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TABLE OF CONTENTS

ORIGINAL ARTICLES:	PAGE
The Treatment of Pneumonia.—A. Schloemilch, M. D., Portage, Wis.	603
Mouth and Naso-Pharynx—Importance in Normal Growth and in Contagious Diseases.—Agnes V. Fuller, M. D., Chicago, Ill.	608
Modern Obstetrics.—Gilbert FitzPatrick, M. D., Chicago, Ill.	611
Strabismus.—M. A. Barndt, M. D., Milwaukee, Wis.	615
The Thyroid in Glycosuria.—A. L. Blackwood, M. D., Chicago, Ill.	618
My Acquaintance with Cimicifuga.—S. H. Aurand, M. D., Chicago, Ill.	620
The Spectacle Question.—C. Gurnee Fellows, M. D., Chicago, Ill.	627
Left-Sided Appendicitis, with Death from Preliminary Chloroform Anesthesia.—Vance Rawson, M. D., Danville, Ky.	630
Minor Rectal Surgery.—Albert A. Ogle, M. D., Indianapolis, Ind.	633

EDITORIALS:	PAGE
Chirurgicomania	638
Protection from Blackmail	640
Score One for Higher Education	640
Wanted: A Bergson for our State Boards	641
The Hospital Interne and "The Drunk."	642
SOCIETIES:	
The Northwestern Homeopathic Medical Society	643
The Southern Homeopathic Medical Association	645
Chicago Homeopathic Medical Society	646
The Eastern Illinois Homeopathic Medical Society	648
The Riverview Homeopathic Medical Society	651
The Central Homeopathic Medical Society	652
Report of Special Committee on Alumni Endowment Fund	657
News Notes	668
Directory of the Homeopathic Medical Societies of Illinois	668

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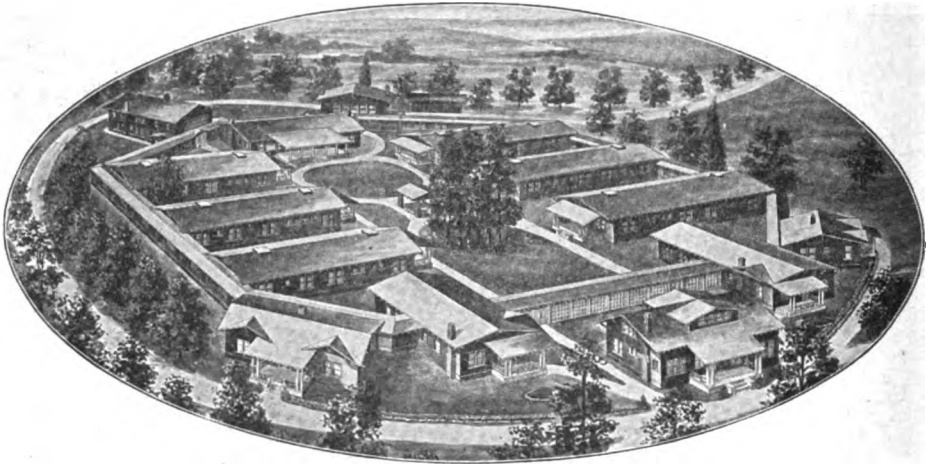
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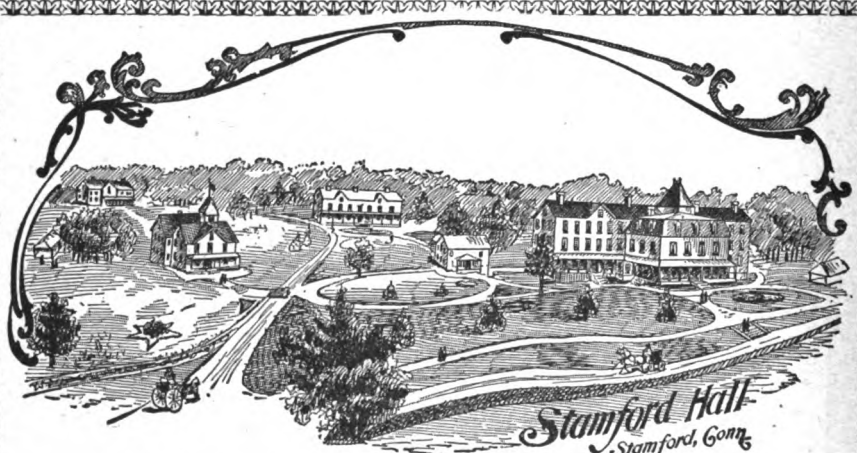
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VOL. XXXII.

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NO. 11

Original Articles.

THE TREATMENT OF PNEUMONIA.*

A. SCHLOEMILCH, M. D., PORTAGE, WISCONSIN.

In presenting for your consideration a brief paper on the treatment of pneumonia, I do not expect to state anything new or startling, but do so with the expectation of causing a free and general discussion of the treatment of a disease which shows a mortality of 20 to 40 per cent. and numerically stands second only to tuberculosis as a cause of death. The mortality varies in different epidemics and countries. Statistics from the great Vienna hospital show that about 40 odd years ago the mortality under the old, heroic mode of treatment in that institution was 18 per cent. At the same time and in the same institution Doctors Caspar and Wurmb treated their cases homeopathically, with a mortality of only six per cent. About 1874 appeared Juergensen's exhaustive treatise on pneumonia, wherein he reports a mortality of 20 per cent. under his mode of treatment, free from venesection, against a mortality of 25 per cent. at the hands of those physicians who still employed that measure. According to statistics reported by Osler, the mortality in the charity hospital in New Orleans was 38 per cent.; in the Montreal General Hospital, 20.4 per cent.; at Johns Hopkins, 29.8 per cent.; at the Pennsylvania Hospital, 29 per cent.; at the Boston Hospital, 29.1 per cent., and at the St. Thomas Hospital in London, 18.1 per cent. This brings us to the conclusion that about as many persons succumb to pneumonia at the present day as did 40 years ago.

In considering its treatment from a physiologico-pathological viewpoint we naturally inquire into the causes of a fatal termination. These are interference with the function of the lungs, high fever and general toxemia. These affect the heart, and death results from in-

*Read before the Wisconsin Homeopathic Medical Society, 1911.

sufficiency of that organ. The exudate in the lungs produces increased resistance to the pulmonary circulation and consequent increased labor to the right ventricle. The fever induces not only increased labor of the heart, but at the same time leads to degeneration of its muscular substance. Osler considers the toxemia of most importance, and holds the degree of fever and extent of consolidation subsidiary.

Before taking up the subject of treatment proper before this society of homeopathic physicians, allow me to call your attention to the definition of a homeopathic physician, as adopted by the American Institute of Homeopathy: "A homeopathic physician is one who adds to his knowledge of medicine a special knowledge of homeopathic therapeutics, and observes the law of similia. All that pertains to the great field of medical learning is his by tradition, by inheritance, by right."

In reviewing the treatment of pneumonia recommended by authorities of different schools of medicine, we find that they all agree in considering heart failure the chief danger. Our old school friends combat the fever with cold baths, as recommended by the German authors, administering at the same time alcoholic stimulants to brace up the heart. The Americans prefer cool spongings or icebags, and hypodermics of strychnia to fortify the heart. Another remedy is quinine, 20 to 40 grains a day, while Juergensen, of Tuebingen, gives 30 to 60 grain doses, and claims that too much quinine cannot be given. Blood letting in the early stages has few advocates, but in later stages, with threatening pulmonary edema or impending paralysis of the right ventricle, it is highly recommended. For pain in the chest, cold or hot applications and opiates are recommended, and ammonium chlorate or carbonate in 5 to 10 grain doses as expectorants. In short, their treatment is symptomatic. The disease is considered self-limited whose duration cannot be prolonged or shortened by therapeutic measures. The old school physicians are patiently waiting for the discovery of some specific serum which may reduce the mortality of pneumonia as antitoxin has reduced that of diphtheria.

Our homeopathic authorities also treat this disease symptomatically, and caution the practitioner to watch the heart. Our old standby, aconite, has the endorsement of all in the early stages when there is great restlessness, anxiety, and a quick, hard pulse.

Veratrum viride during the congestive stage with rapid full pulse, great dyspnea, livid face, high temperature, and the patient rather apathetic.

Ferrum phos., bryonia, phosphorus, sanguinaria, sulphur, tartar emetic, chelidonium, rhus tox, veratrum album., and a number of

other remedies whose indications are familiar to you are recommended.

I cannot refrain from mentioning the plan of treatment recommended by one of the German homeopathic writers, Kafka, of Prague. He is the only homeopathic author, to my knowledge, who positively claims that the course of pneumonia can be cut short. His work on homeopathic therapeutics was issued in 1865. He did not consider pneumonia an infectious disease whose chief symptom is pulmonary inflammation, but held the disease to be simply a croupous inflammation of the lung tissue. He claimed that neither aconite, bryonia, phosphorus nor tartar emetic would cut short the inflammatory process, but declared that iodine in the first to third centesimal dilution will do so, and claimed that definite results could be observed by physical examination of the chest after 24 hours' use of this remedy. Where there are pleuritic complications he recommends potassium iodide, which remedy is also recommended in cases of pneumonia developing from bronchitis when phosphorus proved ineffectual. Also in cases of delirium complicating pneumonia when belladonna proved insufficient. Should these two remedies fail to bring about the desired result, and the lower portion of the lung, as well as the bronchial tubes, be filled with a plastic exudate and dyspnea be very marked, he recommends bromine, 3d centesimal. This author recommends the usual pneumonic remedies as intercurrents or auxiliaries. Phosphorus for debilitated patients who have a watery diarrhea, dry tongue, mild delirium, and in hypostatic pneumonia. Tartar emetic where the patient is unable to expectorate the abundant secretion, with nausea, occasional vomiting, tenderness in the region of the stomach, a condition frequently found in heavy drinkers. Sulphur is recommended in protracted cases, in scrofulous individuals, and where the upper portion of the lung is involved.

Bryonia when patient complains of muscular pains, with dry tongue, meningeal irritation and symptoms aggravated by motion.

Rhus, for cases showing well marked typhoid symptoms.

Belladonna for cases showing decided cerebral hyperemia, and in threatening pulmonary edema with serous frothy expectoration; speech very indistinct. When belladonna proves insufficient, he recommends glonoin, and if this remedy fails venesection.

Arsenicum is highly recommended in cases showing great exhaustion, intense thirst and extreme restlessness. China for general debility and pulmonary abscesses.

When writers of great experience state that pneumonia may run all the way from two to thirteen days before the crisis sets in it is certain-

ly difficult to determine whether or not any remedy or method of treatment will abbreviate its course.

There is one conclusion which we reach after years of labor in the medical field, viz.: That each case is a law unto itself; that the old homeopathic principle of treating the patient more than the disease is as applicable today as when it was first promulgated. I have tried Kafka's plan in a number of cases but found it no better than the generally adopted homeopathic method. On one occasion I treated four children sick with pneumonia in one family. In the first two the crises set in on the seventh day; in the third and fourth child on the third day. The ones taken sick last recovered first. While making daily visits to the first two afflicted, I happened to notice the illness developing in the other two, prescribed at once, and, in the language of the laity, "broke up the disease."

As to external applications, I rarely use them. I believe in keeping the patient as quiet as possible. This, with judicious feeding, will preserve his strength. When the fever is high and the patient is restless, repeated sponge baths are very agreeable and soothing. By judicious feeding I mean, above all, the avoidance of overfeeding. Placing food into a stomach that is not ready or able to take care of it simply adds to the patient's distress. I am reminded of one case that I saw in consultation. A robust man, 50 years of age, had a moderate attack of pneumonia. The doctor, nurse and friends were anxious to do for him all they could. And they did—and almost did him up. He was dosed with but little medicine, but received egg nog, meat broths and hypodermics of strychnia till his stomach was like a swill barrel; his muscles twitched, he was tormented by hiccough night and day, and was fast going to pieces. Lavage of the stomach stopped the hiccough; plenty of fresh water, two ounces of hot milk once in about three hours gave his stomach a rest; strychnia was discontinued. Soon his condition improved, and he recovered within a reasonable time.

Fruit, milk, toast, gruels and plenty of fresh water are my standard dietetic recommendations during the early, febrile stages of this disease. This may be at variance with the frequently made recommendation of feeding fevers. But it has been my observation that more patients are made miserable by overfeeding than underfeeding.

Alcoholic stimulants I prescribe but rarely. There are, however, cases where they seem needed, especially in elderly persons who have habitually used them for a number of years in moderate quantities, and in younger individuals who have been heavy drinkers. I have seen a strong, hot whiskey sling do a patient on the verge of delirium

tremens more good than all the nerve sedatives I had before prescribed.

When the patient suffers from considerable pleuritic pain and high fever and is of a robust makeup, I have used cold applications and frequently ice bags, with apparent benefit. Where the patient has less vitality, being of a neurotic type, hot applications seemed better indicated. The occasional use of a hypodermic of morphia when pain was severe has earned me the gratitude and good will of a number of patients.

I have stated that all authorities urge us to watch the condition of the heart in pneumonia. We must watch the pulse, and must also watch the right ventricle. When exudation takes place the pulmonary circulation becomes more and more obstructed. At the outset, when the right ventricle is still vigorous, we hear a sharp click on the closure of the pulmonary valve, due to the recoil of the blood in the pulmonary artery. This continues as long as the case progresses favorably, or till absorption takes place. But when the right ventricle becomes weakened this valve sound becomes weaker, and when it is faint or ceases to be heard the end is not far off. We then observe all the signs of venous stasis, and frequently watery diarrhea and pulmonary edema. The question is: Can we prevent this condition? The use of strychnia probably does good in such severe cases, but must be gauged with the greatest accuracy, as overstimulation is sure to cause the very opposite of the desired effect—paralysis. The same may be said of alcohol. When stasis is already well marked we must carefully regulate the diet to prevent flatulence (which renders respiration more difficult), and relieve the bowels with turpentine enemas. Feed the patient small quantities of milk with mineral water. When prescribing alcohol use it only in small quantities—by preference old whiskey, champagne or wine whey. In the line of medicines we find atropin, glonoin, amylnitrite and the nitrites of soda, potassium and ammonia recommended. I must, however, confess that all of my patients who reached the condition just described have died.

Finally, I must mention the fresh air question. The pneumonic patient certainly requires a clean, sunny, quiet room, with plenty of fresh air. But I do not believe that this should be so cold as to compel the attendants to wear fur clothing.

Tissue paper towels are most useful acquisitions in a doctor's office. They come in rolls like toilet paper.

MOUTH AND NASO-PHARYNX—IMPORTANCE IN NORMAL GROWTH AND IN CONTAGIOUS DISEASES.

AGNES V. FULLER, M. D., CHICAGO.

Oral hygiene is receiving each year more attention from all who are interested in the welfare of the child. This year the International Hygiene Exposition, held at Dresden, has one section devoted to dental hygiene; thus for the first time recognizing the importance of this portion of our anatomy. All physicians use the condition of the tongue as a diagnostic sign, but how few of us remember the close relationship between the condition of the buccal mucosa, the gums and the teeth, as well as the tongue and the blood which nourishes them. The importance of the mouth symptoms in acute infections is recognized. Seldom, however, are they thought of in constitutional conditions, other than syphilis, rachitis and scorbutus; yet they might often help us in our diagnosis if we gave them a thought. Gingivitis is one of the symptoms of diabetes, and there is a close connection between tonsillitis and constipation; also between tonsillitis and acid urine. I believe many of the so-called cases of grippe are tonsillitis. I recall one patient, age 40 years, who came for something to relieve a general aching. When I asked to see the throat she replied: "I never have any trouble with my throat." This throat was edematous and purple red, and when I insisted upon her seeing it for herself she exclaimed: "I must have had more or less of this all my life, for I have had these symptoms, but no examination." You all have had cases of diphtheria where the breathing, if taken alone, would suggest pneumonia. Physicians should bring the microscope into more constant use. For example: Patient age two and one-half years; temperature 98 to 100 degrees — no higher. Throat examination showed large tonsils — nothing more. In three days an apparent stomatitis developed upon the mucous membrane of the gums, and very slightly upon the mucous membrane of the cheek and the hard palate. The lips were swollen, but this was explained by the fact that the child had fallen out of bed and cut the lips. The case was diagnosed stomatitis, and a culture was sent to the laboratory, from which it was reported to be diphtheria. The microscope gave no assistance in the treatment, but it was of the greatest value in limiting the spread of the infection, for had it not been for the laboratory the child would have been isolated but a few days. So I repeat, examine the mouth and throat of every child.

The secretions, as well as the mucous membrane of the mouth, are

of the greatest importance in determining the state of health. Michaels, of Paris, asserts that from an examination of the saliva he can diagnose carcinoma when the disease is at all well developed, and can positively determine any well known disease from a conjoint examination of the blood, urine and saliva. I have given no attention to the saliva, except as to the quantity. If there is an excess, and it is found on the pillow or flowing from the mouth of the child, I say stomatitis or diphtheria. If it be stomatitis the face will be swollen. If this is not present, I look for diphtheria, for in my experience excess of saliva is not found as early nor as often in tonsillitis other than diphtheretic.

Dr. Osler has said: "If I were asked to say whether more physical deterioration was produced by alcohol or by defective teeth, I should unhesitatingly say defective teeth." In the United States are 80,000,000 of people. Less than ten per cent. of these ever patronize a dentist, and less than eight per cent. of the American people use a tooth brush or clean their teeth or mouths in any way. Mr. Kingsley, of the United Charities, found, during investigation for the child's welfare exhibit, that 90 per cent. of the school children of Chicago need dental work. There are but three dental clinics for school children. There are in this country eight factories devoted to the manufacture of artificial teeth. During 1909 over 60,000,000 of teeth were sold; and during 1910 the number was much increased. These are used by the less than ten per cent. who patronize a dentist, and every one replaces a natural tooth, which, if given proper care, should have lasted out one's lifetime. Here is something to think about! Here is educational work for the general practitioner and the man who has the children especially in charge, as well as for the dentist. We hear a great deal in these days of pure food. How long is pure food pure after it comes in contact with these mouths. In both children and adults there is untold suffering. In the adults many look sixty when the actual count is but forty; all this because of the sunken cheeks and the bad digestion from germs and poor mastication of food.

I was called to see a child of three years, and asked: "Do you care for Margaret's teeth," which were in very poor condition. The mother replied: "Margaret has her own tooth brush and takes all the care of her own teeth. She just loves to." What is the care given her teeth by a child of three worth, except in forming the habit of cleanliness? Her mother further said: "My brother-in-law is a dentist, and says one should brush the teeth after meals. Is this so? Many people only brush their teeth when going out. I brush mine every two or three days." Another example, a school teacher,—one who should practice as

well as preach. This young woman has beautiful teeth, whose beauty is marred by the lack of oral hygiene. These cases but show the need of further education.

Poor teeth, as well as adenoids, are responsible for mouth breathers. If a child has a sensitive tooth he will not bite upon it, and begins a habit which does not end after the cause is gone. If nasal breathing is unobstructed and the child has good air to breathe and takes it in properly there will be fewer adenoids. Respiration through the mouth is not as deep as through the nose. This gives an insufficient interchange of gases in the lungs. Air taken into the lungs through the mouth is improperly prepared; therefore oxygenation does not take place as it should, with all the attending conditions so injurious in childhood. From lack of normal air pressure in the mouth and nose come the high arches, causing misformed jaws and crowded teeth. Adenoids constantly secrete. They interfere with the voice and make nasal respiration difficult. They endanger the hearing, for deafness through middle ear infection often results. Children with adenoids are subject to colds. Their sleep, as a rule, is restless and debilitating.

From the standpoint of mortality, the throat does not take a high place. The mortality statistics give a very inadequate idea of the hygienic importance of the throat. Diseases of the throat are numerous; they affect all ages, and both sexes. Mothers can do much by keeping a careful watch and suspecting the throat in all fevers; also by teaching the child to open its mouth to allow inspection of the throat. Diseased tonsils impair the general nutrition. The numerous bacteria that infest their crypts not only cause ill health but invade the teeth, causing trouble there. By their pressure they interfere with the alignment of the teeth and with the normal development of the maxillary bones. By pressure they embarrass the circulation and respiration. Defective teeth and defective tonsils as a rule are found together. These cause neuralgia, earache and headache. They infect the glands of the neck, and, through them, the circulation and respiration. Children who have defective teeth and defective tonsils, as the records of school inspectors show, fall behind in their school work, a large percentage leaving school at the eighth grade. It has been proven that the crypts of diseased tonsils and defective teeth harbor disease germs for a long period of time. At a meeting of the American Public Health Association held recently in Milwaukee, Dr. Hill said, so far as scarlet fever, diphtheria, and measles are concerned, all other evidences of the spread of the disease might be neglected, and that these diseases could be controlled if we took care of the secretions of the nose and mouth. Dr.

Evans says this is probably just as true of pneumonia, and nearly as true of tuberculosis as of these other diseases. Dr. Evans also emphasises the fact that there are crypts in the mouth as well as in the tonsils and pharynx. Dr. F. E. Larkins, in a paper on "Carious Teeth in Elementary School Children," states that children whose mouths were in bad condition averaged 2.69 lbs. less than the good ones, which is equivalent to a loss of six months; a very serious handicap at that age. He also found that in a number of children aged five years, whose records he looked up, those who had had measles had sound teeth in only 20.9 per cent. whereas in those that had not had measles the teeth were sound in 43.9 per cent. The importance of oral hygiene is also shown in the following case of a young woman.

During every winter there was a history of one cold after another. All that could be done to bring up the general health and resistance of the girl had been done. This year she has used each day an antiseptic mouth wash and gargle, and has not had one cold.

The points to be brought out are the following:

1. The importance and value of oral examinations—not forgetting the microscope.
2. The association of infected tonsils and infected teeth, and the injury done the child by their existence.
3. The importance of oral hygiene in limiting the spread of contagion.
4. That the child's mentality does suffer, and through that the child's future by bad conditions in the mouth and throat.

MODERN OBSTETRICS.*

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Progress in the science of obstetrics during the last ten years has been so marked that many of the former practices have not only been dropped from the art of obstetrics, but in some instances absolutely reversed.

The old custom of administering chloroform is rapidly being abandoned, because many investigations have proved that this agent is capable of serious and fatal injuries, acting principally upon the liver, producing fatty degeneration and necroses, with an extension to the heart, kidneys and muscles.

* Illinois Homeopathic Medical Association, May, 1911.

Ether is to be preferred, except in cases of acute yellow atrophy, when a mixture of nitrous oxide gas with oxygen will be found more efficacious. The action of ether on the uterine contractions in the second stage is preferable to that of chloroform. Uterine atony and post-partum hemorrhage are rare following the use of ether, while we all know the idiosyncrasy of chloroform in this respect.

Ether should be used in eclampsia, according to some authorities. Its action is positive, while the dangers from delayed poisoning are rare.

One writer reports eight cases of delayed chloroform poisoning resulting in death, and adds one of his own. On the first day the pulse increases and becomes weak; jaundice appears on the second; urine becomes scanty, containing albumen and casts; nausea occurs; consciousness is impaired; on the third or fourth day the icterus increases; urine is lessened; hiccough and convulsions may occur; finally uremia, cardiac failure, coma and death end the struggle.

The previous essayist has most thoroughly and concisely presented to you the advance in urine analysis. Albuminuria is only a symptom—a stage, or degree of intoxication, and a positive indication for a more minute investigation as to the cause. The treatment varies, as positively does the prognosis.

Pregnancy grafted upon a nephritis will produce toxemic symptoms early, out of proportion to the immediate danger, but probably permanently injures the kidney. Eclamptic convulsions rarely occur in this class of cases, while a still birth and maternal heart failure are to be kept ever in mind.

Differential diagnosis in all kidney complications occurring during pregnancy is absolutely essential; eclampsia may have its etiological factor in a placental secretion, while hyperemesis gravidarum, ptyalism, pruritus, jaundice are all toxic conditions manifested by metabolic disturbance in the liver, thyroid or muscle tissue.

Eclampsia, uremia, or epilepsy may occur; the difference in treatment is obvious. It is not sufficient to examine the urine alone; a thorough physical examination must be made; exaggerated reflexes, deficient or exaggerated action of the secretory nerves, persistent nausea, anorexia, melancholia, disturbed vision, headache, edema and constipation are all symptoms of great value. Circulatory irregularities or a damaged heart and insufficient respiratory capacity are conditions the knowledge of which is not only essential to the patient's welfare and favorable outcome, but negligence upon the part of the accoucheur, who assumes the responsibility in a process involving two lives is highly censurable.

Although pregnancy is presumed to be a physiological process, the gravity of the situation justifies it being classed and managed as one of pathology. Every case looked upon from a pathogenic point of view, with premonitory or introductory symptoms of nine months, culminating in a crisis at labor, should be scientifically managed and directed with the same degree of interest and intelligence that is brought to bear on a given subject in every other department of medicine.

Why, do you realize that it is more dangerous to bear a babe than to have an operation for appendicitis? And yet we are content to place our women in the hands of midwives and illy prepared doctors while for an appendectomy we select the most skilled surgeon to be found.

The three main factors in labor are:

- 1st. The cephalo-pelvic relationship.
- 2d. The muscular power of the individual.
- 3d. The nervous condition of the patient.

First, a study of the pelvis; its shape, contour and capacity, and its relation to the size of the fetal head.

Second, a consideration of the muscular power, and whether she will be able to deliver herself without undue exhaustion, or whether an operation will become necessary upon an exhausted patient.

Third, whether she is liable to have a nervous explosion at the time of labor, or whether the after-effect of pain and exhaustion may not have a serious and lasting influence in after-life.

The reports published during the last few years divide obstetric practice into two classes, one for the clinic and the other for the private home; the results in the latter class are conceded to be better than that of the clinic. In placenta previa the recent advice is to deliver by Cesarean section; by this procedure the mortality rate has been reduced 10%. The general tendency in the treatment of contracted pelvis is leaning towards conservatism. The accoucheur surely does not give the patient the full benefit of his art if he fails to discover pelvic deformities early enough for successful treatment. The patient should be placed in a well-equipped hospital, where she can be under constant supervision, and where all is in readiness should it become necessary to perform some major operation during the course of delivery.

One must consider three operations in contractions ranging from 7.5 c. m. to 10 c. m. for a true conjugate: Induction of premature delivery, hebstomy and Cesarean section. Large statistics have proven that premature labor is the least dangerous method, and therefore best suited to the general practitioner. If the patient comes to

the hospital at the beginning of labor at full term, Cesarean section is indicated. But should labor have progressed to the end of the first stage, or the patient probably infected from repeated examinations, hebosteotomy is the operation of choice.

Statistics in general practice differ greatly from those of the hospital, in that it takes longer to complete a series of cases conducted along a definite line of treatment. The aseptic environment of a modern hospital is very difficult to acquire and maintain in the private home, especially among the poorer families.

Obstetrics in association with the midwife and the experienced nurse is at times a difficult question. They are disinclined to break away from the old and discarded forms of treatment, and, I am sorry to say, this statement sometimes applies to physicians.

The most atrocious, and, I might say, criminal element that enters into the practice of obstetrics is unintelligent interference.

The phrase watchful expectancy is being erected as a monument to one of our great authorities, because he teaches and advocates and practices non-interference until there are sufficient and scientific indications for some specific mode of procedure.

Rubber gloves have won an impregnable position in obstetrics. Certainly the general practitioner should use them, for the ungloved hand will carry more infection than a smooth glove, and further, there is no such thing as a perfectly disinfected hand; there is a perfectly disinfected glove.

A very common form of injury is rupture of the uterus during version, when the operation is clearly contra-indicated. In a series of 20,000 cases there were 30 uterine ruptures; only one was spontaneous. The maternal mortality was 86%, the fetal was 80%.

The high forceps operation has a fetal mortality of 30% and an astounding maternal morbidity. When indicated they should be used without much force, tentatively, ready to proceed to hebosteotomy or perforation in the home, and to hebosteotomy or Cesarean section in the hospital.

Regarding the propriety of early rising now being advocated in some foreign clinics: A woman who rises first on the fifth day can naturally stand and walk better on the tenth day than the one who first gets up on the tenth day. It is doubtful, however, whether she is in better condition for her early rising.

Bed exercises are decidedly beneficial, and intimately associated with the binder in promoting abdominal involution. The gradual elevation of the lower limbs, extended to the vertical while lying in the dorsal

position, and the abduction and adduction of the partly raised limbs bring all the abdominal muscles into action.

Crawling on the hands and knees after the patient is up, for five minutes night and morning, with free clothing is far superior to the knee-chest position. These exercises are continued for a period of three months unless contra-indicated.

To conclude, our plea, then, is for better and more modern obstetrics in our daily work, realizing that, although child-bearing is a natural and life-giving process, it is fraught with many dangers, the tragedy of which can be materially lessened and many times obviated by a more strict attention to the science and art of obstetrics, applying the tried and most approved principles to each and every case.

STRABISMUS.*

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It is not the intention of the writer of this paper to go into the details as to the causes, varieties and prognosis of strabismus, or squint. If I can throw out a few suggestions as to the nature of this often neglected trouble, and thereby aid the general practitioners to give their patients good advice along this line, realizing that the great majority of these cases fall into your hands before the specialist sees them, when it is often too late to get good results; if in this way I can aid you and perhaps save a few children from becoming permanently cross-eyed, I shall feel abundantly repaid for the time spent on this paper.

Now, in the first place, let us remember that the eyes have a focusing power, and that it is the intention of nature to have both eyes focus on the same object, and that the object is seen alike with both eyes, if both eyes are normal. The eyes, as you remember, are controlled by the six muscles, and have considerable movement. This ocular movement varies with the general muscular power; with the form and prominence of the eyeball and their relation to the orbit. The eyes can be turned from 45 to 55 degrees either to the right or left, or a total excursion of from 90 to 100 degrees, and a vertical movement of from 75 to 100 degrees. By exercise these movements can be increased considerably; the internal movement or adduction can be increased more than the external or abduction to the ratio of two

* Wisconsin State Homeopathic Medical Society, May, 1911.

to one or three to one. Thus we see that the eye is given a great deal of latitude, and provision is made for correcting many of the minor defects that may arise from various causes that have a tendency to deviate the eye from its normal position. As stated in the beginning, I shall not go into all the varieties of squint, but simply deal with the most common and those that you most frequently meet.

If any of the muscles become weakened from any cause whatever, or the sight of one eye becomes weaker than the other, we find that the stronger muscle will have a tendency to draw the eye away from the object fixed upon. By this constant use of the stronger muscle it is developed more rapidly than the weaker, and the eye will fix for a time until the weaker muscle can no longer hold it in place, when the eyeball will rotate in the direction of the stronger muscle, and this cause a diplopia, or double vision, and your patient will have to close or rest the eye for a moment before he can again fix the deviating eye. This constant changing causes the eye to become tired; headache will result; blurring of the vision; eyes become red; lachrymation and blepharitis often take place; these symptoms, of course, varying with the amount of deviation in the eye. The same symptoms occur if there is much difference in the vision of the two eyes; if one eye is more hyperopic than the other, or myopic, or a considerable amount of astigmatism be present. All these defects will cause the two eyes to fix an object at different points or angles, and the patient will fix with the eye that gives him the clearest view of the object looked at. If one eye is hyperopic he will see objects clear in the distance; if the other eye is somewhat myopic the near vision is clearer; if the difference in the two eyes is considerable there may be double vision at first, but gradually the patient learns to suppress or ignore the vision of the weaker eye and the weaker muscle fails to hold the eye in line, the vision gradually weakens and the strongest muscle draws the eye to one side so that gradually the eye becomes amblyopic for non-use. The longer this goes the more amblyopic the eye becomes, until no amount of work can restore its usefulness.

The two most important deviations of the eye that you will meet are the divergent and convergent squint. We also have the concomitant or alternating squint. The latter is more often due to refractive errors than the others, and when these are corrected and uncomplicated the squint usually disappears.

We have also the paralytic squint, which is usually due to other troubles and easily recognized by diplopia being present and very little

or no motion in the direction of the paralyzed muscle. This should be treated as any other paralyzed part of the body.

As to the divergent and convergent squint, the chief cause of the divergent or outward deviation is usually dependent on myopia, but it may occur in any case in which binocular vision does not exist and the external recti muscles are overdeveloped.

The causes of convergent or inward deviation are more numerous, and may be caused by convulsion, whooping cough, measles, scarlet fever, fright, shock, trying to imitate other squinting children, or opacities of the cornea and refractive errors, especially hyperopia. Both of these squints are easily recognized and detected by having the patient fix on some object held before the eye and alternately covering one eye and then the other, when the deviation will be easily seen. As to the treatment of these conditions, no time is to be lost; as soon as a case comes into your hand, try and find out the cause. If it is refractive, advise glasses, and see that the case goes to some one who will do good thorough work. Keep your patient away from itinerant opticians; from men that have their signs out, "Eyes tested free," as these men as a rule care for nothing only to sell their glasses.

Even very young children will wear glasses very readily, and this will often prevent the squint from becoming fixed. Treat the case medically if it is due to any of the causes mentioned, or to any children's diseases. Look to the eyes. Have them exercise the squinting eye by tying up the fixing eye, and develop the weak muscles by daily exercise. Teach the child to exercise the muscles themselves. Let them use the fingers or pencil and hold it at arm's length away from the eye and rotate in all directions, especially in the direction of the weaker muscles. It may be necessary to use atropin to dilate the pupil of the fixing eye so as to encourage the use of the weak eye. Do not neglect your duty when your attention is called to a squinting child and tell the parent that the child will outgrow it, but get busy and try to find out the cause. If paralyzed, treat medically or with electricity; if it is alternating, refract; if convergent, refract, exercise and use such remedies as *cicuta*, *jaborandi*, *belladonna* and *gelsemium*; if divergent, refract and exercise and above all, try and preserve the sight in the squinting eye as long as possible, and thus prevent the squint from becoming fixed, as it is not advisable to do operating work before the eighth year. When the eye has become amblyopic, operative measures are of little use except for cosmetic purposes.

THE THYROID IN GLYCOSURIA.

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The appearance of glycosuria during the administration of a preparation of the thyroid gland has been observed. That it should in turn relieve such a condition in certain cases would be inferred by those that have even a passing knowledge of therapeutics.

In my observation with this agent I have not convinced myself that it controls diabetes that is dependent upon structural changes in the pancreas, but in six cases that have been pronounced diabetes mellitus it has been curative. Apart from the appearance of glucose in the urine, there has been extreme thirst, an increased flow of urine, and in some cases albumen. All of these patients would be classed as obese. They complain of weakness and hunger. The bowels are usually constipated and the stools have a fetid odor. The sexual desire is decreased, and in woman menstruation may be lost. Mental depression and irritability were present. The skin was dry and rough, the nails were brittle, and the hair thin and dry. The body temperature was below normal. It is in regard to three of these cases that I desire to speak at this time, as the other three cases are similar.

Mrs. L., fifty-nine years of age, and the mother of four children. She is five feet seven inches in height, and above the normal weight. She has always prided herself on her excellent health. About two years ago she noticed that she was not up to her usual standard of good health, and her family remarked that there was "a letting down in mother's vitality and robustness;" that mentally she was not as acute as usual, and that there was a heaviness of the facial features that was not natural.

During November, 1910, I was called to relieve her of a severe eczema that involved the lower portion of the trunk and the upper portion of the thighs. From this she could find no relief, and was physically but a relic of by-gone days. Upon examination the urine showed a specific gravity of 1.042, and contained glucose. A diet was prescribed and remedies as I thought were indicated, but there was no improvement till the case was studied in a broader light. The lowering of the mentality, the dryness of the skin, the dry and falling hair, the brittle nails, the infiltration of the subcutaneous tissue led to a selection of thyroid in two-grain doses three times a day, with the result that within two weeks the eczema had ceased to annoy her, and within 60 days the sugar had disappeared from the urine. A careful examination

during the month of August showed her condition to be normal, and her health better than it had been for several years.

Mrs. S., forty-seven years of age, has a good family history. Her father was eighty when he died. Her mother is still living, and is eighty-five. She is, herself, the mother of six children, all of whom are living and in good health. During the year 1908 she noticed that she was not as well as usual and had some disturbance of the extremities; sensation was not normal; slowly but gradually she lost the use of her hands and feet. They were sensitive to pressure, and caused her much pain. She had lost much flesh. Formerly she was obese.

During 1910 she consulted several physicians, each of whom gave a different opinion; and during January, 1911, I was called to see her. She was reclining on a cot, and could not use the upper or lower extremities apart from a slight motion at the shoulder and hip. There was a constant pain in the extremities. This was made worse from pressure upon the parts. She had evidently lost much flesh, as the skin now lies in folds over the body. The skin has a dry, parchment-like feeling. The hair is dry and the finger nails are brittle. The face presents a stupid, dull appearance. Upon careful examination I am unable to outline the thyroid gland. The pulse is small and compressible. The appetite is good; there is thirst and she drinks large quantities of water. The bowels are constipated and the amount of urine is increased. It has a specific gravity of 1.050, and contains a large percentage of glucose. The pain in the extremities is so severe she cannot get to sleep.

She was given two grains of thyroid three times a day. For two months we had much trouble. The pain in the extremities, the constipation, a cardiac weakness, each caused much disturbance, but gradually they subsided. During April the specific gravity of the urine was never above 1.030, the quantity was diminished, the glucose was but a trace, and the constipation is more amenable to dietetic treatment; the thirst is less, the appetite is not ravenous, and the condition of the skin and the pain in the extremities has improved. She was now given one grain of thyroid each night and morning. During the month of June the urine became normal, as well as the bowels, appetite, mentality and pain in the extremities. There has been a gradual improvement, and she is now able to move about by the aid of crutches and takes but one grain of thyroid each day.

Mr. K., aged sixty-three, had been a healthy man. Both parents lived to be over eighty years of age. In appearance he is below the medium stature, and is obese. He has always been a moderate drinker. Dur-

ing the early part of 1910 his business associates and family noticed that there were certain definite changes taking place in him. He is forgetful, morose and easily irritated and not as energetic as usual. While his appetite was good, he was gradually losing flesh. During January, 1911, there developed a slight necrosis of the soft tissues of the foot that refused to heal. An examination of the urine showed glucose, which persisted for some time. Thyroid was administered, one grain three times a day. This had been given but a short time when the ulcer of the foot showed an improvement, which was uninterrupted. The glucose gradually disappeared from the urine, the mental symptoms cleared up, and he now is his usual self.

MY ACQUAINTANCE WITH CIMICIFUGA.

S. H. AURAND, M. D., CHICAGO.

I wish to discuss cimicifuga as I have become familiar with it under four general headings — History and Pharmacology, Physiological Action, Therapeutic Application, and How I Use Cimicifuga.

The Physiological Action will be considered under three sub-heads: First, Cerebro-Spinal System; second, Circulation; third, Female Generative Organs.

The Therapeutic Application will be considered under four subheads: First, The Mind and Disposition; second, The Cerebro-Spinal System; third, The Circulatory System; and fourth, The Female Generative System.

How I Use Cimicifuga will be told under about ten somewhat different diseased conditions.

History and Pharmacology. — The name cimicifuga is from cimex, a bug, and fugo, to drive away, because it was used to drive away bugs and insects in Siberia and Kamchatka. Racemosa is from the Latin racemosus, meaning full of clusters, as the flowers grow in clusterous racemes. Cimicifuga is one of the old drugs. It was known to the medical profession in 1696, and was introduced into the homeopathic practice in 1856. The plant grows in the United States and Canada, and is known by the common names, black cohosh, snake root, squaw root and bugbane.

Our tincture is made from the fresh root, and is one-tenth drug power, or 10% strength. This is the first decimal dilution. The second dilution should be made with one part of the tincture and nine

parts of dispensing alcohol. If you wish to conserve all of the medicinal qualities of the drug and set free all of its curative powers it is quite important that you recognize its chemical laws and pay heed to its natural affinity. The second dilution should be a perfect solution, without sediment. The chemical, or pharmacological, laws of the drug are probably of equal importance to the affinity of the drug for the human organism. Therefore, if you desire the best results from the therapeutic application the law must not be ignored in either case.

It is surprising how much may be accomplished with our homeopathic remedies if they are fully understood and properly applied. *Cimicifuga* has its own limitations, and its therapeutic field is simple and definite. The physiological or pathogenic action of *cimicifuga* proves beyond the question of doubt its true affinity for certain parts and organs of the human system.

The Physiological Action. — Three definite centers are markedly disturbed by continued physiological doses of *cimicifuga*, viz., the cerebro-spinal system, the circulation, and the female generative organs. If we remember these three points we have a key to its therapeutic application.

Let us consider first the cerebro-spinal system. Through this center *cimicifuga* affects especially the body of the muscles. It produces a definite rheumatic hyperaemia resulting in symptoms of chorea and paralysis. There is marked erethistic hyperaemia of the brain and spinal cord which produces mental depression, headache, vertigo, delirium, soreness of the muscles and eyeballs and dimness of vision. The irritation at the base of the brain is accompanied with a feeling that the head is too large and is being drawn backward. Both the motor and sensory nerves are involved. Through the motor nerves it acts as a depressing irritant, and is marked by choreic and paralytic symptoms, accompanied with much restlessness and exhaustion. Through the sensory nerves it produces neuralgia and various rheumatic pains.

Second, the circulation. Through the circulation it produces a marked febrile irritation. The circulation becomes unequal, the heart irregular and feeble, and the brain hyperaemic. These symptoms are accompanied with hot flashes and a rush of blood to the head. The head feels large and full, with a sense of pressure and heat on top. This pressure is the cause of the symptom, "the top of the head feels as if it would fly off." Because of the above mentioned irritative hyperaemia we have the following symptoms: Headache, vertigo, dullness of vision, and extreme mental depression or melancholia.

Third, the female generative organs. *Cimicifuga*, with the great affinity it has for these organs, acts as an excito-motor. Burt says it produces a rheumatic hyperaemia of intense severity. The pains are of a rheumatic or neuralgic character, and extend through to the back, from side to side across the lower abdomen and down the thighs. The menstrual function is greatly disturbed, and usually accompanied with more or less infra-mammary pain. There may be suppressed, scanty or profuse menstruation, or metrorrhagia. Accompanying these symptoms, or alternating with them, are the characteristic hysterical outbreak or mental gloom. These physiological landmarks are valuable upon which to base, or from which to draw, therapeutic symptoms.

Therapeutic Application.—Like all other homeopathic remedies, *cimicifuga* will do the most good when it is most indicated. I believe, however, that it will do good in some cases in which we may not be able to get all of its indications.

Notwithstanding the popular cry of waning homeopathy, we who have given it a fair trial still have faith in its law. Our faith continues and will not let go because every now and again it is clinched with the happy results of a brilliant prescription. When we hit the nail on the head, as the saying is, the blow always counts. The thing which the homeopathic doctor of today needs most is homeopathic thought, which will teach him to aim right and strike straight. We must know three things, and we must know them well—the individuality of the remedy, the individuality of the patient, and how to mate them. Let me try, first, to impress upon your minds two things of *cimicifuga*: first, the disposition, and second, the condition. The disposition is sad, blue, gloomy, depressed, melancholic or hysteric. The condition is irritative, hyperaemic, rheumatic or neuralgic. These are prevailing landmarks, and you'll find something of them in every case.

Cimicifuga stands therapeutically upon a four-legged stool. If this also may be remembered, we will have but little difficulty in putting it where it belongs. The first leg to this stool is the mind and disposition. The gloom which settles over the *cimicifuga* patient is like a heavy, hovering cloud. She cannot see or feel anything but sadness and foreboding. She is suspicious and imagines all sorts of unpleasant things. She is melancholic, irritable and hysterical. Her will is weak and readily gives way to her imagination and bodily feeling. She is fearful, sensitive and excitable. She dreams of impending evil, and has miserable visions of rats, mice, etc. With these symptoms we would naturally think of some forms of delirium, delirium tremens, puerperal mania, hysteria, etc.

The second leg of the stool is the cerebro-spinal system. Through the cerebro-spinal system we get irritation of the brain and spinal cord, with a marked tendency to rheumatism, chorea and paralysis. There seems to be an erethistic hyperaemia of the brain and spinal cord, and through these the whole muscular system is more or less affected. The patient has vertigo, headache and dimness of vision. There is also soreness and aching of the eye-balls. The general soreness and aching throughout the muscular system is usually accompanied with some local rheumatism or neuralgia, like lumbago, pleurodynia, myalgia, or myositis. The *cimicifuga* element in thus affecting the body of the muscles is plainly evident. The muscles, like the mind, seem weak and unsteady; hence the trembling, jerking and twitching, which are always markedly aggravated by excitement, cold or pressure. These patients cannot lie long on the affected muscles or stand much pressure upon them until they begin to tremble, jerk, twitch or otherwise feel uncomfortable. The irritative sensitiveness of the *cimicifuga* patient plainly accounts for the symptoms, "formication, prickling sensation, nervous tremors, cold air blowing upon the brain, and the top of the head feels like it would fly off." These patients are usually of a changeable mood, and the physical symptoms are equally changeable. The muscular irritation and pain will often give place to a fit of melancholia or hysteria.

With such marked indications *cimicifuga* must be a good remedy for irritation of the brain and spinal cord, rheumatic or neuralgic headache, rheumatism, neuralgia, lumbago, pleurodynia, neuritis and paralytic conditions.

The third leg to the *cimicifuga* stool is in the circulation and its function. There is much irritative hyperemia of the brain and spinal cord. This is productive of congestive and irritative headaches, vertigo, dullness of vision, weak, rapid and irregular pulse; weak, trembling and irregular heart; weak, trembling muscles; weak, fluctuating mind; rush of blood to the head and face; unequal circulation, with frequent flashes of heat; pain in the region of the heart with numbness and tingling of the left arm; sensation of impending suffocation; much uneasy chilliness; bruised, congested feeling in the back of the head and neck, accompanied with a throbbing, drawing sensation, and pressure in the brain as if the top of the head might fly off.

The pathological conditions which this group of symptoms suggest are rheumatic and irritative fevers, congestive headaches, vertigo, palpitation of the heart, angina pectoris, la grippe, cerebro-spinal meningitis and difficulties of the climacteric period.

The fourth leg to the stool consists of the female generative organs. *Cimicifuga* has great affinity for the female generative organs, and its curative power has been demonstrated over and over. A severe hyperaesthetic, rheumatic condition seems to be its fort. A bearing down, weighty feeling, accompanied with aching or sharp shooting pains radiating to the back, from side to side across the abdomen and down the thighs, seems to be characteristic of this drug. Menstruation is greatly disturbed, and may be profuse, irregular, delayed, scanty or suppressed. Dysmenorrhoea or painful menstruation is very characteristic. The patient suffers more or less with mental depression, melancholic gloom or hysteria, unequal circulation with cold, chilly feeling, and painful soreness or trembling of the muscles. *Cimicifuga* may be banked on when its four cardinal pegs are protruding. First, weak, hysteric will with a gloomy, sad disposition; second, rheumatic or neuralgic soreness, aches and pains affecting the body of the muscles; third, unequal circulation with a rapid, weak, irregular pulse and much chilliness; fourth, painful ovarian and uterine difficulties with disturbed menstruation.

No remedy responds more promptly to its indications than does *cimicifuga* in the following diseased conditions: Congested, rheumatic, displaced or subinvolted uterus; congested, irritated or neuralgic ovaries; congested, irritated or rheumatic pelvic muscles; dysmenorrhoea, painful, irregular, scanty or profuse menstruation; irritating or painful leucorrhoea; infra-mammary soreness or neuralgia; weakened uterine muscles tending to abortion; hard radiating labor pains attended with hysteria, trembling of the muscles and chilliness; hard radiating after-pains; puerperal mania and climacteric difficulties.

How I Use *Cimicifuga*.—I use *cimicifuga* mostly in the tincture, which, as stated before, is the first decimal dilution. I sometimes prescribe it in the second and third dilutions, and in highly sensitive individuals I occasionally go to the thirtieth potency. Dr. Kent recommends it in the one-hundredth and one-thousandth potencies.

My prescriptions are based upon its four pathogenetic indications. These I believe to be of much greater value than even the peculiar nervous or emotional symptoms. The peculiar symptoms, "feeling as if cold air was blowing against the brain," or "feeling as if the top of the head would fly off," are valuable when you get them in a definite way, but you will find many *cimicifuga* patients in whom these peculiar symptoms do not appear. You will succeed well with *cimicifuga* if you base your prescriptions upon its four pathogenetic indications. Indeed, I can vouch for this splendid remedy when but two of these

are prominently in evidence. When you find these cardinals present you will, of course, find grouped around them very many of the minor symptoms. The minor symptoms of all drugs are numerous and so near alike in many instances that if we are guided by them we are led to do just what we so many times do,—miss the mark. The pathogenetic indications are true guides and they are they which lead us to discover our specifics. If the remedy is the pathogenetic simillimum of the disease it will accomplish the same good, no matter upon what basis or knowledge you may prescribe it. This undoubtedly accounts, in part at least, for so many blind cures.

1. Lumbago, or Crick in the Back. In this painful disease I use *cimicifuga* almost as a specific. Why? Because in all these cases we have two of its cardinals, in many of the cases three, and in about half of the cases all four. The unequal circulation shown by the local irritative hyperemia and the pain affecting the body of the muscles are always present. Many of these cases are hypochondriacs, they are constantly seeing things through a cloud, and this class of patients give us the third cardinal indication. The third class are women who suffer with some uterine difficulty, and they add the fourth cardinal indication which makes *cimicifuga* the pathogenetic simillimum and the remedy without a doubt. Give it in from five to eight drops of the tincture every three hours.

2. Headaches. Irritative, congestive, rheumatic or neuralgic headaches in females, with some uterine disorder and a blue disposition. (Mechanical measures in uterine difficulties should not be neglected.) Two-drop doses of *cimicifuga* in water every hour until relieved.

3. Rheumatism. (1) Body of the muscles are involved, (2) unequal circulation with local irritative hyperemia, (3) blue disposition, and (4) uterine difficulties. *Cimicifuga*, five drops of the tr. every three hours.

4. La grippe, Rheumatic and Irritative Fevers. In many of these cases, especially in women, we get all of the pathogenetic indications of *cimicifuga*. The remedy, however, is equally good in men when you have two or three of its cardinals surrounded with other minor symptoms. La grippe is noted for its depressing influence both upon the mind and body, its tendency to produce irritative hyperemia and congestion, its chilly feeling, insomnia and headache, as well as its muscular soreness and weakness. Then, if the patient be a woman, with uterine involvement and irritation, *cimicifuga* is the true simillimum.

In acute cases I give two-drop doses of the tincture, in water, every hour. In chronic cases I saturate No. 6 disks with the tincture, and

direct that three disks be taken every one or two hours, according to the severity of the case.

5. Cerebro-spinal Meningitis. In the rheumatic type of this difficulty we have the irritative congestion, with a drawing of the head backwards, fullness and pressure in the brain, chilly feeling, unequal capillary circulation, as shown in the spotted skin, irritative restlessness, delirium, rolling of the head from side to side, mental depression and muscular soreness. Two drops of the tincture in water every hour.

6. Spinal Irritation. Usually in women with neurasthenia who have many muscular and nervous pains. They are cold, irritable and sad. They imagine all sorts of unpleasant things, and are afflicted with insomnia and irritating dreams. The circulation is poor and unequal, with usually a weak, rapid and irregular pulse. Then if you find uterine difficulty, with the characteristic *cimicifuga* pains and menstrual disturbance, *cimicifuga* is the remedy. Tincture on disks every three hours.

7. Chorea. No remedy is more frequently indicated in young girls who have a sad and hysteric disposition, menstrual disturbance, nervous, rapid pulse, with a good deal of chilliness, trembling, twitching and jerking of the muscles. All these conditions are markedly aggravated by cold, pressure or excitement. Tincture on disks every three hours.

8. Pleurodynia, or Infra-mammary Pains. Women or girls who are nervous, irritable, hysteric or sad; general rheumatic tendency; quick pulse; chilly feeling; probably pregnant, or menstrual or uterine disorder. Tincture on disks every two or three hours.

9. Angina Pectoris. In nervous, sad or hysteric people; rheumatic or neuralgic tendency; weak, irregular pulse; trembling or irritable twitching of the muscles; cold, chilly feeling; cannot stand pressure on the left side, and accompanied with uterine or menstrual disorder. Five-drop doses of the tincture every two hours.

10. Uterine and Ovarian Difficulties. This is the pathogenetic field in which *cimicifuga* is a sheet-anchor. In uterine, ovarian or menstrual disorders, accompanied with melancholia, hysteria and rheumatism, with trembling paralytic condition, cold feeling, and pains radiating to the back or from side to side and down the limbs, *cimicifuga* claims the field. Do not forget this remedy in weak, irritable, congested and painful uterus with tendency to abortion. Also in hard labor cases with the following conditions it will not fail you; the patient is irritable, hysteric, chilly, trembling, and the pains radiate to

the hip, back, across the abdomen and down the thighs. In radiating afterpains and at the climacteric period cimicifuga is frequently indicated, and when it is there is no surer relief. In chronic conditions I use the tincture on disks, three disks every two hours. In labor cases and after-pains I give one-drop doses of the tincture dissolved in a teaspoonful of water.

Now, in conclusion let me say that you will find cimicifuga the simillimum, in men, when three of its pathogenetic cardinals are present. In women, however, it requires all four of its cardinals to complete the simillimum.

The material, or potentized dose may be successfully regulated in accordance with its all-round, correct indications. If not all of its cardinals are present and the symptoms are severe, like in lumbago, I would advise the largest material dose—five to eight or even ten drops of the tincture. If all of its cardinals are present, thus perfecting its simillimum, the lesser material, or potentized, dose will work equally as well.

THE SPECTACLE QUESTION.

C. GURNEE FELLOWS, M. D., CHICAGO.

The question is so old and so much written about that possibly you have all been bored to death by its discussion. The journals have been full of the subject and papers innumerable have been read before such audiences as this, and yet, after being an oculist for years, writing and teaching as well as practicing, I still believe it to be one of the most important subjects for the general practitioner, as well as for the specialist, to consider.

In one of Walton's oratorical discussions on the Hahnemann monument he said, "Why build anybody a monument?" And in our subject we are met by the obvious question, "Why give anybody spectacles?" Our grandfathers never worried about their eyes until they were unable to read the weekly newspaper; then they went to the general store, where dry goods, hardware, molasses and spavin-cures were strongly in evidence, picked out from a box of blue-steel-bowed spectacles a few pairs of varying thicknesses, tried on one pair after another until one enabled them to read the paper, and then went home happy in the possession of the ability to read. These same people were satisfied, when they had colic, to take a little tansy tea, and when they had

a strained tendon to apply a smartweed poultice, and the oculist was about as much in demand as the family physician.

But times have changed a good deal since then. The doctor has become a family necessity, and we believe that the oculist has proved that he has a place in the medical world second to none. In spite of the fact that he occupies a distinctly different field from that of the optician, they are still much confused in the popular mind, and also, I fear, in the minds of many of the profession. The optician is to the oculist what the druggist is to the physician; and few of you would send your patients to the druggist for a diagnosis, though it is proper to send them there for medicine.

The oculist should always be a help, and not a hindrance to the medical adviser, and I have as much patience with the optician as with the oculist who promises to cure all ills from A to Z by the prescription of glasses alone. The giving of glasses to cure all headaches, for instance, is no more to be tolerated than the prescribing of coal-tar remedies for the same purpose, although each may cover up the trouble temporarily. That patients are cured by well-prescribed remedies is recognized by all of you, and it is just as true that eyes, head and reflex nervous disorders are capable of being helped by the prescription of proper glasses.

Patients are continually coming, either of their own volition or on the doctor's recommendation, to "have glasses fitted," and I always resent the request to fit such people, for I think what they want is to have their eyes examined and a diagnosis made, to find out whether they do or do not need to wear glasses. Short-sight or myopia can be cured only by glasses, but Christian Scientists who are myopic can go without them by merely choosing not to see. So can our patients as well. Far-sightedness can be relieved by glasses in the same way as near-sightedness, but the patient who goes without them does so at the expense of certain nervous energy, or with certain inconvenience which may or may not be recognized by him.

Experience has taught me that with the prescription of glasses should go a little talk as to why they are worn, when they are to be worn, and what is to be expected in the way of relief, for the advice of the physician is often as much desired as is his medicine. I find, even in this enlightened day, that patients must be educated to look for such cures as are possible and not to expect the impossible.

Every patient for whom glasses are prescribed should be requested to report after they have been worn for a while, not only to see that they are adjusted so as to be comfortable for the patient, but also to make sure that the proper glasses have been furnished by the optician. This

latter, in fact, should be attended to as soon as the glasses are received by the patient, for it is of the greatest importance, and the chance for error in the manufacture of glasses is even greater than in the filling of medical prescriptions.

The oculist should examine the patient, as well as his eyes. He should know the condition of the contiguous organs, such as nose, throat and ear, and when he comes to the eye itself, should be able to examine the muscles and retina and measure the fusion faculty, as well as to put on the artificial crutches which have become so common in our day. All these being taken as a premise, we could cite an indefinite number of cases that have been relieved of headache, eye-strain, insomnia, chorea, asthenopia, neurasthenia, etc., *ad inf.*

The first and important proposition is a careful and complete examination of the eye, without any reference to the question of glasses. Inflammation, foreign bodies, or the result of past accidents must be taken into consideration, for it is manifestly impossible to expect results from the application of glasses to a scarred cornea, for instance, which is the result of ophthalmia neonatorum or phlyctenular keratitis, and the man who can tell in advance that glasses will not improve vision has already taken a step in the confidence of his patient. The examination should be continued, not only by inspection and oblique illumination, both by day-light and artificial light, but should be repeated in the dark-room with the addition of at least a casual ophthalmoscopic examination. Instruments of precision, such as the retinoscope and ophthalmometer, should be used as a matter of routine, to prevent hurried and casual examinations. Then the patient's natural vision should be taken, the best glasses possible be put on his face in a trial frame, and the effect noted. It is very rarely advisable to prescribe for the patient at the first visit, but is much wiser to see him twice or more, to find out how the various tests agree. A complete record should be kept and a comparison of the examinations made from day to day. I will not take up the question of atropine, whether it is advisable to use it in every case, but if it is used it demands at least three separate visits—before, during and after the use of mydriatic—to enable us to settle the question of glasses.

When it is settled in our own minds we then have the patient to deal with, for it is often necessary to persuade patients to wear glasses who do not wish to do so, and it is not an uncommon experience for me to persuade people not to wear glasses who wish to do so. In other words, patients often accept our advice as to glasses as they do advice for a surgical operation—take it under abeyance and consult another

doctor. Here is one financial point of difference between the oculist and the optician, for the oculist earns his fee by his examination, while the optician depends entirely on his profits on glasses.

It is often remarked by the laity that the streets are full of people wearing glasses, and oculists are accused of hunting people for whom they may prescribe. Now, it is a fact that the number of people wearing glasses is much greater than formerly, but I believe it is a matter of education and progress rather than of retrogression and degeneration, for many of the people so wearing glasses are more capable of working, more relieved of pain and strain, and more efficient than they were before they commenced to do so. It is probably more in evidence in cities than in the country, and is only one more proof of the added care that we are taking of our physical selves. Shoes are specially made for tender feet much more commonly than they used to be, few of us buy "hand-me-down" clothes as we did only a few years ago, there are more tooth brushes sold in a year, by millions, than there were manufactured a century ago; all these are right in line with, and no more important than, the question of eye-sight, as well as other perhaps equally important phases of our physical well-being.

My plea, then, is this: that the examination of the eye is an important medical procedure; that it bears an intimate relation to, and is a part of a general examination of the patient; that careful advice should be given to our clientele as to the subject of glasses, and that it should receive its just appreciation in our minds, and our reward will come from the knowledge that we have done the very best thing for our patients.

LEFT-SIDED APPENDICITIS, WITH DEATH FROM PRELIMINARY CHLOROFORM ANESTHESIA.

VANCE RAWSON, M. D., DANVILLE, KY.

About noon on June 30, 1911, the writer was called to see a patient suffering with pain in the left inguinal region. Her age was 43; unmarried, with a previous history of only one serious illness—typhoid fever about three years past. From January, 1910, she had been examined frequently because of a moderately high blood pressure—140–167 mm. of mercury, and a mild chronic interstitial nephritis, the casts being often absent, or one or two hyaline casts to the field. Her general health had been excellent; weight about 150, and strength good.

The acute attack for which the writer was called appeared on the night previous about two hours after supper, when she had eaten some rhubarb and cream, and to which she attributed her indigestion. On June 30, the patient was fairly comfortable; there was no increase of pulse or temperature, and the abdominal examination was negative of tenderness or rigidity, though there was slight pain over the descending colon and sigmoid. The bowels had been emptied, and showed undigested food.

About ten o'clock that night the writer was sent for and found the patient suffering intensely with pain in the same location, with very slight distention over the left iliac region but with no marked tenderness. Rectal examination showed a markedly empty and dilated rectum. A tentative diagnosis of volvulus was made, and a one-half strength tablet of hyoscin, morphin and cactin was administered. Relief was so prompt that the writer decided to wait till morning to decide on the further treatment. The patient was told that if her condition was not satisfactory early the following morning operation would have to be performed, to which assent was given. On learning at six o'clock Saturday, July 1st, that there was little change, except that she was comfortable, the writer prepared to operate, and at nine o'clock the abdomen was opened through the *left* rectus.

The pulse and temperature the night before was 80 and 99 1-5, and was the same before the operation. The abdomen was slightly more distended on the left side.

On opening the peritoneum sero-pus flowed freely from the opening, which was enlarged. Inspection showed the bowels to be highly inflamed and covered with fibrinous exudate. The appendix was located beneath the incision, to the left of the spine, and was removed with great difficulty on account of a very short mesentery. It was about three inches long, five-eighths of an inch thick, and showed a perforation the size of a lead pencil at its union with the cecum. Another perforation at the tip, blocked by a fecal concretion, was discovered after removal, and the whole appendix was gangrenous.

The site of attachment to the cecum was highly inflamed, and with difficulty the opening was closed, using a large fat epiploic appendix for the same. Tubular drainage was established, one tube passing from the cecum down through the cul-de-sac, the wound was closed about the tubes, and the patient put to bed in Fowler's position with rectal irrigation.

The patient never suffered any pain, and progressed steadily for three weeks, during which time the temperature at first ran between

99 1-5 and 101, finally disappearing. At the end of about three weeks temperature re-appeared, and some thickening could be detected behind the uterus at the site of the pelvic drainage. Fortunately, in a few days this pus discharged spontaneously, and the temperature fell to normal.

About five weeks after the original operation the temperature again rose; the patient had chills, fever and sweat, and there was a leukocyte count of 13,720. An effort was made to open the abscess in the cul-de-sac through a speculum and under local anesthesia, but the small vagina made this impossible. The patient was told that it would be necessary to have a short anesthetic to accomplish the drainage, and assented, though objecting to the discomfort of taking ether. She was told that this could be obviated by starting with chloroform.

On Sunday, August 20, preparation was made for the vaginal drainage, and a skilled anesthetist started the chloroform. Not over one dram had been administered on an open mask, the patient responding with quiet and regular breathing, when the assistant took the ether can and gave the word for the writer to prepare the patient. Almost immediately the respiration became irregular, and within one minute stopped.

Artificial respiration, rectal dilatation and inversion of the patient were instituted but there was absolutely no response. After some minutes of this effort the abdomen was opened in the median line below the ensiform and massage of the heart was tried, but without avail, and after thirty minutes of effort hope was given up and efforts were abandoned.

Before closing the wound the hand was passed down to the pelvis and a small mass of adhesions enclosing not over one ounce of pus was located in the cul-de-sac; the abdominal contents, with the exception of a moderately enlarged liver, were normal.

In reviewing this unhappy and unexpected termination of an otherwise successful case the writer feels that under the same circumstances he would do again as he did. As it is, he will never use chloroform under any circumstances, except possibly in obstetrics and in the aged with arteriosclerosis.

The patient had progressed well from the time of the first operation; the heart was in excellent condition; the elimination never had been abnormal, and the appetite and digestion were satisfactory. Notwithstanding the small septic focus, the patient never after the first week presented any marked signs of septicemia, and it seems a warranted conclusion that she was one of those patients exquisitely susceptible to chloroform.

The location of the appendix on the left side is explained by the em-

bryology; the intestinal tube, being at first a straight loop, had failed to make the complete rotation which would bring the cecum over to the right side. This anomaly of course made excusable the failure to correctly diagnose the trouble.

Such unusual experiences fortunately come rarely into one man's practice, but make an indelible impression for, if possible, more discriminating forethought and anxiety regarding dangerous possibilities.

MINOR RECTAL SURGERY.*

ALBERT A. OGLE, M. D., INDIANAPOLIS, IND.

The following cases, taken from my records, will serve to give one an idea of what can be done in rectal cases, under the influence of a local anesthetic, without serious inconvenience to the patient or detention from business. The anesthetic employed has been cocaine, grains three (3), carbolic acid, minims eight (8), and glycerine, minims ten (10), to the ounce of sterile water—unless some peculiar susceptibility to cocaine was known to exist, in which case a one per cent. solution of quinine urea was used.

When possible to do so, the usual preparation as to free catharsis and colon flushings is given. Subsequent to the operative work a liquid diet is given, and the bowels are confined for three or four days. After the work has been done and it is time for the bowels to move, a full dose of oil is given and either sweet oil or a normal salt solution is injected into the lower bowel, thus insuring a soft or liquid fecal discharge which will not interfere with any stitches which may have been taken. After each movement a normal salt enema is ordered, to insure as cleanly a condition as is possible.

Case No. 1. Mrs. P., age 36; mother of one child, and presenting a history of two abortions; complained of constipation, nervousness, headaches, indigestion, and a full feeling in the rectum; a burning, sticking sensation during stool, and after stool the annoyance of having to replace a pile tumor. Examination revealed two sentinel piles—one on either side—the right one in the form of a pouch with a fissure from which a purulent secretion could be expressed. Internally, on the left rectal wall, about one and one-half inches above the external sphincter, was a large rectal polyp attached to a long, slender pedicle. This was the pile tumor of which she made complaint. The

* Read before the Indianapolis Homeopathic Society, March 15th, 1911.

work was performed in her home. After anesthetizing the sphincters were slowly but fully dilated, the polyp was ligated and snipped off close to the mucous membrane, and the stump touched with 95% carbolic acid. The fissure was incised throughout its entire length to the depth of about one-eighth inch and then touched with silver nitrate, 100%. The two sentinel piles were cut away with scissors, and four catgut stitches were employed to close the wounds. The patient rested on her couch for the better part of three days; on the fourth day the bowels moved easily and she resumed all of her household duties. The sphincters were dilated once each week for six weeks following the operative work. The fissure, as well as the other surfaces, healed immediately, and there has been no return of the trouble.

Case No. 2. Mrs. S., age 62; mother of three children. She was under treatment by another physician for an enlarged and displaced uterus and some slight uterine discharge. I was called in to operate, under local anesthesia, for bleeding piles, which were quite annoying and which had to be replaced after each stool. Examination showed a rectum entirely free from any form of pile tumors. However, on the right posterior surface of the rectal surface, situated between one and two inches internally, was a good sized polyp attached to a sessile base. Both the polyp and its base bled easily. The polyp was bright red, smooth, and contained a mucous substance; the base was dark bluish or purple, showing a granular surface, with tubular convolutions to be seen under the surface. It was about three-quarters to one inch in length, about one-half inch in breadth, and stood about one-quarter inch above the rectal wall. The possibility that it was malignant suggested itself to me, but as it was freely movable and did not involve the submucous or the muscular coats I concluded it was on the order of a tuberosus angioma, and proceeded to remove it.

The mass was seized with long tissue forceps and clamped along its long axis, care being taken to include a goodly portion of sound mucous membrane in the jaws of the clamp. A ten day chromic catgut ligature was then passed under the center of the long axis, and the distal and proximal portions were tied off. The mass was cut away above the clamp and the abraded surface was painted with 95% carbolic acid. Unfortunately the distal ligature failed to hold, and the resultant hemorrhage was a thing to be reckoned with. After the loss of about six or eight ounces of blood the hemorrhage was controlled, two or three catgut stitches were inserted, and the edges of the wound were approximated. As a precautionary measure against further hemorrhage a one-half inch rubber tube, wrapped with a 5% iodoform gauze, was left in the rectum.

On the third day the bowels moved, and the patient assumed charge of her household duties on the fourth day. Examination three months later showed only a small mass, about the size of a split pea—the remains of the proximal portion of the mass which was ligated. One year after work was done the patient reported that she was well.

Case No. 3. Mr. S. C., age 42, single, presented himself at my office one evening, unable to maintain the erect posture on account of a mass protruding from the rectum. Before going on the table for an examination he protested strongly against having cutting of any sort done. There were two hard, indurated, bluish-black tumors occupying the posterior half of the rectum. The one on the right side was the size of a kidney bean; the one on the left involved both the skin and mucous membrane, and was about one inch long and three-fourths inch wide; its center was black, and the surface was denuded. The sphincters were tightly contracted, and patient complained of considerable pain when attempting to walk.

No preliminary preparation could be instituted in this case, as he felt he could not afford to be away from business. Accordingly I put him on the table and, following the mode of the feudists in Kentucky, I shot and explained afterwards. Under the pretext of relieving his pain, cocaine solution was injected well into the tumors and then into the sphincters. I first dilated thoroughly, then excised portions of the external parts and up into the rectum. I shelled out numerous large black clots, and then brought the surfaces together with catgut. I again dilated, and when the speculum was withdrawn the only thing visible was one suture. The patient was ignorant of what I was doing, and when I showed him the excised portions he was anything but enthusiastic over what he termed my deception. He walked out of my office in the erect position, and resumed his work the next day. At noon of the first day he was given a dose of oil, and before his supper time he was ordered to take a normal salt enema. None of the five stitches were torn away at this time, and he made a rapid recovery. I have not been able, however, to get him on my table for an examination.

Case No. 4. Mr. R. C.; single; age 53; occupation, traveling auditor; came seeking relief from some urinary disturbance and certain nervous manifestations. He complained of a fulness and burning in the lower limbs, his hands trembled on attempting any voluntary movement; this was worse when eating, and especially so when he felt that he was being observed. He spoke slowly and deliberately, with a peculiar scanning speech. His pupils reacted to light, and the accom-

modation was good; the patellar reflex was exaggerated; he was able to stand with eyes closed, and able to walk a straight line with eyes closed; there was no tenderness along the spine or over McBurney's point; there was no sugar of albumin; the specific gravity of the urine was 1022; and the amount was normal with about the proper ratio of day to night. Both the Jaffe and Obermeyer tests were positive for indican, showing some gastro-intestinal indigestion. His chief complaint was a frequent desire to pass water, with the result that but little was passed at a time, and this obtained during the day; at night, under the relaxation of sleep, he was troubled with enuresis.

Locally there was a long tight foreskin, and the external genitalia were relaxed. The prostate was examined per rectum, and appeared to be normal in size and consistency. A number 30 French steel sound was slipped gently into the bladder, without the use of force on the part of the operator, and did not meet with resistance at any point. Venereal history was negative, yet there was a retention of from one hundred to two hundred and fifty c. c. of urine.

There appeared to be a decided lack of tonicity of the detrusor muscle, and a stammering of the vesical sphincters, when attempting the act of urination. The retention was attributed to a neurosis. The enuresis was the result of complete relaxation during profound slumber.

In my preliminary questioning he denied having any rectal trouble, yet upon examination I was surprised to find an indurated black suppurating mass, the size of a silver twenty-five cent piece, protruding from the left posterior quadrant of the anus. He said he experienced no pain whatsoever; yet the appearance of his condition was considerably worse than that of case number three, who could not stand erect.

About two c. c. of a cocaine solution were injected directly into the mass, and the tumor was excised. I shelled out a number of black clots, and snipped off two large papillae. I took three sutures, and dilated moderately. At no time did he give any expression as to pain. The work was done on a Saturday afternoon. He spent Sunday in his hotel, and on Monday he left for a ten-day trip to the northern part of the state. Two weeks later examination showed perfect healing and a normally appearing rectum. At no time did he experience any inconvenience from the work done. I saw him but three times; at each visit I passed steel sounds up to number 32 French.

Sunday, the 13th inst., he wrote me from Des Moines as follows: "I get through the day much better than when you last saw me; however, during the night I do not have much warning, and towards morning I lose control; but I have been through two nights the past week

without the dribbling of urine, and so I think I have made some gain."

This case is interesting because of the involvement of the vesico-spinal and the pelvic plexus of the sympathetic, due to what I consider a disseminated sclerosis.

Case No. 5. Mr. B.; age 28; single; well nourished; venereal history negative; complains of headaches, indigestion, nervousness, constipation, and a fulness in the rectum; gets up once each night to urinate, and says that at all times he feels that he is unable to relax from his nervous tension. There was no sugar or albumin, and the urine was normal in amount. His sexual life consists of normal indulgence about twice a month; foreskin was long and tight; the prostate was normal; the sphincters were contracted, and within the pile-bearing inch there were three large pile tumors.

This young man knew a few things for himself, as he had read the "no knife cures" or "loss of time from business," as exploited by our advertising specialists. He was advised to submit to circumcision and the removal of his pile tumors, and was assured that the knife would not be employed, nor would he lose any time from business.

The work was done in my office without assistance, save that which the patient gave. After anesthetizing the sphincters were dilated thoroughly, and with the patient holding the rectal speculum in situ, the largest tumor was seized with a tenaculum and an elliptical portion was cut away with curved scissors; scissors, mind you, *not the knife*. The clots and small congested veins were snipped away, and two cat-gut stitches were put in. At the second sitting the two smaller tumors were likewise removed, and one week later he was circumcised. In this instance nothing but curved scissors were used to cut with. The patient did not lose an hour from work, or suffer any inconvenience. For six weeks subsequent to operative work the sphincters were dilated once each week. There is no more getting up to urinate at night; headaches and indigestion are things of the past. The nervous tension is relieved, and the bowels are moving regularly—this six months after the work was done.

There is nothing new or peculiar about either the cases or the treatment given. They belong to that class on which the "no knife" advertiser waxes rich. The "no knife" stunt is a drawing card, but the fact remains that this class of cases can be cured better and quicker by the methods outlined above than by the slower and oftentimes more dangerous injection methods. And it is a fact, also, that the legitimate profession are losing much of this work because they are somewhat backward about asserting themselves.

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Editorial.

Chirurgicomania.—Within the last two years Chicago has been startled by certain homicides, alleged to have been committed by young surgeons. It is not our affair to discuss the innocence or guilt of the unfortunate accused, but it certainly falls within our province to analyze conditions as they appear to us to exist among medical students and recent graduates.

The trend of modern medicine is in the direction of surgery. Nowadays the crowd follows the surgeon. This can not be denied, and is so obvious as to require no proof in these lines. The causes of it are also obvious: first, the apparent ease and simplicity of the surgical procedure, quite as the argument of the Queen in "Alice:" if there is a lesion cut it out; second, the pictures in the Sunday papers, and the pecuniary reward.

Given, then, a young man born with the craze for money getting, let him be directed toward medicine and possessed of a certain mechanical dexterity: the result is inevitable, he becomes a surgeon. As it happens, however, surgery is a gun which not everybody knows is loaded. Hence, the person toying with it may kill himself as well as others.

First of all among the requirements of a surgeon are character and principle. Intelligence and skill are quite subordinate to these. The surgeon, of all persons in this world, must be a man devoted to life-saving, and abhorrent of slaughter. He must have an inflexible code

of morality and an exacting criticism of self. But among the multifarious requirements of the honorable State Boards the above are not included. Licenses are granted on technical grounds, without real knowledge of the true character of the applicant. Hence it devolves upon the faculty of every medical college to pay attention to the moral training of its students. Though this is perhaps impracticable in many ways, nevertheless certain things can be accomplished. Among these is the stricter supervision of students as regards honesty in their work. It does every young person good to find out that he cannot fool all the Faculty all the time.

Again the rage for surgery should be deplored by those teaching surgery. Surgeons should be extremely particular about the character of those whom they employ as assistants. Hospital internes should be made to let the nurses alone, since the downfall of many a weak young surgeon has begun with an entanglement with a nurse. There are, however, certain fundamental conditions which hurt the cause of betterment of the individual. The standard of medical education has been forced up so high that the contest for the "di-plomy" has become one fairly deplorable in its rush and scramble. Honor and honesty are flung to the winds; cheating, evasion and deceit flourish almost everywhere. Examinations are so numerous and so technical that the faculties of reason and logic can hardly be of avail.

Newspaper stories of great surgeons, their gallstone operations, their trips to Europe, their opinions of everything under the sun, and the gabble about enormous fees hypnotize the young and credulous. It is difficult, in the face of such attractions as surgery offers, to switch the student toward other and, for him, probably safer fields of medicine. It is hard for him to realize that surgery is at its greatest when not operating. He will not admit that a physician like Fitz, who, without the knife, discovers appendicitis, is a far greater man than a McBurney, who, with the knife, takes out the appendix.

What medical student will for a moment heed the well-grounded economic observation that surgery as a broad business proposition is not on the whole a paying one? He is oblivious to the fact that surgeons alleged to be making fabulous sums are somehow or other always asking for money for "our hospital." He wants to be a surgeon, to live on the boulevard, to ride in his auto, to operate in the amphitheater, to be bowed down to by internes and worshipped by nurses. Others succeed. Why not he? And when he finds he is not succeeding by fair means—then to any thinking person it is evident that the crash may come almost any time.

C. M.

Protection from Blackmail.—It is unfortunate that so little is known by the general profession as to the value of the protection against blackmail furnished to Illinois physicians by membership in our state society. Although complete reports are presented at each annual meeting, they are heard by comparatively few members, and space does not admit of publishing the details in the transactions. The policy of the committee is to avoid wide publicity of such matters touching individuals, and this naturally limits extensive discussion of their work.

There is consequently very meagre information on the subject among the members, and to some it is entirely unknown. Each member should take the trouble to inform himself in this regard, either by attending the meetings of his local society or the state society meeting, or by communication with the officers. Only thus can he understand how to avail himself of this protection when needed. He should also understand how he shares in the value of this protection, even though he may not be personally annoyed. The organization is so well established and has been in successful operation so long that its stability and permanency is no longer questioned.

The successful conduct of all cases thus far handled by the committee proves the value of its work. The firm of attorneys having charge of the legal work in this connection is one of the most expert in the country, and its services are invaluable to the committee.

Most physicians recognize that under present conditions some protection of this nature is a necessity, and while the society membership does not take the place of a contract with a reliable company, it is supplementary to it, and both are advantageous. It is to be hoped that the plan that proves so successful in Illinois will be taken up by other states, until it becomes a universal feature of organized medicine.

B. H.

Score One For Higher Education.—Much peevishness is being shown by certain Eminent Educators because a Prominent Plumber has said that a college education is no good. Heated discussions are common as to the value and significance of the B. A. degree, some holding that it means plain Booze Artist, while others contend for the more comprehensive term, Buster in Athletics.

The President of Cornell went to bat last week, and lined out some of his high brow stuff which should have copped the pennant, but the Plumber is still unconvinced. It would seem, however, that if further evidence were needed it is to be found in the *Chicago Inter-Ocean*

(pink sheet) of Sunday, October first. In a scholarly article on the "Two Schools of Baseball" we are here given an insight into the method of the distinguished Educator, "Connie" Mack, who last year cinched the world's baseball championship and now has a bunch of bunting almost within his grasp. We are told that "Connie" has a method of his own in educating and developing young players. He is all the time paying tuition for a host of young men in the eastern colleges. Every spring he digs up players from this class, as he has "a lot of youngsters planted in the colleges, where they are being carefully groomed for big league baseball careers in future."

Nine rahs for the higher education! Where now is the man who would decry the advantages of a college training? Who would keep a boy out of the university when by going there and studying hard he might become a famous south-paw or a spit ball artist?

Why may we not carry the good work into the medical school, and perhaps add to the intellectual culture some scientific attention to the development of the biceps and the deltoid?

If there is any special virtue in being three fingered wonders, these could be readily made to order in the surgical department. By all means, let's get in touch with "Connie" and see if we can't help the cause along, and incidentally cop onto some of that tuition money. The proposition should be brought to the notice of our Endowment Committee.

B. H.

Wanted: A Bergson for our State Boards.—In "dear old Lunnon" they are all talking, it seems, about one Bergson, a clever Frenchman, who is the first person ever to make metaphysics intelligible to the ordinary mortal. Amongst other intellectual possessions, he appears to schedule considerable common sense, for we find him asserting that the old philosophers did not really live, and did not know the world. He explains the statement by saying: "They remind me of a man who wished to learn to swim, but passed all his time sitting on the bank studying muscular action, physiology, anatomy and the laws of stability and buoyancy, and never got into the water."

Somehow this suggests to our minds the modern medical education. The medical student wishes to learn to be a doctor, but in obedience to the behests of the State Boards he spends all his time keeping away from the sick, studying quiz compends and "sich."

Let our organizations import Monsieur Bergson at once. His keen wit might rouse the people of America to the sophistries of the "higher" medical education.

C. M.

The Hospital Interne and "The Drunk."—Twice within a week a man with serious spinal injury has been turned away from a hospital by the examining interne, and sent to a cell in the police station as "a drunk." The condemnation of the reading public falls upon the interne. It does not belong there. It belongs, rather, upon the hospital management that leaves the important work of diagnosis with men only a few months removed from the status of the student. And sometimes, indeed, the interne is an undergraduate. Diagnosis is conceded to be one of the most important achievements of the medical man. It is not too exacting to demand of our hospitals that no case be turned away until an examination has been made by a competent practitioner. Even "a drunk" has the right to hospital care over night if there is no medical adviser at hand other than a recent graduate. Not long ago a physician far advanced in years, seized with sudden illness, went to a drug store for a stimulant and then to a hospital for care, and was refused admission by the interne because of the odor of whiskey. To have this thing constantly recurring in hospital record invites censure of hospital management and of the medical profession.

S. M. H.

CHEAP MILK.—There is an old saying "dirt cheap." It is true that dirt is cheap. Dirty milk is usually cheap milk. Dirty food of any kind is, as a rule, cheap food; that is, cheap so far as the price is concerned but costly in the long run. The great danger in dirty food lies in its being sold as clean, safe food when it is not. Inspection laws should make it impossible for dirty, dangerous foods to be sold except they are so tagged and labeled as to warn the purchaser as to just what he is getting.

It is a terrible thing for a mother to pay good money for bad milk that, instead of making her baby well and strong, makes it sick and in time kills it. The law forbids the circulation of bad money. And it should be no less strict in punishing those who sell bad foods for good money. In other words, there should be the same standard for both. The milk you buy for baby's use should be just as good as the money you are required to pay. This idea of justice and fairness between buyers and sellers of foodstuffs is growing rapidly. Consumers are waking up to the fact that they have some rights in transactions of this kind, and the time is not far away when the producer of dishonest goods will find that an enlightened public will not tolerate his methods nor purchase his wares.—*Bulletin Chicago Board of Health.*

Societies.

THE NORTHWESTERN HOMEOPATHIC MEDICAL SOCIETY.

The Northwestern Homeopathic Medical Society held its fourteenth semi-annual meeting in the Nelson House at Rockford, Thursday, October the 12th, and carried out one of the best programs that has ever been presented by this local society. Of those whose names appeared on the program there was but one absentee.

The meeting was called to order by the president, Dr. C. A. Walker, at ten o'clock a. m., with the following named doctors present: Drs. Elizabeth C. Maas, F. K. Hill, W. R. Franklin, A. B. Atchison, L. A. Schultz, O. A. Olson, Carl Urbom, Katherine E. James, C. A. Walker, W. R. McDannell, F. A. Gustafson, W. G. Hatch, and Dr. Pattison, of Rockford; Drs. A. E. Smith and H. E. Morrison, of Freeport; Dr. S. H. Hilliard, Warren; Dr. C. C. Peck, Harvard; Dr. W. S. Eshbaugh, Marengo; Dr. M. L. Ewing, Evansville, Wis.; Dr. E. W. Sikes, Roscoe; Dr. H. G. Davis, Monroe Center; Dr. F. H. Bell, Sycamore; Dr. A. W. Swift, Belvidere; Drs. E. H. Pratt, Gilbert Fitzpatrick, S. H. Aurand, Sarah M. Hobson, H. V. Halbert, and A. C. Tenney, of Chicago; Dr. W. E. Neiberger, Bloomington, and Dr. H. R. Arndt, Cleveland, Ohio, the Field Secretary of the American Institute of Homeopathy. Drs. L. A. Schultz, C. C. Peck and W. S. Eshbaugh were elected new members.

After the regular routine business was transacted the president gave his annual address, which was full of thoughts for reflection.

Field Secretary Dr. H. R. Arndt gave an interesting address, calling attention to some of the distinctive features of homeopathy. One point that he made was that in no other school of medicine was vital force given due credence in arranging a materia medica. He commended the laboratory work that is being done by all schools of medicine in the way of perfecting diagnosis and preventing disease, but deplored the idea that such work could possibly lead to the correct treatment of sick humanity. Dr. Arndt called attention to the fact that many doctors of all schools of medicine were beginning to recognize more and more a truth that Hahnemann uttered in his teachings, that the value of a drug was increased in its efficiency as a healing agent, not by concentration but by its being subdivided by trituration or dilution. He said that the stability of the homeopathic school of medicine was a

characteristic of which no other school could boast. In his address attention was called to the fact that the nihilists in the practice of medicine were those that had not met with success in their prescribing, but that such doctors were never found among homeopathic physicians who were attentive to their *materia medica*. Dr. Arndt urged homeopathic physicians to be more active in political matters and in homeopathic therapeutics.

The Bureau of Pedology and Preventive Medicine, with Dr. A. E. Smith as chairman, presented a symposium on early child life: "The Cause of Stillbirth," by Dr. H. E. Morrison; "Death in the New Born," by Dr. Sarah M. Hobson, and "The Psychology of Child Life," by Dr. A. E. Smith. The papers were well discussed by Drs. Walker, Hilliard, Tenney, Pratt, Neiberger and FitzPatrick.

Dr. W. E. Neiberger explained the methods being pursued by state universities in order to secure students, and showed that, if this system is allowed to go on uninterfered with, all independent colleges, whether medical or literary, will sooner or later be compelled to go out of business.

The Bureau of Obstetrics, Dr. A. W. Swift, chairman, presented a paper by Dr. Gilbert FitzPatrick on "Surgical Obstetrics," in which the doctor reviewed this branch of its work at Cook County Hospital, presenting the valuable points that he had been able to determine by his work in that institution.

Dr. H. V. Halbert presented what he chose to call a "mal-presentation," as the title of his paper was "Arthritis Deformans." This paper was discussed by Dr. Tenney, who brought up the question as to whether arthritis deformans was not really a tuberculous infection. Dr. Halbert, in closing the discussion, said that arthritis deformans was neither gout nor rheumatism, and that rest, nutrition, and the correct homeopathic remedy was the treatment.

The Bureau of *Materia Medica* was particularly attractive, and was conducted by Dr. S. H. Hilliard. Dr. S. H. Aurand presented a paper on "My Acquaintance With *Cimicifuga*," in which the homeopathic indications for this drug were so tersely and emphatically iterated that no one could fail to form a very vivid picture of symptoms calling for this remedy. Dr. Carl Urbom read a paper on "*Mercurius*," and gave so forcefully four of the cardinal indications for the remedy that one's forgetter would need to be a good one indeed not to remember them for all time to come. They were: worse at night; stinks; worse when warm; sweats without relief. Dr. A. C. Tenney's paper on "Thyroid Therapy and Radium" was a timely message, which brought forth many questions and much discussion.

Dr. E. H. Pratt's talk on "Orificial Work" was typical of Dr. Pratt, full of good pointers and suggestions. In operating on men for appendicitis he advised that the cavity in the median line be always opened, so as to inspect and care for the sigmoid after the appendix has been properly cared for. His favorite treatment for constipation is to make an application of balsam of Peru to the sigmoid after a thorough colon flushing. He always associates melancholia with colitis or sigmoiditis. To facilitate the passing of Cole's irrigation tube he uses one pole of a Faradic current to the tube and applies the other over the abdomen while water is flowing through the tube and the effort at passing is being made.

Papers were freely discussed, and will be submitted to the CLINIQUE for publication. The next meeting of the Northwestern will be held at Rockford, the second Thursday in April, 1912.

THE SOUTHERN HOMEOPATHIC MEDICAL ASSOCIATION.

The 28th session of the Southern Homeopathic Medical Association was held in Marquette Hotel, St. Louis, Missouri, October 4, 5, 6.

The meeting, which was interesting and lively throughout, was called to order, Wednesday, October 4th, at 10 a. m. The address of welcome was delivered by Dr. L. C. McElwee, president of the Homeopathic Medical Society, St. Louis. Response by Dr. H. R. Stout, Jacksonville, Florida. The morning was given up to a business session, and the afternoon to papers, which were read, and hearty discussions were entered into. The program was an excellent one, both from a scientific and social standpoint.

Thursday afternoon at 2 o'clock, Dr. H. R. Arndt, field secretary of the American Institute, delivered an address eloquent with good feeling and appeal for a more thorough organization and hearty co-operation. At 3:30 a tallyho party was formed to ride around the city to the aviation field. They returned to the hotel at 8 p. m. Members and guests were tendered a banquet, Dr. C. H. Goodman acting as chairman. Among the distinguished members of the homeopathic profession from a distance were the following:

- Dr. H. R. Arndt, San Francisco, Calif.
- Dr. H. R. Stout, Jacksonville, Florida.
- Dr. Lewis P. Crutcher, New York.
- Dr. W. A. Dewey, Ann Arbor, Michigan.
- Dr. F. A. Reed, Eustis, Florida.

- Dr. George Royal, Des Moines, Iowa.
 Dr. Nettie Campbell, Davenport, Iowa.
 Dr. J. P. Cobb, Chicago, Ill.
 Dr. W. Henry Wilson, Chicago, Ill.
 Dr. Benj. F. Bailey, Lincoln, Nebraska.
 Dr. F. L. Juett, Lexington, Ky.

The morning of the 6th at 8 a. m. a very interesting clinic was conducted by Dr. Willis S. Young at the city hospital. At 10.30 a. m. the meeting was opened, and given up to the reading and discussion of papers. A most interesting paper was read by Dr. Jos. P. Cobb, "Some of the Errors in the Routine Preparation of Food for the First Year of Life." Dr. Cobb was requested to have reprints made.

The Association elected the following officers for the coming year:
 President, Dr. F. A. Reed, Eustis, Florida.

1st Vice-President, Dr. A. H. Schott, St. Louis, Mo.

2nd Vice President, Dr. W. H. Schwartz, Houston, Texas.

Treasurer, Dr. H. Warren Johnson, Knoxville, Tenn.

Secretary, Dr. Lee Norman, Louisville, Ky.

Necrologist, Dr. A. Leight Monroe, Miami, Florida.

The place for the next meeting will be Richmond, Virginia.

CHICAGO HOMEOPATHIC MEDICAL SOCIETY.

This society, which represents to the general public the homeopathic profession, has fallen into line with present day recognition that the sense of goodfellowship is heightened by combining the necessity of a good dinner with the pleasure of business organization.

The opening meeting of the Chicago Homeopathic Medical Society was a dinner at Hotel Sherman, October 19th, with Dr. Royal S. Copeland as guest. Dr. Copeland is Dean of the New York Homeopathic Medical College and Director of Flower Hospital.

In the after dinner address, Dr. Copeland presented "The Present Status of Scientific Medicine and the Present Status of Homeopathic Medicine." The Flexner report on medical education has frequently stirred up inquiry into our reason for existence as a competitor in therapeutics with the dominant school, that branch of the medical profession which Mr. Flexner chooses to designate "scientific medicine." Our enemies often do us a good turn by exciting us to rigid self-scrutiny through their intentional harsh and unjust criticism.

The sentence from the Flexner report provoking the comparison by

Dr. Copeland is: "Everything of proved value in homeopathy belongs, by right, to scientific medicine, and is at this moment incorporate in it." If this statement is true, then there must be some show of such incorporation of homeopathic therapeutics into the commonly accepted authoritative books of recent publication.

Standard books of such sort, published during the past three years, were cited to see if in any sense homeopathic therapeutics have become incorporate in the practice of the dominant school. Potter was flatly charged with plagiarism from Hughes' Pharmacodynamics. Cushny represents the modern research scientist, who is a creature as distinct from the practitioner as the student of pure philosophy is distinct from the practical mechanic. In recent works on practice, Hare, Anders, Tyson, Savill and Osler were cited in their therapeutics of such ailments as typhoid, pleurisy, spasmodic croup and scarlet fever. The therapeutic impotence and medical agnosticism of these writers record them scarcely a step in advance of the therapeutics of half a century ago. Certainly in the works on practice by these men, in books published within the past three years, there is no indication that homeopathic therapeutics has become "incorporate in scientific medicine."

True there are individual members of old school practice who deplore the therapeutic nihilism of the age, and who are doing good work individually, and in many instances quietly appropriating homeopathic principles of practice. But the dominant characteristic of "scientific medicine" is that of a huge political machine to shape medical legislation for the absolute control of medical practice.

Homeopathy was an experiment in the time of Hahnemann; homeopathic therapeutics responded to the clinical test in the second period; today the clinical test is being corroborated by research.

Dr. Copeland closed with an appeal to all who believe in the therapeutic block of similars to sink the non-essential differences, and intimated that it is best for all concerned to unite on one strong medical school for Chicago. This is possible through the agency of an aroused and active alumni body. And the alumni body means not only those actually holding the diploma of the Chicago school, but all homeopathic physicians in this western field.

There must be money; just plain C-A-S-H, and plenty of it. Money from large givers will be forthcoming when the body of alumni and the executive faculty have shown themselves possessing incisive executive capacity, far-sighted college administration, consistency of therapeutic application and ability to command popular support. Money in large

measure from hard headed business men will not be forthcoming until the body in control has demonstrated such capacity.

Sink non-essentials, unite on essentials, and build for the common good. If we are in the fight to win, we are going to quit being prophets of this, that or the other ill. We are going to get into the common ranks shoulder to shoulder. We are going to show that homeopathy has the numerical strength, the capability of united organization, and the intellectual ability to impress its theories upon the whole world. When we do that we shall deserve success and we shall win!

At the close of Dr. Copeland's address, Dr. Gordon adjourned the society for a social half hour. The guest of the evening brought a good report of the Chicago men serving as internes in Flower Hospital, also the message of a freshman class of a hundred in the New York college. There were ninety at the dinner, a few new faces; and conspicuous among the seniors Drs. R. N. Foster and A. C. Cowperthwaite.

The November meeting will be a clinical evening, with concrete illustration of what is being done in today's practice.

S. M. H.

THE EASTERN ILLINOIS HOMEOPATHIC MEDICAL SOCIETY.

The regular autumn meeting of this local organization was held in Mattoon, on Tuesday, October 10th, at the Dole House; Dr. J. J. Rose in the chair; Dr. Wm. H. Whitlock, secretary. There were present about twenty doctors, among whom were Drs. Arndt, Neiberger, Rose, Whitlock, Boyd, Aurand, Mitchell, Gordon, Boaz, Honn, Richardson, Starr, Hinkley, Shaffer, Welker, Lycan, Johnson, and Bresee. The last named doctor was elected to a membership at this meeting.

First on the program was Dr. Samuel H. Aurand, of Chicago, who presented a careful study of *cimicifuga*. He gave the history, pharmacology, physiological action, and therapeutic application of this drug in an orderly and thorough manner. In physiological action, *cimicifuga* acts upon three centers: the cerebrospinal, the circulatory, and the female sexual. It affects the body of the muscles through the cerebrospinal system. By virtue of its action on the circulation it produces fever, fullness in the head, pressure on top of the head, and irritative hyperemia with mental depression. Dr. Aurand dwelt especially on the melancholia, or mental depressive symptoms of the drug. In the

female it produces pains in the pelvis and menstrual disorders, hysteria and gloom.

The therapeutic application depends upon four points: First, the mental condition of gloom and depression; second, the irritation of the brain and cord, with the muscular aching, soreness, lumbago, etc.; third, the hyperemia of the brain, with congestive headache; fourth, the troubles referable to the female organs of generation.

He concluded by telling the society how he used the remedy, prescribing it for the four cardinal conditions already mentioned. In some cases it was curative when only three out of four of the cardinals were present. In lumbago it is curative even if only two out of the four are found. He insisted that the pathogenesis was the basis of the prescription. He described the use of *cimicifuga* and the dose in lumbago, headaches, rheumatism, la grippe, cerebro-spinal meningitis, spinal irritation, chorea, inflammatory pains, angina pectoris, uterine and ovarian troubles.

Dr. H. R. Arndt opened the discussion, and praised the essayist for the complete presentation of his subject. The only way to get at the real simillimum is to begin with the physiological action and form certain crude outlines, then next to combine all studies of the remedy.

Dr. A. H. Gordon, of Chicago, spoke of the success which he had had in chorea with *cimicifuga*. He compared the drug to gelsemium and *ignatia*, so far as the mental condition was concerned.

Dr. N. Starr, of Charleston, commended the essayist highly. He spoke of a case relieved by *cimicifuga*, and deplored any tendency to take a short cut when prescribing homeopathically.

Dr. W. E. Neiberger, of Bloomington, thought well of the four cardinal points brought out by Dr. Aurand. The paper was also discussed by Dr. Honn, of Champaign; Dr. Rose, of Marshall, and Dr. Boaz, of Mattoon. Dr. J. W. Welker took a firm stand in favor of symptomatic prescribing versus pathology. Dr. Arndt again spoke of the necessity of getting a drug picture.

Dr. Aurand, in closing, insisted upon the necessity for a practical application of homeopathy to clinical conditions.

The next paper was by Dr. J. W. Welker, of Mattoon, on "Corn, the Cause of Pellagra." His paper was entirely original, based upon his own observations of a certain condition in corn, recognizable only on the cob, which actually produced certain symptoms of a pellagra-like nature in chickens, rats, and human beings. He held that a certain pink appearance of the cob of corn reveals the cause of pellagra. He differed from other observers in finding this pink cob in the case of

corn which is neither detectable on the outside nor in the appearance of the corn itself, the grains of which may look entirely natural.

His paper was discussed at considerable length by Drs. Starr, Neiberger, Shaffer, and Mitchell. The various theories of the cause of pellagra were duly considered in the discussion. Dr. Mitchell expressed much interest in Dr. Walker's experiments and hoped for further confirmation of his theory. Dr. Neiberger commended the original character of Dr. Walker's work and described Lombroso's experiments.

The afternoon exercises were closed by an address by Dr. Arndt, representing the American Institute of Homeopathy.

Dr. Arndt spoke of the difficulties attendant upon any compromise with the dominant school. He assailed the neglect of materia medica and therapeutics by the regulars and by the State Boards.

Drugs are of use if used right was his theme and therefore the issue was a great one. His address was replete with good things which would be impossible to include in this short abstract. Great enthusiasm prevailed at the close of his speech, which was earnest, eloquent and heartfelt. On motion of Dr. M. H. Whitlock, the thanks of the society were expressed and sent to the Secretary of the Institute for publication in the *Journal* of that body.

Following Dr. Arndt's speech a recess was held, and the doctors present enjoyed a dinner at the hospitable Dole House, where goodfellowship and genial interchange of thoughts and theories were much in evidence until a late hour.

In the evening, after the dinner, another session was held, in which Dr. A. H. Gordon, of Chicago, had the leading part, demonstrating what he learned while in Europe. He showed a number of instruments for taking the blood pressure, and the different methods in vogue, illustrating by practical application of them to various members of the society. His demonstrations were greatly appreciated by all present. Following him, Dr. Mitchell, of Chicago, showed some new tests for sugar in the urine, and read a short paper on life insurance work in urine analysis.

It was well on toward eleven o'clock before the meeting entirely concluded. The thought is gradually dawning upon us that the local organizations could, with profit and wisdom, devote much more day time than is now scheduled for their meetings. The local men should turn out for the entire day; some in the morning, others in the afternoon, etc., if all cannot attend all the time. There is much at stake just now for the cause of homeopathy, and the business and legislative side of the question deserves a session by itself, or will soon do so. C. M.

THE RIVERVIEW HOMEOPATHIC MEDICAL SOCIETY.

Aurora was, as usual, the seat of the meeting of the Riverview on October 19th, at the Hotel Bishop. About twelve doctors were on hand, among whom were Drs. G. V. Bushee, of Buda; Culver, Bartlett and Dienst, of Aurora; Laffoon, of Serena; Lawton, of Hinsdale; Kerch, of Dundee; Rudorff, of Hinsdale; Bacmeister, Haseltine, Mitchell and Wilson, of Chicago. Drs. Bushee, Lawton, and Laffoon were elected members. Dr. Paul Rudorff read the first paper "Infantile Convulsions and their Treatment." He described at great length the numerous causes of convulsions, and showed the importance of thorough investigation of the etiology. In nine cases out of ten faulty elimination is found to be at the bottom of the matter. The prognosis is serious when no apparent cause can be found; otherwise usually favorable.

For treatment, he favored the hot epsom salt pack, and *erfema* of epsom salt and *passiflora*. In severe cases he used small doses of *pilocarpin* hypodermatically, followed by *morphin* and *atropin*. As remedies he favored *cuprum*, *passiflora*, *echinacea*, and *hyoscyamus* chiefly.

The discussion of Dr. Rudorff's paper was opened by Dr. Kerch, of Dundee. Nearly all cases are due to intestinal intoxications. Hence, first, clean out the bowels, and then use the homeopathic remedy. In eclamptic condition of the child the cause is now thought to be placental, and not referable to the mother's milk.

Dr. Thos. Lawton, of Hinsdale, favored emptying of the bowel, avoidance of food, and keeping the child quiet.

Dr. Dienst called upon Dr. Rudorff to defend his use of *passiflora*. Dr. Rudorff insisted that *passiflora* was a great remedy to control convulsions, and that he preferred to use it by the rectum. He also had found *echinacea* a great toxic eliminator.

Dr. Bartlett, of Aurora, discussed fully the various causes of convulsions: dentition, reflex, febrile, constitutional, etc. There were stray cases hard to explain. He cited one or two interesting cases of such a nature.

Dr. Dienst spoke of *cina* in convulsions. Dr. Mitchell spoke of convulsions ushering in severe cases of acute nephritis following exanthems. Dr. T. Bacmeister then read a paper on the *natrums* and their therapeutic application. The six *natrums* were named, and their action was described in detail. He gave Schuessler full credit for the work he had done. He discussed the action of *natrum mur.* on mucous mem-

branes, its application to acute colds and coryzas with watery discharge, and compared the discharges with those of the arseniate. Natrum sulphuricum he used in asthma, bronchitis, and for conditions aggravated by dampness. He also spoke of natrum mur. in secondary anemia, in wasting maladies, malarial fevers, etc. He dwelt upon the mental depression of the natrums. The paper made a great hit, and a vote of thanks was extended to Dr. Bacmeister by the society for it.

Dr. Dienst opened the discussion, emphasized the characteristics of the various natrums as brought out by Dr. Bacmeister, and expressed himself as greatly pleased by the enthusiasm with which the paper was received. In answer to a query by Dr. Mitchell, he explained the difference in the mental condition of the natrum patient and the cimicifuga patient.

Dr. Laffoon, of Serana, spoke of the necessity of studying for state board examination subjects other than materia medica.

Dr. W. Henry Wilson, of Chicago, in answer to the criticism of medical colleges by Dr. Bacmeister, also deplored the helplessness of the colleges who were obliged to teach, *by law*, what the state boards demanded, and not what would be of service to the people.

Dr. Wilson arraigned the powers that be in a clear and convincing manner. It is not the fault of the colleges at all that so many subjects not germane to therapeutics are pursued. The state boards alone are responsible for all this.

Dr. Burton Haseltine, of Chicago, then gave an informal talk upon medical insurance, which was much appreciated by the society. In the discussion which followed remarks were made by Drs. Culver, Laffoon and Mitchell.

The officers for the ensuing year are as follows: President, Dr. F. A. Bartlett, of Aurora. Secretary-treasurer, Dr. H. A. Ward, of Elgin.

THE CENTRAL HOMEOPATHIC MEDICAL SOCIETY.

The October annual meeting was held on the 26th, at the Commercial Hotel, in Lincoln. About thirty doctors were present, among whom were the following: Drs. Owen, Ketchum, A. E. Smith, Chislett, Cobb, Mitchell, Rhoads, West, Honn, Frazee, Haseltine, Kelso, Lindquist, Neiberger, Calvert, Coggsell, Armstrong, Dudley, Gardner, Hallet, Garber, Moulton, Small, Gaffney, and others, several of the regulars being in attendance.

The president, Dr. Lindquist, of Springfield, made an address in the afternoon, in which he referred to the Central as the oldest and most important of the local organizations. He sketched the history of the society from 1881 to the reorganization in 1899. There are now 78 members. He advised a more intimate co-operation with the state society, and a close watch to be kept by members on political matters in the state.

The first paper of the session was by Dr. A. E. Smith, of Freeport, entitled "A Pelvic Puzzle." Dr. Smith gave the details of a case which had puzzled him at the time. Patient was seized by pain in the pelvis when alighting from a car. From then on she presented various symptoms. After detailing the conditions, Dr. Smith stopped in his paper and asked for a diagnosis. Dr. Kelso, of Bloomington, promptly supplied him with one, suggesting either hemocele or aborted tubal pregnancy. Dr. Smith then resumed talking and explained the nature of the case still further. The consensus of opinion favored hemocele as the original condition in the case.

Dr. Kelso, of Bloomington, then read a well-considered paper on "Surgical Gynecology." There are two methods of treating gynecological conditions: the physiological and the surgical. Dr. Kelso took the ground, very sensibly it appears to us, that the surgical treatment in the long run was often no more expensive than the physiological. Thorough work is the desideratum. As a rule symptoms are necessary before surgical interference, except in cases of suspicious cervical lacerations and mammary gland tumors. No woman is safe after three months of a mammary tumor. He had never seen a case of cancer of the cervix in a childless woman. He described a number of cases of various kinds. He was in favor of abdominal suspension in certain cases. He did not approve of Alexander's operation. Dysmenorrhea is sometimes a surgical condition, and requires work on the ovaries and tubes. All fibroids before the 40th year of the patient should be taken out. Small ones (between the ages of 40 and 50) may be left in. All large tumors at climacteric should be taken out. All cystic tumors should be removed. He had no hesitation about operating upon hysterical women. Melancholia due to pelvic conditions can be cured in 60 per cent. of the cases.

Dr. Calvert opened the discussion by commending Dr. Kelso's thorough and trustworthy work. He cited various cases in which Dr. Kelso had helped him efficiently.

Dr. Cogswell spoke of the beneficial influence upon breast nodules

of correcting uterine conditions. Bowel irritation, especially in the sigmoid, also needs attention.

Dr. Rhoads, of Lincoln, spoke of the importance of early diagnosis of discharges.

Dr. H. R. Chislett, of Chicago, warned against the assumption that every menstrual irregularity in women over 35 is due to approaching climacteric. Look out for cancer at this time. Every suspicious cervical condition should have section and microscopical examination. Fibroids may become sarcomatous and lead to carcinoma of the body of the uterus. Fibroids have a toxemia, a color almost like Addison's disease. Visceral displacements crowd the uterus, hence examine the patient in a standing posture. Eighty per cent. of breast tumors are malignant, and half of the rest may become so in time if neglected.

Dr. Kelso, in concluding, wished it made clear that he did not mean to claim that all tumors in the breast were malignant.

The next paper was by Dr. W. A. Neiberger, of Bloomington, on "Heredity." This was the most complete and enthusiastic presentation of the new science of eugenics which we have as yet heard. The essayist had a chart which explained the theories of the various observers, and the laws of Mendel. It is impossible to abstract this paper, as all of it was of the utmost interest. Dr. Neiberger spoke of the work of Burbank, Spillman, Tower and Webber, and defined the term eugenics as the breeding of well born persons. He quoted from Thompson on Heredity as the best work. He explained in full Mendel's formulas, in accordance with which stock is now bred. He closed by a reference to the operation for sterilization of criminals and commended it.

The discussion of Dr. Neiberger's paper was opened by Dr. Mitchell, of Chicago, who had made a number of observations upon a certain family whose history he had followed from 1775 to the present day. He spoke of Lombroso's theory of genius and insanity. He referred to the curious manifestations of heredity in alkaptonuria and cystinuria. He commended Dr. Neiberger's paper and thought that the world might gain much from eugenics.

The next paper was by Dr. C. A. Frazee, of Springfield, on "Diabetes Mellitus." This was an able summary of the modern knowledge and treatment of diabetes mellitus. He spoke of the temporary glycosuria of nervous persons, and insisted that the mere presence of sugar is not diagnostic of diabetes. In the treatment, every case is a law unto itself, and success in treatment depends in finding out the tolerance of the individual for the various carbohydrates. He described the system

at the Sanitarium of Ludwig Baur, near Dresden, Germany, and the success of this treatment in the bracing air of that resort.

Dr. Mitchell opened the discussion, and laid much stress on the matter of fresh air in the treatment.

Dr. C. E. West advised careful attention to eye symptoms in the condition.

Dr. Cobb, of Chicago, thought that remedies appreciably affect diabetes. He used phosphoric acid, china arsen., and especially thyroid extract, one to two grains per 24 hours. Syzygium was also a good remedy.

Following Dr. Frazee's paper, a recess was taken. At 6.30 the doctors again assembled in the dining-room, and a banquet was served, Dr. J. W. Calvert being toastmaster. After an excellent repast, doing much credit to a town of the size of Lincoln, Dr. Calvert called upon Dr. W. E. Neiberger to "reminisce." Dr. Neiberger's reminiscences were of much interest, as they gave a short history of the Central and a eulogy to the founders, Hoover, Bishop, and others. He spoke of the society colors, and referred to the Pontiac meeting as the first which Chicago doctors attended. The Bloomington meeting in 1899, at the Kelso sanitarium, was especially commended. He closed with some humorous references to Dr. Rhoads' delinquency at the time of his marriage, and read the young doctor's original letter of apology for not attending the meeting.

This of course, suggested Dr. Rhoads as the next speaker and he was called on to reply to the toast, "Survival of the Fittest." His definitions of the "fittest" were received with much applause and laughter. His rhymes about the doctor and patient also brought down the house.

Next in order was Dr. Burton Haseltine, of Chicago, who responded to the toast, "Drifting with the Tide," as usual a nautical theme. After his customary and dazzling pyrotechnics, Haseltine took a serious tack and spoke in a masterly manner against the German method of making doctors to order. The so-called higher education consists mainly in taking students away from the sick and from real doctors. The University of Pennsylvania, for example, has no doctors at all for teachers of medicine. Teaching institutions are compelled to rely upon written examinations as a test for the fitness of students to practice medicine. There are regular training schools where graduates are crammed for the state board examinations. But the crest of the wave has been reached, and there are signs of reaction from the machine-made doctor and the degeneracy of making a medical college education

merely a preparation for state board examinations. Homeopathic doctors should work for a fifth year of hospital training as a practical substitute for the theoretical state board examinations. Dr. Haseltine's speech was received with much applause. After him Dr. Cobb was called upon and responded with a few sensible words. Homeopathy was just as good today as at any time, and it is up to us to raise the money to demonstrate its efficiency to the world. Dr. Calvert, in commending Dr. Cobb's speech, dwelt upon the value of homeopathic remedies.

Dr. Mitchell spoke last, and paid a high tribute to Dr. Haseltine's nautical experience, especially upon the ocean, and commended his thorough knowledge of navigation. In reference to society matters, Dr. Mitchell advises close cooperation between the local organizations and the State Society; urged the importance of arrangement of dates so as to avoid conflicts; praised the Central for the courtesy of its dealings; advocated printing the schedule of rail and electric roads upon the announcements, and thought well of the printing of the roster of members.

The officers of the Central for the next year are as follows: President, Dr. J. W. Calvert, of Dwight; vice-president, Dr. C. A. Frazee, of Springfield; secretary, Dr. L. T. Rhoads, of Lincoln.

C. M.

INFANT WELFARE SERVICE.—Chicago mothers are also making rapid strides in the direction of recognizing their obligations to their babies in the matter of feeding. From the reports of the director of the Infant Welfare Service we find that there has been an increase in the last three years of more than 68 per cent. in the proportion of breast-fed babies. Two years ago only 45 out of 100 babies were breast-fed; this year we find 73 out every 100 babies breast-fed. The proportion of two years ago is based on 4,502 investigations; for current year (two months, June and July) it is based on 11,053 investigations.

This improvement in feeding is reflected in our baby death-rate, which this summer has been remarkably low considering the unfavorable weather conditions. It is not nearly so low as it should be, however. We believe that the establishment of more depots for the distribution of properly pasteurized and humanized milk will do much to reduce the relatively high mortality among the cow-fed babies. Let us have more stations for the distribution of milk of this character.—*Bulletin Chicago Board of Health*, Aug. 12, 1911.

REPORT OF SPECIAL COMMITTEE ON THE ALUMNI ENDOWMENT FUND.

Total reported in October CLINIQUE	\$18,920 00
Cousineau, Dr. G. T., Portland, Oregon	25 00
Bresee, Dr. C. J., Mattoon, Ill.	25 00
Johnson, Dr. S. W., Sullivan, Ill.	25 00
Blunt, Dr. A. W., Clinton, Iowa.....	25 00
Russell, Dr. Marion O., Chicago	50 00
Shaffer, Dr. H. A., Charleston, Ill.	25 00
Gilman, Dr. J. E., Chicago	100 00
Murphy, Dr. S. A., Louisville, Ky., (paid).....	75 00
Cameron, Dr. A. E., Chicago, (second subs.)	100 00
Eubank, Dr. J. Nelson, Rhame, N. D.	25 00
Ripley, Dr. Martha G., Omaha, Neb.	10 00
Spencer, Dr. Annie Whitney, Batavia, Ill	50 00
Shepard, Dr. W. A., Colo. Springs, Colo.	50 00
Lockwood, Dr. Ira, Lincoln, Neb.	25 00
Bailey, Dr. Benj. F., Lincoln, Neb.	50 00
Hemphill, Dr. W. J., North Loup, Neb.	25 00
Bowker, Dr. F. C., Morris, Ill.	20 00
 Total	 \$19,625 00

The Committee are continually receiving letters of encouragement, and are pleased to report a general feeling that the scheme for an alumni endowment of Hahnemann College should be possible, and must be carried through to completion.

To show the attitude of our friends, we are again taking the liberty of reprinting a few of our many letters.

SOUTH BEND, IND.

H. R. CHISLETT, M. D., Chicago, Ill.

Dear Doctor:—You will note the enclosed. This was signed but not sealed on receipt of it; but went east quite hurriedly, and it was neglected until now. Hope it is not too late. You have my best wishes in your efforts in behalf of Hahnemann College and Hospital. Hope your success will meet your desires to the fullest extent.

Sincerely yours,

C. H. MYERS.

SIoux CITY, IOWA.

DEAR DOCTOR CHISLETT:

I will add \$200 to the endowment fund, and if you need more for my share, will contribute.

Yours fraternally,

J. HERMANN, M. D.

FARGO, N. DAK.

DR. JOS. P. COBB, CHICAGO.

Dear Doctor: In regard to blanks for alumni subscriptions, please send me six (6). Homoeopaths are few and far apart in North Dakota, and my solicitations are generally speaking, limited to Hahnemann Chicago alumni. I will assist the worthy movement you are making, and secure all the pledges possible. We can raise the \$50,000 by Dec. 1st., and we must.

Fraternally,

JOS. G. DILLON.

FARGO, N. DAK.

DR. J. P. COBB, Chicago.

Dear Doctor: Enclosed please find a contribution from Dr. Francis Peake, '94, of Jamestown, N. Dak.; as an expression of what homeopathy has done for him.

In your acknowledgment of this, please advise Dr. Peake to whom to send his first quarterly payment, which he desires to make next month.

I hope we can see our way clear to the \$50,000 goal by Dec. 1st. I am soliciting two more alumni, and will report as soon as they sign up.

Fraternally,

JOS. G. DILLON.

LOUISVILLE, KY.

DR. JOS. PETTEE COBB, Chicago, Ill.

Dear Doctor: I am enclosing you check for \$75.00 to be applied to the endowment fund, and to be credited to S. A. Murphy. * * *

Should you fail in the undertaking, which you must not do, I will instruct you as to the use the money may be put to.

I brought the matter up at our local meeting last Tuesday and distributed all the blanks you sent me, and will ask you to send a few more. * * *

Wishing you all success, I am,

Very sincerely yours,

GEO. S. COON.

BLOOMINGTON, ILL.

JOS. P. COBB, M. D., Chicago, Ill.

Dear Doctor: Enclosed please find subscription to the endowment fund of the Hahnemann Medical College of Chicago. I sincerely hope the full amount will be subscribed.

Yours truly,

JOSEPH HALLETT.

ERIE, PA.

JOS. P. COBB, M. D., Chicago, Ill.

Dear Doctor: I am in receipt of your circular letter dated the 23d inst., and I have doubled my subscription, making fifty dollars in all, and regret that I am not able to do more. * * *

With the best wishes for the successful termination of the effort, I remain,

Yours truly,

J. C. M. DRAKE.

GREENWOOD, WIS.

DR. JOSEPH P. COBB, Chicago.

Dear Doctor: In reply to yours of the 22d inst. relative to the fund you are attempting to raise, will say that I am completely isolated from any graduates of our school, and cannot see any of them personally.

I wish I could get out and do some field work for the cause, because I am very much interested in it, and have subscribed my mite, which will come as soon as you ask for it.

It seems to me that there is a strain of selfishness among the alumni that one would hardly call credible, if the response to your call is not more than you are asking for. Will gladly assist you in any way I can, Doctor, so call on me for anything I can do.

Fraternally yours,

H. R. SCHOFIELD.

DETROIT, MICH.

DR. JOS. P. COBB, Chicago, Ill.

Dear Doctor: Yours received. Send on a dozen blanks and I will see what I can do. Am glad to know that the endowment fund is coming on all right.

Respectfully,

FRED E. THOMPSON,

BROOKINGS, S. D.

JOS. P. COBB, M. D., Chicago.

Dear Doctor: Yours of the 21st relative to endowment is received. You ask for opinion concerning Dr. Copeland's suggestion. I like the idea. * * *

Whatever the plan, I hope it will succeed in placing H. M. C. in the front rank by any classification imposed by the A. M. A., Carnegie Foundation or any other classification that can be made.

Very truly,

B. T. GREEN.

BATAVIA, ILL.

DR. H. R. CHISLETT, Chicago, Ill.

Dear Doctor:—Please find enclosed my subscription to the endowment fund. My seeming negligence in not responding at once was not due to indifference, for I love the home that opened its doors to me. "Old Hahnemann" was one of the first to do so, and we women should not forget it. I only wish I could give \$50,000.

Sincerely yours,

ANNIE WHITNEY SPENCER.

The Committee, realizing that it will be impossible to obtain alumni subscriptions to the amount of \$50,000 within the time limit originally proposed, have decided to adopt an alternative plan of subscription, as used by several universities and the New York Homeopathic Medical College.

By the time this letter is in print the Committee will have mailed to all of the alumni a circular letter, giving in full detail the new plan. Briefly, the proposition is to make the fund \$100,000, and to make it yield \$6,000 net annually to the college. You are asked to subscribe to such part of the fund as you desire; to hold the principal yourself, and to pay into the treasury of the Alumni Association annually toward the support of the College six per cent. interest on the amount you subscribe.

You never pay the principal at any time. You do not promise to pay it at any future time. The contract terminates with your death, and can be terminated by you at any time by giving six months notice of your intention to the secretary of the Alumni Association.

Notice is required in order to give the Committee time to secure some one else to take up the subscription.

\$60.00 yearly adds \$1000.00 to the fund.

\$24.00 yearly adds \$500.00 to the fund.

\$18.00 yearly adds \$300.00 to the fund.

\$12.00 yearly adds \$200.00 to the fund.

\$6.00 yearly adds \$100.00 to the fund.

We believe that this plan will produce a large endowment and a larger income for the college.

We call this THE LIVING ALUMNI ENDOWMENT FUND.

It appeals to all of the alumni to whom we have been able to present it. All who have accepted this plan have doubled their subscriptions; many have quadrupled their first subscription. Some have raised it eight-fold.

Subscription under the annual interest plan nullifies the first subscription, and the committee will immediately return the former contract.

Several alumni have made good subscriptions under this plan to whom the former donation plan did not appeal.

The \$50,000 fund will be fully subscribed by December 1st, 1911; the full \$100,000 endowment will be subscribed by July 1st, 1912.

If you desire to change your subscription to the interest plan, mail at once to the Committee, the new blank form filled out and signed, and your former note will be returned to you.

SUBSCRIPTIONS TO THE "LIVING ALUMNI ENDOWMENT FUND"
UNDER THE NEW PLAN.

Chislett, Dr. H. R., Chicago	\$2,000 00
Cobb, Dr. Jos. P., Chicago	1,000 00
Fellows, Dr. C. Gurnee, Chicago	1,000 00
Kahlke, Dr. Chas. E., Chicago	1,000 00
Wilson, Dr. Henry W., Chicago	500 00
Honberger, F. H., Chicago	1,000 00
Halbert, Dr. H. V., Chicago	1,000 00
Haseltine, Dr. Burton, Chicago	1,000 00
Mitchell, Dr. Clifford, Chicago	500 00
Ford, Dr. Francis C., Chicago	500 00
Bailey, Dr. E. Stillman, Chicago	1,000 00
Bruce, Dr. E. M., Chicago	1,000 00
Cowperthwaite, Dr. A. C., Chicago	1,000 00
Calvert, Dr. J. W., Dwight, Ill.	400 00
Smith, Dr. A. E., Freeport, Ill.	1,000 00
Lindquist, Dr. J. A., Springfield, Ill.	400 00
Rhoades, Dr. L. T., Lincoln Ill.	500 00
Owens, Dr. M. G., Springfield, Ill.	400 00
Gaffney, Dr. E. C., Lincoln, Ill.	400 00
Ketchum, Dr. H. G., Springfield, Ill.	400 00
Honn, Dr. W. M., Champaign, Ill.	200 00
Dudley, Dr. J. J., Decatur, Ill.	200 00
Armstrong, Dr. W. P., Springfield, Ill.	400 00
Neiberger, Dr. W. E., Bloomington, Ill.	400 00
Hallett, Dr. Jos., Bloomington, Ill.	200 00
Gordon, Dr. A. H., Chicago	1,000 00
Collins, Dr. C. D., Chicago	1,000 00
Abell, Dr. E. J., Joliet, Ill.	500 00
Cameron, Dr. Anson, Chicago	500 00
Galford, Dr. G. H., Gibson City, Ia.	200 00
Lewey, Dr. Alfred, Chicago	560 00
Harkness, Dr. C. A., Chicago

McBean, Dr. G. M., Chicago	\$500 00
FitzPatrick, Dr. G., Chicago	600 00
Leach, Dr. G. A., Morris, Ill.	200 00
Costain, Dr. T. E., Chicago	500 00
Welch, Dr. J. T., Chicago	500 00
Tenney, Dr. A. C., Chicago	500 00
Blackmarr, Dr. F. H., Chicago	1,000 00
Hanks, Dr. Mary E., Chicago	500 00
Wood, Dr. Fred., Chicago	1,000 00
Kelso, Dr. George B., Bloomington, Ill.	300 00
McBurney, Dr. B. A., Chicago	1,000 00
Clark, Dr. Peter, Chicago	500 00
Smith, Dr. Frank A., Evanston, Ill.	300 00
Harpel, Dr. Wm. F., Chicago	500 00
Gilman, Dr. J. E., Chicago	500 00
Graves, Dr. R. E., Chicago	100 00
George, Dr. E. J., Chicago	1,000 00
Hunt, Dr. Marie Louise, Chicago	250 00
Proxmire, Dr. Thos. S., Lake Forest, Ill.	500 00
Guy, Dr. J. E., Woodstock, Ill.	250 00
Wieland, Dr. Frank, Chicago	500 00
Boynton, Dr. W. E., Chicago	250 00

Total, \$32,350 00

Deduct duplicate subscriptions returned 8,240 00

\$24,110 00

Total subscriptions under the first plan 19,625 00

Nov. 10th., grand total, \$43,735 00

Before this report is in print, over \$50,000 will have been subscribed, and payments will be due December, 1st, 1911.

The committee extend their congratulations to the alumni.

JOS. P. COBB,
A. H. GORDON,
Special Committee.

EUCALYPTUS is the remedy in bronchitis, where the cough is almost constant, with a free, watery expectoration; also in aphthous ulcers in the mouths and throats of children. When in the course of bronchitis the febrile elevation has fallen and the so-called catarrhal stage has been reached, eucalyptus positively diminishes the expectoration and renders it less purulent. This is especially true in the foetid form of bronchitis, in bronchial dilation and emphysema.—“The Rundschau,” *Pacific Coast Journal of Homeopathy*, April.—Monroe in *Hahnemannian Monthly*.

News Notes.

Dr. L. B. Carson, of Maquoketa, Iowa, was a recent visitor in the city.

Dr. H. E. Kerch, Dundee, Ill., attended the clinics in Hahnemann in October.

Dr. E. J. George spent a few weeks on his Oklahoma farm early in October.

Dr. W. C. Porath, of Varina, Iowa, recently brought a patient to Hahnemann hospital.

Dr. Murphy of Jackson, Mich., has been in Chicago for some time doing Post Graduate work.

Dr. F. H. Honberger was a patient in Hahnemann Hospital for a time in October with a hemorrhage of the lungs.

Dr. Willard Putnam, Battle Creek, Mich., paid Chicago a visit recently. The doctor was returning from a visit to his parents.

Dr. Fred Sidley, Peoria, Ill., visited Chicago to see his parents recently. The doctor's work is exclusively in the eye, ear, nose and throat.

Dr. Fred Wood, Chicago, is now working with one hand for a time. He used the "wrong" crank in starting his car. The patient, however, is doing well, and attends to business just the same.

Dr. Henry T. Whiting, Rockford, Ill., a graduate of Chicago Homeopathic Medical College, 1883, died at his residence, Sept. 13th, from acute gastritis, aged 73.

Dr. W. A. McDowell, of Rockford, Ill., has located permanently in the state of Washington, near Spokane; he has not located as a physician, but as an expert raiser of choice apples.

Dr. L. R. Marvin, of Muskegon, Mich., will spend the winter in the South on account of impaired health. While the Doctor has been in poor health for a year or more, we are glad to know he is steadily improving. Dr. Marvin graduated at Hahnemann, Chicago, in 1870.

The Regular Homeopathic Medical Society held its second monthly meeting on November 7th, at Assembly Hall, Public Library. The meeting was termed the "Cowperthwaite night," as the evening was given up to Dr. A. C. Cowperthwaite, who gave his reminiscences of pioneer homeopaths.

Dr. Geo. E. Kelso, of Bloomington, was a recent visitor at the editorial office early in the month.

Dr. Hugh Beals, St. Paul, Minn. spent a few days in Chicago in October on his return from a visit to his old home.

Dr. Geo. L. Le Fevre, of Muskegon, Mich., has returned to his work after a trip abroad in search of medical and surgical knowledge.

Dr. A. C. Davis, a graduate of Hahnemann, Chicago, died at his residence, Farina, Ill., Sept. 15th, from acute enteritis. He was in his 71st year.

Dr. Sara E. Fletcher, of Columbus, Ohio, class of '96, has been spending some time in post graduate study in Chicago recently, and incidentally visiting her old friends.

Dr. A. H. Waterman, Chicago, goes to New York to meet his wife, (Cecelia Loftus) and son who will arrive from London. Mrs. Waterman will play in Chicago in December.

A long row of automobiles outside the Nelson Hotel at Rockford attested the prosperity of the northwestern doctors. Dr. James demonstrated the beauty of the Overland to several of the Chicago visitors.

Dr. W. E. Clark, Three Rivers, Mich., a graduate of Hahnemann, Chicago, class of 1873, was a patient in the hospital during the last of October. We are glad to report that he has gone back to his work, much improved.

Dr. Emma Jane West, who has had a large practice in Manistee, Mich., for over twelve years, announces that after Nov. 5, 1911, she will be located in Milwaukee, Wis., 603 Jackson St. This leaves an excellent opening in Manistee for a good homeopathic physician,—woman preferred.

The following members of the Illinois State Board of Health resigned their offices the latter part of October: Dr. Geo. W. Webster, of Chicago; Dr. Henry Richings, of Rockford; Dr. P. H. Wessell, of Moline, and Dr. W. R. Schussler, of Orland. We are not conversant with the causes which influenced these resignations, but it is quite apparent that some members of the board would not accept the criticisms which were offered from certain quarters. The newspaper advises us that the Governor will not appoint any candidates who seek the position, and we believe he is right in that regard. The name of Dr. C. E. Kahlke has been mentioned as the homeopathic representative, and we wish to say that we most earnestly hope that Dr. Kahlke will receive the appointment. He would be a credit to us.

Dr. F. B. Righter, Lincoln, Neb., paid Hahnemann College a visit in October.

Dr. J. M. Durin, of Steward, Ill., made a short business trip to Chicago early in November.

Dr. W. H. McCarthy, C. H. M. C., of Des Moines, Ia., visited Chicago in October and called on several of his old friends.

Dr. Ralph Hulett has opened an office at 757 west 79th st. Chicago, and is preparing to put up eye, ear, nose and throat as a specialty.

Dr. F. H. Blackmarr suffered from an acute attack of ptomain poisoning a short time ago, but recovered rapidly and is again in charge of his business.

Dr. Fred A. Pittenger, Boise City, Idaho, visited Chicago recently, bringing in several car loads of sheep from his ranch. "Pitt" is a busy man with his ranch and his practice.

Dr. Louis Schultz, formerly of Woodlawn, has located in Rockford for eye, ear, nose and throat work. The general practitioners of Rockford predict an excellent opportunity for a skillful specialist who knows how to supplement surgery with homeopathic therapeutics.

The Northwestern Medical Society were hosts to the visiting physicians at luncheon on October 12th. Dr. Gustafson entertained one end of the long table with a recital of his student days at the old Chicago Medical School before it was a part of Northwestern University; his eight years of old school practice and conversion to homeopathic therapeutics through "solar plexus blows" of clinical weight. Dr. Gustafson's son is a freshman in Hahnemann.

A testimonial dinner was given to Dr. H. H. Baxter, of Cleveland, October 18th by the physicians of that city and other Ohio physicians. Responses were made by Dr. H. R. Arndt, field secretary of the A. I. H., Dr. Charles Hoyt, of Chillicothe, O., Dr. H. F. Biggar and Dr. Wm. H. Phillips. Dr. J. Richey Horner was master of ceremonies. A beautiful silver loving cup was presented to the doctor in appreciation of his long and faithful service in the interests of the medical profession, and especially the homeopathic school. Dr. Baxter graduated from the Cleveland Homeopathic College in 1868 and has been a professor of materia medica in that institution in the same college ever since that time. For fourteen years he has been a member of the State Board of Medical Examiners, resigning in 1910. To every one who knew the doctor he has been a man of great executive ability and high standing. We hope this does not mean that he is abandoning his work entirely.

Dr. Annie E. Reynolds, Tacoma, Wash., spent some time in Chicago recently.

Dr. J. H. Apleman has accepted a position as house physician in the Gatling Institute in Chicago.

Dr. R. B. Diamond, Hot Springs, Arkansas spent a week in Chicago, recently and while here looked up several of his old friends.

Dr. Mary L. Ewing, of Evansville, Wis., is back at work after a tedious convalescence from heat stroke during the early summer.

Dr. Samuel R. Kreider, a graduate of Hahnemann, Chicago, class 1873, died at his home near Moorcraft, Wyo., August 19, age 63.

Dr. C. Rhodes, '96 Kansas City, Mo., spent a few days in Chicago, recently. The doctor was here looking after some business interests.

Dr. Alfred Lewy, of Hahnemann College, recently passed highest in the civil service examination for senior ear surgeon at the Illinois Charitable Eye and Ear Infirmary.

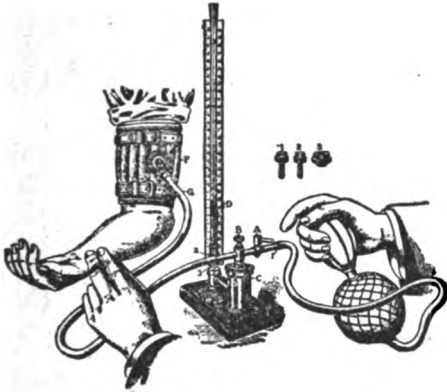
Drs. Haseltine and Calvert paid Gov. Deneen a visit as representatives of the State society on behalf of the reappointment of a Homeopath on the State Board of Health. They were received very cordially by the Governor in spite of the fact that he was laid up by a broken leg and that they were delayed some time beyond the hour appointed. They were also promised a place on the Board.

The following from *The Homeopathic Recorder* is of interest to the class of '88 from Hahnemann:

"This modest little publication (*Poultry Sense*, by J. P. Pursell, M. D., Sellersville, Penna.) probably would not have attracted more than a line or two of notice had not we had the pleasure of an accidental meeting with the author—when you meet a man who has done a piece of work you can often judge the work better by that meeting. Dr. Pursell is a graduate of Hahnemann, 1888, Chicago," and was for a time connected with the great homeopathic hospital at Middletown, N. Y. For reasons needless to go into he moved to the country and then became interested in the breeding of chickens, bringing to bear on the subject years of medical training. This resulted in the book under consideration, and we believe it to be one of the best practical books on the subject obtainable, for the author is an enthusiast on the subject. It is full of all-round information, told in a few words, and the burden of it is, that it is better to prevent sickness among your fowls than to cure it. If the author should ever get out a second edition we would suggest that a good index would add to the value of the book."

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Dr. J. E. Guy, Woodstock, Ill., and Dr. T. G. Barnheiser, Forest, Ill., were in Chicago attending the Phi Alpha Gamma smoker recently.

Dr. and Mrs. C. E. Fisher, of Sterling, Colo., announce the marriage of their daughter, Ella Mabel, to Mr. Robt. H. Swinney, on September 20, 1911.

Hahnemann college has in its senior year three graduates of the old school, Dr. Rex Russell Frizzell, Great Falls, Mont., graduate of Rush, Chicago; Dr. Barzilla M. Hutchinson, Mishawaka, Ind., a graduate of the Physicians and Surgeons Boston, Mass., and Dr. Yoshisada Nakayama, Tokio, Japan, graduate of Tokio Medical and licensed to practice by the Imp. Japanese government and has had service in the Japanese army. We are glad to see the tendency to inquire into homeopathy and feel sure if a little effort was made many more would take the senior year in our colleges. Heretofore all the prosyliting has been one sided. We ought to get busy and even it up.

DIRECTORY OF THE HOMEOPATHIC MEDICAL SOCIETIES OF ILLINOIS.

The Secretaries are requested to send official data promptly to THE CLINIQUE,
22 East Washington St., Chicago.

ILLINOIS HOMEOPATHIC MEDICAL ASSOCIATION holds its annual meeting for 1912 in Chicago, beginning the second Tuesday in May.

President, Dr. W. E. Neiberger, Bloomington, Ill.

Secretary, Dr. A. C. Tenney, Chicago.

Treasurer, Dr. E. C. Sweet, 70 State St., Chicago.

CENTRAL ILLINOIS HOMEOPATHIC MEDICAL ASSOCIATION holds its next annual session at Lincoln, Ill., October 26th, 1911.

President, Dr. J. A. Lindquist, Springfield, Ill.

Secretary, Dr. C. E. West, Lincoln.

EASTERN ILLINOIS HOMEOPATHIC MEDICAL SOCIETY meets October 10th, 1911, and April, 1912.

President, Dr. J. J. Rose, Marshall, Ill.

Secretary, Dr. M. H. Whitlock, Charleston, Ill.

ILLINOIS VALLEY HOMEOPATHIC MEDICAL ASSOCIATION meets semi-annually in April and November.

President, Dr. C. H. Long, Pontiac, Ill.

Secretary, Dr. Alfred Houston, Joliet, Ill.

MILITARY TRACT HOMEOPATHIC MEDICAL SOCIETY meets in October and May, exact time and place determined at each preceding meeting.

President, Dr. E. N. Nash, Galesburg, Ill.

Secretary, Dr. F. M. Dickinson, Galesburg, Ill.

Continued on page 670.

Fellows_Syrupus Hypophosphitum.

*Maxima cum cura commixtus semperque idem.
Compositio prima ante alias omnis.*

Reject < *Worthless Substitutes.
Preparations "Just as Good."*

MISSISSIPPI VALLEY HOMEOPATHIC MEDICAL SOCIETY meets quarterly at Rock Island or some adjacent town the third Wednesday in the months of December, March, June and September.

President, Dr. Eli Bradford, 602 18th St., Rock Island.

Secretary, Dr. H. C. Hoefle, 314 Brady Ave., Davenport, Iowa.

NORTHWESTERN HOMEOPATHIC MEDICAL SOCIETY holds semi-annual sessions at Rockford, the second Thursday in April and October.

President, Dr. C. A. Walker, Rockford, Ill.

Secretary, Dr. E. C. Maas, Rockford.

RIVERVIEW HOMEOPATHIC MEDICAL ASSOCIATION. October 19, 1911, and April, 1912.

President, Dr. D. D. Culver, Aurora, Ill.

Secretary, Dr. Harriet B. Ward, Elgin.

ROCK RIVER INSTITUTE OF HOMEOPATHY holds quarterly sessions in the months of January, April, July and October, on the first Thursday of the month.

President, Dr. W. B. Ryder, Clinton, Iowa.

Secretary, Dr. A. W. Blunt, Clinton, Iowa.

CHICAGO HOMEOPATHIC MEDICAL SOCIETY meets the third Thursday of each month, October to April.

President, Dr. A. H. Gordon, 858 LaSalle Ave., Chicago.

Secretary, Dr. P. M. Cliver, 8019 Indiana Ave., Chicago

ENGLEWOOD HOMEOPATHIC MEDICAL SOCIETY meets second Tuesday of each month at the Englewood Branch Public Library Building, 62nd St. and Normal Ave.

President, Dr. Geo. C. Starkey, 420 W. 63d St., Chicago.

Secretary, Dr. Della M. MacMullen, 8635 Wentworth Ave., Chicago.

WEST SIDE BRANCH OF THE CHICAGO HOMEOPATHIC MEDICAL SOCIETY meets first Thursday of each month, September to June, at 120 N. Oak Park Ave., Oak Park, Ill.

President, Dr. Albert F. Storke, Oak Park.

Secretary, Dr. Clyde S. Brewer, 5609 South Boulevard, Chicago.

REGULAR HOMEOPATHIC MEDICAL SOCIETY meets in Chicago Public Library Bldg. the first Tuesday evening of each month except July, August and September.

President, Dr. J. B. S. King, 55 State St., Chicago.

Secretary, Dr. E. B. Beckwith, 55 State St., Chicago.

AFTER DINNER CLUB meets for dinner third Thursday of each month, Sept. to May.

President, Dr. Sarah M. Hobson, 700 Marshall Field Bldg.

Secretary, Dr. Agnes V. Fuller, 1665 W. 103d St.

LEDUM PALUSTRE IN HEMORRHAGE FROM THE LUNGS.—This is a valuable remedy in hemorrhage from the lungs. It is indicated when there are frequent impulses of cough, the coughing bringing up large quantities of blood. It must be given in a low potency, from one to ten drops of the mother tincture for a dose and acts well given with two-drop doses of conitum anapellus 1x. A few doses of *Ledum palustre* should first be frequently given to abate the hemorrhage, and the aconitum afterwards administered alternately with the *Ledum* every two hours.—Monroe, in *Hahnemannian Monthly*.

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While one product may resemble another in color, name and formula, to its uniformity of therapeutic action depends its individuality. This feature which has so universally characterized antiphlogistine has made it the choice of the medical profession.

At this season, when Laryngitis, Pharyngitis, Tonsillitis, Bronchitis, Pleuritis and other diseases of the throat and chest are so prevalent, a dependable remedy to relieve the inflamed and congested tissues, as well as to inhibit the extension of the disease is most desirable.

Antiphlogistine applied thick and hot, well protected by suitable covering, will retain its heat for hours, reduce the inflammation and afford prompt and unmeasureable relief to the patient.”

Publisher's Page.

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The very front and central structure is the administration building, farthest to the east and fronting squarely on White Oak road. It is of story-and-a-half height, but is of bungalow type. On its left and right, but not yet erected are to be the polytechnic and electropathic buildings. They will come next year. Adjoining these, one south and one north, are the two private bungalows, for the present to be used as dwellings by Dr. C. E. Sawyer and Dr. C. W. Sawyer. When the big scheme is finally worked out these private bungalows will be available to patients and guests who desire private quarters. Next to these, in the octagon, are the six bungalows for patients' quarters, 36x68 feet in dimensions, and with capacity for ten patients or guests to each bungalow. Next come the two two-story buildings, the only ones of frame construction. The others are builded of hollow tile, cement stucco finish, stippled and tinted in a chocolate brown. The frame buildings are done in brown and green, and harmonize effectively. The frame building to the southwest is the hydropathic department, with very complete bath equipment on the main floor and nurses quarters above. The building to the northwest is the culinary building, with the kitchen on the main floor, and quarters for domestic help on the second floor. Between these two on the opposite side of the connecting cloister, is the dining room and social hall, with its great porch, facing the court, which, by the way, is 100 by 250 feet, with a goodly number of beautiful trees, just as nature reared them from natural planting. This great dining-room porch is to be

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A certain physician here in Chicago has won a reputation and, incidentally, acquired a fat bank account during the last six years treating hay fever. In the scores of cases treated by him each season he has been remarkably and almost uniformly successful—*curing*, not merely relieving, his cases.

Last season a half-dozen or so of his fellow practitioners followed his original line of treatment with the same good results.

He reaches “the bottom of the trouble,” which is *acidemia*, with effective internal treatment and, locally, he uses pure ammonium chloride vapor, applied by means of the Van Ness Vapo-Medicator.

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more than an out-of-door resting spot, it is to be the stage for all court events of the sanatorium family and its guests. The plan is as novel as it is promising. This immense court will be carpeted with lawn, is fronted by all the rooming bungalows, with porches to each of them, and will eventually contain a beautiful summer house—la casita, the Spanish say—in its very center.

The sanatorium will have its own water system, has its own sewage disposal plant, the Ashley system, and has the most up-to-date electrical equipment that modern invention has developed. Every room has wired connections for fan, light, call bell, water heater and the like.

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“Bill,” said the invalid’s friend, “I’ve come to cheer you up a bit, like. I’ve brought you a few flahrs, Bill. I thought if I was too late, the’d come in ’andy for a wreaf, yer know. Now, don’t get down-hearted, Bill. Lummy, don’t you look gashly! But, there, keep up yer spirits, ole sport; I’ve come to see yer an’ cheer yer up a bit. Nice little room you ’ave ’ere, but as I says to meself when I was a-comin’ up, wot a orkard staircase to get a coffin dahn!”—*Pathfinder*.

BROOKLYN, MICHIGAN, May 22, 1911.

Chicago Pharmacal Co., Chicago.

Dear Sirs: Please send one-half pound Zematol without label to my patient at 2445 Fort St. West, Detroit, Mich., Mr. Dykeman. Send bill to me. The patient has a very bad case of psoriasis, and I have had some elegant results with your Zematol Ointment in treatment of same.

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“‘I knew you’d tell me that,’ she said; ‘and it’s true, too.’ And as I looked up in amazement she added, ‘I looked in your pockets last night. I’ve got the 10-pound note.’

“Fancy how I felt! But what could I do?”—*London Tit-Bits*.

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Proposote is creosote in combination with phenylpropionic acid. It is a straw-colored, oily liquid, neutral in reaction, nearly odorless, and having a slightly bitter taste suggestive of creosote. It is insoluble in water, but is slowly decomposed by alkaline liquids. The indications for it are the same as those for creosote. Tubercular cough following pneumonia, the cough of pulmonary tuberculosis, acute and chronic bronchitis, purulent bronchitis, abscess of the lung, asthma, and bronchitis complicated with Bright's disease are among the pathological conditions benefited by its administration. Being insoluble in acid media, it passes through the stomach unaltered by the gastric juice, to be slowly broken up by the alkaline fluids of the small intestine, hence may be given in gradually increasing doses until the desired effect is obtained. During prolonged administration, as is well known, creosote disturbs digestion, impairs the appetite, and often causes nausea and vomiting. Proposote is free from this objection.

Stearosan is santalol combined with stearic acid. It is an odorless, tasteless, light-yellow oily liquid that is insoluble in water and dilute acids but is slowly broken up by alkaline fluids. The pathological conditions in which it may be employed with advantage are precisely those in which santal oil has long been used—chronic gonorrhoea, cystitis, urethritis, vaginitis, pulmonary disorders such as chronic bronchitis, bronchorrhoea, etc. It possesses therapeutic properties fully equal to those of santal oil, over which it has the important advantage of being practically without irritating effect upon the stomach. The explanation of the latter fact is that the preparation is not attacked by the acid gastric juice, but passes into the small intestine, where it is broken up or emulsified by the alkaline fluid and absorbed without difficulty. The distressing eruptions and loss of appetite attendant upon the administration of santal oil do not occur when Stearosan is given.

Both Proposote and Stearosan were thoroughly tested clinically before being offered to the medical profession, and practitioners may be assured of their therapeutic efficacy in all cases in which they are indicated. They are supplied in 10-minim elastic gelatin globules, boxes of 25 and 100, and may be obtained through retail druggists generally.

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Prof. Chas. J. Vaughan, Chair of Gynaecology, Atlanta College of Physicians and Surgeons, writes: "Neuralgia constitutes the great cause of danger from the employment of hypnotics and narcotics, which only afford relief by numbing, but effect no cure. On the other hand, the formation of a drug habit rather aggravates the condition from which relief was originally sought. Neurasthenia, neuralgia and other manifestations, either of an active or passive character, are common, and are always peculiarly rebellious to treatment. Cerebro-nervous affections peculiar to women associated with pathological disturbances of the reproductive organs are legion, and most trying to physician and patient. I have found nothing so well suited to these cases as antikamnia tablets, administered in doses of from one to three tablets and repeated every one, two or three hours according to the attendant's judgment. These tablets afford complete relief without fostering a drug habit, and their exhibition is attended with no unpleasant after-effects. For the relief of painful menstruation there is no combination of remedies so generally successful as antikamnia and codeine tablets. Their sedative, analgesic and anodyne properties especially commend them in the neuralgic and congestive forms of this distressing affection."

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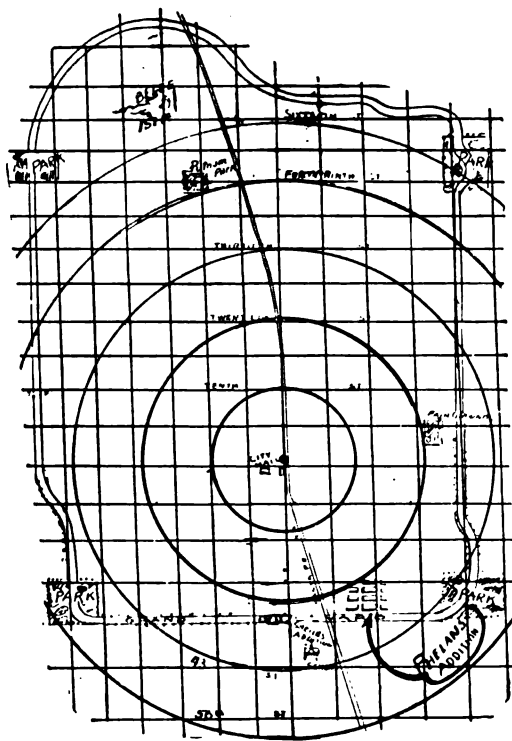
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