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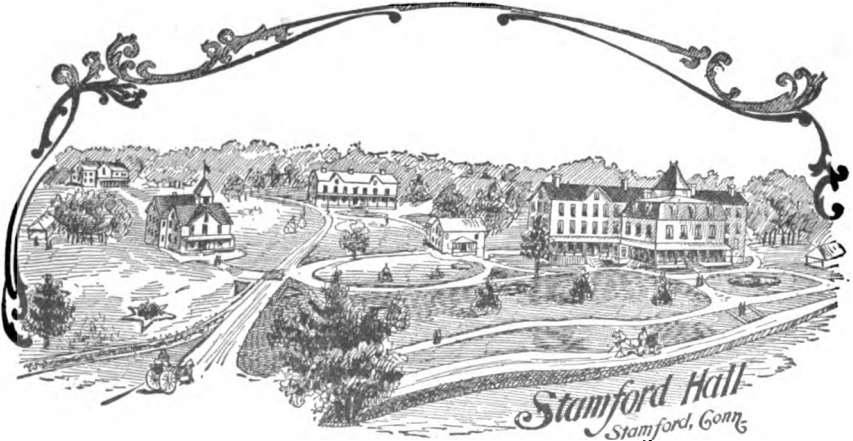
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Original Articles.

THE SCIENCE AND ART OF PREVENTION.*

O. S. RUNNELS, A. M., M. D., INDIANAPOLIS, IND.

Ladies and Gentlemen of the Graduating Class:

In this atmosphere my mind goes back to a similar occasion over four decades ago, when my professional life was an anticipation instead of an experience, when I, too, questioned the future, and wondered what the Fates had in store for me as a professional man. The distrust I had of my abilities, of my inadequacy of knowledge for the work ahead, and the fear that possessed me that I should be unable to measure up to the requirements, I can never forget. But times have changed and you—some of you—may not be haunted by any such questions; for those were the days of graduation—in most instances—after a too meager general education, two courses of medical lectures of four months each, and little or no laboratory and hospital training. The contrast is great between then and now, when long continued preparation, plus four years in the graded medical school, plus laboratory and hospital training to the limit, plus yearly additional requirements of educational councils and boards, are obligatory. The graduates in those days had to hammer it out, for the most part, on the anvil of experience, as best they could; but some pretty good physicians resulted, nevertheless. Experience, after all, is a great school—the greatest ever established. It is the post graduate school in every education. When your life is a retrospect instead of a prospect, you will find that the book most highly prized in your library will be the book of your own experience—that will tell you not of hear-say, but of the things you have verified.

* Commencement address, Hahnemann Medical College, Chicago, May 28, 1914. By an oversight not published before.

Coming before you, then, as a war veteran, I should have something to say as a result of my campaigns, in march and bivouac and battle, through all my long and anxious years. As I sift over the garnerings of my life, I should be able to blow away a good deal of the chaff that comes with the grain, and leave something that can be converted into the staff of life for others.

Laying aside all convention, therefore, I want to come into your innermost sanctum, and have a little talk with you about the thing that concerns us all most vitally—about the problem that the rank and file in our profession have been essaying to solve through all the ages. Let us confer about the work before us, and of what is required to rid the world of disease.

Whoever has failed to note the trend in the "Art of Healing" is but a poor reader of events. The great awakening to the importance of sanitation, of quarantine, and prevention is no longer news, but history. The fight is not so much against diseases entrenched, as against the carriers of infection, the germs, mosquitoes and flies, that implant disease and inaugurate epidemic. The guardians of the public health, therefore, sentinel and patrol every country in order to forestall the introduction and dissemination of cholera, yellow fever, bubonic plague, etc., so that great disease-conflagrations, so common a generation ago, shall be impossible. Everyone today is called upon to obey the mandates of sanitary science, not only for his own good, but that of his fellows. Smallpox and diphtheria, typhoid fever and dysentery, and many other ailments are now set at naught by the simple process of anticipation.

What has been done in surgery by the exclusion of sepsis is documentary evidence. The banishment of "laudable" pus from wounds has made possible achievements that are of utmost importance. The extended life and greater happiness of millions now living attest the soundness of the principle of prevention as applied to surgery.

But while sanitarians and surgeons are guarding against the introduction of microbes that will kill, the proofs are accumulating that prophylaxis has vaster applicability than has been recognized hitherto; and that the best way to cure any sickness is to prevent it.

While great progress, therefore, has been made in ridding the earth of germ-diseases, despite the continued presence of the germs, there still remains much to be done, not only in abating, but in stamping out, certain diseases that are still running riot in the human family with but little or no abatement. It is said that 47

per cent. of the work of prevention is accomplished and that 53 per cent is yet to do. Whether this estimate be correct or not we are appalled today, by the great increase of insanity, tuberculosis and cancer. It is not a question of more cases because of more people, but an increase pro rata, a larger percentage of the population afflicted. Insane asylums are being multiplied and populated with alarming rapidity, the "white plague" has attained first rank, and every mole, tumor and ulcer is regarded as a cancer possibility. According to the figures, cancer has increased twice as fast as has the population during the last forty years.

The terror of the situation is intensified by our inability to cope successfully with any of these diseases, once they have become established.

To be sure, much has been done, for the insane—in custody, detention, safe-keeping—but insane asylums are prisons nevertheless; and hope dies for the most of those who go in thereat; inasmuch as it is usually a life sentence.

Much has been done for the tuberculous, in warning against the bacillus, in boxing the sputum, in better feeding, and in providing better air; but while it is now more than thirty years since Koch discovered the bacillus, "Rachel" still "goes on mourning for her" tuberculous "children." While incipient cases are frequently restored to their former "health," never anything to boast of, the disease in most cases is held in abeyance merely; or goes on to the finish without hindrance. So that the confession is forced that all treatment of advanced tuberculosis is a disappointment. Tuberculosis can never be eradicated by methods now prevailing. There must be other and heavy reinforcement to the measures employed or it will be endless.

The same must be said of cancer. The only hope of cure, today, is by extirpation at the earliest finding. Once let the disease become established—let the lymphatics become involved—and ultimate cure by any method is unattainable. Late surgery will delay the progress of the disease and re-delay it possibly, by successive operations, but the end results are not brilliant. Even the discovery of its germ would be no more effective than has been the case in tuberculosis.

An alarming situation, therefore, confronts us. More is called for in the battle with the "Big Three" than has thus far been put to service. There must be more efficient prevention of these ailments or we shall go on perishing increasingly.

All this being true, we must awake from our sleeping, lay aside every weight and press onward to the goal. Eradication must be our slogan; insanity, tuberculosis, and cancer, as well as all other diseases, must go. We must make inventory of all our fighting equipment and utilize to the utmost every weapon, in order to win victory over these forces of death.

All are agreed that the thing of utmost importance is to prevent the installation; to give attention at the time when the ounce of prevention is worth more than sixteen ounces of cure, after the day has gone by.

If progress is to be made in universal prevention, recognition must be made of the faulty physical basis upon which all pathology rests; for in this respect all diseases meet on common ground and have a common factor—the factor of susceptibility. If there be no susceptibility, there will be no contraction of disease. Whenever a disease-producing influence encounters a superior force, it is inert—does not count—and is no longer to be feared.

Take note that not all who are exposed, contract disease; that during an epidemic, it is a comparatively small percentage of the population who succumb and that millions resist where a few are captured. Reason for this is found in the prowess and successful opposition of the victorious fighters. Their opsonic index is such, the state of their life force is such, as to render harmless the germs to which the others capitulate. It is all a question of ability to defend against the inimical force. All who are possessed of their full complement of energy, vim, vitality, are able to cope successfully with the malign influences. Being clad with the armor plate of good health they are proof against tip-poisoned arrows flying everywhere about them.

In reality, therefore, quarantine merely protects those who are unable to protect themselves; and who if weighed in the balance, will be found wanting. Quarantine is merely a barricade around those who have susceptibility, and who can be counted upon to “take” the disease if opportunity be offered; it is only another application of the principle of walling in the defenseless—of caring for and protecting the incompetent.

Ordinary quarantine has its place and temporarily will save millions from immediate danger, but many of them are saved only to swell the lists of the insane, the tuberculous, the cancerous or of those dying prematurely of arterio-sclerosis, Bright’s disease, or

some other, primarily functional, default. It is not therefore, in and of itself, such a great boon to humanity as has been heralded; for if I am to die, or go crazy before long, because of my inability to make a good all around defense, I should prefer the quicker fatality by the zymotic route, rather than by the long drawn-out torture of melancholia or the so-called "constitutional" disease.

In the superficiality and poverty of our etiological findings, more influence, thus far, has been imputed to heredity than the facts will warrant. The thing "inherited" is a tendency—a weakened defense—a greater liability to the disease when circumstances are favorable to its contraction. One is not doomed, however, whether he wishes it or not, to have the diseases of his parents and remote ancestors. Because the disease has been "in the family" at some time in history, is no reason for its adoption by a succeeding generation. Some progenitor developed the disease on his own account and transmitted to his progeny a larger percentage of liability thereto than he should have done. But his progeny, if they be good readers, have fair warning and sufficient time in which to annul, for the most part, his malign influence; in short, can "work out their own salvation," if they have a mind to.

The one seeming exception to this generalization is found in syphilis; but even here susceptibility is a prime factor—and grades of manifestation are universal. Some refuse the virus when exposed to it; many have the disease in mildest type; while others grow the spirochetæ luxuriantly. It is the old illustration over again of barren or fertile soil—of a congenial habitat. The sins of the fathers are visited upon their physically bankrupt children with cyclonic effect, while the physically efficient, escape wholly, or are effected but slightly.

In every instance the personal equation is paramount. The contraction of the disease, is a personal matter, and can be obviated ordinarily by intelligent prevision. Since the "inherited" disease was originally a matter of individual contract only, it follows that the descendants of that unfortunate ancestor should not be cursed for all time for that initial deviation. Whatever has had a beginning must have an ending. The complete extinction of the tendency to hereditary disease is, therefore, a mere matter of defense-building and cultivation.

It is time then to recognize the fact, so well put by Shakespeare,

that it "is not in our stars or in our ancestors, but in ourselves that we are underlings."

The personal equation, let me reiterate, is the question of first magnitude in the history and present status of every invalid. Until this truth is grasped and utilized, no rapid progress can be made in the elimination of disease. In this struggle, study of individual factors must be given precedence and very much less importance be accorded to heredity, psora, sycosis, and syphilis.

To be specific: Excepting the traumatic, alcoholic and limitedly, the syphilitic, phases of mental defection, the etiology of insanity is referable to some long-lasting, nerve-wasting source of physical embarrassment. The individual himself has been the victim of some nagging irritation of his sympathetic nervous system; his resistive force has been reduced to such an extent that his cerebrum has lost control. Error has been made thousands of times in ascribing the origin of insanity to an intra-cranial condition; in looking upon it as "disease of mind," and as a thing inherited. None of these conclusions is permissible so long as there is resident anywhere in the body of the patient an adequate cause for the obliquity in question. I am fully persuaded that the first cause of insanity, in most instances, is extra-cranial, and can be found remote from the cranial brain.

The same is true of tuberculosis in all of its forms. The disease comes as a finale to a long down grade in life-resistance. The microbe is a late comer and can enter and become effective only when the doorway is no longer defended and when resistance to the malign influence is out of the question. The diagnosis is merely the end of a long period of getting ready to have the disease. It is the beginning of the microbe harvest.

And the same devitalized condition underlies the development of cancer. The exhibition of the disease is proof that the system is no longer able to withstand the stress of some long borne handicap. Welcome to the disease in every instance has been a work of long preparation.

It is unnecessary to prolong this didactic teaching inasmuch as there can be no successful refutation of the proposition that nervous exhaustion, otherwise known as weakened resistance, must precede the dethronement of the reason, the installation of the tubercle bacillus or the development of cancer.

This can be verified by practical demonstration on a large scale.

The proof can be secured by giving adequate attention at the opportune time to the one endangered, and by regarding every one at birth, and onward, as a possible victim.

Our first opportunity to better the life status of any human being is presented at his birth. So far as any individual is concerned, all that has preceded his birth in his make-up, is ancient history. Dead progenitors are beyond the helping hand of this generation; but much can be accomplished with those progenitors that are about to become. It is of paramount importance to cultivate robust and virile parents in order that they may generate the best offspring; but the offspring once here, heredity has been discounted, as a source of remedial help, and the attention must be turned entirely to the science and art of prevention in the life of the individual in question.

The horticulturist, the gardener, takes the plant from the nursery as it comes. What becomes of it thereafter is the product of his genius and wisdom. By feeding, cultivation, pruning, grafting and soil, the unpromising seedling is brought to wonderful perfection. The homoculturist, or human gardener, can succeed as remarkably if he will only set himself about it. If he will take his prospective invalid at birth and give him the benefit, as months and years unroll, of the knowledge at present acquired, he can obviate the greater portion of the feebleness and death of childhood and adolescence; and he can insure against the nervous prostrations and premature extinctions of after life.

Strict attention, therefore, to the physical status of the individual is of primary importance. Nothing can be more worthy of consideration than the removal of every handicap to vigorous life-expression. It will be wholly futile, however, to attempt to establish robust health in spite of impediments to life performance that will negative the best of effort.

I would not belittle the art of healing those already sick. I would not weaken the regard and dependence upon remedial treatment of the broken and diseased. At present the cry for help is everywhere heard, and to the credit of our kind, the response to it is quick and constant. There is an opportunity and nobility about the work of present alleviation that the Son of God, even, recognized and adopted as part of his mission among men. I desire merely to make evident misdirected effort, and to plead for a correct and efficient procedure at the opportune time. I wish to fix your thought upon a power that intuitively, instinctively and incessantly works for life; that

struggles always for the best expression, either with or without help, and that grows in our estimation by every inquiry into the laws of our being.

I would have you study with enthusiasm the propelling force within and behind all being, the *vis a tergo*, that pushes it on and on from seed to germination, from sprout to tree, from embryo to complete development; the magic loom that weaves the fabric of existence, that "knits up the raveled sleeve of care," and effaces as far as possible, all traces of broken continuity, disaster and disease. For the mandates of this goddess must be read and obeyed if the morning stars of life are to sing together; if the zenith of life is to have an unclouded brightness; if the afternoon of life is to end in a glorious sunset.

With this inner power, the *vis medicatrix naturae*, the thing imperative from the very onset is the demand for food; and this cry so early announced, is the supreme demand while life lasts. The problem of nutrition is the problem of life. It is the process, or assemblage of processes that insures the growth and maintenance of body and mind. It is the essential thing in every vital operation. It is that upon which all life depends. The homely phrase "to get a living," expresses in a word the primal necessity that rests alike upon all growing, existing things. Whatever else may be included in the term life, the obligation to secure good metabolism stands first.

In the realm of plant life, this goes without argument. No husbandman expects the perfect life without supplying the cravings of hunger—soil, water, heat, air, light. These granted with freedom from extraneous influence of malign character, and the growth into fullness and beauty of proportion is assured; under these conditions the life will go on to the best expression of nature, *i. e.*, to good or perfect health. Every excrescence on the body of the tree, every knot and knurl and scar in its wood, is testimony of embarrassed growth. It tells of some incident in its history that has interfered with and crippled the nutritive process. It is the undisputed record of disturbed nutrition. The full intent of nature has been thwarted, and the result is a compromise—a patchwork. All vegetation under free opportunity, liberated from thwarting influences, reaches the ideal result.

What is true in vegetable life—the lowest order of natural development—is correspondingly true in animal life, the highest and most complex order of natural development. There can be no per-

fect function, no good health of body or mind, without the fulfillment of the conditions called for in good metabolism. Banish all handicaps upon alimentary function, insure life opportunity, forestall all embarrassment to life exercise, and you will at once eradicate disease. In that case, physicians and surgeons will be wanted only for sanitation, physical culture, bodily injuries, obstetrics, circumcision and normal appendectomy; this done, nature will do the rest. This statement will be considered, no doubt, utopian—a dream of the unattainable; but grounded in fact, it points the way to all endeavor and is far more realizable than we at present apprehend.

All habitually fretful infants, all children of tardy growth and defective assimilation, all underweights, all youths and adults subject to tonsillitis, adenoids, indigestion, rheumatism, periodic headache, the dullard at school, the neurasthenics and victims of a thousand other initial expressions of embarrassment, are invariably candidates for scrutiny. Before the advent of physical breakdown, before the diagnosis of insanity, tuberculosis or cancer, and certainly as soon as any such physical calamity is foreshadowed, search should be made for the causation of the difficulty. The "ship should be cleared for action" and every impediment to the best expression of life-exercise should be abated. Symptoms are but effects, they imply a cause; and somewhere in the economy of the victim that cause may be found. It was Hahnemann, himself, who said: "First remove the *causa occasionalis*."

Fortunate, indeed, are those concerned, if the discovery of the cause, and the discontinuance thereof, be opportune; if it be made before the effects have become static, or fixed, in organic degeneration; if it be effected in time for the recovery of normal and rightful possession.

We have in a measure already realized what may follow in the wake of adherent prepuce and need of circumcision in the case of the boy, or the analogous situation and demand in the case of the girl; what conditions may develop or be occasioned by rectal trouble; what impairment of vitality may result from uterine and ovarian misfortune; what embarrassment and enfeeblement may be secondary to malformed turbinates and excrescent adenoids; but back of all these, and causative even of many morbid conditions hitherto regarded as primary, is that congenital handicap—the very giant of all—known as the chronic appendix. If all the degeneracy and ailment properly chargeable to this apparently inconsequential seg-

ment of our anatomy could be tabulated, no one would be too inattentive to take notice. Crippled in its anatomy and physiology from intra-uterine time onward and having to do with the nutritional problem at first hand from the inception of existence, the mal-influence of the appendix veriformis is tremendous.

Many physicians and laymen, however, will continue to accept this verdict with derision and incredulity, and permit the streams of the so-called "hereditary" or "constitutional" diseases to augment their proportions; but the awakening to its truth will come; and is coming now very rapidly. It will surely dawn upon the consciousness of all sooner or later, that acute appendix trouble is resultant from its latent and more or less unobtrusive form; that every full-fledged case of appendicitis is evidence of a lost opportunity to render imperative service at the right time; and that appendix peritonitis, is testimony that the approach of the enemy has been unperceived and that a mortal blow has been received that should have been parried. Warnings abundant have been sounded through all the months and years of the life of every such victim but the signals have been misread or misinterpreted and he has been permitted to drift on to his doom.

Since there is anatomy and physiology so faulty as to result, as it does so very frequently, in a rapidly fatal situation, what may not the life-long degeneration of this vestigial portion of the colon do in developing the status of the body—the crippled vitality and non-resistance—underlying all of the last great scourges of mankind?

What influence can be more potent in undermining the foundations of an existence than this, operative in the individual's nutritional domain since his anatomy took form? Let him answer who has repeatedly witnessed the wonderful phenomena following the timely removal of this physical handicap, and of all others, whatever they may be; who has rapturously noticed the cessation of melancholia, impulsion to suicide, epilepsy, dementia and sluggish and perverted mentality and the return of the mind to harmonious action, after the timely removal of a thorn from the flesh that has driven its unfortunate possessor to madness; who has viewed with ecstasy the rebound of the prospective consumptive to renewed energy and full competence of life expression when the figurative "mill stone about his neck" has been dropped, opportunely, and who is familiar with the new life and vigor of the scorbutic, psora-tainted, untraceable syphilis-subject, the candidate for tumors, ulcers and cancerous dis-

eases, when his physical embarrassments, whatever they are, have had early banishment, I say any one who has witnessed these phenomena, again and again, through years of wide experience, will affirm this position without fear of successful controversion, and will urge the early detection and destruction of the enemy that steals upon his victim unawares and that captures and fortifies his position before knowledge of his presence is announced.

Witnesses innumerable can, today, testify to the veracity of the statement that nature unhampered will invariably work for good physiology and that the deviation from that expression, denominated disease, is the effect of cause or causes for the most part abatable.

The future of all humanitarian endeavor must be dedicated to the work of preventing as far as possible that which, once established, cannot be cured. Every patient, guardian and physician therefore, must be, in the strictest sense, a sentinel upon the picket line of existence, in order that he may detect the first approach of the enemy and sound the signal that shall arouse the camp.

Germane to this discussion is the observation that fear is a potent cause of disease; that the one who is afraid, and who cowers in the presence of danger, is the one most apt to yield. Fear, however, is not the cause of the vulnerability, but its result, and is indicative of inability to make successful fight. It is the chief symptom of the coward, of the one whipped already; and is nature's way of announcing that her resistive powers are impaired and that she will be unable to defend, if called upon. Fear is only one of the indices that betoken candidacy for the invalid corps; it is only one of the many features of the picture of the "susceptible" one so well known to the expert. All doubt and uncertainty concerning the solvency or insolvency of any one engaged in the business of living can be detected by estimating the amount of physical credit justified in a given case. No good recruiting officer will send cripples and hospital subjects to the war; it is his business to ascertain beforehand who will be able to endure the stress of the service.

It is not necessary, therefore, to await the test in order to determine who will go bankrupt in the crisis. Going through families, communities and assemblages, the man of knowledge can identify at a glance a large percentage of the physically dependent, and by brief examination can swell the number to great proportions simply by removing the masks from those who count themselves "well," but who are in reality defenseless and vulnerable. Many people are like

trees that are fair to look upon while being defective at the center, to be blown over by the first blast of storm.

The great lesson to be learned, is, that there is an impaired foundation under every invalid and prospective invalid; and that liability to sickness is proof positive of antecedent weakness in the life-defense. The successful encounter with disease, acute or chronic, demands therefore the full utilization of this knowledge.

That in every chronic disease there is somewhere in the system a leak from the life-battery from which vital fluid is slowly but continuously escaping; that in every case of neurasthenia or physical poverty, there is nerve-waste somewhere going on, is knowledge of paramount and tremendous importance. One is concerned to know at just what point the wire is grounded that is exhausting the battery, that he may break the earth connection—remove the cause of it, and thus permit, the Leydon-jar of life to become full charged again.

The connecting link between the soul and body is the sympathetic nervous system. It is the ultimate in the line of physical expression. It is the very limit of investigation into vital physics. Beyond this you cannot go—you are in the realm of the psychic. Here body ends and soul begins; or rather here they blend. Being the first and last station on the road of material existence it is not surprising that we find located in the sympathetic, the great magazine or supply depot of life; the very home-office of the body's operations, from whence all orders of being proceed. While every other office in the system is closed during sleep and on other occasions, that of the sympathetic, is open—is always attending to business. As long as the living being has any further service to perform, you can count upon the sympathetic. In fair weather or foul, in prosperity or adversity, it is not only found at its post but doing its duty, as well as possible. And when supreme disaster comes—as in the case of a Johnstown flood or a great conflagration—the sympathetic, is the last one to leave the building, and is still at the keyboard when communication is cut off.

Anything that nags and frets, and fatigues the sympathetic, to a toneless exhaustion, is a marplot, able to hinder and defeat the successful performance of metabolism, *i. e.*, the acquisition and maintenance of good health.

Coming now to the application and conclusion of this matter, I have to say that it is the work of every specialist, and every gen-

eralist as well, to go behind the returns made by the patient and get back to the point of departure. If he is to do any lasting, any worthy service, he must not only make the best of the bad conditions presented, but taking the backward trail, he must ascertain why things have reached such a pass. If he would know how to set the switch that shall save the train, he must be able to discern the evidences of malnutrition at their very inception. He must be trained, not only to report when the storehouse is more or less empty, but how it became so and what is required to preserve or to restore its contents.

The golden days of our art will not have arrived until its devotees shall have reached that higher plane of service embodied in prevention rather than in cure—in enabling people to reach the highest excellence of physiology, rather than in rescuing them, with more or less of failure, from the death-grip of pathology.

I do, therefore, most solemnly charge you, men and women, now workers in the vineyard of the Lord, first, to expect and require good health in every vine—and to be content with nothing short of it; second, to realize that good nutrition is requisite for every life and that good metabolism and good health are synonymous terms; and third, to know and to utilize the fact that the early eradication of the cause, is the eradication of the disease—the very alpha and omega of the whole business.

It is vastly more to the credit of those in charge, even of a railway system, to be found inspecting road-bed, bridges and rolling stock—detecting weak places—in order to head off disaster—than to captain a wrecking crew, however well equipped, waiting for the expected catastrophe, or endeavoring to make the best of a smash up.

THE USE OF VACCINES AND INTRAVENOUS TREATMENT IN PULMONARY TUBERCULOSIS.*

A. C. TENNEY, M. D., CHICAGO, ILL.

In considering this subject we will divide it into the consideration of the use of vaccines in combating the mixed infection in pulmonary tuberculosis, the consideration of the use of tuberculine in combating the tubercular infection and lastly, the use of intravenous medication.

* Read before the Illinois Homeopathic Medical Association, May, 1914.

The great difficulty encountered in giving vaccines of any variety is the estimation of the proper time between the doses. The anxiety of the patient for immediate results and the solicitude of the physician frequently leads to over-treatment, which is the great danger. Under treatment is rather to be desired than avoided. We must never lose sight of the principle laid down by the originator of the "opsonic index" idea. The negative phase must be looked for after the administration of any vaccine or tuberculine. This does not imply that the laborous and complicated technic of determining the negative phase by counting the number of bacteria ingested by a given number of leucocytes is to be carried out in every case.

On the contrary, the careful training of the patient to observe certain phenomena of aggravation will give a reliable clinical idea of the severity and duration of the negative phase.

It should be further borne in mind that the positive phase should be well established before the dose of any vaccine or tuberculine is repeated.

The failure of the vast majority of physicians to get good results with the use of vaccine is due to their disregard of the above mentioned precautions. It is surprising what a tendency there is to over-treat rather than under-treat even among those who are trained to the careful observation of the homeopathic principle.

The time interval between doses of vaccine used in the treatment of pulmonary infection will vary from three to ten days and the proper time interval between doses of tuberculine will never be less than five to seven days, and may be two or three weeks. The routine use of vaccine or tuberculine in graduated doses at predetermined periods is wrong. There is no department in medicine where the individual case should be more carefully studied and more conservatively treated than this department.

Regarding the vaccine to be used in combating the mixed infection: Those infections which most frequently accompany tubercular infection of the lungs are the pneumonia, influenza and pus organisms.

The bacillus of pneumonia and streptococcus are almost uniformly found in cases, coming under my observation, together with the staphylococcus aureus and albus.

It has been well established that the vaccines for these mixed infections may be used in combination, the dosage of each vaccine predetermined for each dose, or a mixed vaccine prepared (with the proportion of the various ingredients pre-established by the sputum

analysis), thus leaving simply the frequency and size of the total dose to be determined in carrying out the treatment.

The idea of combating each mixed infection individually by a single specific vaccine does not meet the clinical requirements of the case with the mixed infection. Here is a case where the mixing of the vaccine to correspond with the mixed infection is far more likely to be "homeopathic" to the case (if I may use that expression in this connection) than the use of the single vaccine.

It is not advisable to use the vaccine for this infection at the same time that the tuberculine is being employed for the tubercular infection.

After the mixed infection has been controlled, the tubercular condition should be combated by the use of the proper preparation and dosage of tuberculine. Here again, we are confronted by a vast list of preparations from which we must select the desired tuberculine.

There are several modes of administration advocated by various practitioners, but I shall mention only the well established fundamental principles, leaving the details to the individual worker. The principles may be summarized as follows:

Tuberculine should never be employed in a case of pulmonary tuberculosis with mixed infection while the patient is up and about. The patient should either be put in bed or in a sanitarium where they will be in bed practically all the time; or the tuberculine treatment should be withheld. These cases should not receive tuberculine while they are carrying a temperature of 101° F. or above. The temperature will rapidly subside and the patient improve with absolute rest and proper hygienic surroundings in the vast majority of cases, then tuberculine treatment may be administered. The dose employed should be a minimum dose, which will give a reaction.

It should never be repeated until after the negative phase, or period of aggravation is passed, and the positive phase or period of improvement is well established.

All cases of pulmonary tuberculosis must be regarded from a hygienic standpoint, as well as medical. The tuberculine and vaccine do stimulate the defensive mechanism of the body, but in so doing, they exert a distinct demand upon the vitality of the patient. Lose sight of this and you lose sight of the fundamental principle of treatment, viz., that the vitality of the patient must be maintained and stimulated to the highest possible point. With the vitality at the highest possible point, the energies of the organism may be stimu-

lated to the combating of the infection more effectually than by any other means, if vaccine and tuberculine are employed judiciously.

Of the various tuberculines employed, the serial dilution of the old tuberculine is rapidly gaining in favor. This consists of a decimal dilution, viz., one part of the standard old tuberculine is diluted with the addition of nine parts of distilled water and some phenol as a preservative. This is designated as serial dilution No. 1. Of No. 1 one part is taken and nine parts of the same diluent, as in the previous case is added, and this is designated as serial No. 2, and so on for the third, fourth, fifth, sixth and higher dilutions. The sixth dilution is the one most recommended by a large number of the old school men as the one to be employed in beginning treatment. This is all very encouraging, as it is scientific and in accord with methods with which we are all conversant.

A SHORT DISCUSSION OF INTRAVENOUS TREATMENT.

There are two conditions wherein intravenous medication is of great value in the treatment of pulmonary tuberculosis. One is in those cases where the general vitality is decidedly below par. Another is in those cases where it is desired to exert an antiseptic effect.

In the former class of cases, arsenic in some form is sometimes indicated. For this purpose I have employed neosalvarsan in small or tonic doses intravenously. There is no question about the favorable results, which it has exerted in the cases where it has been employed. I will not enlarge upon this point, as it is self-evident that the use of the drug with small doses as .15 gms. or .30 gms. should be of decided assistance.

The last point mentioned is the use of intravenous treatment where it is desired to exert a distinct antiseptic effect. For this purpose various salicylates and phenoles have been employed in various combinations. I have personally employed this treatment in desperate cases with the desired immediate relief to the patient.

It is a mooted question as to the mode of action of these remedies; how much benefit of a permanent nature may be derived, and how much harm may be received from their employment. Wishing to be conservative, I will neither advocate nor condemn this treatment for others to employ, but I am confident that it is the opening of a new and very profitable field of therapy.

THE HOMEOPATHIC TREATMENT OF RHEUMATIC CONDITIONS.

GEORGE H. RIPLEY, M. D., KENOSHA, WIS.

In preparing this paper on the "Homeopathic Treatment of Rheumatism," I have been in doubt as to how to approach the subject, whether to consider only the strict interpretation of the title, or to accept the definition of a homeopath as given by the American Institute of Homeopathy, viz., a physician who, in addition to his general knowledge of medicine, applies the law of similars in the treatment of disease, or words to that effect.

If I held only to the early idea of homeopathy, my paper would be a rehash of material you are all familiar with, as the law of similars does not change, and the indications for our well-known remedies are the same now as when the remedies were proven, adding what little my personal experience has verified in the action of the various remedies used for rheumatism. The longer I practice medicine, the more inclined I am to accept the American Institute definition of a homeopath, and use every means I can to relieve my patients of their ills in the shortest time possible. Were I to give you résumé of all the homeopathic remedies with their indications that may be called for in rheumatism, it would occupy most of the time assigned to this subject. I would rather give a few of the most often indicated ones, and, in addition, give some general suggestions as to the care of the patient, and use of remedies not so often used by the homeopathic prescriber.

Every case should be treated individually, and, after getting the symptoms peculiar to the case under consideration, a remedy selected that most nearly suits the case. If the remedy is well selected, the patient will be benefited and their conditions relieved in the shortest possible time. The remedies I am presenting are those I have used with good results. No doubt many of you have used others. I shall be glad to have you give them with their indications in discussing this paper.

ACUTE RHEUMATISM.

Probably no remedy is better indicated in the beginning than aconite. The acute pain, restlessness, fever, thirst and dry skin with inflamed serous membrane, all point to that remedy. However, as soon as the acute symptoms are passed, bryonia will be better

indicated. It is indicated for the pain in the joints, aggravated by the least motion, the affected part is relieved for a short time by change in position. Thirst is marked, patient craving large quantities of cold water; joints are swollen and tender. I give both aconite and bryonia in the 3 x potency. I give apis mel. if the joints are swollen and shiny, the pain of a sharp lancinating character; thirst absent or slight and urine scant. When endocarditis develops, if it does, aconite will again be the remedy. It seems to have a special action on the heart lining, and the anxiety and fear of death, which is so often present in early endocarditis, is characteristic. Spigelia: If sharp pains in the precordial region, extending through to the back, dyspnoea at every change of position, pains of a neuralgic character in other parts of the body.

Glonoin: If the heart is beating rapidly and with a great deal of force, so that the beating is felt in all parts of the body; headache as though the top of the head would come off.

Strophanthus: If the heart shows signs of failing; pulse rapid and feeble in patient with tendency to arterio-sclerosis. While aconite and bryonia are most often indicated, many other remedies may be needed during the course of an attack.

Cimicifuga or its alkaloid macrotin, is useful if the patient is unusually nervous and the pain and inflammation is confined to the smaller joints.

Colchicum or colchicine, if the feet alone are the seat of the lesion, as in gouty patients.

Rhus tox, if the toxemia is more general and the muscles are specially involved with the characteristic red tip of the tongue and exacerbation during damp weather, or coming storm, relieved when storm breaks.

During the acute stage of endocarditis the severe pain may be alleviated by the ice bag over the heart. Later, when the patient experiences difficulty in breathing, the pain aggravated by every breath, hot applications will give more relief. The patient should be kept absolutely in a reclining position if possible, and free from all noises or annoyances; water given freely and urine examined to detect any inflammatory condition of the kidneys, and some form of opiate given to allay restlessness and produce sleep when necessary.

One who is not familiar with the salicylates in the treatment of acute rheumatism is handicapped in handling a case. There is no

doubt in my mind but that they have a place in its treatment. If the fever is controlled, the toxins eliminated, and the pain alleviated, there is a better chance of preventing that damage to the heart that leaves the lesion that lasts through the rest of the patient's life, and shortens their existence by many years, besides making them chronic invalids. If the heart can be protected, if the disease can be checked before the heart becomes involved, the greatest good to the patient will have been accomplished. I am thoroughly convinced that the use of salicylic acid in some of its forms is indicated in acute rheumatism; also that it must be used in appreciable doses and given frequently enough to control the fever and allay the pain. Salicylate of soda or strontia given in ten grain doses every two hours, and the same combined with sodium bicarbonate in like doses until the pain and fever are controlled will aid greatly in controlling fever and pain, and abort the attack. In my practice such treatment has apparently shortened an attack to one or two weeks that without it would continue from three to six weeks.

Aspirin: Another form of the salicylate, is very effective in relief of pain, and has a marked beneficial effect on the course of the attack. This may be given in 15 grain doses every four to six hours, given in hot water and water given freely after its administration. I consider antipyrin, acetanilid and phenacitin too depressing to the heart action to use to any extent, though they have a marked effect on the fever and pain. If given, strychnia or strophanthus or some heart tonic, must be given to avoid the bad effects on the heart.

Any form of salicylic acid must be given with care in the aged or those suffering with nephritis or arterio-sclerosis, and in those who have any chronic heart lesion. Every case must be carefully examined and the treatment instituted must conform to the condition of the patient. If the stomach is irritable and will not tolerate the salicylates, they should be given by rectal injections, giving one-half more than the ordinary dose. Most cases of acute rheumatism occur in the young and middle aged and such can take salicylates unless previous attacks have weakened the heart or the rheumatic attacks follow some other exhausting disease. I do not consider the serum or vaccine treatment to be as effective as those who produce the sera and vaccine would have us believe. While a good result is apparent in some cases, the profession generally do not get as good results as the literature put out by the makers would imply. Theoretically it is an ideal remedy if we are right in assuming that the condition

be one of infection. Experience will determine its place in the treatment of rheumatism.

Many things can be done to mitigate the suffering of the patient. A large, well ventilated room, good attendants, trained nurse if possible, bed narrow and well elevated, good, firm mattress and springs.

Pain is exhausting and depressing. If the prescribed remedies do not allay the pain, do not hesitate to use morphine in sufficient doses to give the patient rest. It stimulates the heart action and the relief from pain is of great benefit to the patient, not only in the rest it gives the patient but in removing some of the dread and anxiety that is always present when a continuous severe pain, is experienced for so long a time as it may be in these cases.

CHRONIC RHEUMATISM.

In the treatment of chronic rheumatism, the homeopathic remedies and methods of prescribing are especially effective. Here we must be sure of the diagnosis if we only consider the disease in treating the case. Again, the cause of the trouble must be sought. Is the patient's employment the cause? Work in damp, unsanitary places, inherited tendency, history of previous attacks, effect on patient of weather conditions, habits of living, all go to verify the diagnosis and determine the group of remedies that may be indicated.

Bryonia, if joints are principally affected, pain aggravated by motion, increasing as exercise or movement is continued.

Rhus tox, if condition is worse preceding a storm and relieved when the storm breaks, muscles principally affected, lame and stiff on moving, improving as motion is continued.

Colchicum or colchicine, if the back muscles are especially involved. Pain increases on standing and relieved by moving; colchicine not to be used lower than the 3 x.

Rhododendron, if condition is always aggravated before and during an electric storm, especially if small joints are affected.

Cimicifuga, pain sharp lancinating, small joints affected, pain more acute than in a bryonia patient, motion causes severe pain. Pains extending down the anterior of the thigh. Macroton more effective if pain seems to originate in the pelvis.

Apis mel, if pains are of the sharp stinging character, urine scant, lower eyelids puffed.

Climatic conditions have so much influence on the condition of the chronic rheumatic that it is worth while to advise the patient

to go to a warm, dry climate, if they wish to live free from rheumatism. Few will accept this advice because of their circumstances, but those who will can be free from the trouble. Right living in the way of diet and hygiene, will do much for them. This usually means such a radical change from their usual mode of living that the physician needs to keep in constant touch with them to insure their following directions, until results are apparent, after which they having acquired right methods of living, will follow them.

The treatment of chronic rheumatism may be made a specialty. Sanitarii where baths of various sorts, mud baths, Turkish, Russian, dry heat applied locally and proper diet and hygienic care, where the patient devotes his time entirely to treating the condition and getting well, will do more for the chronic rheumatic than can be done prescribing for them in their home, and trusting to them to follow the physician's directions.

GONORRHOEAL RHEUMATISM.

I have always believed the term gonorrhoeal rheumatism to be a misnomer. I believe it is to be only one of the complications of chronic gonorrhoea. While the joints are affected, the infection is by the gonococci, and the treatment is entirely different from other types of rheumatism. The urethral condition should be treated until the source of infection is removed, the inflamed joints put at rest, though absolute fixation must be for a short time only, as such joints are prone to ankylosis. In these cases the serum treatment either by autogenous or stock serum offers some aid. Biers hyperemia method is said to be very effective, but its description is too complicated for a paper of this kind. The remedies that may be indicated are med-horinum, long in use by the homeopaths. *Ecchinacea* should be of value internally, *pulsatilla* if orchitis or prostatitis, or epididymitis are present, testicle enlarged and painful, discharge from urethra greenish yellow and profuse.

The convalescence from an attack of acute rheumatism is slow. This is especially true if the heart has been seriously involved. The severe toxemia, to which the system has been subjected, has weakened the whole muscular system, and the heart muscle is greatly impaired. The patient should be kept in bed long after the pain and joint swelling has disappeared. Nourishing, easily digested food in liberal quantities must be given as soon as the digestive organs will take care of it. The heart recovers slowly and will need atten-

tion after all other symptoms have disappeared. Strych phos. is one of our best remedies to support the heart muscles. Strophanthus in the tincture is a great remedy at this time. Naja continued for weeks after convalescent will assist in the repair of damage done the valves by the endocarditis as will no other remedy in our materia medica.

No treatment of any condition is complete unless it includes the care of the patient in the way of removing the cause. I have found that nearly every one of my acute rheumatism patients are excessive sweet eaters; in children candy in large quantities, and in older patients rich foods containing large amounts of sugar and grease. I restrict all sweets and greasy foods and insist that they must abstain from them in the future. I am sure I have protected many patients from recurring attacks of rheumatism by impressing on them the necessity of avoiding sweet and greasy foods. One subject to inflammatory rheumatism will not have it if they follow this line of diet and drink water freely in addition to not over eating.

I am aware that this does not coincide with the latest theory of the cause of rheumatism, which is that the tonsils are the source of infection. However, my experience has convinced me that proper habits of living will ward off repeated attacks even in those whose tonsils are enlarged, in this way, that those who observe proper dietetic rules and do not misuse their digestive organs, are not as subject to inflammatory conditions of any kind, including acute catarrhal conditions of the nose and throat, hence are not as apt to have tonsilitis. There are so many conditions simulating rheumatism, that unless one is sure of the diagnosis, and this is difficult, prescribing for the disease is many times unsatisfactory. If one prescribes symptomatically and knows their materia medica well enough to differentiate between the various remedies that seem to be indicated in a given case, they can make a good prescription even if the diagnosis is uncertain.

I still believe in the homeopathic law and feel sure that the physician who knows how to use it in prescribing will help more of his rheumatism patients than one who does not.

PRACTICAL LABORATORY METHODS.*

JULIUS A. TOREN, M. D., CHICAGO, ILL.

Instead of taking up your time today with a tiresome description of laboratory methods as related to the diagnosis and prognosis of tuberculosis, I shall endeavor to indicate some of the ways in which the laboratory man can be of assistance to the practitioner in other ways than looking for the bacillus tuberculosis in body fluids or excretions.

Arrangement has been made for publishing in the CLINIQUE the laboratory technique relating to the subject, where it will be available for your reference.

The technique of finding and identifying the bacillus tuberculosis in sputum, urine, feces, spinal fluid, tissues, etc., has been carried to a high degree of perfection, and, of course, when the organism is so found it constitutes an absolutely positive diagnosis of tubercular infection. The finding of the specific organism in any of the body fluids or excretions means of course, the rupture of one or more tubercles in the affected area with consequent liberation of the contained organisms. If the cases could only be reached before this event has occurred, it should be possible to make a diagnosis much earlier than is usually done.

While not wishing to say anything derogatory to the value of careful and repeated bacteriological examination in suspected cases, I wish to suggest for your consideration a few ways in which the laboratory technician can aid you in the earlier diagnosis of such cases, a thing which all must admit to be highly desirable.

Before the rupture of tubercles, and its certain sequel of mixed infection, has occurred, the patient usually suffers from few symptoms. This deceives both the patient and his physician, and probably accounts in a measure for the failure to make earlier diagnoses in tuberculosis. If the cases are seen early there are several procedures which may be found of assistance in establishing the diagnosis.

An early and persistent phenomenon of unmixed tubercular infection is the presence of a leucopenia: less than the normal number of leucocytes in the peripheral blood. This leucopenia is at the expense of the polymorphonuclear neutrophiles, so that we usually find

* Read before the Illinois Homeopathic Medical Association, May, 1914.

a relative lymphocytosis: that is, the lymphocytes constituting more than their due proportion of the white cells present. This leucopenia disappears as soon as secondary infection by pus organisms occurs, and we then find a leucocytosis.

In order to detect the leucopenia of early tuberculosis it is necessary that those factors which tend to cause physiological leucocytosis be eliminated: such as cold baths, procuring the specimen within four hours after a meal, more than very moderate exercise, pregnancy, etc. Accompanying this leucopenia we usually find a mild secondary anemia, many times of the chlorotic type, that is with a color index less than one. Secondary anemia from other causes, however, is usually accompanied by at least a slight leucocytosis, and many times by a marked leucocytosis.

Other conditions presenting a leucopenia are typhoid fever, aplastic anemia, and hemophilia. To differentiate it from the first we have the Widal. In aplastic anemia a relative lymphocytosis of from 80 per cent. to 90 per cent. occurs, a condition never present in simple tuberculosis, and in hemophilia there is always present the history of being a bleeder together with difficulty in stopping bleeding from the puncture when the specimen is obtained. Pernicious anemia also usually shows a leucopenia, but the blood picture in other respects is so characteristic that nothing more than the blood examination is necessary for differentiation.

This leucopenia then is found in uncomplicated cases of miliary tuberculosis and in tuberculosis of the lungs, bones, pericardium, pleura, and peritoneum, and serves as a valuable aid in early differential diagnosis.

The X-ray many times offers valuable evidence in tuberculosis. Its function is usually accepted as confirmatory rather than specifically diagnostic. Many of our experts in this line of work are able to show even slight variations in tissue texture, so that consolidations of the lung, tubercles (particularly if calcified) and, in children, even congestion of the apices can be shown. In the case of bones, if there is erosion or destruction of bony tissues, or inflammatory infiltration of the soft tissues about the bone, these can be demonstrated. In caries sicca of the large joints the accompanying loss of density of the bone is shown, and in many cases the findings are absolutely diagnostic.

This resumé would be incomplete without mention of guinea-pig inoculations. In most instances the delay involved, five to six weeks,

lends favor to other methods. Possible accidental inoculation of the pigs used and the susceptibility, especially of the young pigs, to tuberculosis make the test inoculations doubtful in many cases. When clearly positive in all pigs inoculated in a given case the diagnosis may be considered fairly certain, but in many instances only one of four pigs injected will show tubercular lesions, on which finding one is loath to render a diagnosis of tuberculosis unless strongly supported by other positive evidence.

As to the use of tuberculin for diagnostic purposes, we believe it to be of decided value in selected cases but not a test for indiscriminate use, as many observers report the apparent aggravation of what had previously been a latent tuberculosis, with rapidly fatal results. For this reason we advocate the use of all other possible methods of diagnosis first.

Regarding the urinary findings of tuberculosis, aside from the detection of the organism in the urine, you will hear later from Dr. Mitchell.

Just a few words in closing, about bacteriological examinations for the bacillus tuberculosis. It is estimated that from thirty to forty per cent. more positive findings would be made if the anti-formin method was more generally used. This method is particularly advantageous in examining tough, stringy sputum and feces. When urine or feces are to be examined for tubercle bacilli it is absolutely necessary that the smegma bacillus, which has its normal habitat about the lower orifices of the body, be excluded. The smegma bacillus so closely resembles the tubercle bacillus in morphology and staining properties that differentiation is difficult. The parts should be thoroughly cleansed with plenty of soap and water followed by alcohol. In the case of urine the patient, after thorough cleansing, urinates in two containers, the contents of the second being the part examined.

A CASE OF PULSATING EXOPHTHALMOS.—Mathewson, George H., Montreal (*The Ophthalmic Record*, June, 1913), reports a typical case in which the common carotid was tied, showing excellent results one month after the operation.

A RADICAL CURE FOR PROLAPSUS UTERI.*

J. F. SCHNEIDER, M. D., OSHKOSH, WIS.

The downward displacement of the uterus, varying in degree from simple retroversion to complete prolapsus or procidentia, causes great discomfort to many patients, while the relief of this condition frequently taxes the ingenuity of the attending physician.

The reason for the frequent occurrence of this condition becomes plain when we realize that the tissues which hold the uterus in place are such that their perfect adjustment is easily disturbed. Injury to any part of the female genital tract disarranges the balance which is necessary if this organ is to retain its normal position.

The uterus is most firmly fixed at its lower extremity. Its upper portion is the most movable. From the anterior surface, about the level of the internal os, the peritoneum is reflected to the bladder, forming the utero-vesical fold. Posteriorly the peritoneum passes backward from the uterus over half an inch of the upper part of the vagina and forms the recto-uterine fold. The two broad ligaments with the uterus form a diaphragm which extends directly across the pelvis. These ligaments passing from the upper part of the uterus down to the level of the internal os blend with the utero-vesical fold in front and with the recto-uterine fold behind. At the sides the broad ligaments pass outward and are attached to the sides of the pelvis. At the pelvic attachments the broad ligaments widen out, having the round ligaments at their anterior edges and the suspensory ligaments of the ovaries at their posterior edges. A little posterior are the utero-sacral ligaments. They extend from the uterus backward and contain both muscle and fibrous tissue. The muscle tissue goes to the rectal wall while the fibrous tissue is attached to the second and third sacral vertebrae. These ligaments on each side form the outer borders of the pouch of Douglas.

The round ligaments attached to the corona of the uterus just below and anterior to the fallopian tubes pass outward, forward, and slightly upward to reach the internal inguinal rings, passing through the inguinal canals are attached in the subcutaneous tissue and skin of the labia majora.

These supporting ligaments of the uterus contain connective tissue through which run prolongations from the uterine muscular struc-

* Read before the Wisconsin Homeopathic Medical Society, May, 1914.

ture, so that the uterus suspended by its lower extremity is virtually sustained by muscular action.

Besides the above, however, it is also most important that the muscular structure of the pelvic floor should remain in normal condition. Relaxation of the vaginal walls and of the muscles occasioned by injury to the pelvic floor in which the perineal muscles are torn withdraws a support which favors downward displacement.

When none of these structures has been disturbed the uterus lies in its normal position, inclined anteriorly, lying in contact with the bladder.

The factors which cause the structures which support the uterus to become disarranged can be grouped under three heads: First, decreased support; second, increased weight, and third, increased intra-abdominal pressure.

Decreased support which is really the underlying cause of all of these troubles, is characteristic of individuals who have given birth to one or more children. Frequently those structures attached about the cervix sustain injury during the descent of a large fetal head or from the too rapid expulsion of the head, or are torn by the application of forceps before dilatation is complete.

Injuries to this part of the female genital tract permit the uterus to sink down into the upper part of the vagina, producing a utero-vaginal prolapse.

If, in addition to the above, the perineum has been lacerated and the vaginal walls relaxed, a protrusion of the anterior or posterior vaginal segments is sure to follow, sometimes both protrude from the vaginal orifice.

A protrusion of the anterior vaginal wall, because of the close attachment of the bladder to the cervix, drags upon the latter and gradually brings the entire uterus into the axis of the vagina. This in turn allows the intra-abdominal pressure to be exerted on the fundus as is shown by the direction of the arrows on the charts. When such a condition is present, unless the uterus is held by firm ligaments the organ is certain to be forced down into the vagina.

In the same way decreased support to the posterior vaginal wall permits a protrusion of this segment and the cervix is drawn upon by both anterior and posterior vaginal walls.

As the uterus sinks towards the pelvic outlet there are corresponding changes which take place in its blood supply. The altered position, by dragging down on the blood vessels naturally causes

more obstruction to the veins than to the arteries, and the resulting congestion increases the weight of the uterus.

By adding intra-abdominal pressure from tight corsets, or heavy skirts fastened about the waist, from distended bowels or bladder, straining at stool, lifting or carrying heavy weights, the prolapsus which may at first have been incomplete, becomes procidentia.

Many operations have been devised for the relief of this condition, and the very fact that so many have been recommended is potent proof that none of them give entire satisfaction. In attempting to cure uterine prolapsus the uterus has been attacked from above and from below. The natural ligaments have been shortened and new ones made. In one operation the round ligaments are shortened by folding them over the anterior surface of the uterus. In another the round ligaments are drawn through an opening made in the broad ligaments below the fallopian tubes and folded over the posterior surface of the uterus.

In still another well-known operation the round ligaments are shortened by being drawn through the openings of the internal inguinal rings and fastened in the tissue of the recti muscles.

Another operation takes up the slack of the utero-sacral ligaments, while another tips the uterus over so that it lies with its cervix up and fundus down between the anterior vaginal wall and the bladder.

Most of these operations apparently prove successful in the hands of the surgeon, who devised them, but fail to give satisfactory results when done by other operators. Nothing is so embarrassing to a surgeon as to have a patient, on whom he has done a most painstaking operation, return after a period of relief, with a recurrence of the trouble for which she was operated.

The round ligament operations answer the purpose where the condition to be relieved is a simple retroversion, but because of the delicate nature of these structures are very apt to stretch when an attempt is made to make them carry the weight of the uterus. The function of the round ligaments, moreover, admitting as they do of a certain antero-posterior motion of the uterus under normal conditions, is to draw the uterus forward rather than to hold it up.

Even in the well-known ventro-suspension after the peritoneum over the fundus has been scarified and carefully approximated to the parietal peritoneum of the anterior abdominal wall, recurrence is not uncommon. At the second operation the fundus has been found on several occasions entirely separated from its parietal attachment,

or as in another case a long, slender adhesion connected the sunken fundus with its former attachment to the abdominal wall.

The operation of the interposition of the uterus between the bladder and vaginal walls interferes with the uterine nerve and blood supply to too great an extent. I know of five cases operated by this method by competent men. Two died from shock following the operations, the other three were constantly complaining of discomfort in the pelvis.

All operations done for the relief of this condition through the vagina are frequently unsatisfactory because the associated complications cannot be as efficiently nor as safely taken care of as when the abdomen is opened from above. Some of the more radical operators in order to produce a permanent cure for prolapsus uteri have gone so far as to do a complete hysterectomy. This in my opinion is far too mutilating an operation if something less severe can be used in its stead.

In attempting to cure prolapsus uteri the aim should be to replace the pelvic organs in as near their normal relationship as possible and to retain them by the same means which originally held them. To do this an attempt should be made to build up the tone of the ligaments and natural supports of the uterus. Increased abdominal pressure should receive attention by looking to the hygiene of the clothes, attention should be directed to the bowels and bladder. The patient should be advised not to strain at stool and should avoid lifting and carrying heavy weights.

The heavy uterus may be made lighter by tampons and douches of the vagina. Perhaps the patient may then be gotten into condition where a pessary will furnish the needed support to allow the relaxed pelvic structures to regain their former tension.

In cases where lacerations are the chief cause of the downward displacement the foregoing treatment will not give the desired relief. Sometimes on account of the lack of support to the pelvic floor a pessary will not even stay in place. Moreover, many patients prefer to submit to an operation rather than to constantly depend on a pessary. In such cases we advise the more radical treatment.

Here again the attempt should be made to treat the causes of the condition under observation. Intra-abdominal pressure is looked to as stated above. The weight of the uterus is still further relieved by thorough curettage and amputation of the cervix. Relaxed vaginal walls are restored to their normal tone by repairing any

cystocele or rectocele which may exist and the perineal floor is repaired by denudation of the old lacerations and bringing together the separated levator ani muscles.

Sometimes this is all that is required in cases that are not too far advanced. If the patient is much run down and her general condition such that too prolonged anaesthesia would be dangerous, it is better to postpone the laporotomy part of this procedure until another time. During the two weeks in bed she may be built up by the rest and tonics and the pelvic structures may regain sufficient tone to retain the uterus in its normal position.

In the more advanced cases of prolapsus one other procedure is necessary and that may be described as the old ventro-suspension so modified as to avoid recurrences on account of non-union or drawn out adhesion bands.

The abdomen is opened by a median longitudinal incision. If any complicating conditions are found they should receive attention as indicated. The uterus is then drawn up and a portion of the top of the fundus excised about as large as a twenty-five cent piece. Two linen sutures are then passed down through the rectus muscle on one side extending through the uterus, one stitch going down toward the tissue of the anterior wall, the other down toward the tissue of the posterior uterine wall. They both come out through the opposite rectus muscle. These sutures are not tied until after the peritoneum has been closed along the entire length of the incision except over the raw surface at the top of the uterus. By drawing on the two linen sutures the fundus can be drawn up and fastened in the tissue of the rectus muscles. After tying the two linen sutures the fascia, fat and skin are closed over them in the usual way.

This operation permits the inspection of the peritoneal cavity. The technique is simple. The uterus is fixed forward in its normal position where it is least likely to give distress and the circulation and nerve supply are preserved. Permanent results are assured because the nature of the approximation is such that there is no tendency for the united surfaces to stretch out.

The one objection to this operation is that it cannot be employed in cases during the child-bearing period, on account of complications that would result from gestation and labor. This objection is not so important as might be presumed, because the majority of cases of extensive uterine prolapse occur after the menopause.

A BRIEF CONSIDERATION OF ANESTHESIA IN LABOR WITH SPECIAL REFERENCE TO "TWILIGHT SLEEP"

GILBERT FITZ-PATRICK, M. D., F. A. C. S., CHICAGO, ILL.

The use of scopolamin and morphin is not the final solution to ease and comfort in labor, but they will serve as a stepping stone towards the goal that shall remove the horror and agony from motherhood. (When a demand is recognized, the supply will be forthcoming.) Now that woman is shaking off the shackles which have bound her to a bed of suffering and pain, now that she is refusing to lie supine and accept a custom, that from antiquity and by acknowledged authority, has steadily grown worse and unbearable, there will be found for her a panacea against the terror of childbirth.

It is truly a feminist movement for man has made no special research in her behalf, though we would refer to the use made of chloroform in labor in America for the past forty years, and in passing call your attention to the further fact that Dr. L. C. Grosvenor, professor of obstetrics in the old Chicago Homeopathic Medical College, was one of the earliest pioneers in its use.

Although chloroform, in present day knowledge, is only permissible in a small per cent. of cases, the great demand for relief from the ravages of labor has come from the woman abroad.

The use of chloroform and ether, has never been an accepted custom in the labor room of Europe, and when the demand arose among their women for relief, the unfavorable sequellae of these two anesthetics now being well recognized, the profession turned to another and newer method for securing narcosis.

Nowhere but in uncensored America could an energetic lay press make such unwarranted use of "half ripe" information as has been done these last few months with reference to scopolamin, narcophin, and "twilight sleep."

The old H. M. C. tablet, hyoscin hydrobromate, morphin and cactin combination, out of which has grown the scopolamin-narcophin combination, was first used in this country about twelve years ago. After careful observation by our leading obstetricians it was abandoned, in both their clinical and private practice, because of its deleterious effects, especially upon the new-born; a number of the babes being fatally narcotized at birth.

So long as the placenta remained attached after birth, the children

could be induced to breathe, although the heart and respiratory acts were slower than normal. As soon as aeration from the mother was interrupted (placenta detached) asphyxiation became established; prolonged efforts at resuscitation proving ineffective in a given percentage of cases. This together with the other well recognized effect of the drugs (scopolamin and morphin)—slowing up and prolonging labor—are the two particular factors which have caused the profession to look with askance upon "twilight sleep" and the reports that have come from certain sources, and to hesitate in making use of the drugs until further experimentation develops a safer rule for governing their use and method of administration.

Dr. George R. Southwick in an article upon this subject which appeared in a late issue of the *New England Medical Gazette*, says "any method of delivery that materially increases the carbon dioxide in the mother's blood for any considerable period, or exhausts uterine contractions by extra work due to suspension of voluntary effort through maternal unconsciousness, must be viewed with some reservation until ample experience demonstrates its safety."

Nerve blocking interferes less with the progress of labor than does a general anaesthetic, the prime object being to reduce the pain, which is caused principally by stretching and pressure.

Novocain, 1:400 solution with adrenalin, and quinin and urea hydrochloride have been used in labor by deep injections into the lateral regions of the cervix as well as into the perineum near the pubic nerves.

Chloral hydrate, twenty grains per rectum, is a remedy that was recommended years ago.

Gelsemium, tincture, five drop doses given every half hour for three or four doses has an apparent effect in spasms of the cervix.

Caulophyllum, tincture, five drops every fifteen minutes for five or six doses has also been recommended.

Lobelia and belladonna each have a well recognized symptomatology in labor.

Nitrous oxid and oxygen gas are very satisfactory agents if administered by an expert anaesthetizer; nitrous oxid requires constant watching, as the border line between semi-consciousness and total loss of consciousness is very narrow. In protracted labor where the maternal circulation and excessive fetal movements show an excess of carbon dioxide, the inhalation of oxygen for the benefit of the child

is highly advantageous and should receive more attention in the practice of obstetrics.

Spinal anaesthesia has been used in some foreign clinics, but the dangers far outweighed the advantages so that it soon fell into disuse. Intra-venous anaesthesia, so far as we are able to learn, has not been tried in obstetrics.

Narcophin, the new derivative of opium, used in conjunction with scopolamin to produce the so-called "twilight sleep" acts more slowly than morphin. Relief begins in about fifteen minutes, its action lasting about three hours. It has about one-third the strength of morphin. The pain of labor is reduced nearly fifty per cent. by its use. The patient is semi-conscious, wakes with pain, bears down, makes voluntary efforts, talks and is susceptible to suggestions.

It is claimed that narcophin does not possess the narcotic and toxic effect of morphin, but has much greater analgesic action, therefore it is not counter-indicated in obstetrical work as is morphin through its effect in slowing the respiration, producing coma, and especially, the toxic influence it has upon the foetus.

"The use of narcophin alone is an advantage to the practitioner who attends the patient in her home. Careful observation of the patient is necessary, but the constant personal attention absolutely essential for the maintenance of slight amnesia by scopolamin is not required.

"Narcophin prolongs labor in most cases to the extent of an hour or two. A little ether given as the head passes over the perineum is often advisable. This management of the pain of labor appears to be safe for general use and the patient is spared more than half the amount of usual suffering."

"The additional use of scopolamin increases the effect of narcophin. If the power of memory is tested from time to time amnesia can be regulated by repeating very small doses of scopolamin as necessary. This requires experience and close attention to the patient which prohibits all other work. "Twilight sleep" requires relay, or team work for two physicians, one to relieve the other in attendance, and a special or well-trained nurse."

"Particular emphasis must be laid on the fact that the patient is easily roused by handling, light or noise, and the value to her of the treatment is likely to be lost if absolute rest and quiet in a darkened room are not carefully observed."

These remedies have their dangers, and through lack of judgment,

incompetence and the idiosyncrasy of certain patients, failures will occur and an occasional patient will be lost. While with proper training, adequate assistance, and in a hospital, they may be used to great advantage in selected cases.

The criticism from the more sober minds in medicine is just and timely, for many practitioners will allow themselves to be forced into the use of "twilight sleep" through jealousy and fear of losing their patient. The method will undoubtedly be well tried and some form of *near painless labor* will come out of it, but until the certainty of its administration has been determined we caution those in the practice of obstetrics to hold "SAFETY FIRST" the principal of their armamentarium.

122 S. Michigan Ave.

HR-GLASS STOMACH.—Holland (*Liverpool Med.-Chir. Journ.*) has encountered in his practice as a radiologist thirty-four cases of hour-glass stomach in the past three years. Whilst recognizing the limitations of radiography as a means of diagnosis in affections of the stomach he clearly proves the unique value of X-rays in the diagnosis of this condition. Of the thirty-four cases in which an absolute diagnosis was thus established, in only two had it been previously made by the ordinary clinical methods, whilst in other ten cases it was mentioned as a possibility. The greater frequency of this condition in the female sex was fully borne out in his series, thirty-two of the cases being in women and only two in men. In every case there was a definite history of old standing indigestion, and, in all, the stenosis was the result of ulceration. In several a deep excavated ulcer was demonstrable at the X-ray examination. In only one case, that of a woman aged thirty-two, was any sign of malignant disease found.

From his wide experience in radiography of the stomach the writer is very skeptical of the prevalent view that gastric ulcer is a common antecedent of malignant disease of the stomach. Whilst the majority of cases of old-standing gastric ulcer examined by him have been in females, by far the larger number of cases of cancer have been in males, and the latter have almost always given a history of only a few months of indigestion.

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Editorial.

A New Committee on Medical Education.—Growing out of the Commission on Medical Education no longer in existence as an active working body, a new and active committee has been appointed by President Caldwell of the Chicago Medical Society. The chairman of this committee is Dr. A. M. Corwin and the secretary Dr. Martin M. Ritter. The members include Drs. Bevan, Murphy, Robison of the State Board, and some fourteen others of the old school men. The homeopathic members are Drs. Kahlke and Clifford Mitchell.

A meeting was held at the Hotel La Salle and the following resolutions were adopted:

1. It is the consensus of opinion of this body that there should be a five-year course of medicine, the first year of which should embrace chemistry, physics and biology, which may be taken in a medical school or in a college or university recognized by the State Board of Health.

2. It is the consensus of opinion of this body that no correspondence course be accepted as the equivalent of the year in chemistry, physics and biology.

3. It is the consensus of opinion of this body that a compulsory sixth hospital interne year should be required in this state, applying to all students matriculating in October, 1914, and therefore not operative for them until the end of the year 1919.

4. It is the consensus of opinion of this body that we endorse the work of the present State Board in sending an inspector to each medical school to examine the credentials of each matriculant two weeks after school opens.

5. It was recommended to the House of Delegates of the State Society that a committee be appointed to go before the Legislature at the next session and ask for an annual appropriation of at least \$200,000, additional, for the work of the State Board of Health.

6. The Council on Medical Education of the American Medical Association is requested to advance to Class B all colleges in Chicago which conform to the basis of agreement arrived at tonight by this committee. Any college not coming up to this standard of requirements should not be recognized.

7. It was moved and seconded that these recommendations as formulated be transmitted by the chairman and the secretary to the Committee on Medical Education of the Illinois State Medical Society for consideration, in order that they may be incorporated in their report to the House of Delegates. Carried.

8. It was moved that the incoming president of the Chicago Medical Society be requested to continue the committee as now constituted. Seconded and carried.

C. M.

The Carnegie Foundation Denounced.—The Carnegie foundation for the advancement of teaching has been bitterly assailed by the president of the New York Board of Education.

In an address at the commencement exercises of Manhattan college in Carnegie hall, he denounced the Carnegie foundation for the advancement of teaching as an irresponsible committee, which has assumed a control "at once powerful and vicious" over the collegiate education of the country.

"What was advertised as an institution for the reward of teachers who had lived from hand to mouth that they might instruct the youth of the country," he said, "now presents itself as a junta which declares college teaching and college management should be carried on according to the pattern prescribed by it.

"Let this foundation voluntarily or by process of law be dissolved and its revenues be converted to a pension service, pure and simple, beyond the power of a private committee to use for the promulgation of its own ideas upon institutions founded by other men, or

maintained from public funds. Let the natural and the inevitable correction of teaching come from its proper source."

President Churchill accused the foundation of a desire to wipe young and struggling colleges off the map by its proposal for the standardization of American colleges.

It was the Carnegie foundation, it will be remembered, which sent a "walking delegate" west to "beat up" the homeopathic medical colleges and "put them out of business." It was this person, it will also be remembered, who, speaking of three homeopathic colleges, is said to have said that one was dead, another moribund, and the third badly decadent.

Numbers two and three of his list are extremely lively corpses just now, and bid fair to continue to refute the slander for which the slanderer has, so far as we know, never been brought to account.

C. M.

Medical Charity in the Dispensary.—At a recent meeting of the Chicago Medical Society a report on medical charity and the dispensaries in Chicago was read. This report took up two special subjects. First and most prominently it attacked the care given patients in the dispensary. It claimed that the poor had no choice of physicians in the clinics, and that frequently, in fact very commonly, the clinician was either a student, interne or some recently graduated physician, who desired experience and reputation, and that as a result very inferior care was given. Another reason advanced for the poor results obtained in clinical work was the large number of clinics. It would seem that the author of the report is most ignorant of the true conditions existing in the clinics. While no doubt there are many men young in experience, working in the dispensary as assistants, we know of no reputable college or hospital where the work is not done under the direction of most excellently equipped men, some of our most prominent surgeons and physicians giving of their valuable time with no expectation of recompense in any way.

As to the fact that so much competition is a detriment to the patient, it is almost unnecessary to enter a denial. The very fact that there are so many dispensaries and all want as many patients as possible so as to supply the students with plenty of material, causes the clinicians to give the very best care to the patients.

The further charge that dispensaries produce medical dead-beats is probably more or less true. The *Chicago Tribune* comments on these subjects as follows:

“ABUSES OF MEDICAL CHARITY.”

“A committee of reputable and experienced physicians has made a report on the abuses of medical charity in Chicago. The matter is said to have been under investigation for about two years.

“Naturally the suggestions contained in a report of this character deserves serious consideration. But to a lay bystander some of the observations quoted from the document seem distinctly extravagant, and a few queries may be ventured.

“If medical charity is responsible for the dead-beats among those who are able to pay, is general charity responsible for the dead-beats who do not pay the bills of their grocers, butchers, tailors, and druggists? Since any and all charity is abused, medical charity is bound to have its share of abuse; but should we, on account of the abuse, demand the abolition of all charities? Deadbeats we always have with us, but they are not confined to the poor and destitute.

“There are thousands of men and women in every big city who cannot pay for medical care. There are, alas, hundreds of low grade physicians in every such city who prey upon the poor of their neighborhood and give them even inferior service to that of dispensary physicians and surgeons. Will any physician dispute these statements?

“Again, dispensaries and free treatment are not the result of unalloyed altruism. Granted. But is not this true of all charity and all human conduct? There are good dispensaries and poor ones, good medical schools and poor ones. The good are not perfect, the poor are not irreclaimable. The fact that students watch the “free cases” does not mean that the treatment is worthless or careless. Much depends on the operator or instructor. Many able and busy practitioners give their time gratis to medical schools and medical dispensaries, and if they examine too many patients in an hour is it not notorious that some physicians examine too many paying patients in an hour?

“The question is not a simple one, and *The Tribune* has no other object in making these comments than that of inviting fuller discussion and eliciting suggestions of a practical and constructive character.”

While no doubt the report has some truth in it, there is great question whether there is so much that is not true that the good of the report is lost.

C. A. H.

The Portland Meeting.—At the recent meeting of the Trustees of the Institute it was decided to hold the next meeting of the American Institute at Portland, Oregon. This is an excellent choice and all will be glad that the meeting is to be in the west. This is the logical place for it next year. It is to be hoped that some of the suggestions made in these columns some time ago will be considered. First is the one in regard to the memorial services. Let us be spared from the long eulogies of a few men. Then let us have an address by some well-known speaker who will hold the attention of his audience, both the members of the Institute and the guests. Second is the suggestion that the opening night be given up to the addresses of welcome and the president's address. It will then receive the attention it deserves. The reception and dance should be held on a separate night so that it can be well attended and enjoyed. Another, and to us one of the most important suggestions, is the giving up of an attempt to have some form of entertainment on one of the afternoons and as a result the having to give up one or more of the evenings to sessions of the Institute. Daytime should be the time for work and night the time for social features. Nearly all who attend the meetings find the evening sessions a drag and little accomplished in them.

C. A. H.

A Startling Condition.—A conference of the legislative committees of the homeopathic and regular societies of this state was held in Springfield recently. The members of the State Board of Health were there also and they stated that the number of medical students taking the examination for license to practice was decreasing rapidly and that the number of non-medical applicants was increasing alarmingly. Last spring they outnumbered the medical almost two to one. This is due to two things. The number of students in the medical schools has been slowly decreasing because of the increased entrance requirements. Then the people have been educated to believe that the medical profession is overcrowded. As a result the students have turned to the short course non-medical school. This large number

of persons being turned out each year are teaching the people and are convincing them that there is no need of medicine. At the present rate it will not be long until they will be in control of the health boards and we will find the physician handicapped in every possible way. It is time for us to lay aside factional differences and work with the regular school to secure legislation preventing the turning out of ignorant and uneducated faddists in such wholesale lots. They should be compelled to live up to the same entrance requirements as the physician, and should be compelled to have as great a knowledge of disease before being allowed to experiment on the public.

C. A. H.

Are the Chicago Papers Waking Up?—Seldom do the daily papers of Chicago dare to criticise the ruling powers in the Chicago Medical Society, and when they do it causes considerable amazement and wonder. A recent editorial in the *Post* suggests that they are beginning to suspect that all that comes from that august body is not golden and to be accepted as the word of law. The editorial is as follows:

“The present management of the Chicago Medical Society must be mighty inexperienced in the handling of public affairs.

“It sends out to all candidates for Cook county commissioner a request that they sign and return the following printed pledge:

“‘If elected a county commissioner, I hereby pledge my support and co-operation with any committee of physicians that may be appointed or recommended by the Chicago Medical Society, the function of said medical committee being to act in an advisory capacity to the county board in all matters pertaining to the medical charities of Cook county.’

“A candidate, in other words, who is supposed to represent the people, is asked to pledge himself to represent an unnamed committee in any and all unspecified moves which it may make.

“The suggestion is most improper. It may be set down to the inexperience of the Chicago Medical Society’s council,

but even the society's good standing in the community does not excuse it.

"We trust that all candidates who receive an invitation to sign this pledge will decline to do so."

While there is merit in the editorial there is something to be said in favor of the attempt to secure men for the offices who will work with the physicians to secure the best service for the poor sick. Yet it is considerable for the society to ask any candidate to make such a pledge.

C. A. H.

Societies.

ILLINOIS HOMEOPATHIC MEDICAL ASSOCIATION.

At a recent meeting of the Executive Committee of the Illinois Homeopathic Medical Association the president, Dr. A. C. Tenney, made the following appointments, all of which were approved by the committee:

LEGISLATIVE COMMITTEE.

Chairman, Dr. A. C. Tenney.

By special recommendation and vote of Executive Committee.

Dr. Samuel E. Parr, Ottawa, Ill.; Dr. C. A. Frazee, Springfield, Ill.; Dr. R. P. Bristow, Chicago, Ill.; Dr. Gilbert Fitz-Patrick, Chicago, Ill.; Dr. Joseph P. Cobb, Chicago, Ill.; Dr. W. Henry Wilson, Chicago, Ill.; Dr. Clifford Mitchell, Chicago, Ill.

EXTRA-MURAL COMMITTEE.

Dr. N. Starr, Charleston, Ill.; Dr. C. E. Colwell, Aurora, Ill.; Dr. W. N. Honn, Springfield, Ill.; Dr. E. N. Nash, Galesburg, Ill.; Dr. W. E. Neiberger, Bloomington, Ill.; Dr. Grant Houston, Joliet, Ill.

PRESS COMMITTEE.

Dr. Burton Haseltine, Chicago, Ill.; Dr. Sarah M. Hobson, Chicago, Ill.

BANQUET COMMITTEE.

Dr. R. H. Street, Chicago, Ill.; Dr. Joseph P. Cobb, Chicago, Ill.; Dr. G. M. Cushing, Chicago, Ill.

MEMBER OF EDITORIAL STAFF OF CLINIQUE.

Dr. A. E. Smith, Freeport, Ill.

BUREAU CHAIRMEN.

Clinical Medicine, Dr. A. H. Gordon, Chicago, Ill.; Eye, Ear, Nose and Throat, Dr. Leroy Thompson, Chicago, Ill.; Surgery, Dr. Julia Strawn, Chicago, Ill.; Materia Medica, Dr. A. L. Blackwood, Chicago, Ill.; Obstetrics, Dr. F. M. Dondanville, Dwight, Ill.; Gynecology, Dr. B. A. McBurney, Oak Park, Ill.

Dr. Clifford Mitchell presented a communication relative to a committee on efficiency and economy that has been appointed by the State Legislature to make recommendations on matters pertaining to public health, sanitation and food inspection. After a very careful consideration, Dr. Wilson presented the following resolutions, which were adopted:

RESOLUTIONS.

Whereas, A committee on efficiency and economy has been appointed by the Legislature of the State of Illinois to make recommendations on matters pertaining to public health, sanitation and food inspection, and,

Whereas, It has come to the notice of the Illinois Homeopathic Medical Association that such recommendations contemplate the appointment of a board having power over a variety of matters not strictly belonging to public health and sanitation, the Illinois Homeopathic Medical Association protests against the recommendations of the committee on efficiency and economy.

First, Because the business of licensing physicians, pharmacists and nurses can be more efficiently carried on by an examining and licensing board.

Second, Because the proposed law makes no provision for the protection of the interests of the 200,000 taxpayers of the State of Illinois who employ medical practitioners of the homeopathic school of medicine.

Third, Because the examining and licensing of physicians and nurses and pharmacists has been a source of income to the state, therefore the examining and licensing board can be maintained without financial burden to the state.

Fourth, Because the limitation of the appointive powers of the governor and transferring of a part of the same to an unnamed organization looks neither to efficiency nor economy.

Furthermore, The Illinois Homeopathic Medical Association is not opposed to the unifying under a single board of all matters pertaining to public health, sanitation and food inspection, provided that matters foreign to such service are not injected into the duties of said board.

The Illinois Homeopathic Medical Association wishes further to convey to the Committee on Economy and Efficiency the information that this organization is not opposed to the organization of a state examining and licensing board for physicians, on which all schools of medical practice in Illinois shall be represented and on which no one school shall have a majority and whose action shall not be subject to review by any other board.

CHICAGO HOMEOPATHIC MEDICAL SOCIETY.

The opening meeting of the season was held at the Hotel La Salle on the evening of October 8th. The meeting took the form of a dinner, followed by the program and the new officers have reason for self-congratulation at the auspicious manner in which their year's work opened. Over 85 were at table and a total attendance of 100 was counted when the program was taken up.

The date of the meeting had been advanced one week in order to allow of our entertaining Dr. Byron E. Miller of Portland, president of the American Institute, who was present and addressed the members upon the dangers of the absorption and obliteration of the homeopathic school of medicine and upon the necessity of a closer organization for the prevention of this catastrophe.

Dr. Hinsdale of Ann Arbor, ex-president of the American Institute, was a chance visitor at the meeting. He was called upon for a brief talk and responded in his forceful and happy manner.

Primarily the program had been dedicated to the interests of Hahnemann Medical College and President Chislett and Dean Cobb of that institution were the chief speakers of the evening.

Dr. Chislett spoke of the college from the point of view of its Board of Directors. He told of the seemingly insurmountable difficulties which the board had met in its effort to establish the college upon a proper educational footing. He mentioned the tremendous expenditure of funds necessarily attendant upon this effort. He hinted at the great amount of time and labor which the board has

devoted to the upbuilding of Hahnemann. After demonstrating most plainly the impossibility of continuing the work of the college except at a great financial sacrifice, Dr. Chislett urged that the entire homeopathic profession rally to the support of the college. The apathy of the profession in general and of the alumni of the college in particular is most discouraging and, unless this attitude of indifference can be changed, unless the homeopathic practitioners of the city and state can be fired with an enthusiasm for the college, unless they can be induced to give their most hearty support, moral and financial, to the institution then the institution must fail. The homeopathic profession is urged to consider the very patent fact that the failure of our colleges means the overthrow of the most powerful bulwark of homeopathy and presages the early passing of our school of medicine.

Dr. Cobb, following Dr. Chislett and speaking from the viewpoint of faculty and students, took up the argument where Dr. Chislett had dropped it and presented the following thoughts: Admitting the magnitude of the undertaking and the many discouragements encountered, we should, none the less, be satisfied with the progress made. There is a place for the college. There are demands for homeopathic physicians coming in from the laity from all parts of this country and our colleges are unable to supply these demands. The college serves the public by furnishing homeopathic physicians. The college also serves the public, through its clinics, by caring for more of the sick and injured of the city than any two hospitals. We must put these and other similar facts before the public and enlist the support of that public. With money and public approval we can do anything we wish with Hahnemann college. This is no time for discouragement. Our teaching force is better organized than ever before, our student body is working harder and is possessed of more enthusiasm than ever before. And, finally, in this year of financial depression, Hahnemann—and Hahnemann alone of all the strictly high class colleges in the city—can claim as large a class of matriculants as last year! No, this is not the time for quitting but rather the time for redoubled efforts upon the part of faculty, student body, alumni and the whole profession to strengthen the hands of Hahnemann medical college.

One of the most enjoyable features of the evening and one of President Vaughan's innovations was the singing of the new Chicago Homeopathic Medical Society male quartette. This company,

made up of Drs. Kelly, Moulton, Lowry and Sholl, rendered several selections during the evening, adding most materially to the pleasures of the occasion and was voted a great success by the guests present.

The society is to hold five "extra" meetings this season and the program outlined by President Vaughan promises a most valuable and helpful series of conferences which should be of extreme interest and very great benefit to the membership. Among other new features, it is proposed to inject a little more of pure homeopathy into the programs and to have in attendance at each meeting a staff of specialists whom the membership can consult relative to puzzling cases. It is not always feasible to take these cases to a consultant, though the general practitioner often feels the need of help upon them. This help can be had now at the society meetings. The next meeting will occur November 3, 1914.

THE NORTHWESTERN HOMEOPATHIC MEDICAL SOCIETY.

The Northwestern Homeopathic Medical Society held its twentieth semi-annual meeting at the Nelson House, Rockford, Thursday, October 8, 1914.

The meeting was called to order by its president, Dr. Smith, and after disposing of regular routine business the following interesting program was carried out:

Dr. C. A. Walker reported some very interesting cases of intussusception. One, in a child, where the ileum was invaginated into the colon at the ileo-cecal junction until the apex of the intussusception appeared at the anus. In this case the invaginated part of the ileum was excised and an anastomosis was made with the part of the ileum that was in a normal condition at the ileo-cecal junction. Apparent indications, as the result of the operation, were good, but plain, instead of chronic, cat gut was used in closing the wound and the result proved fatal on this account on the seventh day following the operation. Dr. E. A. Sickels, of Dixon, in discussing the subject, said that he made it a practice always to establish a fecal fistula before operating on cases of intussusception.

Dr. Sickels read a paper on "Pyosalpinx," and said that his experiences and observations had led him to believe that these cases were primarily due to gonorrhoeal infection. The paper was discussed by Dr. Lillian M. Thompson, of Chicago, Drs. Olson, Urbom

and Hill, of Rockford, and Dr. Smith, of Freeport. In Dr. Urbom's remarks he stated that he cared for a great many cases of gonorrhoea, and he never used local treatment but always relied on the indicated homeopathic remedies, and almost invariably cured his cases in from three to ten weeks.

Dr. Lillian M. Thompson, of Chicago, read a very interesting and practical paper on "Post-Obstetrical Pathology from the Gynecologist's Viewpoint." This very practical paper brought out a round of discussions as the author made mention of so many of the conditions that we are meeting with in every day practice. The paper was discussed by Drs. Hilliard, Walker, Hill, Pattison and Smith.

Dr. Clifford Mitchell, of Chicago, gave one of his intensely interesting and practical papers on "Safe-guarding the Pregnant Woman." He arrives at his conclusions by a urinary analysis, determining the relation between ammonia and urea in the pregnant woman. He pointed out a difference between cases of vomiting in pregnancy and outlined the class of cases that sodium bicarbonate would relieve. In discussing this paper Dr. Walker reported a case in which sodium bicarbonate alone did not yield results, but that using it in combination with pancreatin it proved effectual. The paper was farther discussed by Drs. Tenney, Anthony, Smith and Hill.

Dr. A. C. Tenney, of Chicago, read a paper on "The Relation of the Local to the State Society," offering suggestions as to how better interest might be aroused in the homeopathic physicians generally over the state by following a systematic way of appealing to them. He called attention to the fact that the president and secretary of each district society had been appointed as members of the organization committee, and expressed a most emphatic desire that the president and secretary of local organizations make a heroic effort to interest every homeopathic physician in their respective districts to not only become members of the local society but of the state society as well. He reported that the state society was planning great activities for this year to help the local organizations. He suggested that each homeopathic physician give a few minutes of his time each day to considering the best methods for arousing greater interest for advancement in practical medicine. He urges all not to wait for a great inspiration from the outside, but to take the initiative upon themselves and help to promulgate enthusiasm and interest in local and state organizations. He says that proper ethical advertisement pays just as well or better than unethical advertising. He be-

lieves in the idea of organization, because it is possible for men to do unitedly that which would be impossible for them to do as individuals. He spoke of the new committee that had been created by the action of a special resolution of the Hahnemann medical college, in which they requested the president of the state society to appoint a committee of six practitioners of homeopathy in Illinois to be known as the Extra-Mural Advisory Committee. This committee is to be a permanent committee of six, appointed in pairs to serve three years. He urged that each individual physician exert his influence in behalf of the homeopathic profession and the Hahnemann medical college.

Dr. Richard Street gave an explanation of his work and urged the careful looking up of every homeopathic physician in the district of the local homeopathic medical organizations, and asked the local secretary to not only make a heroic effort to interest these physicians in the local organization but furnish him with their names and addresses so that he might make an appeal to them as chairman of the organization committee of the state society.

Luncheon was participated in at the Nelson House, and every one present, which consisted of Drs. Sickels and Baird, of Dixon; Drs. Tenney, Mitchell, Street and Thompson, of Chicago; Drs. Schultz, Pattison, Anthony, Hill, Olson, Urbom, Walker, James and Maas, of Rockford; Dr. Hilliard, of Warren, and Dr. Smith, of Freeport, were unanimous in their expression of satisfaction in being present at this meeting. All papers read will be submitted for publication in the columns of the CLINIQUE.

The next meeting of the society will be held on the second Thursday in April at the Nelson House, Rockford. A. E. S.

THE ROCK RIVER INSTITUTE OF HOMEOPATHY.

The Rock River Institute of Homeopathy convened for its one hundred and eleventh meeting at the Public Library, Clinton, Ia., Thursday, October 1, 1914.

In the absence of President Smith, Vice-president Skinner called the meeting to order at 1 o'clock p. m. After roll call, reading of minutes, and disposal of other routine business, this being the annual session, election of officers for the ensuing year resulted as follows: Dr. F. C. Skinner, Le Claire, Ia., President; Dr. W. F. Spencer,

Geneseo, Ill., Vice-president; Dr. A. W. Blunt, Clinton, Ia., Secretary and Treasurer.

The place of next meeting was left to the Executive Committee. Two new members were admitted. Drs. H. F. Syndergaard, Morrison, Ill., and Mel. Waggoner of De Witt, Ia.

The report of bureaux was opened by Dr. C. Gruber of Clinton, Ia., whose paper, "A Case of Bright's Disease," detailed a history unique in many ways for severity and complications, but carried to a successful issue through indicated homeopathic remedies, notably *apis*, *arsenicum* and *crategus*.

The Obstetric Symposium by Drs. W. F. Spencer and F. C. Skinner brought out many points of a helpful and suggestive character. The former covering more the general and preparatory measures calculated during pregnancy to ensure the well being of both mother and child, while the latter dwelt on drugs used hypodermically, particularly H. M. C. in the so-called "Twilight Sleep" and pituitrin as an agent to stimulate uterine contractions, thus shortening the duration of the second stage of labor.

Dr. J. F. Boone, of Chicago, followed with a very scholarly and graphic picture of the usefulness of the "Roentgen Rays in the Diagnosis and Treatment of Diseases of the Gastro-Intestinal Tract," showing wherein they might become practicable and available in an increasing number of local lesions.

"The Modern Treatment of Syphilis," by Dr. A. C. Tenney, presented in a clear and concise way the most important of the recent advances made in dealing with this world wide evil. The technique of the administration of salvarsan or neo-salvarsan was fully explained and great importance attached to accurate diagnosis and prognosis through the early and late use of the Wasserman test.

These were not to supplant entirely the older and tried remedies but gave promise of being valuable aids in the hands of careful and conscientious workers.

Dr. L. K. Kanouse in his theme, "Preparation of Vaccines," supported by substantial evidence the growing importance of this newer field of investigation in which there has been so much painstaking study and experimental research necessary to adapt it to the treatment of varied diseases.

The value of autogenous over stock vaccines was especially emphasized, though in a limited field in some emergency cases the latter might be of temporary help.

The general discussion following the papers was participated in freely by the members and many points of special importance fixed in memory.

Drs. Boone, Tenney, Kanouse and Wilson were elected honorary members and a vote of thanks tendered them for their courtesy and valuable aid in making the meeting a profitable and enjoyable one.

The increased attendance and interest taken in the papers and subsequent discussions were very gratifying and will encourage us to make even greater effort for the future prosperity of the Institute, and while true to the cause it has represented for so many years, to also keep it in touch with every department of modern medical progress calculated to advance the true interests and betterment of the human race.

A. W. BLUNT, Secretary.

THE SPECIAL TRAIN—1915.

The Board of Trustees having decided that Portland, Oregon, shall be the place of the next meeting, the Transportation Committee will get up the usual special train leaving Chicago. In order that we may not cover the same ground as in our previous trip to the coast, we contemplate going by way of the Canadian Pacific, stopping at St. Paul and Minneapolis for a few hours, then through to the Canadian Rockies where we will spend two days at Banff Glacier and Field, the points best suited to see the wonders of the mountains, then by train to Portland. Any of you who have never seen the west or tasted its wonderful hospitality will be enchanted with the country and its people alike. This is a great opportunity to see much of your own country in your own train, carrying your own party. Your friends who want to see the Exposition in San Francisco will be welcome to go with us; in fact, we urge you to make it a point to have them go with us so that we may have a bigger train and by force of numbers carry a greater prestige for our organization. Begin planning for the trip now and write us for literature of the trip to get posted on the wonders to be seen. Of course the World's Panama Exposition in San Francisco will be part of the trip and you will all want to go there after the meeting is over. This is a western year. See the great wonders of nature along the way. Anyone wishing to spend an extended vacation can go to Yellowstone National Park, the Yosemite Valley or take a trip to Alaska on your way back.

Approximate itinerary Chicago to Portland, Ore., for the American Institute of Homeopathy, 1915.

Lv. Chicago	7:00 p. m.	1st Day	
Ar. St. Paul	8:00 a. m.	2nd	"
Lv. St. Paul	10:00 a. m.	2nd	" Auto or Car
Ar. Minneapolis	11:00 a. m.	2nd	"
Lv. Minneapolis	2:00 p. m.	2nd	" Soo Line
Ar. Lake Louise	9:00 a. m.	4th	"
Lv. Lake Louise	5:00 p. m.	4th	" Can. Pac.
Ar. Field	6:10 p. m.	4th	"
Lv. Field	5:00 a. m.	5th	"
Ar. Glacier	9:00 a. m.	5th	"
Lv. Glacier	2:00 p. m.	5th	"
Ar. Vancouver	7:30 a. m.	6th	"
Lv. Vancouver	10:30 a. m.	6th	" Can. Pac. S. S.
Ar. Victoria	3:00 p. m.	6th	"
Lv. Victoria	4:30 p. m.	6th	"
Ar. Seattle	9:30 p. m.	6th	"
Lv. Seattle	11:45 p. m.	6th	" Grt. Nor. Ry.
Ar. Portland	7:30 a. m.	7th	"

This itinerary gives your party a complete daylight trip through the Rockies with ample stops at Lake Louise and Glacier. Party will occupy cars overnight at Field.

Leave Chicago 7:00 p. m.

By those who know its charm the route between Chicago, St. Paul and Minneapolis has been titled for twenty years or more "The Mississippi River Scenic Line" where nature smiles—three hundred miles. This will be readily understood when one comprehends that for almost the entire distance from Savanna, Ill., north, the rails are within sight of the majestic Father of Waters, with a broad, island-dotted expanse on the one hand and bluffs—real, heroic heights—on the other. For many miles the tracks are so close to the river's edge that a child might easily toss a pebble from the car window to the water.

Nearly seventy years ago, George Catlin, the celebrated delineator of Indian life and customs, resting at Fort Snelling after a canoe journey up the Mississippi, wrote these words of the scenery through which he had just passed: "All that can be seen on the river below St. Louis, or for many miles above it, gives no hint of the magnifi-

cent scenes which are continually opening to the eye of the traveler, and riveting his attention through sunshine or storm, from the mouth of the Wisconsin to the Falls of St. Anthony. In ascending the river, one will see but little picturesque beauty until he arrives at Rock Island; but from that point he will find it growing more interesting all the way to Prairie du Chien. From thence to Lake Pepin, every reach and turn in the river presents to his eye magnificent scenes of grandeur and beauty. From time to time the eye is fixed in admiration upon the thousand bluffs which tower in majesty on either side, and change, as the river bends, into countless fascinating forms. These scenes, and the charm of Lake Pepin, between whose grandly turreted shores one passes for thirty miles, will amply repay the tourist for the time and expense of a visit to them." Not only is there this magnificence of scenery, but every mile is replete with historic and legendary interest.

Arrive St. Paul 8:00 a. m.

Saint Paul, the capital city of Minnesota, is set on seven hills extending back from the Mississippi river, which sweeps in an immense crescent through the city, between beautifully colored bluffs. Travelers say that neither Constantinople nor Edinburgh can afford more marvelous civic views than may be gained from the historically-famous Indian mounds, which rise in a river-bluff park; from the dome of the magnificent state capitol, from the splendid new high-set cathedral, or from the skyscrapers on the business plateau at the base of the hills.

The unusually magnificent capitol, libraries, scientific museum, art gallery, municipal auditorium (seating 10,000), parks, boulevards, public band concerts, make it an exceptionally pleasant place to live in or to visit.

The visitor can "do" St. Paul quickly if he desires. Extraordinary general views may be obtained from the easily-accessible eminences; speedy and comfortable trips can be made by carriage, taxi or street cars to the beautiful lakes and parks; guides take one through the really splendid capitol with its nationally-famous paintings of historic scenes.

Special Points of Interest.

- Trip 1. Minnesota State Capitol.
- “ 2. Como Park, 400 acres.
- “ 3. City hall, postoffice, armory.

- Trip 4. Summit Avenue.
 " 5. Indian Mounds Park.
 " 6. Ft. Snelling, U. S. Gov't Reservation, 2,331 acres.
 " 7. White Bear Lake, Wildwood.

Inter-City Service.

St. Paul and Minneapolis are connected by several electric lines. The more interesting rides are: Lake Como and Harriet and the Seventh Street line, which with a few minutes' walk permits one to visit Fort Snelling and Minnehaha Falls. Cars run every few minutes, making the trip in fifty minutes, and the fare is ten cents.

Arrive Minneapolis 11:00 a. m.

Minneapolis is a well built, rapidly growing city, occupying a rather level plateau fifty-three square miles in area, lying on both sides of the Mississippi about the Falls of St. Anthony. The city owes its existence largely to these falls and the development of their great water power has been one of the chief factors in the city's wonderful growth. No one thinks of Minneapolis without thinking of its vast flour industry. The various mills clustered about the falls turn out annually about seventeen million barrels of flour, which find a market in every part of the world.

Minneapolis is not only interesting from a commercial standpoint, but it is a beautiful city with well kept streets and avenues, a fine park system and as charming environs as may be found. Visitors will find the usual sight-seeing conveniences, including automobiles, taxicabs, carriages and an unexcelled street railway system.

Special Points of Interest.

1. The flour mill district and St. Anthony Falls, which are within walking distance of all leading hotels.
2. Minnehaha Falls and Ft. Snelling, which are accessible by street car with a five-cent fare.
3. University of Minnesota. East bank of the Mississippi, just below the falls, ten minutes by car from the business district.
4. Public baths at Hall's Island in the river and at Lakes Calhoun and Harriet.
5. Lake Minnetonka, half hour's ride from the city by two railroads and trolley.
6. State Fair Grounds and School of Agriculture, half hour's trolley ride from the city, fare five cents.
7. Soldiers' Home, adjoining Minnehaha Park.

8. Lake district, including Harriet, Calhoun, Cedar and Lake of the Isles, twenty minutes from the business center by trolley through residence district.

Leave Minneapolis at 2:00 p. m.

Leaving Minneapolis via the Soo Line we traverse the lake regions of Minnesota and the rolling prairies of North Dakota, crossing the international boundary line at Portal early the next morning.

Leave Portal 8:45 a. m.

The Canadian Pacific railway is used from Portal through to the Pacific coast and its palatial steamers from Vancouver to Victoria and Seattle.

Passing through the vast wheat growing prairies of the Canadian Northwest, where new towns are springing up almost daily—short stops will be made at Moose Jaw and Calgary.

Leave Calgary 7:15 a. m.

Shortly after leaving Calgary, the ascent to the mighty Canadian Rockies begins and then for over 600 miles a continuous panorama of bewildering magnificence is presented—majestic mountains, snow capped peaks, startling precipices wondrous glacial fields and peaceful valleys. "Fifty Switzerlands rolled in one" is the expression used by world travelers in describing the magnitude of the Canadian Rockies.

Arrive Laggan 9:00 a. m.

At 9:00 a. m. the drive will be made to the Lakes in the Clouds, three miles distant.

Lake Louise—Of the beauty of Lake Louise there is no divided opinion; every visitor to its shores sings its praises and it is acknowledged by the most competent judges to be one of the great master-pieces of nature's handiwork. As a gem of composition and coloring it has no rival.

Situated on the verge of the water is the Chateau Lake Louise.

From Lake Louise it is an easy ascent to Mirror Lake and Lake Agnes, which nestle among the clouds, encircled by majestic peaks.

Leave Laggan 5:00 p. m. and Arrive in Field 6:10 p. m.

Spiral Tunnel—Between Laggan and Field, near the summit of the Rockies, one of the greatest engineering feats of the century has been accomplished. To reduce the steep grade of the western slope of the Rockies, the line has been lengthened and two immense

spiral tunnels have been driven through the solid rock, each tunnel with approaches making a complete loop of track.

Arrive Field 6:10 p. m.

Surrounded by majestic peaks and tremendous glaciers, beautiful lakes and mighty waterfalls, Field is a veritable paradise for the mountain climber, sportsman and artist. The train remains over night at this delightful resort.

Leave Field 5:00 a. m. and Arrive Glacier 9:00 a. m.

Near the summit of the Selkirk Range lies Glacier in the midst of a region of mighty peaks and glaciers, woods and waterfalls. It is only an hour's walk from the station to the Great Glacier of the Selkirks. A stop of four hours will be made for the climb, which good footpaths make easy. Ponies are available if desired.

Leave Glacier 2:00 p. m.

From Glacier, descending the western slope of the Selkirks, the route follows the valley of the Illicilliwaet through Albert Canyon, a marvelous gorge of great depth and startling fascination, where stop of ten minutes will be made.

Short stops will be made at Revelstoke and Sicamous, after which the Thompson and Fraser rivers will be followed to the Pacific coast.

Arrive Vancouver 7:30 a. m.

On the shores of Burrard Inlet, is the largest and most important business center in British Columbia, having a population of 130,000.

The especial pride of Vancouver is its harbor, which is one of the finest on the Pacific.

Leave Vancouver 10:30 a. m.

Sailing from Vancouver at 10:30 a. m. on one of the Canadian Pacific's famous Princess steamers, the trip on Puget Sound to Victoria and thence to Seattle will be a most enjoyable feature.

Arrive Victoria 3:00 p. m.

Victoria, which has been aptly described as a transplanted section of old England, is charmingly situated and has many beautiful residences, fine parks and handsome government buildings. A stop of one and one-half hours will be made to visit points of interest.

Leave Victoria 4:30 p. m. and Arrive in Seattle 9:30 p. m.

Natural location and topography have done much to make Seattle a city of varied attractions and of commanding importance. Since

the earliest settlements on Puget Sound it has been a trading and commercial center, and in recent years has become one of the most important manufacturing cities on the Pacific coast. The town was laid out in 1853 and was named after an Indian chief known for his friendliness to the whites.

Only a couple of hours will be spent at Seattle during the evening. The train will be deadheaded from Vancouver and parked at a convenient point so that you may retire at any time during the evening.

Leave Seattle 11:45 p. m. and Arrive Portland 7:30 a. m.

Portland, our convention city, is one of America's most beautiful cities, celebrated for its splendid environment, its wealth of roses and manifold attractions for tourists. The Rose Festival, in June of each year, is a pageant of national interest. Portland, a world-port, is on the Willamette river, near its confluence with the Columbia. Rising to a height of twelve hundred feet west of the city are ever verdured hills. From their terraced slopes, flanked by many magnificent homes, the outlook sweeps the broad rich valleys of the Columbia and the Willamette, also five snow-crowned sentinels of the Cascade range. Points of interest lie in every direction. Radiating from the city are three hundred miles of city boulevard and smooth surfaced highways—ideal for motoring. Mountains, valleys, rivers, lakes, forests, hot mineral springs of great curative powers, waterfalls, snow-capped peaks and the ocean-side playgrounds—all are close to hand.

We contemplate modifying this trip to six days, reaching Portland Sunday afternoon. We will be glad to hear from anyone interested whether they like our plans for the trip.

T. E. COSTAIN, Chairman.

DACRYOCYSTITIS.—Wessely (*Physik. med. Gesell.*, Wuerzburg, February 6, 1913; Abst. in *Woch. f. Ther. u. Hyg. des Auges*, May 29, 1913), advocates the injection of a few drops of tincture iodine into the diseased sac through a platinum canula. Prior to the injection a probe is introduced and kept in the canal twenty-four hours. In twenty-four out of thirty-two cases, after one to four injections, a complete cessation of secretion occurred. Simultaneous treatment of coexisting nasal affections is of importance for a permanent cure.

Book Reviews.

A TREATISE ON CLINICAL MEDICINE. By William Hanna Thomson, M. D., LL. D., formerly Professor of Practice of Medicine and of Diseases of the Nervous System in the New York University Medical College; Ex-President of the New York Academy of Medicine, etc. Octavo volume of 667 pages. Philadelphia and London; W. B. Saunders Company, 1914. Cloth, \$5.00. Half morocco, \$6.50.

One of the most complete, and one of the best written books on this subject which we have seen for some time, is the opinion of the writer of this review. The author of the book has realized that the physician is dealing with sick people and not with dead ones. He believes in the laboratory and the autopsy, but thinks they should come before the attempt at prescribing. Consequently he endeavors first to explain clearly what the symptoms and pathology mean, and then devotes his time to the careful consideration of the drugs useful in such conditions. The arrangement of subjects is most excellent. He divides the book into three sections. Part one has to do with the mechanism of surface chill, the significance of common symptoms and remedies. The second part is devoted to the infections, all forms of infection being considered. Part three treats of diseases of special tissues or organs and constitutes the most of the book. There is not space enough to speak of all the good things in this section. To appreciate the book one should have it, read it and consult it.

C. A. H.

THE PRACTICE OF SURGERY. By James G. Mumford, M. D., Lecturer on Surgery in Harvard University. Second Edition. Thoroughly Revised. Octavo volume of 1032 pages with 683 illustrations. Philadelphia and London. W. B. Saunders Company, 1914. Cloth, \$7.00. Half morocco, \$8.50

A book of clear type, good text, well illustrated. It is especially adapted as a text-book, as it covers the field of surgery without a lot of superfluous text. It gets right at the point clearly and the illustrations are well placed and good. Surgery makes such rapid strides that those working in it will find many new ideas in this work.

T. E. C.

NERVOUS AND MENTAL DISEASES. By Joseph Darvin Nagel, M. D., Consulting Physician to the French Hospital of New York, Member of New York Academy of Medicine, Honorary Member Societe Royal de Belique, etc., Physician to St. Chrysostom's Dispensary. New (2nd) edition, revised and enlarged, 12mo, 293 pages, with 50 engravings and a colored plate. Cloth, \$1.00, net. (The Medical Epitome Series.) Lea & Febiger, Publishers, Philadelphia and New York, 1914.

This, in tabloid form, represents what the student or practitioner needs to know. The specialist should know more but frequently knows less of his subject. It forms an excellent basis for review or preparation for state board examinations. . . . G. M. MCB.

THE PRACTITIONER'S VISITING LIST FOR 1915. Four styles: weekly, monthly, perpetual, sixty-patient. Pocket size; substantially bound in leather with flap, pocket, etc.; \$1.25, net. Lea & Febiger, Publishers, Philadelphia and New York.

This handy little book is always welcome. Those who have used it need no introduction, and those who have not will find it a most convenient way of keeping records and accounts. In addition to the blank pages for the record, the supplementary text, consisting of dose tablets, poisons and their antidotes, tables of weights and measures, first aid suggestions and instruction as to urinalysis, make it a very valuable book. C. A. H.

AN EPITOME OF PEDIATRICS. By Henry Enos Tuley, A. B., M. D., Late Professor of Obstetrics, Medical Department, University of Louisville; Editor Louisville Monthly Journal of Medicine and Surgery; Late Chairman of Section Diseases of Children, American Medical Association; Ex-President American Association Medical Milk Commissions, etc. New (2d) edition, revised and enlarged. 12mo, 324 pages. Cloth, \$1.00, net. Lea & Febiger, Publishers, Philadelphia and New York, 1914. (Lea's Series of Medical Epitomes.)

This little volume is just what it claims to be. There is no pretence at covering the subjects exhaustively, but it does give in a very readable manner the most essential points on the diseases of children.

For nurses and students it should be invaluable, and even the busy practitioner will find it useful. This is the second edition of the book and there have been several changes in it. Important additions have been made to the chapter on contagious diseases; a valuable chapter on diseases of the skin added; and important additions and modifications made in the section devoted to infant feeding, certified milk, milk modification, pasteurization, etc. The set of questions terminating each chapter has been substantially amplified.

C. A. H.

Miscellany.

THREE TUMORS ARISING IN SWEAT GLANDS.—Coats, George (*Royal Ophthalmic Hospital Reports*, Volume 18, Part 3). “The derivation of a new growth from sweat glands may be assumed,” according to the writer, “if one or more of the following postulates are fulfilled: (1) If a connection with normal gland tissue can be proved; (2) if the normal gland structure is reproduced or imitated; (3) if characteristic secretion products can be demonstrated. Of these the second is of chief importance.” The writer then proceeds to describe three cases of tumors arising from sweat glands: (1) Cystoma of the sweat glands of the skin of the lid; (2) adenoma of the caruncle; (3) adenocarcinoma of the eyelid.

EPINEPHRIN IN WHOOPING-COUGH.—Report of a case illustrating the good effects of epinephrin in whooping-cough, as first advocated by G. V. Fletcher. The case was that of a delicate child of seven years in whom pertussis was complicated with bronchitis, which was becoming more and more severe. The child had been ill for six weeks when the author began with the administration by mouth of three minims of 1:1000 epinephrin solution every four hours. Almost immediately a marked diminution in the severity and frequency of the paroxysms was noted. The author was soon able to limit the administration of the drug to three times a day, and continued it thus for three weeks, at the end of which time the child had completely recovered from the cough, and had steadily improved otherwise, there being a total disappearance of the anemia and wasting produced by the persistent vomiting.—Lord, in the *British Medical Journal*.

News Notes.

T. EDWARD COSTAIN, M. D.

Dr. F. H. Martin, Libertyville, Ill., paid the college and hospital a visit recently.

Dr. E. B. Beckwith announces his removal of residence to 1124 East Forty-fourth St.

Dr. Fred W. Wood has resumed his practice after a few weeks of study in New York.

Dr. William H. Rupert, Hahnemann, '08, is located in Austin, address, 326 N. Central Ave.

Dr. Bresee, Hoopston, Ill., took a short vacation recently, and Dr. Wood filled in for him.

Dr. Richard G. Brunjes has opened an office over the postoffice at Thirtieth and Indiana, Chicago.

Dr. E. S. Bailey took an automobile trip with some friends from Chicago to New York recently.

Dr. Glen Thompson, Salem, Kan., was in Chicago recently and visited the college and hospital.

Dr. M. A. Barndt, formerly of Milwaukee, left during the month to locate in southern California.

Dr. E. S. Bailey spent his vacation in Colorado and California. He reports having an enjoyable time.

The Upsilon (Pi Upsilon Rho) fraternity gave their opening smoker at the society house October 12th.

Dr. A. J. Weirick, Marseilles, Ill., has received the appointment as local surgeon for the Rock Island Railroad.

Dr. B. A. McBurney has opened an office in the Marshall Field Bldg., Room 711. Hours 11 a. m. to 1 p. m.

The Northwestern Homeopathic Society met at Rockford, Thursday, October 8th. A good program was given.

Dr. F. T. Rice has abandoned the practice of medicine and is now associated with the Northwestern Military and Naval Academy at Highland Park, Ill.

The Englewood Homeopathic Medical Society held its regular meeting at the residence of Dr. Belle Gurney, October 13, 1914. Drs. Cliver, Wield and Hedges were the essayists.

Dr. B. D. Henderson will take charge of one of the medical sub-clinics in the hospital work.

Dr. A. R. Sheldon, of Highland Park, has returned from a month's visit in the east. Most of his time was spent at Harvard.

The first meeting of the Chicago Homeopathic Medical Society was a success in point of attendance. The new quartette was a feature.

Dr. S. W. Murphy, of Kenosha, Wis., has been taking a vacation in southern California, but is now at home well rejuvenated by his trip.

Dr. B. F. Bailey, Lincoln, Neb., called on some of his Chicago friends on his return from spending his vacation in the White Mountains.

Dr. H. V. Halbert was entertained by the homeopathic physicians of Detroit, Thursday evening, October 5th, and read a paper on "Heart Disease."

The many friends of Dr. Ralph F. Miller, Hahn. '09, will sympathize with him in the loss of his wife, who died in Hahnemann hospital during the month.

The war prevented Dr. Clifford Mitchell from accepting an invitation to read a paper in Berlin at the World's Congress for the Study of Sexual Problems.

We sympathize with Dr. H. M. Bascom, of Ottawa, Ill., in the loss of his wife recently. Dr. Bascom is one of our oldest and most prominent practitioners.

The many friends of Dr. Leon Lewis will learn with regret of his death in Milwaukee, September 29th. He had been ill of typhoid fever but a short time.

Dr. George R. Critchlow, Buffalo, N. Y., announces the removal of his office and residence to 647 Lafayette Ave. He will confine his work to surgery and gynecology.

Dr. Charles E. Fisher, Sterling, Colo., passed through Chicago recently and called at the college and hospital. The doctor was returning from a visit to the South and East.

Dr. Harold Miller has returned from South America and has opened an office on the north side. His many friends will be glad to welcome him back to this city, and will wish him great success.

Dr. Dean T. Smith, our well-known surgeon of Ann Arbor, Mich., announces the removal of his residence to 121 Bay St., Daytona, Fla. Another hard working physician is evidently tired of the strenuous life.

The Southern Homeopathic Medical Society will hold its meeting at Baltimore, November 10th, 11th and 12th. A large delegation will go from Chicago.

Dr. Bukk Carleton, of New York, one of the best known genito-urinary surgeons in the country, died October 20. He was the author of numerous works on the subject. He had been ill for some time with heart trouble.

Dr. Byron Miller, of Portland, Oregon, President A. I. H., paid Chicago a visit recently. Dr. Miller informs us that the next meeting of the American Institute will be held in Portland, and that the city would give us a royal welcome.

Seldom are we called upon to report so sad a fact as the serious illness of Dr. N. B. Delamater, one of the old teachers in Hahnemann and the Chicago Homeopathic colleges. He has been taken to a sanitarium and there is little hope held out for any improvement.

Dr. Anson Cameron is fast becoming a noted man. His paper at the last meeting of the Institute has won for him more renown. It so appealed to the editor of the *Child Betterment* magazine that he has been asked to become an assistant editor of it and has accepted the position. We congratulate him most heartily on it.

Dr. Henry B. Stout, of Jacksonville, Fla., died at St. Augustine, Fla., on October 14. While in Chicago on his return from Atlantic City he was hit by an automobile while crossing the street, and, while his injuries did not seem severe, he never recovered from the shock. Dr. Stout was first vice-president of the A. I. H. at the Denver meeting, and was a regular attendant at the Institute meetings for a great many years. A strong and firm faith in homeopathy, he had strong convictions against any one who joined the A. M. A. or any of its societies.

The October meeting of the Englewood Homeopathic Medical Society was held at the residence of Dr. Belle Gurney, 6854 Wentworth Ave. Twenty-five were present. The bureau of obstetrics, Dr. Gurney, chairman, presented a most interesting program; Dr. Frank Wieland, surgical obstetrics; Dr. LeRoy Hedges, obstetrical therapeutics. Dr. Cushing, at the close of the program, exhibited a six and a half pound spleen, which he had removed from a man a few hours before. The discussions were enthusiastic. The guests enjoyed Dr. Gurney's annual fruit carnival, and departed feeling refreshed in mind and body—an evening profitably spent.

DIRECTORY OF HOMEOPATHIC MEDICAL SOCIETIES.

- The Secretaries are requested to send official data promptly to Dr. Richard H. Street, Chairman Organization Committee, 32 N. State St., Chicago.
- ILLINOIS HOMEOPATHIC MEDICAL ASSOCIATION** holds its annual meeting for 1915 in Chicago, beginning the second Tuesday in May.
 President, Dr. A. C. Tenney, 122 S. Michigan Blvd., Chicago.
 First Vice President, Dr. Wm. M. Honn, Champaign, Ill.
 Second Vice President, Dr. Richard H. Street, 32 N. State St., Chicago.
 Secretary, Dr. G. M. Cushing, 6400 Harvard Ave., Chicago.
 Treasurer, Dr. C. E. Sweet, Masonic Temple, Chicago.
- WISCONSIN HOMEOPATHIC MEDICAL SOCIETY** annual meeting in May.
 President, Dr. F. T. Clark, Waupun, Wis.
 Secretary, Dr. Minnie M. Hopkins, Oconto, Wis.
- CENTRAL ILLINOIS HOMEOPATHIC MEDICAL SOCIETY** holds its annual session in October.
 President, Dr. J. G. Barnhizer, Forest, Ill.
 Secretary, Dr. E. C. Gaffney, Lincoln, Ill.
- EASTERN ILLINOIS HOMEOPATHIC MEDICAL SOCIETY** meets October and April.
 President, Dr. J. J. Rose, Marshall, Ill.
 Secretary, Dr. M. H. Whitlock, Charleston, Ill.
- ILLINOIS VALLEY HOMEOPATHIC MEDICAL ASSOCIATION** meets April and November.
 President, Dr. E. J. Abell, Joliet, Ill.
 Secretary, Dr. Alfred Houston, Joliet, Ill.
- MILITARY TRACT HOMEOPATHIC MEDICAL SOCIETY** meets October and May.
 President, Dr. E. N. Nash, Galesburg, Ill.
 Secretary, Dr. F. M. Dickinson, Galesburg, Ill.
- 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, Ill.
 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. A. E. Smith, Freeport, Ill.
 Secretary, Dr. E. C. Maas, Rockford, Ill.
- RIVERVIEW HOMEOPATHIC MEDICAL ASSOCIATION**, October and April.
 President, Dr. Annie Whitney Spencer, Batavia, Ill.
 Secretary, Dr. H. E. Kerch, Dundee, Ill.
- 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. A. E. Smith, Freeport, Ill.
 Secretary, Dr. A. W. Blunt, Clinton, Iowa.
- CHICAGO HOMEOPATHIC MEDICAL SOCIETY** meets the third Thursday of each month, October to April.
 President, Dr. E. E. Vaughan, 22 E. Washington St., Chicago.
 Secretary, Dr. Theodore Bacmeister, 4041 N. 42d Ave., Chicago.
- ENGLEWOOD HOMEOPATHIC MEDICAL SOCIETY** meets second Tuesday of each month at the home of members.
 President, Dr. C. B. Hall, 5409 Dorchester Ave., Chicago.
 Secretary, Dr. Della MacMullen, 6645 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. J. H. Raach, Wheaton, Ill.
 Secretary, Dr. R. F. Knoll, Austin, Ill.
- REGULAR HOMEOPATHIC MEDICAL SOCIETY** meets at the Hotel Sherman the first Tuesday evening of each month except July, August and September.
 President, Dr. R. N. Morris, 7 W. Madison St., Chicago.
 Secretary, Dr. A. O. Ellison, 2019 Milwaukee Ave., Chicago.

AFTER DINNER CLUB meets for dinner third Thursday of each month, September to June.

President, Dr. Annie Whitney Spencer, Batavia, Ill.
 First Vice President, Dr. Marion Ousley Russell, 1361 E. 57th St., Chicago.
 Second Vice-President, Dr. Mary McCrillis, 800 Davis St., Evanston, Ill.
 Secretary, Dr. Josephine Paine, 22 E. Washington St., Chicago.
 Treasurer, Dr. Marie Hunt, Hyde Park Hotel.

AMERICAN INSTITUTE OF HOMEOPATHY.

OFFICIAL REGISTER.

September 26, 1914—September 26, 1915.

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COUNSEL.

Hon. Edward S. Clinch, 41 Park Row, New York City.

STANDING COMMITTEES—1913-1914.

Arranged in order designated in By-Laws, Article VII.

Organization, Registration and Statistics—Thomas Franklin Smith, chairman, ex officio, 264 Lenox Ave., New York. (Registrar and three others.)

Interstate—Byron E. Miller, chairman, Portland, Ore.; E. Arthur Carr, secretary, Lincoln, Neb. ("2 members from each state to hold office 4 years; to be appointed by the respective state societies.")

International Homeopathy—George B. Peck, chairman, Providence, R. I. ("Committee of 5.")

Hahnemann Monument Committee—Thomas L. MacDonald, chairman, Washington, D. C.; Reuben A. Adams, Rochester, N. Y.; Thomas Franklin Smith, New York City; Asa S. Couch, Fredonia, N. Y. ("Committee of 5.")

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Council on Medical Education—George Royal, chairman, Des Moines, Iowa; John P. Sutherland, Boston, Mass. (Term expires Sept. 26, 1914); H. H. Baxter, Cleveland, Ohio (One year); Willis A. Dewey, Ann Arbor, Mich. (Two years); George Royal, Des Moines, Iowa (Three years); John B. Garrison, New York City (Four years).

Resolutions—F. C. Richardson, chairman, Boston, Mass. (Term expires Sept. 26, 1914); J. P. Cobb, Chicago, Ill. (One year); A. B. Norton, New York City (Two years); J. A. Campbell, St. Louis, Mo. (Three years); Byron E. Miller, Portland, Ore. (Four years).

SPECIAL COMMITTEES—1913-1914.

Local Arrangements—Thomas Youngman, chairman, Atlantic City, N. J.; Leon T. Ashcraft, Philadelphia, Pa.; T. Franklin Smith, New York City; J. T. Beckwith, Atlantic City, N. J.; A. W. Baily, Atlantic City, N. J.

Press—G. Harlan Wells, Philadelphia (Term expires Sept. 26, 1914); J. W. Mastin, Denver, Colo. (One year); G. Forrest Martin, Lowell, Mass. (Two years).

Transportation—T. E. Costain, chairman, Chicago, Ill. (Term expires Sept. 26, 1914); G. Harlan Wells, Philadelphia, Pa. (One year).

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Homeopathic Hand Book—Royal S. Copeland, chairman, New York City; Rudolph F. Rabe, New York City.

Drug Proving—J. B. Gregg Custis, chairman, Washington, D. C.; B. F. Bailey, Lincoln, Neb.; W. A. Dewey, Ann Arbor, Mich.; George Royal, Des Moines, Iowa; John P. Sutherland, Boston, Mass.; Rudolph F. Rabe, New York; Edwin H. Wolcott, Rochester, N. Y.

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Conference with Regents of American College of Surgeons—J. C. Wood, chairman, Cleveland, Ohio; DeWitt G. Wilcox, Boston, Mass.; Herbert D. Schenck, Brooklyn, N. Y.; Walter Crump, New York City; C. E. Sawyer, Marion, Ohio; James W. Ward, San Francisco, Cal.; C. E. Kahlike, Chicago, Ill.

Amendment Art. I. Constitution—James Krauss, chairman, 419 Boylston St., Boston; Rudolph F. Rabe, New York; William Boericke, San Francisco; Henry A. Whitmarsh, Providence.

General Revision of Constitution and By-Laws—Royal S. Copeland, 58 Central Park, West, New York; J. Richey Horner, Cleveland; Joseph P. Cobb, Chicago.

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National Society of Physical Therapeutics—E. B. Hooker, president, Hartford, Conn.; Franklin S. Massey, secretary, Walter's Park, Pa.

O., O. and L. Society—Dean W. Myers, president, Ann Arbor, Mich.; Ira O. Denman, secretary, 425 Ohio Bldg., Toledo, O.

International Homeopathic Council—George Burford, president; E. Petrie Hoyle, secretary, 84 Holland Park, London, West.

International Hahnemannian Association—Edwin A. Taylor, president, Chicago; Frank Patch, secretary, Framingham, Mass.

Southern Medical Association—Baltimore, November 11-12, 1914, Harry E. Koons, president; J. Leonard Jennings, secretary, Danville, Va.

American Association of Clinical Research—Baltimore, November 5-7, 1914, James Krauss, secretary, 419 Boylston, Mass.

Society of Homoeopaths—George E. Dienst, president, Aurora, Ill.; Mary Lewis, secretary, Philadelphia.

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Publisher's Page.

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Since burning Sappho loved and sung,
Has dallied down the primrose way,
Has moved the solemn and the gay,
Has set aright the hearts astray,
Has touched the youthful and the gray,
Has changed December into May,
Has called the spirit from the clay,
Has crowned the pen with wreaths of bay

In every nation, every tongue.

But, say,

To-day

The poet's lay

Is simply jay

Compared with that elusive lay

Done by the hen

Without the aid of Muse or pen;

The hen

That never wrote

A line from peaks Parnassian, remote.

Oh, say,

It is her lay

That gets our goat!—*Lippincott's*.

BOGOTA, TEXAS, June 18, 1914.

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Yours respectfully,

W. H. GRAYSON, M. D.

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"Yes, Henry," answered Maria; "just this very minute."

"I 'spose," said Henry, resuming his paper, "that it ended happy?"

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