatment of chronic inflammation of the bladder and urethra, and a consequent sloughing off of shreds and purulent matter, causing the patient to think the sanmetto has made his case worse, but which really is but the smoke of the battle in which sanmetto is to be the victor and the gonococci the vanquished.

Book Reviews

Diseases of the Personality. By Professor TH. Ribot, Paris. Translated (with homœopathic annotations), by P. W. Shedd, M.D., New York. 142 pages. Cloth, \$1.00. Postage, 7 cents. Philadelphia. Boericke & Tafel, 1909.

The subject of disorders and alterations of personality has engaged many writers and its brief history of forty years, has been divided into two periods, during the first of which the spontaneous alterations alone were studied, and during the second, after the renaissance of hypnotism, the experimental or artificial disorders were chiefly considered. The author considers the former the more reliable and this work is the first of a series of three along these lines, namely "Diseases of Personality," "Diseases of Volition" and "Diseases of Memory." Prof. Ribot is a psychologist and philosopher, not a physician; and while not acquainted with homœotherapeutics, his work is most illuminative of the latter and may be considered as establishing on a scientific basis the homœopathic treatment of these morbidities. This volume is appropriately dedicated to Prof. William H. Dieffenbach by the translator.

The Food Tract. Its ailments and Disease of the Peritoneum. By A. L. Blackwood, B.S., M.D., Professor of Clinical Medicine and Materia Medica in the Hahnemann Medical College, Chicago. 359 pages. Cloth, \$1.75. Postage, 9 cents. Philadelphia. Boericke & Tafel. 1909.

A volume from the pen of this popular teacher and writer at once suggests the idea of a work that is brief, yet thorough. Dr. Blackwood aims to present the ailments of the "food tract" in as practical a manner as possible. Due consideration is given to etiology, pathology and diagnosis, and more than a corresponding amount of space has been devoted to the subject of diet and verified and modern methods of treatment, while theories and methods still unproven have been omitted. With its use, the desire of the author should be realized, "that the general practitioner may find in this work many things which shall render his cases of the diseases of the food tract more intelligent and more more satisfactory to treat, both for himself and for his patient.

A Text Book of Materia Medica and Therapeutics Characteristic, analytical and comparative. By A. C. Cowperthwaite, M.D., Ph.D., L.L.D. Tenth edition with an appendix, enlarged and including new remedies. 864 pages. Canvas, \$5.00, net. Half-morocco, \$6.00, net. Postage \$.28. Philadelphia. Boericke & Tafel, 1909.

The tenth edition of this work appears in response to the constantly increasing demand for Dr. Cowperthwaite's Text Book of Materia Medica of the remedies no new provings have been made, but the effects and uses of medicines given here are those verified by time and the clinical experience of generations of homœopathic physicians, and are sound to the core. A few new drugs have been added to the appendix. The large and cosmopolitan facilities of the new publishers will insure to the volume still wider attention than has been accorded in the past and so it will not only retain all old friends but make many new ones among those who yearly recruit the ranks of the grand army of homœopathic physicians.

Societies and Current Events

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Dayton, O.—W. Webster Ensey, M.D. Rochester, N. Y.—Wm. Perrin, M.D.
Des Moines, Ia.—Erwin Schenk, M.D. San Francisco, C.—C. B. Pinkham, M.D.
London, Eng.—James M. Searson, M.D. Toledo, O.—Carl Watson, M.D.
Minneapolis.—Norman M. Smith, M.D. Utica, N. Y.—C. T. Hains, M.D.
New Orleans, La.—Chas. Mayer, M.D. Washington, D. C.—A. H. Taylor, M. D.

PERSONALS

DR. H. P. BELLOWS has returned from his travels.

DR. H. E. MERRIAM, of Owego, is now located in Ithaca, N. Y.

DR. T. FRANKLIN SMITH is convalescing at Walter's Sanitarium.

DR. J. G. SARGENT, lately of Walville, is now practicing in Littlerock, Wash.

DR. CHARLES J. DOUGLAS, of Dorchester, Mass., has returned from his European trip.

DR. CARL H. WINTSCH, 188 Fairmont avenue, Newark, N. J., has returned from his vacation.

DR. A. WORRALL, of 250 West 57th street, New York, has resumed his usual office hours.

DR. WALTER A. JILLSON has removed from 15 Parker street to 283 Central street, Gardner, Mass.

DR. ARTHUR BESEMER announces his change of address from East Rochester, N. Y., to Marion, N. Y.

DR. J. H. McCLELLAND, of Pittsburgh, has returned from a pleasure trip to Fisher's Island, N. Y.

DR. LUCY APPLETON announces her removal from 71 Boylston street to 479 Beacon street, Boston, Mass.

DR. J. A. KIRKPATRICK, of Chicago, announces his removal to 453 East 47th street. Telephone Oakland 75.

DR. ALICE BURRITT, 1129 Fourteenth street, N. W., Washington, D. C., visited in New York the last two weeks in August.

DR. GRACE M. KAHRs announces the opening of her office at The Aklyde, 2 West 94th street, New York City. Telephone, "Riverside 1162."

DR. WM. MORRIS BUTLER, 507 Clinton avenue, Brooklyn, N. Y., from now on will keep his regular office hours, 9-1 p. m., 6-7 p. m., and Sundays 1-2 p. m.

DR. WM. H. VAN DEN BURG, 30 West 48th street, has returned to the city and can be seen from 9 a. m. to 12 m. during the week; Sundays and other hours by appointment.

DR. P. M. WEBSTER, of Long Beach, Cal., is giving up practice and contemplates removing permanently from Long Beach. The doctor has the well wishes of a host of friends, made during her busy career.

DR. NINA JENNINGS STANSBURY has recently opened a suite of offices in the Rose Building, Cleveland, O., and is one of the few women physicians of that city making a specialty of operative gynecology.

DR. JOSEPH H. FOBES, of New York, was married to Miss Mary Ann Corbin at her home in New Britain, Conn., on September 8th. Dr. and Mrs. Fobes will be at home at 230 West 59th street, New York, after November 1st.

DR. J. F. SILER, Medical Corps, U. S. Army, and Chief of Department of Tropical Medicine in the New York Post Graduate Medical School, has been sent to Peoria, Ill., to investigate the recent outbreak of Pellagra.

DR. WM. H. DIEFFENBACH spent the month of September on his farm at Stroudsburg, Pa., interrupting his pleasure, however, to attend the meeting of the Homœopathic Medical Society of the State of New York, at Binghamton the 14th and 15th.

DR. LEORA JOHNSON, 22 N. Clinton street, Iowa City, Ia., is retiring from active practice and wishes to dispose of her library, which contains many of the older journals and rare books on *materia medica*, etc. List of books and rates will be given on application to Dr. Johnson.

DR. J. P. RAND, of Worcester, Mass., recently gave excellent advice to those inmates of the Massachusetts Sanatorium for Tuberculosis who were expecting to return to their homes shortly. Dr. Rand is one of the trustees of the institution and his address was published in the *Rutland Journal*, the paper published at the Sanatorium.

New York State Society.—The forty-third semi-annual meeting of the Homœopathic Medical Society of the State of New York was held at the Hotel Bennett, Binghamton, on September 14th, 15th, under the presidency of Dr. A. B. VanLoon, of Albany. There was a good attendance of members and visitors, there being a registration of about 100.

As chairman of the committee on medical legislation, Dr. J. E. Wilson (New York) reported that his committee consisting of a member in each senatorial and assembly district would be thoroughly organized and in position to be of influence at the next

session of the legislature in connection with legislation affecting the medical profession or homœopathic interests.

The following nominations for officers were made (election takes place at the annual meeting in Albany next February)—president, Dr. W. H. Hodge, Niagara Falls; first vice-president, Dr. Horace Keith, Yonkers; second vice-president, Dr. A. R. Grant, Utica; third vice-president, Dr. Baker, Brooklyn; secretary, Dr. B. B. Clark, New York; treasurer, Dr. R. B. Howland, Elmira; necrologist, Dr. John L. Moffat, Brooklyn; counsel, Mr. E. Van Wormer, Albany.

The bureau work was of a high order, the papers as a rule being of more than usual merit.

Dr. H. A. Sanders (Brooklyn) collated "Some recent additions to our knowledge of the physiological action of anesthetics." Dr. L. R. Kaufman (New York) spoke of the value of the roentgengram in diagnosing syphilis and sarcoma of bone. Dr. J. H. Schall (Brooklyn) described his method of excision for the treatment of prolapsus of the rectum.

Considering the diagnosis and treatment of stomach ulcers, Dr. W. L. Hartman (Syracuse) stated that early operation saves ninety per cent. of cases, while the best records for medical treatment was a cure of fifteen per cent. Chronic dyspepsia, he said, must not be treated lightly. Discussing this paper, Dr. A. R. Grant (Utica) outlined his hospital treatment. The patient is put to bed, the mouth is cleansed every two hours, the stomach is washed with soda bicarb. solution on two successive days, a laxative is given and the colon flushed every morning. For two or three days the patient is fed by nutrient enemata every four hours, and a hot poultice is kept over the stomach; 15 drops of hydrastis 3x is given every hour or two hours. On the fourth day, hot sterile broth is given by the mouth, and on the sixth day, if all goes well, broiled hamburg steak, hot water, clear tea. Operation is indicated if the above procedure does not bring good results. All cases on the fundus recover without operation.

Dr. J. H. Irish (Syracuse) advocated excision of enlarged cervical glands. Dr. Critchlow (Buffalo) stated that it was believed that tubercular cervical glands had their origin in infected milk. Dr. H. P. Cole (New York) called attention to the close association of other lymph glands and said that constitutional treatment was necessary. Dr. Birdsall (Glens Falls) reported success in all cases treated by the roentgen ray. Dr. Ball (Cortland) pointed out the need of excluding Hodgkin's disease in the diagnosis. Dr. Dieffenbach (New York) stated that he could see no justification for surgery so long as good results follow x-ray treatment.

Dr. A. R. Grant (Utica) gave the indications for the drainage of Douglas's cul de sac, advocating this route wherever abdominal drainage was indicated. Dr. L. H. Muncie (Brooklyn) spoke in favor of the use of sterilized Japanese silk for packing and drainage purposes. It can be left in situ for eight or ten days. Dr. Hartman (Syracuse) spoke of the value of vaginal drainage in appendix operations on women.

Dr. John B. Garrison (New York) contributed a paper on "The Propagandism of Homœopathy. The extension of homœopathy depends upon its extended practice. For this we need more homœopathic graduates. There are fifty suitable locations in New

York State. If every homœopathic physician sent one student once in five years, our colleges would be full. As the result of the work of the Council on Medical Education, our colleges were reporting increased classes. Individual work was needed on university and high school students, and money is also needed. In New York State, there are 700 homœopathic physicians who are not members of a homœopathic society. In discussion, Dr. R. S. Copeland (New York) said that decline in the number of medical students was caused by the growth of the medical cults, by increased industrial activity offering lucrative fields for young men, and to too advanced standards and too progressive legislation.

There had also been an uncertainty in the minds of homœopathic physicians as to the value of homœopathy, in view of advances along other lines. Students must be impressed with the fact that in homœopathic colleges they can get a thorough training in all departments of medical science, as well as teaching in homœopathic materia medica and therapeutics. Dr. Schenck (Brooklyn) advocated the presentation of clinical reports showing the value of homœopathic treatment, and also spoke of the increasingly opening mind of the leaders of the dominant school.

Dr. Critchlow (Buffalo) read a paper on "Elimination in Disease Production," discussing which. Dr. Laidlaw, (New York) pointed out the need of studies in pathological chemistry. Dr. H. B. Minton (Brooklyn) gave the history of an interesting case of sporadic cretinism.

Dr. W. S. Mills (New York) gave an account of the useful work being done for the dispensary patients of the Flower Hospital through the social service department. There was visiting at homes of tuberculosis patients, a kindergarten for sick children, Dr. Benson conducted a milk clinic, and food and clothing and work were supplied as far as possible.

Dr. J. E. Wilson reviewed the use of electricity in neurological work, pointing out that the general practitioner with a galvanic battery and fine wire faradic coil could carry out all treatment that was not empiric.

Dr. S. S. Piper spoke of the adverse conditions that confront the consumptive sent to Texas. Money and friends were necessary to make life tolerable there.

Dr. Bernard Clausen (Binghamton) in four pen pictures, sketched the present unsatisfactory method of collecting ashes and garbage in Binghamton, and showed how improved service could be had at less expense.

Dr. G. J. Gannett advocated support of Dr. W. H. Wiley, in his efforts to exclude benzoate of soda and other chemical preservatives from food.

Dr. S. T. Birdsall showed the usefulness of electricity in arteriosclerosis. The Morton wave current and autocondensation lower blood pressure 18 to 20 mm.; the leucodescent lamp increases metabolism. By the use of these currents we can ward off the degenerative changes in the kidneys and other organs. In the diet, meat is prohibited, its place being taken by nitrogenous vegetables.

Dr. H. P. Cole (New York) urged the physiotherapy of spinal diseases, which he thinks begins as a hypermia beneath the muscles of the spine. Digital massage and the use of the vibrator to get

rid of the stasis and remove the effusion, and allow fresh arterial blood to flow in and revivify the tissues. Fixation is death; motion is life. A simple spinal jacket made of butcher's linen, permitting graduated traction on one or both sides, was described; and its successful use in three or four cases described. In one case, Dr. Cole replaced a stiff leather cuirass re-enforced by metal strips, and braces up to the thigh by this simple linen jacket and a pair of shoes which were made to prevent rotation.

Dr. S. K. Royle (New York) showed a series of roentgenograms illustrating the diagnosis of bone lesions.

Dr. T. C. Wiggins (Brooklyn) has found ozone of benefit in acute bronchitis, in rose cold and ozena. The nitrous acid should be cut out by a wash bottle containing oil of pine needles and of eucalyptus. Laboratory tests were demonstrating the germicidal value of ozone.

Dr. L. H. Warner (Brooklyn) gave a very interesting account of laboratory work in Europe in connection with such master minds as Wasserman, Koch, Czerny, Metchnikoff and Wright. This talk was illustrated by lantern slides.

Dr. O. S. Ritch (Brooklyn) pointed out some fundamental principles in relation to the prevention of infant mortality, mentioning the education of parents, improved feeding, and instruction of children in sex hygiene. Discussing the paper, Dr. Critchlow lamented the fact that many doctors were too lazy to prescribe detailed modifications of milk, suggesting the use of patent foods.

Dr. L. C. Merrell (Syracuse) described the preparation and value of modified milk in powder form. Dr. Simonson said such a product might respond to laboratory tests, but still fail to properly nourish a baby. Malnutrition often follows the use of laboratory modified milks. Home modification by an intelligent mother or nurse is best. Milk must be adapted to the infant's needs, rather than brought up to a standard type. These needs can be readily deduced from the general nutrition of the baby, its weight, and by an examination of the stools.

Dr. E. S. Munson (New York) discussed panophthalmitis from the general practitioner's standpoint.

In the bureau of materia medica, Dr. Willard Ide Pierce (New York) drew attention to two weaknesses in repertories—lack of sufficient cross indexing to aid in finding a symptom and the absence of any indication of the value of a symptom, as to whether it has been verified, or if it is a clinical symptom and who vouches for it.

Dr. Rabe gave indications for a few infrequently used remedies, mentioning arundo, wyethia and penthorum in hayfever, tilia in pelvic inflammation, the mistletoe in failing cardiac compensation, oleum animale in prostatic hypertrophy, hepar sulph. in leucorrhœa with odor of cheese, causticum when the stool will pass only when standing, ferrum for aggravation from eggs, and chininum ars. for diarrhea from eggs, kreosotum for vomiting of undigested meat, fagopyrum for the relief of itching and burning such as arises from handling primroses.

Dr. C. J. Haines (Utica) narrated a number of clinical cases illustrating the value of iodine and its compounds. Dr. Rabe mentioned the use of antimonium iod. in unresolved pneumonia with greenish-yellowish discharge.

Dr. R. C. Grant (Rochester) spoke of the value of Iedum when

there is a double inspiration in croup. Arsenicum is often indicated when there is no thirst. Drosera has proved useful when there is anxiety lest the patient be forced to suicide by drowning.

Laryngeal consumption was the subject of an able paper by Dr. C. V. S. Evans. Dr. J. F. Roe (Binghamton) discussed tonsillar infections; and Dr. Irving Townsend (New York) offered some remarks on hay fever. He classified the cases into those with nasal irregularities and those without. For the production of hay fever, we must have a neurotic disposition, sensitiveness of the nares, and the exciting pollen. Operative work on the nares should not be done during an attack, but after. Adrenalin chloride was valuable as a decongestant. Ragweed and golden rod, separately or in combination, had been useful as remedies. Dunbar's hay fever serum had not made good.

Dr. F. W. Hamlin (New York) contributed an able paper outlining the various types of puerperal infection and their treatment. Indiscriminate curettage and flushing were condemned. The indications were to use homœopathic remedies to put the patient into condition to withstand the sepsis.

During the meeting, resolutions were passed approving the stand taken by Dr. W. H. Wiley against the use of benzoate of soda as a food preservative, and also commending Dr. Eugene H. Porter's administration as Commissioner of Health of the State of New York.

The local physicians worked hard for the enjoyment of visiting physicians and their wives. The latter were taken to the theatre, and at the conclusion of the meeting, all those in attendance went by trolley to the Casino at Endicott, where a clam bake was held.

The Annual Conference of Health Officers of New York State is to be held in Rochester on November 10, 11, 12, and preparations for it are actively under way both in Rochester and at the Department. Rochester was selected for the place of meeting in response to very urgent and cordial invitations from a number of the local organizations, including the Chamber of Commerce, the Rochester Public Health Association, the Department of Public Safety, the Monroe County Medical Society, and the Rochester Hahnemannian Society. There are few cities in this State or in this country whose people are as vitally and earnestly interested in public health work as are the citizens of Rochester, so that it is sure that all the space in Convention Hall available for visitors will be filled. The hotel accommodations in Rochester are excellent, in quantity, quality, and price; and Convention Hall, which has been placed at the disposal of the Department for this Conference, will be found to be admirably adapted for the purpose. The program will contain a feast of good things. Among those who have been invited to address the Conference may be mentioned Dr. M. J. Rosenau, of the Harvard School of Sanitary Science; Dr. Chas. O. Probst, of the Ohio State Board of Health; Prof. Sedgwick, of the Massachusetts Institute of Technology; Dr. Marshall L. Price, of the Maryland State Board of Health; Surgeon-General Wyman; Passed Assistant Surgeon Lumsden, of the U. S. Public Health and Marine Hospital service; and Dr. Cressy L. Wilbur, chief statistician of the United States Census Bureau. The topics which these and other eminent speakers will discuss before the Conference are essentially practical, and the addresses will assuredly be full of hints for the every-day use of health officers.

New Alumni Directory.—The Alumni Directory of the New York Homœopathic Medical College and Flower Hospital for the year 1909, has just been issued. It is a book of 130 pages and is of much value not only to all graduates of the college, but to all who are interested in the location of physicians who practice homœopathy. The compiling shows that much painstaking care has been taken, and the editors, Drs. J. Perry Seward and Lindsley F. Cocheu, are deserving of the thanks of their colleagues.

CHICAGO NEWS

HAHNEMANN MEDICAL COLLEGE AND HOSPITAL, of Chicago, held its opening exercises in the college Tuesday, September 28, at 8 a. m.

DR. GEORGE FRANCIS SHEARS, professor of surgery at Hahnemann Medical College since 1889 and president of the institution since 1900, died at his home, 2911 Prairie avenue, Chicago, August 27, 1909. He had been suffering from a nervous breakdown for five months, the spinal cord being affected. Dr. Shears was born at Aurora, Ill., September 16, 1856, and received his early education in the Aurora public schools. He studied medicine in the Hahnemann Medical College and completed his studies at Berlin and Vienna. The place which he held in the medical world is indicated by the fact that he was president of the Clinical Society, the Chicago Homœopathic Society and the Illinois Homœopathic Medical Society; was a senior member of the American Institute of Homœopathy, corresponding member of the British Homœopathic Medical Society and the New York State Society. He was well known as a writer on surgical topics and at one time was assistant editor of the *Clinique*. In 1884 he was married to Miss Jessie E. Hunter, who survives him. Although medical work claimed most of his time, Dr. Shears was active in religious and social affairs. He was a trustee of Abraham Lincoln Center and was interested in the All Souls Independent Church.

The **Chicago Homœopathic Medical Society**, in conjunction with the **Regular Homœopathic Society**, held the first regular meeting of the season in the Public Library Building on Tuesday evening, September 16th. The session opened promptly at 8:30 o'clock, with the reading of the President's address by S. H. Aurand, M.D., on "Medical Ideals." Dr. Aurand presented his ideals in the just, yet penetrating manner which characterizes his attitude to the following phases of his subject: The trend of the time; is the profession afflicted?; the doctor's example; the commercial idea; our fee system; working the profession, working in the profession or working for the profession; professional egotism; the fee relation of the surgeon to the medical man; the doctor's professional library; society attendance; the Chicago Homœopathic Society; loyalty; medical charities; the medical profession and the Emmanuel and other psychic movements; and our Health Department. Dr. E. H. Pratt and Dr. Jos. P. Cobb led in the discussion, which was participated in generally, later.

Dr. H. H. Pierson presented the second subject of the evening, "Constipation," under the following sub-heads: Significance; Peculiar Phases; Importance of Constitutional Tendencies; Effects following cathartics, "flushing," enemas, message, etc.; Value of

Mental Impressions; Necessity for Starting the "Cure" Along Right Lines; Treating the Individual Instead of the Disease; Efficiency of the Homœopathically Indicated Remedy. Discussion was opened by Dr. E. E. Vaughan and Dr. A. L. Blackwood, and later became general.

The public in general and the profession were invited to attend this opening meeting and the attendance was most gratifying and encouraging. Each alternate meeting is open to the public. The program presented aims to disseminate knowledge on vital topics, and to promote thereby reciprocal relations between the profession and the laity.

The Southern Homœopathic Medical Association is gaining constantly in membership and enthusiasm, and the coming meeting, which is to be held in Hot Springs, Ark., November 15th, 16th and 17th, 1909, promises to be one of the most enthusiastic and successful in the history of the association. Many southern homœopaths, as well as friends from the North, have signified their intention to be present and offered their assistance and hearty co-operation in the upbuilding of the cause of homœopathy in the South. On the other hand there are many who have ignored our circular letters, written by the president and secretary. Now, Doctor, if you are one of the latter, will you not take the time to reply to one of these letters?

If possible make your arrangements to be with us in Hot Springs, even if not sure that you can be there, assure us of your co-operation and interest in the cause of homœopathy by sending a line to the secretary and, if not a member, your application for membership.

One important reason why homœopathy in the South is not what it should be is because the homœopaths do not stand together. Why do you send your surgery to an allopath, when there are men in our school who can do it just as well? If there is not a homœopathic surgeon convenient, get a good man to locate near you and send your special work to him. In doing this homœopathy will take the place it should. Let us stand for homœopathy, first, last and all the time. In union there is strength.

The officers of the Southern Association are working for the best interests of homœopathy in the entire south, not any particular section, and it will be gratifying to know that we have the support and co-operation of the southern profession, as well as any aid our friends from the north are willing to give us.

Information regarding arrangements and transportation will be found in the program, which will be sent out sometime in advance of the meeting. Any one desiring the above in advance may secure it from the chairman of the committee, Dr. V. H. Hallman, Hot Springs, Ark.

WM. A. BOIES, SECTY.

A. I. H. Convention, Los Angeles, Cal., July 11-16, 1910.—The Transportation Committee, through its chairman, Dr. Charles E. Fisher, has called on all the roads going west from Chicago, but no choice of road will be made until a rate is made and while it is early to announce what fares will be authorized for the meeting, it is safe to say they will be such as to induce a large attendance. There will be given an opportunity of going one route and returning another. For instance, the Rock Island road

offers to accommodate all delegates arriving in Chicago July 6th, and will arrange for a five-hour lay-over at Denver and the same at Salt Lake City, also taking in the principal scenic points of interest in Scenic Colorado and then to Los Angeles via the San Francisco route; returning optional—either via San Francisco, Utah and Colorado, or via San Francisco through Utah and Colorado or via San Francisco, Portland, Seattle and the Canadian Rockies, via St. Paul, or via San Francisco and the Grand Canyon of Arizona. Tickets may be routed so as to take in the Yellowstone Park and return via Livingston, Mont., or Yellowstone, Mont. for the side trip through the Park.

The question arises whether the profession would prefer to remain in Denver so that an excursion could be made to Moffat Road. If so, now is the time to acquaint the Committee with such wishes.

“Does this schedule meet with the approval of the Eastern members? If not, now is the time to make your views known. Does the date of leaving please you, or would a day later or a day earlier be better? Remember, the Committee want to please all and are anxious that all go together.”

T. E. COSTAIN, M.D., Sec.,
Chicago, Ill.

The Trustees of the American Institute of Homœopathy, Inc., will meet, pursuant to the call of the President, Dr. James W Ward, in Washington, D. C., October 6th, 1909. This meeting was originally called for September 28th, 1909, but because of the desire of several that it be postponed a few days later, it has been so ordered.

American Public Health Association.—The Local Committee of the A. P. H. A. extends to all fellow-members a most cordial invitation to attend the Richmond meeting, which will be held from October 19th to 22d, inclusive.

Everything points to a most successful meeting and to a record-breaking attendance. The business of the Association will be greatly facilitated by having all meetings of the general Association and of the Sections in the Jefferson Hotel, which has been selected as headquarters, and where a commodious auditorium and smaller rooms for Section and Committee meetings are available. Special rates have been secured at the Jefferson for members and those who accompany them—\$1.50 a day, up, on the European plan.

E. C. LEVY, M. D.,
Chairman of Local Committee.

New Morphine Substitutes.—Gelseminine, it is said, is rapidly growing in favor, as presenting most of the benefits accruing from the use of morphine without any of its disadvantages. That it is a sedative, uniform in action, widely applicable, and safe in that when the doses are pushed beyond a remedial limit it affords unvarying indications (ptosis, etc.) of this fact long before an unsafe dose has been reached; that it may be given in the usual way, or hypodermically, causing no irritation in the latter instance; and that it is especially applicable as a sedative, antipyretic and relaxant in cases of children, as well as in those of adults.

The Abbott Alkaloidal Co. presents gelseminine in granules containing 1/250 of a grain (per 100, 26c.; 500, \$1.15); and hypodermic tablets containing 1/50 of a grain (per tube of 25, 35c.; 100, \$1.30).

Book Reviews

Progressive Medicine, Vol. III, September, 1909. A Quarterly Digest of Advances, Discoveries and Improvements in the Medical and Surgical Sciences. Edited by HOBARD AMORY HARE, M.D., Professor of Therapeutics and Materia Medica in the Jefferson Medical College of Philadelphia. ctavo, 336 pages, with 37 engravings. Per annum, in four cloth-bound volumes, \$9.00; in paper binding, \$6.00, carriage paid to any address. Lea & Febiger, Publishers, Philadelphia and New York

This volume treats of the latest advance in the following general topics: Diseases of the Thorax and its Viscera; Dermatology and Syphilis; Obstetrics; and Nervous Diseases. The volume keeps up to the high standard of the series. The subjects treated are taken up in extenso and all that has appeared in the literature of value during the past year is mentioned.

Medical Jurisprudence, Forensic Medicine and Toxicology.—Prepared by numerous experts of acknowledged authority under the supervision and editorship of R. A. Witthaus, M.D., of New York, and Tracy C. Becker, Esq., of Buffalo. Second edition. Vol. III. 982 pp. muslin, \$6.00 per volume; sheep, \$7.00 per volume. William Wood & Co., 51 Fifth Avenue, New York, 1909.

This is the third volume of the standard American work on medical jurisprudence, in which Dr. Witthaus has had charge of the medical aspect of the subject, while the legal questions involved and the citation of cases has been the work of Prof. Becker. This work covers a larger field than others on the subject and covers all the points in which the medical man in the practice of his art is liable to come in contact with the civil or criminal law. The subjects discussed in this volume are: Medico-Legal Relations of Vision and Audition, and of Injuries to the Eye and Ear; Medico-Legal Relations of Insurance, Medical Aspects of Insanity and Mental Soundness in their Legal Relations, Medico-Legal Aspect of Marriage and Divorce, Medico-Legal Relations of X-Ray and Skiagraphs, Medico-Legal Examination of Blood and other Stains and of the Hair. These topics are discussed by experts and clearly state the present status of both their medical and legal aspects. With the wide use of the X-Ray by medical men, Dr. Geysler's contribution is of special importance, and the American habit of divorce gives emphasis to Professor Becker's chapter on Marriage and Divorce.

American Practice of Surgery.—A complete system of the science and art of surgery, by representative surgeons of the United States and Canada. Editors: Joseph D. Bryant, M.D., LL.D., Albert H. Buck, M.D. Complete in eight volumes. Profusely illustrated. Volume VI, cloth. 916 pp., William Wood & Co., 51 Fifth Avenue, New York.

Volume VI, of this classical work continues with chapters on the regional surgery of the face, nose, larynx, ears and mouth; of the neck; of the thyroid and thymus; the thorax and spinal column, the female breast; external female genitals and vagina; male genitals; chancroid; gonorrhoeal urethritis. A copious index is supplied. The first section in this volume, on Prosthesis in its Relation to Surgery of the Face, Mouth, Jaws and Nasal and Laryngeal Cavities, by Charles R. Turner, D.D.S., M.D., Philadelphia, is of great value. There has been too wide a divorce between the medical and dental professions. While the physician will not at-

tempt to do the class of work for which the dentist has had special training, he should know the principles of the art, and should be prepared to advise with his patients in cases requiring the skilled work of the dentist. This is also true of the question of artificial noses, ears, etc. He should acquaint himself with the resources of the prosthetist. The fact that 48 pages have been devoted to the discussion of the surgery of the thyroid and thymus, is evidence of the scope of the work. Why cretinism and sporadic cretinism were included, is not stated. They can hardly be considered as amenable to surgical treatment. In the treatment of scoliosos, plaster jackets and stiff jackets or corsets are advised in spite of the fact that better results have followed the intelligent use of corsets, which do not bring about fixation. In the discussion of gonorrhoeal urethritis, drug treatment and general measure have the largest place. But on the whole, the volume is one of a most valuable series.

Abbott's at the Top.—The attention of our readers is called to the striking full page advertisement of the Abbott Alkaloid Company on page . . . The idea is particularly appropriate at this time. Abbott's Saline Laxative occupies a high place in the esteem of the medical profession. Dr. Abbott's "Clean Out, Clean Up and Keep Clean" slogan has gained ground so rapidly that the output of his effervescent salines is larger than ever before—increasing by leaps and bounds. Liberal samples will be sent to interested physicians mentioning this journal.

Hospitals as Teaching Centers.—It is not only the hospital attached to an institution of learning that can be used for teaching purposes. The small hospital in the small city can be used by the local physicians as means for post-graduate study. Clinical meetings of the staff—to which all the physicians of the neighborhood should be invited, can be held weekly, fortnightly, or monthly, the circumstances warrant. At these meetings patients can be seen, results can be reported, pathologic specimens and laboratory findings can be examined and discussed and cases of unusual interest, of unexpected fatal results, and autopsy reports discussed. While contributors to the formation or support of a hospital have primarily in view the benefit of the prospective patients, they have a right to demand that the best use shall be made of the facilities provided, and this is not the case unless the hospital is being used to add to the knowledge and ability of the medical practitioners of the community.

The Acquirement of Knowledge.—One of the best offerings by that brilliant writer and eminent chemist, Professor John Uri Lloyd, is the following given to the Tuesday Club, of Cincinnati, on his sixtieth birthday: "The man who wants to know, but doesn't know, and yet tries to learn how to know, *will know*; but the man who thinks he knows, and rests content in what he thinks he knows, *will never know*."

Societies and Current Events

CONDUCTED BY - - - - -ALFRED DRURY, A.M., M.D.

Readers of the JOURNAL are cordially requested to send personals, removals, deaths and all items of general news to Alfred Drury, M.D., 552 14th avenue, Paterson, N. J.

Secretaries of societies and institutions are invited to contribute reports of their proceedings, and, as it is intended to make this department crisp and newsworthy, reports should be complete but concise. In order to be inserted in the current issue all matter should reach the editor by the tenth of the preceding month.

CORRESPONDENCE STAFF

Boston, Mass.—Grace E. Cross, M.D. New York.—Reeve Turner, M.D. ..
Chicago, Ill.—Della MacMullen, M.D. Philadelphia.—Chas. D. Fox, M.D. ..
Cincinnati, O.—J. R. McCleary, M.D. Providence, R. I.—R. S. Phillips, M.D.
Columbus, O.—C. E. Silbernagel, M.D.
Dayton, O.—W. Webster Ensey, M.D. Rochester, N. Y.—Wm. Perrin, M.D.
Des Moines, Ia.—Erwin Schenk, M.D. San Francisco, Cal.—C. B. Pinkham, M.D.
London, Eng.—James M. Searson, M.D. Toledo, O.—Carl Watson, M.D.
Minneapolis.—Norman M. Smith, M.D. Utica, N. Y.—C. T. Hains, M.D.
New Orleans, La.—Chas. Mayer, M.D. Washington, D. C.—A. H. Taylor, M. D.

PERSONALS

DR. CLARENCE C. HOWARD, of 180 West 59th street, New York, has returned from his trip abroad and will be in his office

DR. HARRIETTE C. KEATINGE, of 102 West 75th street, New York, resumed her practice on September 20th.

DR. SHEPARD announces that he has returned from his vacation and resumed regular attendance at his office in the Gelnmore, Seventh avenue and 55th street, New York.

DR. LOUIS RENE KAUFMAN, of New York, announces his removal to 272 West 84th street. His office hours will now be from 11:30 to 1; 5:30 to 6:30; Sundays, 10 to 12. His phone number is 6474 Riverside.

DR. GRACE M. KAHRS desires to announce the opening of her office at The Alclyde, 2 West 94th street, New York. Hours, 8 to 10. 5:30 to 6:30. Sundays, 8 to 10. Phone, 1162 Riverside.

DR. AUGUSTA P. SCHULTZ desires to announce the opening of her office at The Florida, 163d street and St. Nicholas avenue, New York. Hours, until 8 a. m., 5 to 7 p. m. Phone, 3770 Audubon.

DR. H. E. MERRIAM of Ithica, N. Y., who went into partnership with Dr. C. P. Beaman, of that city, is now the sole member of the partnership, owing to the death of Dr. Beaman. Physicians who have been in the habit of referring patients or students to Dr. Beaman, will now send them to Dr. Merriam.

DR. S. CARLTON DOMINICK of New York, is attending the clinics in Vienna.

DR. EUGENE H. PORTER was chairman of the Committee on Public Health and Convenience of the Hudson-Fulton Commission. During the recent celebration in New York City there were 560 cases treated in the emergency hospitals established along the route of the parade.

DR. JOHN W. GOODSSELL, the surgeon to the successful Peary expedition to the North Pole, is a graduate of Pulte Homœopathic Medical College in Cincinnati, 1898.

DR. JOHN W. WARD, of San Francisco, president of the American Institute of Homœopathy, was the guest of honor at a little dinner at the Republican Club, New York City, given by Dr. Eugene H. Porter. Among the other guests were Drs. A. B. Norton, J. E. Wilson, J. B. Garrison, W. E. Bœricke and Wm. Tod Helmuth.

NEW YORK NEWS

THE FALL AND WINTER activities amongst the New York City M.D.'s are now in full swing, everyone having returned from vacation except a few who favor cold weather enjoyments.

AFFAIRS AT THE COLLEGE seem to be prospering. The new class is of good size, and contains a number of men from other colleges. The number of sectional clinics will be still larger—a much better way to instruct than to read text books to an unwieldy class.

COUNTY SOCIETY.—A meeting of the New York County Homœopathic Medical Society was held at the Academy of Medicine Thursday evening, October 14th.

The program follows:—Report of Bureaux: Bureau of Obstetrics. Dr. Elizabeth Jarrett, chairman. 1. Pregnancy complicated by a Pyelitis in a Floating Kidney. Dr. Philip Cook Thomas. Discussion opened by Drs. L. L. Danforth and Elizabeth Cahoon; Bureau of Eye, Ear, Nose and Throat, Dr. George W. McDowell, chairman. 2. Treatment of Epistaxis. Dr. Chas. E. Teets. Discussion opened by Drs. S. H. Vehslage and A. W. Palmer; Bureau of Materia Medica and Therapeutics. Dr. Guy B. Stearns, chairman. 3. Observations on Pure Bacterial Toxins. Dr. P. W. Shedd. Open discussion. (4) What are the Positive, Subjective and Objective Signs of Pregnancy in the Early Months?

MATERIA MEDICA SOCIETY.—The first fall meeting of the New York Homœopathic Materia Medica Society was held at the house of Dr. Byron E. Clark, 25 West 74th street, Wednesday evening, September 22d. Dr. Royal S. Copeland, Dean of the College, read a paper upon the therapeutics of the eye. The subject for October will be therapeutics of the nose and throat, by Dr. Chas. S. Teets.

Appointment is High Compliment.—Dr. Charles B. Pinkham was last night appointed chief surgeon of the city emergency services of San Francisco, California. The appointment comes as a distinct compliment to Doctor Pinkham, who has seen most of his professional experience in the emergency service.

Doctor Pinkham graduated from Stanford university with the degree of A.B., in 1896. He then went to New York, where he began the study of medicine, graduating from the New York homœopathic medical college in 1899. He took a postgraduate course at his alma mater in 1903 and was appointed to the emergency service in San Francisco in 1904.

During the great fire, Doctor Pinkham was stationed at the Pavilion and Park Hospital. He was appointed chief surgeon of that institution in March, 1907, and served during the street-car riots. He was reappointed emergency surgeon October 4th, the same year, which position he has filled to the present time.

Pruritus Remedies That Work.—Pruritus of the skin, anus or vulva, is due to autotoxemia from fecal absorption admirably met by the following combination: juglandin gr. 1-6, physostigmine gr. 1-250, berberine gr. 1-6, three to seven times a day (with the morning *Salithia* flush) and continued as long as the necessity exists. In persistent anal pruritus, the *Hybisco Ointment* (Abbott) will be found an excellent thing. All these remedies may be obtained of The Abbott Alkaloidal Company, Chicago.

An Invitation.—Dr. Wells P. Eagleton, of Newark, N. J., the retiring President of the Essex County Medical Society, in his presidential address last April, spoke of "Some Needs of the Medical Profession in Essex County." Among other things he said:

"In my opinion its chief policy should be: First, to attempt to consolidate the whole profession in this county, and, secondly, to so regulate medical matters in the county that facilities to improve themselves scientifically may be available to every member.

"I know the proposition to admit homœopaths to our society without renunciation of their faith would meet with tremendous objections by our members, but I personally am convinced that its adoption would be of great advantage to the whole profession.

"The homœopathic and other schools have in their membership many earnest, capable, conscientious men who would welcome any sincere overture toward consolidation. It is for us to go to such, not in a spirit of proselytism, but as an older brother, asking them to join us, and receiving any overtures that they may make as a compliment, not as a concession from them. Concessions should come from us, the older and stronger branch of the profession. Why not let every physician practice medicine, believing in what he will, providing he does so with due regard to amenities?"

Middletown State Hospital Lays Cornerstone.—An interesting event occurred on October seventh at Middletown, New York. Upon that date, was laid the cornerstone of the new building for the acute insane.

Program.

Invocation	.. .. .	Rev. Charles L. Walworth
Singing	.. .. .	Hospital Glee Club
Greeting	.. .. .	William H. Rogers
	<i>President Board of Managers</i>	
Progress	.. .. .	Dr. Maurice C. Ashley
	<i>Superintendent</i>	
Address	.. .. .	Very Rev. Dean McClancy
Address	.. .. .	Paul Tuckerman
	<i>Of the State Charities Aid Association</i>	
List of Contents of Cornerstone	.. .. .	Ira L. Case
Sealing of Corner Stone	.. .. .	William A. Lawrence
	<i>Of the Board of Managers.</i>	
Singing	.. .. .	Hospital Glee Club
Benediction	.. .. .	Rev. E. VanDyke Wight

Excellent work is being done at the State Hospital for the Insane at Middletown, N. Y. New buildings have been erected of late, and here homœopathy, physical diagnosis and pathology go hand in hand.

The Vermont Society.—A very enjoyable and enthusiastic meeting of the Vermont State Homœopathic Medical Society was held at Burlington on October 13th. Dr. John W. Dowling was the guest of the Society and delivered the annual address. The president of the Society, Dr. F. J. Wyman of Manchester, deserves credit for the success of his administration.

Chronic Cystitis With Alkaline Urine.—If the urine is alkaline, it is said, nothing gives so good results in chronic cystitis as benzoic acid, given in capsules of five grains every three hours, in connection with teaspoonful doses of sanmetto. If an antiseptic is desired salicylic acid may be used internally in five-grain doses, at intervals of from two to four hours, or if contra-indicated, then use boric acid in powder form, ten to twenty grains instead.

The Institute.—Dr. J. Richey Horner, Secretary of the American Institute of Homœopathy, announces the following appointments on Committees for the 1910 meeting, in addition to those published in the September issue of *THE NORTH AMERICAN*:

The Committee on New Members has the following names added: H. F. Staples, M. D., Cleveland, O., and John C. Calhoun, M. D., Pittsburgh, Pa.

The Committee of Organization, Registration and Statistics has the following additional members: H. A. Aldrich, M. D., Minneapolis, Minn., and T. H. Carmichael, M. D., Philadelphia, Pa.

The Committee on Publication consists of J. Richey Horner, M. D., Chairman; Joseph P. Cobb, M. D., Chicago, and T. H. Carmichael, M. D., Philadelphia.

The Local Committee of Arrangements consists of the following:—

Honorary Chairman, W. J. Hawkes, M.D., Los Angeles, Cal.; Chairman, F. S. Barnard, M. D., Los Angeles; Secretary, T. C. Low, M. D., Los Angeles; Treasurer, E. S. Buell, M. D., Los Angeles; W. E. Waddell, M. D., Los Angeles; W. E. Nicholls, M. D., Pasadena; Eleanor F. Martin, M. D., San Francisco.

The Committee on the American Association of Clinical Research is as follows:—

Chairman, James Krauss, M. D., Boston; Walter Wesselhoeft, M. D., Boston; Fred. B. Percy, M. D., Brookline, Mass.; DeWitt G. Wilcox, M. D., Boston; Charles L. Nichols, M. D., Worcester, Mass.; Royal S. Copeland, M. D., New York; John E. Wilson, M. D., New York; William A. Geohagan, M. D., Cincinnati; Willis B. Young, M. D., St. Louis; H. R. Arndt, M. D., San Francisco; Thos. G. McConkey, M.D., San Francisco.

A Superior Laxative.—Dr. H. B. Cobb, of Perry, Mich., writes: "I have used Abbott's Saline Laxative and believe it to be superior to any Laxative I have ever tried. The more I use it the better I like it. My patients say it is splendid, claiming that it does not gripe and does its work without any annoyance or bad feeling."

Samples of Abbott's Salines with complete literature may be obtained free on application to The Abbott Alkaloidal Company, Chicago, Ill.

Boston Notes.—A new medical organization called the American Association of Clinical Research has recently been organized in Boston and includes the names of some of Boston's most prominent practitioners. Its head is Dr. James Krauss, who is a member of the various homœopathic medical societies. The organization, however, includes physicians of all schools and members of the laity and its object is to supplement laboratory investigation by clinical study with a view of more accurately determining the origin and nature of disease. The first meeting of the association will be held at John Ware Hall in the Medical Library Building, October 27th. Delegates are expected from all parts of the United States and Canada and much interest in the projected work is manifest.

The many friends and patients of Dr. Horace Packard, will be glad to know that he has rallied sufficiently from his recent attack of pleurisy with effusion, for which he was operated by Dr. J. Emmons Briggs, to be removed from the Massachusetts Homœopathic Hospital to his home in Commonwealth avenue. He has the best wishes of all for a speedy recovery.

Boston Homœopathic Medical Society. the first meeting for the season of the Society was held in the hall of the Natural History Building, the evening of October 7th. The chief subject of discussion was diagnosis. Dr. W. H. Watters, pathologist of the Massachusetts Medical Society, gave a paper on the "Laboratory Diagnosis of Tuberculosis," detailing the latest methods of using the tubercular test. A very helpful paper for the general practitioner was that of Dr. Percy Brown, on "Some Essentials in Diagnosis." Dr. A. G. Howard presented a paper on "The interpretation of the X-Ray in Diagnosis," illustrating with some especially interesting views.

The prevailing epidemic in Massachusetts of poliomyelitis anterior acuta, between three and five hundred cases having been reported, rendered timely Dr. E. E. Allen's paper upon this disease, its diagnosis and causative factors. He made plain its differential diagnosis from meningitis.

The sixty-ninth semi-annual meeting of the Massachusetts Homœopathic Medical Society was held October 13th, 1909, in the G. A. R. Hall, Springfield, Mass. About 75 members were in attendance, 45 of whom were from Boston. This is a smaller number than ordinarily present at the state society meetings, but it seems only fair to the members from the western part of the state to have some of the meetings held nearer their homes. The business session was uneventful except for the report of the society's attorney to the effect that such plans for affiliation of state and local societies as have been discussed are impractical, as they cannot be carried out legally under the society's present form of incorporation.

The discussions on the subject of the education of the child with reference to the social evil, were specially interesting. The ultimate result will be the appointment by the president of the society, of a committee of three to confer with the State Board of Education to press upon them the need of special education along these lines and practical methods of bringing it about. Dinner was served at 5:30 p. m. The oration was not given owing to the death on the Sunday previous of the wife of the orator, Dr. Frank W. Patch. It was voted to send Dr. Patch a telegram of sympathy in the name of the society.

Calcium Sulphide.—Clarence D. Ussher, M.D., in charge of the American Medical Mission and Hospital at Van, Turkey, deplors the fact that leading authors know little or believe little of the therapeutic usefulness of calcium sulphide. Basing his observations upon work in a hospital of 50 beds, and a dispensary involving 25,000 in and out-door treatments a year, he states that (1) calcium sulphide will disinfect and bring about absorption of even large quantities of pus and will prevent pus formation. For some reason, possibly non-absorption or age of drug, it is not always specific. (2) calcium sulphide appears to be a specific cure and anti-infectant as well as prophylactic in typhus exanthematicus. (3) calcium sulphide appears to be an efficient prophylactic for scarlet fever and distinctly modifies scarlet fever and measles. (4) It prevents pustulation, pitting and secondary fever in smallpox, very decidedly shortens the disease, and appears to lessen, if not entirely destroy the contagion, and also to act as an efficient prophylactic in the absence of vaccination.

With regard to the use of calcium sulphide in the prophylaxis of scarlet fever, while an unusually severe epidemic was raging in the city, and eventually appeared in an orphanage under Dr. Ussher's care, he gave 1-4 grain pills to the children three times daily, the administration being entrusted to older boys, "captains of forty." Five companies remained free for three weeks, but 20 cases developed in one company, whose captain, it was proved, had refused to give his boys the pills. Persistent calcium sulphide treatment all around stamped out the epidemic and greatly modified the disease in those who had it.

The Importance of Nutritive Repair in the treatment of all bodily disorders, associated with loss of weight and general vitality, is too patent to need more than passing emphasis. If the tuberculous patient has been neglected, for any length of time, some degree of anemia is almost always present. In such cases, an absolutely bland, non-irritant, readily tolerable and assimilable form of iron, such as exists in Pepto-Mangan (Gude), cannot be but of benefit, by stimulating the formation of erythrocytes and hemoglobin, and thus augmenting the oxygen-bearing potency of the blood.

The Second Summer.—The systematic use of Gray's Glycerine Tonic Comp., by the baby, in doses of twenty to thirty drops, three times a day, will obviate many, if not all, of the distressing complications that make the second summer such a bugbear. The baby's digestion improves, its assimilation of nutriment is aided and its whole vitality is materially elevated.

The Other Side of Fraternal Insurance Examinations.—Examinations for fraternal insurance organizations are shunned by most physicians because the fees are "cut" to a minimum which can hardly be accepted with self-respect. The other side of the question as presented by a medical examiner for such an organization, is that these benefit societies are doing a wonderful work for a mass of men and women who never have five dollars to their names at the end of the week. Though the examination fee is small, it is paid by the applicant, and in nearly every instance it is all he can afford to pay. These organizations are not carried on for profit, but to provide insurance at cost, and the examiner is performing an act of charity and assisting in one of the greatest

philanthropic movements of the age. Fraternal benefit societies have to-day a membership in this country of over six million men and women. Can it be right to enact rules in medical societies "which would in any way curtail or limit the work of these organizations where men and women are given an opportunity to practice thrift, and are brought together in an organization where they are surrounded by those who will comfort them in their sorrows and aid them in their misfortune's; which teaches them to protect their families and dependent ones by providing against the day when death shall call the bread winner to his long home?" This is all very well, and the doctor is not unwilling to do his share, and, as elsewhere, more than his share, of work for charity. But like dispensaries and hospitals, the charity is too often abused. Many applicants for fraternal insurance can well afford to pay a much higher examination fee than the minimum which is set according to the poor man's resources, and it is not fair to ask the doctor to accept the minimum fee from a man who he knows can well afford to pay a more reasonable compensation for the service rendered.

Intestinal Dyspepia.—Chologestin is a true physiologic cholagogue, by virtue of its natural bile acid salt (sodium glycocholate) and normal sodium salicylate from oil of wintergreen. Its action is *not* that of an hepatic irritant. It overcomes the physiologic deficiency (insufficient percentage of bile acids) which is usually responsible for hepatic torpidity. One tablespoonful, after each meal, well diluted with cold water. Formula, samples and literature on request, together with a handsome "Indican Color Scale." F. H. Strong Company, 58 Warren street. New York.

Radium Emanations Absorbed by Coconut Charcoal.—Dr. John B. Shober, of Philadelphia, in a recent address before the Maine Medical Association, testified to the advantages of coconut charcoal as an absorbent of radium emanations, and therefore as a means of using these emanations for therapeutic purposes. Air from a compressed air tank is passed through a wash bottle, then through a tube containing radium in solution, whence it escapes into a tube filled with coconut charcoal, carrying the radium emanations with it. The charcoal remains strongly radioactive for two weeks. Shober claims that coconut charcoal can be raised to 200 to 300 times the radioactivity of the most radioactive water. It can be prepared at small expense and the same radium can be used over and over again. It can be administered internally or a tube can be applied locally. Dr. Shober's address was printed in the *Journal of the A. M. A.* (Aug. 21), and is worth reading.

The Test of Time.—Oscar F. Baerens, M.D., Ph.G., Professor of Diseases of the Ear, Nose and Throat, St. Louis College of Physicians and Surgeons, St. Louis, Mo., in Glyco-Thymoline finds a preparation upon which the body medical has placed the seal of approval and one calculated to meet the requirements of the medical practitioner's varied needs. The preparation is too well known by reason of its world wide use, to necessitate or warrant a description or analysis here. He says, "It is a pleasure to state that for the past eight years I have used this preparation to the exclusion of all others in my work at the clinic and in private practice whenever I wanted a mild cleansing antiseptic detergent remedy."

Overworked business and professional men, suffering from dyspepsia or indigestion, and with the tone of the nervous system greatly impaired, frequently obtain much relief from the use of Horlick's Malted Milk. As a table beverage, it imparts a healthier tone to the nervous system, and as a hot drink upon retiring, it is frequently beneficial in bringing about a refreshing sleep.

The Heart in Scarlet Fever and Diphtheria.—Notwithstanding the general impression that endocarditis is a main complication of scarlet fever, Sir John F. H. Broadbent finds that in London out of 22,092 cases of scarlet fever, endocarditis occurs in only 0.58 per cent. Pericarditis is still more uncommon, the percentage being about 1-10 per cent. Both endocarditis and pericarditis are most apt to occur in association with rheumatism following scarlet fever. Notwithstanding the frequent occurrence of a systolic mitral murmur, true endocarditis is found in very few of such cases.

The most striking feature concerning the circulation is the acceleration of the pulse, which is out of all proportion to the height of the fever, and is particularly marked in children in whom it is apt to persist long after the fever and other symptoms have subsided. It is probably due to some disturbance of the nervous mechanism of the heart by the toxins of the disease.

In diphtheria the changes produced in the heart consist mainly of granular and fatty degeneration of the muscle fibers and of the muscular coats of the blood vessels. But these changes do not satisfactorily explain the attacks of cardiac syncope which at times occur in diphtheria. Degenerative changes in the pneumogastric nerve probably account for the tendency to cardiac syncope, which is the more apt to take place because of the degeneration in the heart muscle. As to treatment, prolonged and absolute rest in bed is essential when there are disturbances of the rhythm, rapid heart action or shortening and weakening of the first sound. The bruit de galop is a grave danger signal. Small, easily digestible meals with the use of strychnin hypodermatically are recommended.

The Treatment of Eczema of Infants and Young Children by Thyroid.—Eason (*Scottish Medical and Surgical Journal*, May, 1908) briefly reports a series of consecutive cases of eczema in young children successfully treated by thyroid. In the first case, fourteen months old, the baby had suffered from eczema of the face for nearly a year. This had been entirely resistant to the usual applications and internal treatment, nor was hospital treatment more efficacious. Two and a half grains of a thyroid tablet was given daily. In a little more than one month the child was entirely well. His cure persisted for nearly a month, when the disease showed a tendency to recur. The second course of thyroid was followed by a permanent cure. The four other cases gave similar results.—*Therapeutic Gazette*.

The Earliest Symptom of Enlarged Prostate.—Increased urinary frequency, chiefly nocturnal in character, is the earliest and most frequently encountered symptom of enlarged prostate. Many cases might never develop beyond this point if sanmetto were administered as a prophylactic. It is especially in the chronic prostatic hyperplasia which we find in old men, always associated with chronic vesical catarrh, that sanmetto gives the most brilliant results.

Book Reviews

An Epitome of Diseases of Women.—By CHARLES GARDNER CHILD, Jr., M.D., (Yale), Clinical Professor of Gynecology, New York Polyclinic Medical School and Hospital. 12mo, 210 pages, with 101 engravings. Cloth, \$1.00, *net.* Lea & Febiger, Publishers, Philadelphia and New York, 1909. (*Lea's Series of Medical Epitomes.* Edited by VICTOR C. PEDERSEN, M.D., New York.)

Child's Gynecology surveys the field in perspective, and the student possessing himself of the knowledge offered in its pages, will have an excellent foundation on which to build his grasp of details in such a way that he will have a good command of both the principles and practice. To the practitioner it will be serviceable for quick reference.

The Medical Complications, Accidents and Sequels of Typhoid Fever and the Other Exanthemata.—By H. A. HARE, M.D., B.Sc., Professor of Therapeutics in the Jefferson Medical College and Physician to the Jefferson College Hospital, Philadelphia, and E. J. G. BEARDSLEY, M.D., L.R.C.P., Philadelphia. With a special chapter on the Mental Disturbances Following Typhoid Fever, by F. X. DERGUM, M.D., Professor of Nervous Diseases in the Jefferson Medical College. Second edition, thoroughly revised and much enlarged. Octavo, 308 pages, with 26 engravings and 2 plates. Cloth, \$3.25, *net.* LEA & FEBIGER, Philadelphia and New York, 1909.

Of all diseases typhoid is one of the most difficult to describe typically, as it exhibits wide variations. Till a physician has mastered its aberrant forms, he does not understand the disease, and is open to disastrous error. In preparing this second edition the joint authors have effected a most thorough revision, representing all advances to date of issue. A valuable new feature is found in the addition of the other exanthemata. The literature of this whole group of diseases is epitomized, and combined with the experience of the authors in private and hospital practice.

Surgery of Childhood.—By SIDNEY FREEMAN WILCOX, M.D., Professor of Clinical Surgery, New York Medical College and Hospital for Women. Consulting Surgeon Laura Franklin Free Hospital for Children, etc. Profusely illustrated. Cloth, 595 pp. \$3.50 postpaid. Boericke & Runyon New York and Philadelphia, 1909.

In this volume Dr. Wilcox has added to a compilation of the opinions and operations of those whom he considers the best authorities on the subject, certain suggestions of his own drawn from a personal experience of thirty years. Special articles have been contributed by J. Wyllys Hassler, MD. (on Anesthesia), by Hampton P. Howell, M. D., (on Surgery of the Throat, Nose and Ear), by George E. Rice, D. M. D. (on Dental Surgery), and by Addisone E. S. Boyce, M. D. (on Vulvo-Vaginitis in Children). With a title page bearing reference to the author's connections with the homœopathic profession, and in a book issued by homœopathic publishers, one is tempted to ask the reason for going outside the ranks for a special article on the surgery of the throat, nose and ear. It is a little hard to determine the author's method of selection of the subjects to be discussed in the volume. We are told "Fractures and dislocations being common to all ages do not necessarily come within the scope of this work." But we also read "It (hallux valgus) is not a condition usually found in children, but as improper methods of shoeing children are responsible for it, the subject is mentioned here." And eight lines give what little is

said about shoes, while 28 lines are devoted to the surgical treatment of this condition the only illustration of which bears the title—"Hallux valgus in an elderly woman." Scattered throughout the volume are suggestions of no little value.

Atlas of External Diseases of the Eye.—For Physicians and Students. By Dr. RICHARD GREEFF, Professor of Ophthalmology in the University of Berlin. Only authorized English translation by P. W. SHEDD, M.D., New York. With 84 illustrations in color made from wax models printed on 54 plates with explanatory text. Half marocco, 140 pages. New York, Rebman Company, 1123 Broadway. 1909.

This is a volume which the general practitioner should welcome. The average physician's acquaintance with the clinical symptoms of eye affections is quite limited, and the conditions depicted in the plates of this volume are such as may at any time come under his notice. This atlas can be of great help in arriving at a diagnosis, and in determining whether he should feel justified in retaining the case under his care or refer it to a specialist. Too high praise cannot be bestowed on the illustrations, which were obtained by making a mask of the living subject, which was then filled with wax. From the wax models photographic reproduction in four colors was made. The plates are printed in Germany and are wonderful specimens of the illustrator's art. In the text we have a description of the diseased condition, its differential diagnosis, and the author's ideas as to prognosis and treatment. Speaking of the prophylaxis of ophthalmia neonotorum, the author would confine the use of Crede's silver solution to "suspicious cases," and believes that $\frac{1}{4}$ per cent solution is strong enough. The universal use of a 1 per cent silver nitrate solution is the aim of sanitarians and the organized medical profession in this country. The translator's style is well known to readers of this journal, and he has given American readers a classical rendering.

International Hahnemannian Association Proceedings.

Annual Session held at Pittsburgh, June 1909. Published by the Association.

A volume of the transactions of this society always contains much that can be profitably studied by the homœopathic student of materia medica, and this issue is no exception to the rule. Times are changing when one of the most influential members of this organization will confess a failure to cure post-syphilitic ulcers, and express the opinion that he ought to have given appreciable amounts of iodide of potash. just as he ought to give physiological doses of digitalis with broken heart compensation, with edema of the lungs, ascites, dyspuca and a rapid, feeble pulse.

Annals of Surgery Issues Its Fiftieth Volume.—(On January 1, 1885, there appeared in the literary medical world, the first number of a new journal, given up entirely to general surgery. The seed was good, the soil fertile, and the journal grew and prospered. To-day it's the Annals of Surgery of Philadelphia. In December it blooms—blooms in full, and its subscribers will be treated to a choice collection of twenty-two original articles in the form of a jubilee number. Eminent surgeons from England, Scotland, Denmark, France, Italy, Hawaii, Canada, and the United States will contribute to this issue. Digitized by Google

Societies and Current Events

CONDUCTED BY

ALFRED DRURY, A.M., M.D.

Readers of the JOURNAL are cordially requested to send personals, removals, deaths and all items of general news to Alfred Drury, M.D., 552 14th avenue, Paterson, N. J.

Secretaries of societies and institutions are invited to contribute reports of their proceedings, and, as it is intended to make this department crisp and newsy, reports should be complete but concise. In order to be inserted in the current issue all matter should reach the editor by the tenth of the preceding month.

CORRESPONDENCE STAFF

Boston, Mass.—Grace E. Cross, M.D. New York.—Reeve Turner, M.D. . .
Chicago, Ill.—Della MacMullen, M.D. Philadelphia.—Chas. D. Fox, M.D. . .
Cincinnati, O.—J. R. McCleary, M.D. Providence, R. I.—R. S. Phillips, M.D.
Columbus, O.—C. E. Silbernagel, M.D.
Dayton, O.—W. Webster Ensey, M.D. Rochester, N. Y.—Wm. Perrin, M.D.
Des Moines, Ia.—Erwin Schenk, M.D. San Francisco, C.—C. B. Pinkham, M.D.
London, Eng.—James M. Searson, M.D. Toledo, O.—Carl Watson, M.D.
Minneapolis.—Norman M. Smith, M.D. Utica, N. Y.—C. T. Hains, M.D.
New Orleans, La.—Chas. Mayer, M.D. Washington, D. C.—A. H. Taylor, M. D.

PERSONALS

DR. F. H. STAPLES, of Cleveland, attended the sessions of the recent Conference of Sanitary Officers of the State of New York at Rochester.

DR. WILLIAM CLARK MCKNIGHT has removed to 13 Central Park West (cor. 61st street), New York. His office hours have also been changed to as follows: 10-12, 5.30-6.30! Sundays 9.30 to 10.30. Telephone, 1032 Columbus.

DR. GEORGE M. DILLOW has removed from 223 West 57th street to 250 West 57th street, The Rutland, New York City. Telephone 3416 Columbus.

DR. ARTHUR HARDY, of Mt. Vernon, N. Y., has issued cards announcing the removal of both office and residence to 146 Prospect avenue.

DR. SAMUEL WORCESTER has returned to the east, and is now associated with Dr. Alvin D. Wadsworth in the management of Moss Hill Sanitarium, South Norwalk, Conn. Dr. Wadsworth's career in sanitarium management has been consistently progressive, success built upon success calling frequently for the provision of additional accommodations for patients. Dr. Worcester, whose reputation as a homoeopathic alienist and specialist in nervous diseases has been established for many years, is to have charge of a new stone building which will more than double the capacity of the institution.

NEW YORK NEWS

Academy of Pathological Science.—The regular monthly meeting of the Academy of Pathological Science was held on Friday evening, October 22, 1909, at the Royalton, 44 West 44th Street. The following program shows the excellence of the subjects presented and of the work being done by the society:

1. The Antiformin-ligroin Method for Finding Tubercle

Bacilli when Scanty.—George F. Laidlaw, M.D., Harrison G. Sloat, M.D., Harrison C. Sayre, M.D.

2. Evidence Controverting Rosenberger's Tubercular Bacteraemia Hypothesis.

3. Microscopical Demonstration of Radium.

4. Tuberculosis, an auto-intoxication disease caused by retention of toxic gases of combustion, due to occlusion anemia and atrophy of the skin, with complete loss of functional activity as a respiratory gas exhaling organ.—Louis Couch, M.D.

Conference of Sanitary Officers of New York.—The health officers of the Empire State were drawn together at Rochester on Nov. 10, 11, 12 in annual conference under the presidency of Commissioner Dr. Eugene H. Porter. A program of unusual interest was offered and much enjoyed by those in attendance. Among the eminent speakers who addressed the meetings were C. O. Probst, M.D., secretary of the State Board of Health of Ohio, M. E. Price, M.D., secretary of the State Board of Health of Maryland, Rust Rhees, LL.D., president University of Rochester, Jacob G. Schurman, LL.D., president Cornell University, Prof. W. T. Sedgwick, Massachusetts Institute of Technology, Surgeon-General Wyman and Passed Assistant Surgeon Lumsden of the U. S. Public Health and Marine Hospital Service, Cressy L. Wilbur, M.D., chief statistician U. S. Census Bureau. Prof. Sedgwick's address dealt with the vital question:—"Shall We Continue or Shall We Abate the Sewage Pollution of Streams?"—and was an appeal to the health officers and to the citizens of the state to bring influence to bear upon the legislators for the enactment of laws which will enable Commissioner Porter to prosecute still more vigorously his fight against stream pollution. Active support of the Commissioner's plans for the development of public health work in the state, was the keynote of a number of the addresses and much of the discussion. President Shurman gave his unqualified approval and pledged his hearty support to Dr. Porter's plans for the establishment of a School of Sanitary Science at Cornell University. Mr. Frederick L. Hoffman stirred his audience by his impassioned recital of the reckless waste of health and life in the industries and his denunciation of the apathy and lack of interest displayed toward the matter in this country as compared with many countries which are often considered to be on a lower level of civilization.

NEW YORK NEWS.

Hospital Anniversary.—On the evening of November 2nd twenty-six physicians united in celebrating the tenth anniversary of the homœopathic control of St. Mary's Hospital of Passaic, N. J. The celebration of this occasion took the form of a banquet at the Hotel Astor in New York City. The evening was passed in a very profitable and pleasant way. Dr. Edwin De Baun, of Passaic presided as toastmaster. He was at his best and did much to make the evening a complete success. Dr. Charles A. Church, of Passaic, who more than any other had to do with the inauguration of the homœopathic control of the

institution, was first called upon to respond to the toast: "Ten years ago at Saint Mary's." It was a very able talk and served to enlighten many present upon the great difficulties under which the earlier men labored. We learned how the hospital was formerly under the control of the allopathic school, how the sisters in charge had become dissatisfied with the methods used and how, finally, after much hard persuasion, wire pulling, and, most important of all, actual labor, the homœopathic physicians of Passaic, Paterson, and surrounding towns were given a chance to show what they were made of. The results of the past ten years' work of the hospital show what the homœos can do when they try. Dr. Porter S. Kinne, of Paterson then responded to the toast, "The Board of Governors." Dr. Frederick M. Dearborn, of New York, responded to "The 'Skin' in Medicine." B. F. Holden, D.D.S., of Passaic, responded to "The Physician and Dentist." Dr. William Tod Helmuth, of New York, responded to "We Consultants." Toasts were responded to by Dr. V. Thompson, of New York, Dr. Chas F. Adams, of Hackensack, N. J., Dr. Frank C. Bunn, of Orange, N. J., Dr. Charles H. Helfrich, of New York, Dr. Robert M. Jones, of New York, and Dr. John E. Wilson, of New York. Each speaker spared no praise for the results of the untiring energy exhibited by the staff and board of governors of the hospital.

Among the other physicians present were: Drs. James Crooks, Harry S. Willard, Frank P. Ekings and Mr. Frank May, of Paterson, N. J., Drs. Harry E. Reynolds, H. F. Datesman and W. F. Appleton, of Passaic, Dr. H. H. Pettit, of Ridgewood, Dr. Charles D. Cropsy, of Rutherford, Dr. Herbert C. Church, of Newark, and Dr. Maps, the present interne at the hospital. During the course of the dinner, election returns were announced.

F. P. E.

Ramapo Hills Sanatorium.—A new sanatorium has recently been opened in Oakland, N. J., and two receptions were given to physicians within reach in order to introduce it to the profession. One of those who had the privilege of attending the reception on October 9th, writes us, telling of the advantages of the institution. "Though new, it already has a very distinct personality due to a few rather unusual features. First, at its head are two women of culture and breeding, who feel that the running of a sanatorium is both a profession and an art worthy of their best powers. One of these women is a graduate nurse from the New York Presbyterian Hospital, of the highest reputation, and both have had experience in a smaller sanatorium at Montclair, N. J. The house itself is unique. No architect could ever have conceived it. It grew, room by room, according to the fancy of the owner who lived in it. Left alone with this house for a plaything, she transformed it into a sanatorium. The result is a wealth of piazzas, windows and bath-rooms, with large bed rooms and recreation rooms decorated with a taste beyond the reach of most similar establishments. This strange find the Misses Clapp have in turn transformed into the most practically equipped sanatorium one would ask to see. Moreover, their ideas on hydrotherapy, diatetics and occupation treatment, on massage and physical culture are thoroughly up-to-date. The house is situated among the beautiful Ramapo Hills, commanding views of both of the hills and of the valley. Not

the least of its attractions is an abundant supply of water from the well known R. Vernon Spring. The house has been opened but a few weeks, so has not had time to prove itself, but the number of visitors attest the good will felt by the old friends in Montclair and vicinity to this enterprise. The writer is glad to add his appreciation of the kind of work which will undoubtedly be done here."

The Mercer County, (N.J.) Homœopathic Medical Society held its third quarterly meeting Thursday afternoon, October 21, at Hildebrechts', Trenton, N. J.

The annual election of officers was held with the following result: President, Dr. David P. Brown, of Crosswicks; vice-president, Dr. Alvin W. Atkinson, of Trenton; secretary-treasurer, Dr. Walter F. D'Arcy, of Trenton.

The president appointed Drs. Atkinson, Fell and Ivins as the members of the executive committee.

Dr. Harry S. Weaver, professor of diseases of nose and throat, Hahnemann Medical College, Philadelphia, read a paper on, "Nasal Obstructions."

The members decided to prepare a list of delinquents.

Following the meeting a banquet was served.

Those present were: Dr. Alvin W. Atkinson, James R. Cooper, V. A. H. Cornell, Walter E. D'Arcy, William H. G. Griffith, Howard Ivins, Llewella Mellow, John H. McCullough, William H. McCullough, of Trenton; Dr. David P. Brown, of Crosswicks; Dr. D. M. Gardner, of Caldwell; and Dr. Harry S. Weaver, of Philadelphia. Dr. D. P. Brown, president; Dr. W. E. D'Arcy, secretary.

BOSTON NEWS.

BOSTON HOMŒOPATHIC MEDICAL SOCIETY.—The regular monthly meeting of the Boston Homœopathic Medical Society was held at the hall of the Boston Society of Natural History on the evening of November 4, 1909.

The special subject of the meeting was the treatment of epidemic cerebro-spinal meningitis, commonly known as infantile paralysis. So numerous have been the cases of this disease in the suburbs of Boston as to amount almost to an epidemic. The principle paper of the evening was given by Dr. Frederick B. Percy, and the discussions were by Drs. Howard Moore, Eliza Taylor Ransom and Edward E. Allen. Dr. H. Moore, especially urged greater caution in the application of splints to correct deformities in children who recover, as there is danger of harm from supports applied too early in convalescence.

The second number on the program was a paper on the Treatment of Arteriosclerosis by Dr. Edward P. Colby, with discussions by Drs. John P. Sutherland, Mary A. Leavitt and others.

TWENTIETH CENTURY MEDICAL CLUB.—The first regular meeting of the Twentieth Century Medical Club was held at the office of Dr. Clara E. Gary, 416 Marlboro street, Boston, on Thursday evening, October 28th, the meeting being in charge of Drs. Burroughs and Chadwick.

A very interesting address was given by Madame Ellen

Mory, a well known teacher of the voice, on the subject of "The Hygiene and Psychology of the Voice." Madame Mory was assisted by two of her pupils. Madam Mory condemns the system of dividing the voice into "registers" and training it on this basis, for she believes that the strain caused by this method is responsible for not only the loss of voice but for a general breaking down of the health of many vocal students. Illustrations of this theory, some of them startling in character, were drawn from Madam Mory's experience of more than thirty years as a vocal teacher in this and other countries. She holds it very essential that physicians who have patients who are training the voice should look into this matter very carefully. In some cases, the laryngoscope will reveal nodes on the vocal cords or other physical lesions, but in some mental and nervous cases, or even in tuberculosis, the cause must be sought in the more subtle psychological connection between the action and condition of the larynx and vocal cords with all the organs and functions of the body.

Madam Mory's two pupils gave some delightful selections, apparently singing with the "open throat," which this teacher strives to encourage in her students. Following the scientific session, refreshments were served.—GRACE E. CROSS, M. D.

The Miami Valley Homœopathic Medical Society.—The 98th semi-annual meeting of the Miami Valley Homœopathic Medical Society was called to order at the Phillips House, Dayton, O., on Thursday, October 28, 1909, at 11 a. m., by the president, Dr. H. T. Miller, of Springfield, O.

The following members were present: Drs. H. E. Beebe, Sidney, O.; J. M. Bulla, Richmond, Ind.; W. J. Blackburn, Dayton, O.; C. R. Coffeen, Piqua, O.; W. B. Carpenter, Columbus, O.; H. W. Dickinson, Dayton, O.; E. B. Doan, West Carrollton, O.; W. W. Ensey, Dayton, O.; C. F. Ginn, Miamisburg, O.; Wm. A. Geohegan, Cincinnati, O.; E. B. Grosvenor, Richmond, Ind.; H. J. Guy, Dayton, O.; S. E. Georgi, Cincinnati, O.; M. P. Hunt, Columbus, O.; I. J. Herr, Dayton, O.; H. H. Herman, Dayton, O.; E. E. Hetherington, Piqua, O.; I. T. Kilgour, Cincinnati, O.; H. F. Littell, Dayton, O.; T. L. Langlin, Dayton, O.; John D. Miller, Tippecanoe City, O.; George W. Miller, Dayton, O.; T. A. McCann, Dayton, O.; H. T. Miller, Springfield, O.; J. R. McCleary, Cincinnati, O.; A. S. B. Nellis, Dayton, O.; J. W. Overpeck, Hamilton, O.; C. A. Pauly, Cincinnati, O.; H. E. Palmer, Dayton, O.; Lincoln Phillips, Cincinnati, O.; L. R. Pryor, Eaton, O.; R. G. Reed, Cincinnati, O.; C. E. Sawyer, Marion, O.; J. E. Studebaker, Springfield, O.; C. E. Walton, Cincinnati, O.; J. E. Welliver, Dayton, O.; J. M. Wine, Dayton, O.; Frank Webster, Dayton, O.; H. H. Wiggers, Cincinnati, O.; Howard Webster, Dayton, O.; Rome Webster, Dayton, O.; L. C. Walker, Jamestown, O.; R. K. Welliver, Dayton, O.; Charles Zurmuhlen, Dayton, O.

Since the last meeting the names of the following deceased members came to the hand of the secretary:—Dr. John Lafferty, Columbus Grove, O.; Dr. Horace M. Logee, Limesville, O.; Dr. John Goddard, Jr., at Shanghai, China, of cholera, on September 9, 1909. They were referred to the necrologist for suitable memorials.

The following papers were read and discussed: W. J. Black-

burn, M.D., Dayton, O., Rhus Poisoning; W. B. Carpenter, M.D., Columbus, O., Clinical Apoplexy; H. W. Dickinson, M.D., Dayton, O., The Tonsil and Some of Its Diseases; E. B. Doan, M.D., West Carrollton, O., Stealing Homœopathic Thunder; W. Webster Ensey, M.D., Dayton, O., Medicine as a Livelihood; W. A. Geohegan, M.D., Cincinnati, O., The Shifting Sands of Therapeutics; E. B. Grosvenor, M.D., Richmond, Ind., Should the Specialist Divide the Fee?; Chas. M. Ginn, M.D., Dayton, O., Abdominal Pregnancy.

Officers unanimously elected:—President, Dr. Howard H. Webster, Dayton, O.; Vice-president, Dr. John D. Miller, Tippecanoe City, O.; Secretary, Dr. W. Webster Ensey, Dayton, O.; Treasurer, Dr. H. Wilgus Dickinson, Dayton, O.; Censor for three years, Dr. L. R. Pryor, Eaton, O.

Dr. Edgar B. Schneider, Norwood, O., and Dr. Leo Schram, Dayton, O., were elected to membership upon favorable report of the Board of Censors.

In October, 1910, the society will celebrate the 50th anniversary of its birth, so on motion the chair appointed Dr. C. E. Walton and Dr. Lincoln Phillips, of Cincinnati to work in conjunction with the Executive Committee in the preparation of special exercises to mark the event.

The chair appointed the following committees. Executive Committee: Drs. Frank Webster, Dayton, O.; J. M. Wine, Dayton, O.; I. J. Herr, Dayton, O. Legislative Committee: Drs. J. W. Means, Troy, O.; M. P. Hunt, Columbus, O.; H. E. Beebe, Sidney, O. Necrologist: Dr. R. B. House, Springfield, O. Censors: R. B. House, Springfield, O.; J. W. Overpeck, Hamilton, O.; L. R. Pryor, Eaton, O.

Adjourned to meet in Dayton on the last Thursday in April, 1910.—W. WEBSTER ENSEY, Secretary.

Trustees of the A. I. H.—The regular semi-annual meeting of the Board of Trustees of the American Institute of Homœopathy has been ordered by the President for December 18, 1909. The sessions of the board will be held in the Hollenden Hotel, Cleveland, O., beginning at 10.00 o'clock in the morning. Most important matters are to be considered and the attendance of each member is earnestly requested.—J. RICHEY HORNER, Secretary.

American Institute 1911.—In accord with the By-Laws, Art. X, Sect. 9, invitations for the place of meeting of the American Institute of Homœopathy in 1911 must be in the hands of the trustees April 10, 1910. Members of the Institute interested in the place of meeting in 1911 are requested to present their invitations as early as practicable to some member of the committee: Sarah M. Hobson, M.D., 700 Marshall Field Bldg., Chicago; J. B. Gregg Custis, M.D., 912 15th street, Washington, D. C.; William O. Forbes, M.D., Hot Springs, Ark. By-Laws, Art. X, Sect. 9: The determination of the next place of meeting shall take place as follows: All invitations for places of meeting shall be forwarded to the Board of Trustees at least ninety days before the date of the annual session, whereupon the Board shall investigate the various places, with reference to accommodations, hotel rates, railroad facilities, and obtain all necessary information. The Board's report shall be made to the Institute, when the location shall be determined.

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NO. 1. IN KANSAS COUNTY SEAT, 3 room house (office) on business street; unopposed homœopathic and eclectic practice. Fruit trees, 300 ginseng, 700 hydrastis plants growing in the rear. Barn, stable, coal and grain bins, good cistern, water works. \$3,000. S. K., care North American Journal of Homœopathy, 1748 Broadway, New York.

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The Early Diagnosis of Lead Poisoning.—In the diagnosis of plumbism in addition to the other ordinary diagnostic methods discussed in the text-books there is another simple measure which is of no small value. If a small portion of the surface of the skin be painted with a solution of sodium sulphide, or, for that matter, any other alkaline sulphide, it will immediately turn black or gray because of the presence of the lead which is being eliminated by the skin. This is of considerable diagnostic importance because this appears very frequently before any other manifestation and sometimes long before the characteristic blue line is seen on the gum. This should be of value to the physician, as it will not only corroborate other findings, but will also enable him to make a diagnosis very much earlier than otherwise.—*Practical Therapeutics.*

Obstetrical Teaching.—The president of the American Gynecological Society has appointed a committee to report at the next annual meeting in Washington, on the Present Status of Obstetrical Teaching in Europe and America, and to recommend improvements in the scope and character of the teaching of Obstetrics in America. The committee consists of the Professors of Obstetrics in Columbia University, University of Pennsylvania, Harvard, Jefferson Medical College, Johns Hopkins University, Cornell University and the University of Chicago. Communications from anyone interested in the subject will be gladly received by the Chairman of the Committee, Dr. B. C. Hirst, 1821 Spruce St., Philadelphia, Pa.

An Ideal Form of Administering Bromides.—In many diseases in which the bromides find their chief field of utility, it is necessary to administer them over prolonged periods, particularly epilepsy and the various neuroses.

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Transportation Committee of the A. I. H.—It being the purpose of the Committee on Transportation appointed by President Ward to do everything in its power toward affording the members a pleasant and profitable trip to California next summer, it is the desire that the views and wishes of the members in regard to an itinerary shall be made known at the earliest possible moment. Nothing can be done toward selecting a route until after the February meeting of the Western Passenger Association, which shall determine whether we shall be favored with a reduced rate for the journey. Nor is it the intention of the committee to at any time act fully upon its own initiative in this regard, must less to act arbitrarily. It having been hinted that the committee may be influenced by the road or roads which may grant transportation favors to its members, it is now time to state with an emphasis which shall be emphatic that under no conditions will the committee act for the Institute upon selfish or individual motives. The good and pleasure of the body is the committee's desire.

Therefore, please indicate to the secretary, Dr. T. F. Costain, 12 Madison street, Chicago, and preferences that may be entertained in relation to going route. It is expected that we will scatter for the return, there being many Pacific Coast attractions of which the members will probably want to avail themselves in small groups or individual parties, but it is the wish and hope that we may be able to "get together" for the out-going journey, as for Denver in 1894. Members are requested to indicate to Dr. Costain, by letter or post card, just which route each may desire to travel, and the fullest and freest discussion of the subject through the journals is invited and will be fully considered when the time comes for a choice of roads and routes.

The Santa Fe goes direct from Chicago and Kansas City to Los Angeles, and is the only road giving a chance to see the Grand Canyon of the Colorado en route, by a side trip from its main line. This is the essence of the Santa Fe's attraction, other than its excellent train service and its journey through the wheat belt and corn fields of Kansas. Unless the season should be unusually cool the Santa Fe will prove a warm route across the deserts.

As far as Denver we have, besides the Santa Fe, the Rock Island, the Missouri Pacific, the Burlington and the Union Pacific. The five are good roads, a toss-up between them. The Union Pacific would take us either over the Northwestern or the Milwaukee and St. Paul as far as Omaha, then to Denver on its own line, without change of sleepers, of course, between Chicago and Denver. The Burlington can take us to Denver over its own line via Omaha and Lincoln. The Santa Fe can take us by way of Kansas City, as also the Rock Island, and for the Missouri Pacific we would have either of the others from Chicago and also the Alton as far as Kansas City. All these roads have practically an equal service as to sleepers and dining cars as far as the Colorado metropolis.

The trouble is from Denver on. If we want the Grand Canyon of the Colorado going, we must go via the Santa Fe, hot or no hot. If we would go further via the Union Pacific we must go up to Cheyenne and on to Ogden through Wyoming and

Utah, a splendid roadway, fine service, and some scenery. Whereas if we want the Royal Gorge, Glenwood Springs, Castle Gate, etc., and then Salt Lake, we must go from Denver via the Denver & Rio Grande. If we would climb Marshall Pass, 10,000 feet, the highest railway point in this country, and go through the Black Canyon of the Gunnison, viewing the government's great irrigation tunnel, just opened by President Taft, then we must leave the main line of the Denver & Rio Grande after going through the Royal Gorge, and take the narrow gauge of the same line via Marshall Pass, Gunnison and Montrose to Grand Junction, where we will again strike the main line to Salt Lake. From there it would be over the new Los Angeles, San Pedro and Salt Lake road, the Clark road; to Los Angeles.

If we would do the Royal Gorge on the Rio Grande road and also the Grand Canyon of the Colorado, we might run out through the Gorge and back to Pueblo, those taking the Santa Fe on to the Grand Canyon and Los Angeles.

Those who wish to take a side trip of a day from Denver to see the celebrated scenery on the new "Moffatt Road" should say so. Likewise those who would like to loop the Georgetown loop from Denver, which the Institute looped in 1894, from Colorado Springs, if we want to stop there a few hours, the Garden of the Gods and a trip to Pike's Peak are offered.

From this resumé, rather lengthy though yet brief as can be given, it will be seen that the Transportation Committee has no small task before it. It simply cannot hope to please everybody. But it will do the best it can toward this end if the everybody will let it know their wishes, as requested. Pass them on at once, without delay, that we may poll the members views fairly and fully.

For the return, the Committee will try to make an arrangement which will enable those who wish to return at once to their work to come back in a body if there shall be any considerable number of these. On the Coast there will be worth considering the following, as also others to be developed.

The Mt. Lowe and Santa Catalina Islands trips;

The visit to San Diego, and from there up the Coast by steamship.

The beautiful Santa Barbara itinerary, and the no less beautiful and interesting journey to Monteroy, which can be continued from Santa Barbara or made down from San Francisco, through San Jose.

The Southern Pacific itinerary over the Tehachapic mountains and through the splendid valley of the Fresno, across the Mojava desert if cactus and other desert flora are desired.

From San Francisco the Shasta Route to Portland, Tacoma and Seattle will be exploited and recommended as worthy of all of us.

The various exquisite suburban cities and villas of San Francisco and the truly marvellous views from Mt. Tamelpais will engage and delight those who will take them in their itineraries, and the side journeys to Lake Tahoe, to the Yosemite, up the Sacramento Valley, and others not here enumerated, will give to the Institute a variety of post-session entertainment it can get no where else in the United States.

It will be seen at a glance that the Transportation Com-

mittee cannot be expected to cover the necessary details for any great part of the after-meeting outings, but it is putting itself in touch with the managements of the various lines and attractions and will render all the service to members who have never visited the Coast that may lie in its power. Our first aim is to get the Institute to California pleasantly and with satisfaction to the greatest number. We are not mind-readers. We need the members' help. Give us this freely, fully and fairly, and we will in turn render you our best possible efforts toward our own special trains, our own side-trips going, if it be possible to do so, and to get the Institute to California with the greatest degree of comfort and enjoyment en route of which we are capable.

The Transcontinental Passenger Association has notified us that the action of our application for a rate to California has been postponed until the February meeting.

We have, however, good reason to believe that the rate of last year will again be given us, viz., \$62.50 for the round trip.

Mulford Obtains Grand Prizes and Gold Medal.—The Director of Exhibits of the Alaska-Yukon-Pacific Exposition announces that the Jury of Awards has awarded the H. K. Mulford Company, of Philadelphia, the Grand Prize for Antitoxin and Special Syringe Container, the Grand Prizes on Tuberculins and Serial Dilutions of same, and the Gold Medal for Biological Products—the highest awards granted. The H. K. Mulford Co. are to be congratulated upon their triumph.

The company publishes Working Bulletins on Biological Products. Copies will be mailed upon request to the Philadelphia office.

Results in Tuberculosis that Count.—Of all remedies for tuberculosis, creosote was long regarded as the best. But its nauseous taste and persistent odor, added to the irritant, sometimes caustic, action upon the mucous membrane, seriously curtailed its employment and minimized its good effects. Guaiacol was open to the same objections.

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HILLS COLE, M. D.

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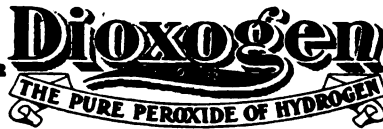
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APPLICATION . . .**

F. L. YOUNG, General Manager

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The American Medical Editors Association, at its last annual meeting at Atlantic City, passed the following resolution :

"It is the sense of this Association that no medical preparation advertised in the secular press, other than Foods, Dietary Articles, External Antiseptics, or medicines for external use or appliances, be a proper subject to be advertised in the medical journals."

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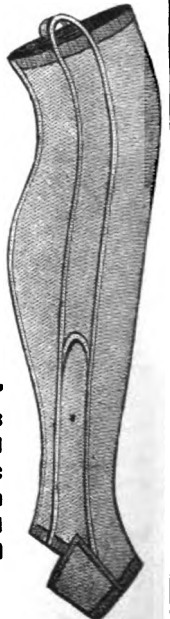
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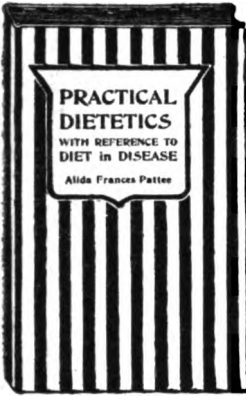


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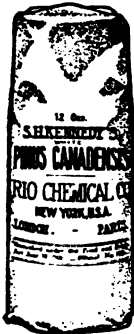
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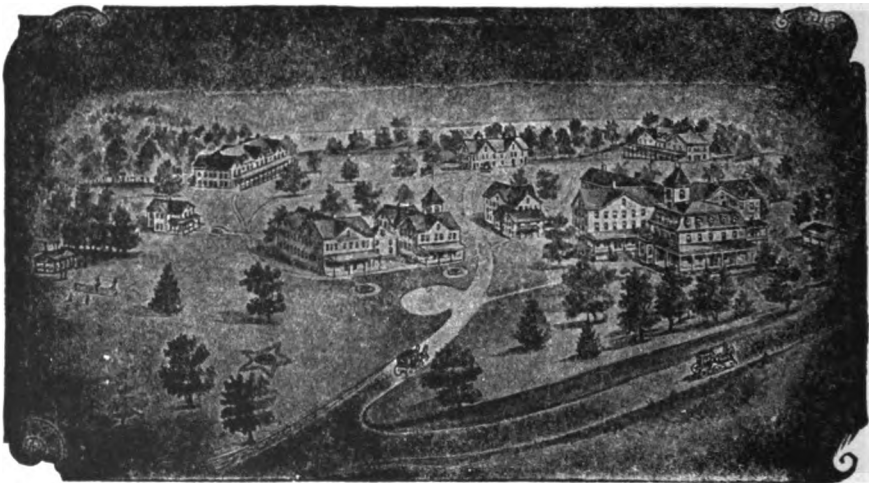
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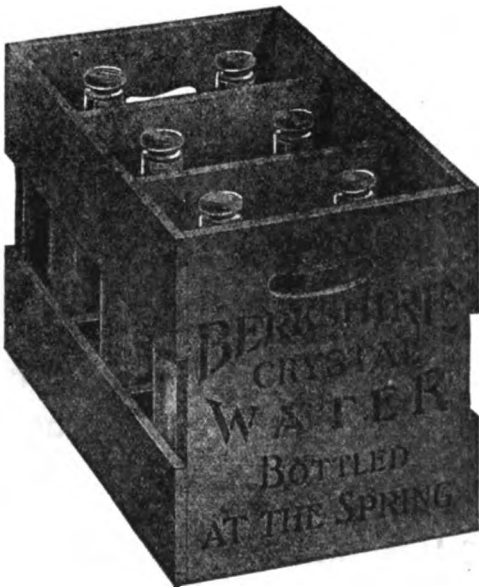
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Syrup of Californian Figs	-	-	-	75 parts;
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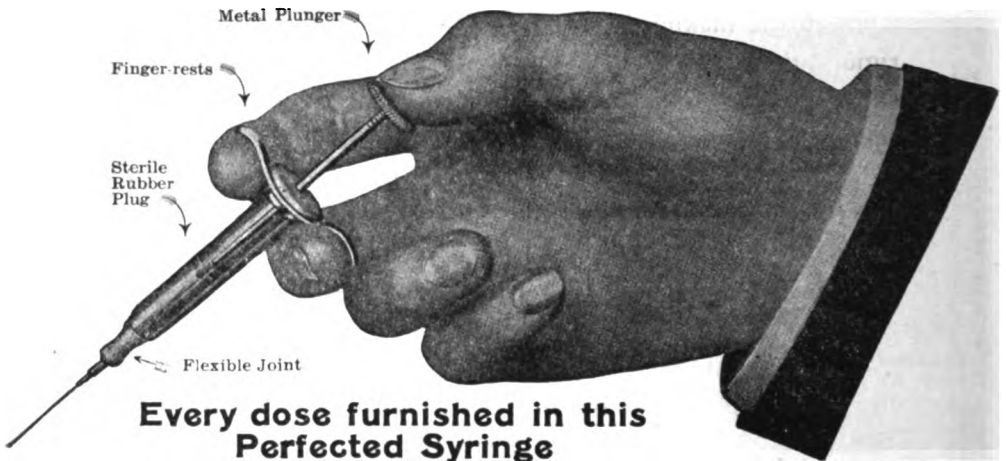
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