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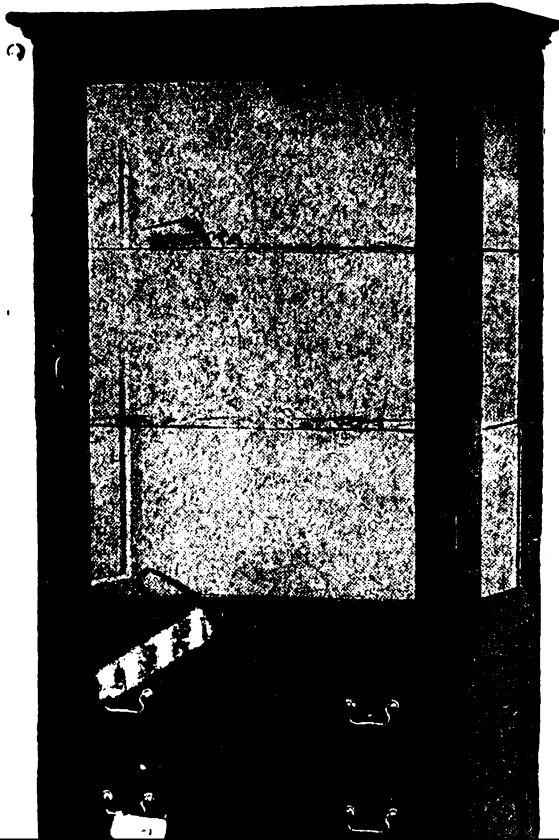
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EDWIN A. TAYLOR, M. D.

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THE STUDY OF MEDICINE.

BY E. A. TAYLOR, M. D.

Professor Materia Medica Hering Medical College, Chicago.

A prominent clergyman recently related to us an incident which forcibly illustrates the uncertainty and instability of the practice of the Allopathic ("regular") school of medicine. Being in need of a physician he called one of the "regular" practitioners, who after prescribing for him said: "If I were to prescribe for you now as I would have done twenty years ago I would be liable to prosecution for malpractice." Whether that was intended as a candid confession of the changing concepts of "scientific medicine" or was said for the purpose of impressing the patient with the prodigious progress of the Allopathic ("regular") school we do not know, neither did the clergyman who was the patient, but he speedily saw "the flaw in the sapphire" and refused the treatment for said he, "how do I know that in twenty years more you will not say the same of the present treatment." This is the only rational conclusion in regard to any system of medicine that is ever changing its methods. The mechanism and methods of the human organism are the same today that they were centuries ago and will be centuries hence. The liver, lungs, heart, stomach and all the organs of the body are the same that they were a thousand years ago and will be a thousand years hence, and their functions conform to the same changeless course as their structure. Why then should the method of correcting derangements of these functional factors be ever changing? It is because the Allopathic school of medicine denies the existence of a law of cure and recognizes no authority except the opinions of men to guide them in the selection of the appropriate remedy for any given case.

In his work on "Therapeutics and Materia Medica," Dr. H. C. Wood, Professor in the University of Pennsylvania, says: "The old and tried method in therapeutics is that of empiricism, or, if the term sound harsh, of clinical experience. As stated by one of his most ardent supporters, the best possible development of this plan of investigation is to be found in a close and careful analysis of cases before and after the administration of a remedy, and, if the results be favorable, the continued use of the drug in similar cases. It is evident that this is not a new faith, but a highway already worn with the eager but weary feet of the profession for two thousand years."

"Therapeutics developed in this manner cannot, however, rest upon a secure foundation. What today is believed is tomorrow to be cast aside, certainly has been the law of advancement, and seemingly must continue to be so. What has clinical therapeutics established permanently and indisputably? Scarcely anything beyond the primary facts that quinia will arrest an intermittent, that salts will purge, and that opium will quiet pain and lull to sleep."

"To establish therapeutic facts the profession clings as with the heart and hand of one man, clings with a desperation and unanimity whose intensity is the measure of the unsatisfied desire for something fixed. Yet with what a Babel of discordant voices does it celebrate its two thousand years of experience!"

"This is so well known that it seems superfluous to cite examples of the therapeutic discord; and only one shall be mentioned, namely, rheumatism. In this disease, bleeding, nitrate of potassium, quinine, mercurials, flying blisters, purgation, opium, the bromides, veratria and a host of other remedies, all have their advocates clamorous for a hearing; and above all the tumult are to be heard the trumpet tones of a Chambers, 'wrap your patients in blankets and let them alone.'"

"Experience is said to be the motto of wisdom. Verily she has been in medicine rather a blind leader of the blind; and the history of medical progress is a history of men

groping in the darkness, finding seeming germs of truth one after another, only in a few minutes to cast each back to the vast heap of forgotten baubles that in their day had also been mistaken for verities."

"Narrowing our page to the regular profession and a few decades, what do we see? Experience teaching that not to bleed a man suffering from pneumonia is to consign him to an unopened grave, and experience teaching that to bleed a man suffering from pneumonia is to consign him to a grave never opened by nature. Looking at the revolutions and contradictions of the past—is it a wonder that men should take refuge in nihilism, and, like the lotos-eaters, dream that all alike is folly,—that rest and quiet and calm are the only human fruition?"

This by one of the most noted teachers in the "regular" school of medicine, a man who for many years was professor of *Materia Medica* and *Therapeutics* in the University of Pennsylvania Medical School and a recognized authority! Is it any wonder that the Allopathic school have "stampeded to surgery" when their medicine has been such a disappointment?

Dr. Robert B. Preble, Professor of Medicine, Northwestern University, Chicago, in his recent work on pneumonia, page 193 says: "Many plans of treatment have been advocated in the past, and they have ranged from free and repeated bleeding through many gradations and many drugs to the absolute do-nothingism still prevalent in Vienna. The pneumonias have been bled and vomited, have had aconite, tartar emetic, large doses of digitalis, large doses of iodides, pilocarpine, quinine, nitro-glycerine, the carbolic acid derivatives, etc. Each of these has had its turn, each has found its champion who was able to prove to his own perfect satisfaction that a truly variable treatment had at last been discovered. Many of them have disappeared and after years of abandonment have been again championed. And yet today pneumonia is the despair of the medical profession, constantly increasing in frequency and the mortality today is where it was two hundred years ago."

This, then, is the "medicine of experience" of the Allopathic school. Contrast it with the Homœopathic school which is governed by a *law of cure* and you see a system of medicine that treats pneumonia and all non-surgical diseases according to clearly intelligible reasons, guided by the law of Similars (not men's opinions which are ever changing) with results never attained by any other method, as statistics show.

The prospective medical student should not be indifferent to the truth and superiority of Homœopathy just because he hears it spoken of as "little pills" or "sugar pills." It is not a small dose that constitutes Homœopathy; it is following the law. Every Homœopathic physician gives as much medicine as is necessary to cure; there are no restrictions in regard to the strength of the medicine or the size of the dose. The requirement is that one must be obedient to the law—not a medical anarchist.

The remedies that were used by the homœopathic physicians a century ago are used today in the same way and with the same excellent results because they conform to law, and the homœopathic school is the only school that is governed by a law of cure. We regret to say that some so-called homœopathic colleges teach a little of all systems, leaving the student to decide. What the student wants is the *best* system, and if the college faculty can not decide how is the student to know? This mixed method pursued by some so-called homœopathic colleges is a discredit to our cause. The teaching of the so-called "drug mechanics" is only another way of deserting Homœopathy.

To the prospective student then we would say, study Homœopathy; study it in a homœopathic college; but study it in a homœopathic college that teaches *Homœopathy*—earnestly, consistently, sincerely—not only in one or two chairs, but in every chair where therapeutics are taught.

Hering college is the representative one of this class, the college where they practice what they preach and believe what they teach.

WAITING ON THE DIAGNOSIS.

BY RUDOLPH F. RABE, M. D., New York.

The educated physician of whatever school of practice insists upon knowing what is the matter with his patient; in a word he makes a diagnosis. Modern methods of precision, both in physical diagnosis and laboratory technique greatly facilitate the making of the diagnosis. The trend of modern teaching and investigation is toward a knowledge of the exact pathological facts present in a given case of disease, regardless of a mere diagnostic name, label or title given to such facts. In the therapeutic field, however, it is still too often true that the essential facts are lost sight of while the label is treated. Hence the occasional expression of lay opinion that so and so was treated for the wrong disease and consequently died. In other words rheumatism means to many physicians a certain definite treatment, pneumonia another and so on ad infinitum.

It is here that Homœopathy has a great advantage, for it relates to patients as individuals and not to diseases. Homœopathy demands the most careful individualization on the part of its practitioners, otherwise it can do no better than empiricism. Rheumatism may, clinically speaking, always be rheumatism; it may be due to a germ, to an acid diathesis or what not; but for the prescriber in Homœopathy the paramount question is always, which drug produces symptoms similar to those of this particular case of rheumatism under treatment? Even though this particular case may prove to be something else or more than rheumatism, the remedy selected for the patient as a sick individual, will be uninfluenced by such knowledge. In other words the choice of a remedy does not wait upon a diagnosis of the disease. To obtain the exact image of a patient's sickness requires skill of a high order and includes not only an aptitude for thorough and careful questioning, but also a knowledge of physical diagnosis. Let no man think that the latter is of no consequence to the homœopathic physician. Such belief is a grave error and brings undeserved ridicule upon a system of medicine founded upon a truly scientific

basis. But at the same time let the physician always bear in mind that it is the patients he is called upon to treat, not diseases. For this reason it is always best to take the case from the remedial standpoint first, and afterward to examine it from the diagnostic. How much may then be reasonably expected of a remedy becomes apparent and prognosis is aided accordingly. In this manner the physician's best work is done and bitter disappointment avoided.

WE SHOULD BE PROUD.

BY ELOISE O. RICHBERG, M. D., Chicago.

On the Pacific coast one quickly acquires a wholesome respect for real Homœopathy.

Of the leading lights among medical men are Martin of San Francisco, Chapman of Oakland, Bishop of Long Beach and others mentioned as among the *highest in the profession*—the most popular as well as successful practitioners; filled with eastern notions and warped by eastern prejudices, one marvels to learn that these men are "only homœopaths!" marvels again to discover, at shorter range, that they are treating with the higher potencies and curing—in wealthy, influential circles—with the *single dose*.

Such experiences are refreshing and invigorating to the fickle courage of recent graduates; to such as after leaving the atmosphere of Hering College, all imbued with faith and trust in Hahnemannian philosophies, find even among those claimed as elder brothers, numberless phases and grades of skepticism, and hear the rankest heresy talked by such might-have-been brothers, even to the adaptability of salves, lotions, cathartics, pain-paliators and hypodermics, "when our remedies don't work!" Alas, for such weak-kneed Homœopathy!

Hering professors have frequently urged in the classroom, in self defense, "This is not a high-potency college; it is simply a homœopathic college, high or low potencies scientifically administered are equally effective, curative." But after all, even admitting this to be true, there is no surer way by which to identify the loyal practitioner than

as a "high-potency man," to distinguish him from the vacillating, wavering, faithless ones who persistently see in potency only a synonym for dilution, and translate the crude allopathic drugs as "stronger."

Before the writer had been on the Pacific slope many weeks the habit was well acquired, and "what doctors buy and use the higher potencies?" never failed to win from the salesmen the names of such homœopathic prescribers as cordially welcome all "graduates from Hering College, the high potency institution."

Mongrels are plenty there also, but were never discovered by this query.

We may all find use for our 3x, 6x, and 12x, especially as antidotes when ac. m. has created an unwelcome storm, alarming to the patient and friends.

We may often find 30 all sufficient for the case in hand; but when the symptoms refuse to budge, don't lose faith in the carefully selected and apparently "well indicated" remedy till you have thoroughly tested the m, 50m, or cm; even the dmm may finally revolutionize trying conditions and re-establish confidence in patient, doctor and school of practice.

Four years at Hering serve at least to germinate a faith in our remedies which is absolutely essential to the success of budding practitioners.

The average student passes through many stages of belief, and readjusts himself and his attitude toward "Similia Similibus Curantur" and "Simplex Simile Minimum" many times during this course. At first wonder and doubt wrestle for supremacy; then, just as belief enters the arena skepticism claims a hearing and he refuses to accept the word of his instructors; he smiles cynically as he listens to the marvelous cures accomplished by the innocent-looking pellets, then he sees the work done in the clinics, day after day, and wonders what Hokus pokus means are used—begins to accept the impossible as possible, but still doubts the evidence of his senses until as a Senior he diagnoses—prescribes and cures to his own greatest amazement.

Thus it is that those who give the entire four years to this evolutionary process become, usually, sufficiently imbued with the truths therein taught to combat successfully the irrational, mob-like prejudices to be later encountered in a public professional life.

It would be amusing were it not pathetic to listen to the inconsistent, superficial suggestions of some supposedly homœopathic prescribers; those who apply locally *Cantharis* to a burn, *Ignatia* to aching teeth, *Bryonia* to hemorrhoids, *Agaricus* to chilblains and so on down the list. Aiming apparently to catch the truant or refractory vital force on the fly, and yet each above mentioned remedy has relieved each respective affliction, many times doubtless, when given a chance at the nerve supply of the tongue; attacking the vital force in its own stronghold, might we not say?

A much frightened scrub-woman, with a long, rusty needle imbedded in the palm of her hand, an equally frightened employer and a hastily summoned doctor with the hardihood to suggest a poultice, were recently caromed by the family physician who arrived in time to "save the delay and consequent blood-poisoning," (with probable loss of hand or life!) Brandy was given as a temporary safeguard, and the knife was freely but ineffectually used in both the palm and the back of the hand, where for a moment the elusive needle was thought to twinkle encouragement. With severe pains shooting up the arm and locating in the arm-pit, the sufferer was then hurried to St. Luke's Hospital for a really truly operation. Arriving there, our partly inebriated and thoroughly hysterical patient watched for a few minutes the preparations, and decamped for her own little home and family to suffer in her own uninterrupted way, while the doctors and nurses bemoaned her "shocking wilfulness that might cost her——" "for that needle must be taken out."

Receiving on the evening of the second day an urgent appeal, because of previous befriendings—the writer carried out——? *Hypericum*, of course; a Hering student would not hesitate over *that*. The patient, though suffering untold agony, was still obdurate as to the operation, and wept afresh when assured it would not be necessary.

Hyp. c. m. dry on the tongue every twenty minutes lulled her into a painless sleep within an hour and held the enemy in check for two days. A telephone call then announced the hand as "bad again." Inquiries elicited the fact that the pain was confined to the hand. A simple poultice every night with another *Hypericum* dose to control (and dissipate) the pain, brought the black ugly needle out of its warm nest and there has been no further trouble. Vital force well aroused will out-do all competitors in turning out the enemy be it needle or microbes or both.

The gratitude of the poor woman was equal to the astonishment of the employer who, trusting the wisdom (?) of "our family doctor" had seen the little helpless girl orphaned (in imagination) then the senseless fear and obstinacy of the cowardly mother. The sensation of the attending physicians remain unrecorded.

Another phase of Hering teaching was verified in the same family. The two daughters of this mother had previously developed in turn erratic, wayward, hysterical symptoms at the critical period, including rapid emaciation, wakeful, fearsome nights, and drenching sweats all of which conditions *Calcarea Carb.* quickly harmonized. Since the needle incident the patient, uncomplaining mother was confined to her bed two weeks with a "sort of Grippe," being too overburdened with gratitude to the writer to notify her. *Calcarea Carb.* proved loyal to her, and emphasized the fact that "the indicated remedy given to pregnant women would often save the offspring from future attacks."

Other cases justifying such statements might be added: One a mother cured of menstrual troubles and headache and her daughter of eruptions on forehead by *Sepia*; another mother and her son and a daughter all relieved of widely differing manifestations by *Arg. Nit.* In both cases the maternal trouble ante-dated the birth of child.

Relieving sufferers, especially among the needy and overworked by the application of Hahnemannian Homoeopathy is very gratifying in itself, aside from the financial success which is bound to come sooner or later to him who

holds to the Law of Cure and works according to the same in the holy cause of human regeneration.

The writer would like to say a strong grateful word right here in favor of Dr. H. C. Allen's edition of Bonninghausen's slip repertory which has proved a wonderful time-saver and remedy-indicator, but every reader ought to know this already and does perhaps.

ASIATIC CHOLERA.

BY NOGENDRA MOHON CHOUDHURI, Hering College, '10.

HISTORY OF THE DISEASE.

Since the dawn of humanity the one great scourge that has lashed more souls to eternity than any other is the Asiatic cholera. The twin brother of death, the ghastly chum of hidiousness it has broken more hearts than all the evils of the world put together. It existed in India long before the birth of Christ, as we find in immortal writings of Chavaka, the great Indian Aesulapius' description of a disease very closely resembling Asiatic cholera. Ever since then it has been devastating our globe under different names in different parts. In 1347 and 1350 it secretly made its way to Europe along the eastern shores of the Meditaranean, and according to computation carried off a fourth part of the population of that section of the globe. The pestilence of 1771 carrid off a like number from the same continent. Then again the great plague broke out in 1817 in a much more virulent form than it ever did before. The home of this outbreak was the neighborhood pf Jessore, a district in the delta of the Ganges. What was the eruption of the Vesuvius compared to this overwhelming disaster that followed the birth of this lethean babe? Nurtured in dirt, filth and superstition it started upon its errand in regions vaster than the lava of Vesuvius could ever reach. After stamping deep furrows in the smiling sweet face of India it reached the Burmese empire, the kingdom of Aracan and the peninsula of Molacca, thence to China, Tartary, Java, Sumal, the Philippine Islands, Arabia, Persia, Russia, Hungary. It baffled all attempt to check its course or mitigate

in any way its appalling influence. It reached the British Isles in 1831 and from there made its way to France, Spain and the great American continent. Hundreds and thousands of fair villages and towns were deserted. The immense globe looked like a vast grave yard, enveloped with a sheath of mourning, chill and despair. The sun shone as ever, fair winds blew, but the solemn silence of this weird, death-stricken land seemed to penetrate even unto the region of eternity, to the few surviving souls, pointing the thin, impalpable curtain separating them from their maker.

BACTERIOLOGY.

Startled by this great mortality the German government sent a commissin to Egypt and India with Robert Koch at its head with a view to determine the causative factor of this disease. In 1884 Koch announced to the world his great discovery of the comma-bacillus. It is always found in the intestinal canal of those suffering from the disease. It will grow and develop in culture media and from these media the disease can be reproduced. It multiplies by transverse division, and the segments separate in gelatinous media or in the intestinal mucosa. When two unite together they form an S-shaped structure. These micro-organisms elaborate a toxin very soluble and highly diffusible, which passes into circulation and thereby produce the constitutional and especial symptoms the severity of which is in direct ratio to the amount of absorption of the poison.

MODES OF INFECTION.

It has been demonstrated beyond doubt that water is the main channel through which the infection spreads. The bacilli escaping from the interior of human body find ample means to prolong their life in water, food and moist earth, thence they make their way again into the human system and work their havoc. Of course, in order that the disease may be produced in a given person, conditions favorable to the reception, growth and elaboration of the bacillus must be present. These conditions are known as the predisposing factors and when they are propitious the exciting cause being present the disease is produced. In times

of severe epidemics virulent cholera-baccilli have been found in the normal stools of healthy men and cultures made from these have been swallowed with immunity by many.

There is another theory known as Pattenkofer's theory which maintains that the germs develop in the sub-soil, and thence they rise into the atmosphere as miasms. Being a country man of Asiatic cholera and having the unenviable honor of watching several epidemics in which I had to pay a very heavy dividend of my country's misfortune in the shape of loss of friends and relatives, I noticed every time the causative relation between the disease and the drinking of contaminated water. The Hamburg epidemic is another illustration to the point. To regard Pattenkofer's theory as the only truth and the whole truth would be therefore at variance with good reason and sound logic.

Both sexes are equally subject to the disease and age makes no difference, but persons debilitated and weakened by intemperance, starvation, and disease are especially subject to it. Strong mental emotions, such as fear, anxiety and despair are very important predisposing factors of cholera. I remember, fifteen years ago, of an epidemic that broke out in our little town of Palena. The constant rattling of funeral processions and death, death and death on all sides so unnerved me that I thought I was going to get it, and I pretty nearly got it too. This can very well be explained from a physiological point of view. The secretion of gastric juice is much influenced by the nervous condition. We are all aware how anxiety, vexation, displeasure, jealousy will take away the appetite and cause indigestion.

Cholera occurs mostly on sea coasts and does not prevail so extensively in high altitudes.

PATHOLOGY.

During the progress of the disease the organs and tissues of the body undergo grave pathological changes. The very first effect of the toxin is an increase in the flow of secretions from the glands into the intestine. Catarrhal inflammation soon sets in; solitary follicles and Peyer's patches swell, intestinal glands increase their work, hemorrhagic

spots appear in the sub-mucosa, the interior of the intestine soon becomes filled with an abundant transudation resembling gruel or rice water. As the disease progresses the epithelial desquamation becomes more extensive.

After death all the internal organs look dry, pale and anæmic, the left ventricle is usually found contracted with the blood mostly in the veins and the right heart. The blood is thickened, clotted and dark with a remarkable diminution of its elements of salts and water. The spleen is small, the kidneys become swollen and congested with marked signs of parenchymatous nephritis. The lungs collapse.

The rigor mortis occurs early and disappears late. There is often a marked post-mortem elevation of temperature. Post-mortem movements of various degrees are reported. Some have been known so far as to change their position in their coffin, not to speak of slight changes in the position of their limbs. The anuria during sickness is probably due to the great water abstraction and the condition of the kidney. The cramps too may be explained from the great deficiency of the watery part of the tissues.

SYMPTOMS.

The disease is generally divided into the three following stages:

1. *The Stage of Preliminary Diarrhea.* During the period of incubation of about two to five days there are slight colic, indigestion, and uncomfortable feeling in abdomen. The disease is then ushered in with a sudden attack of diarrhea. The evacuations are profuse, painless, at first of a feculent bilious character, but soon changing to a rice water or gruel whey consistency. A single stool will measure about half a pint. They are colorless and odorless, alkaline or neutral in reaction, and on standing deposit a finely granular grayish-white sediment. Their composition shows one or two per cent of solid matter; small amount of albumin; a large quantity of sodium chloride; some epithelial cells, numerous micro-organisms.

- 2 *The Stage of Collapse, Algid Stage.* Soon after the

onset of diarrhea vomiting sets in. Sometimes late in the disease the vomiting becomes projectile. The vomited matter at first consists of the ingested material, then changing to a fluid, the transudation from the gastric and intestinal mucosa. The diarrhea increases, evacuation taking place every few minutes followed by collapse and cramp. The thirst at this stage becomes very great, the tongue becomes furred, thick and dry. Accompanying and following the emesis the hiccough appears which is a very disagreeable, annoying and alarming symptom.

At the onset there may be acceleration of the heart's action amounting almost to tachycardia, but as the disease progresses with signs of exhaustion and weakness the heart sounds become faint, the pulse very quick and small at times almost disappearing. The face and extremities grow icy cold, the eyeballs sink into the socket, the cheeks become hollow, the voice husky and the skin almost ashen gray and cyanosed. Nothing exposes the horrid vanity of human life in all its ugliness more than this disease for "almost as you gaze upon him the stout, healthy-looking, rosy-cheeked, handsome youth becomes changed into a thin cadaverous, ashen-hued old man; sometimes the lips are drawn into a spectral sardonic smile and a ghastly expression, the shadow of death comes over the whole face."

The temperature sinks in mouth and axillia—it may show sometimes eight or ten degrees below normal while the rectum gives a temperature of 103° or 104°.

This stage lasts from two to twelve hours. Slowly and silently the patient sinks—the apathy deepening into lethargy, the lethargy into coma and the coma secretly merging into dissolution.

3. *The Stage of Reaction.* When the patient survives the collapse the severe symptoms gradually wear off, the temperature rises, diarrhea ceases, urine increases in quantity; strength returns. Not infrequently however there is a recurrence of the trouble and the patient passes into a relapse or turns to a condition of what has been termed cholera-typhoid.

DIAGNOSIS.

The symptoms of Asiatic cholera are so prominent and peculiar that mistakes in diagnosis are rarely made. The only affections with which it may be confounded are cholera morbus, summer diarrhoea, and certain cases of poisoning by arsenic and corrosive sublimate.

Excessive painless evacuations are almost pathognomonic of Asiatic cholera, but there are cases of cholera sicca or dry cholera in which death occurs without this important symptom being at all present. The prognosis according to the mechanical school of medicine (by mechanical school of medicine I mean that school which believes in curing a disease by cutting out the diseased part or only suppressing the external symptoms of the disease thereby making the whole thing more complicate than ever, but very successfully fooling this patient), is very *grave* indeed. In very severe epidemics the mortality goes up as high as 90 or 95 per cent, but under pure homœopathic treatment the result is very gratifying. The people of India seem to have appreciated this point very well, in-as-much as during these epidemics they almost invariably place themselves in the hands of homœopathic physicians. I have seen many people die without any treatment at all simply because they could not get any homœopathic doctor, they being all too busy to attend any more.

TREATMENT.

The literature for the treatment of Asiatic cholera is very interesting. The treatment ranges from the profoundest of superstitions to the boldest flights of impudence practiced under the protecting wings of science. In Russia to protect their homes from the ravages of this demon a troop of maidens at the very dead of night walked in procession around the village dragging a plough and intoning invocations.

Another genius of a scientific turn of mind invaded the abdominal cavity surgically, but his percentage of death reaching an even one hundred his plan could hardly become popular. One physician, of course belonging to the scien-

tific and therefore the dominant school, actually proposed a treatment of stopping the anal canal with a suitable especially prepared cork. His brethren of the present time unknowingly follow his foot marks when they prescribe opium, morphia, creasote, hydrocyanic acid, creolin, etc., in big heroic doses.

Nowhere has Homœopathy vindicated its truth better than in the treatment of Asiatic cholera. Is it for nothing that we people of India like, love and worship Homœopathy? Were it not for Homœopathy India would have been almost depopulated by this time.

POTATOES IN RELATION TO DECREASED BODY WEIGHT.

BY W. HUBERT MILLER, M. D., Chicago, Ill.

A fat man is happy and of a cheerful disposition; that is almost agreed upon by all writers and poets. In many writings we come across the fat, happy man, or for that matter, the fat, happy woman. We always find them having a good, healthy appetite, and they are willing to partake of all pleasures of life, in the eating and drinking line.

Most men are proud when they are a little stout and they never think of having their weight reduced; but with women it is different. They are governed by the styles and modes of dress, and accordingly they must have a certain figure. To get that particular figure which happens to be the fashion they do the most ridiculous things to their bodies—and it is right here that the quack finds easy money.

All kinds of medicines and salts, baths, exercises, diet, mechanical appliances, etc., are resorted to, with more or less result—generally less. But nature evidently cares nothing for fashion, for if the woman loses flesh by some treatment applied, she loses it always most where she least wants to lose it, and least where she wishes to preserve her bodily symmetry. As a rule they first lose their bust, then the roundness of the neck, and next the face and eyes are brought under the unhappy influence of the process, and so it is that when they really lose weight it is lost at the costly

expense of all womanly charms—bust, neck, face and eyes. "But," they say, "Doctor, is there nothing which will make me thin, quickly?" We are obliged to reply, nothing. One does not get fat quickly. It takes time—hence it takes time to get thin.

I will not dwell upon what the patient should not eat or drink, because everyone knows about eggs, meat, vegetables, water, milk, bath, exercise, massage, and numerous other things. But I wish to call attention to something which has worked like a charm in my practice, and something that is generally excluded the first thing in your diet.

Strangely enough I refer to potatoes, and I will explain why. The potato cure is the most reasonable of all cures to reduce flesh surely and permanently, because through it we give the stomach something to work on, and the digestive tract something to digest, and bulk enough to facilitate this matter, and also to keep the musculature of the alimentary tract in working order—which is absolutely necessary if we wish to stay healthy and get reduction of weight. We all know when one is hungry he wants to eat; it feels uncomfortable to deny oneself food, and sooner or later one always makes up for lost opportunities, and the result is that patients do not get satisfaction in the long end from dieting.

Now with a potato diet this thing is different. In the potato we find just enough to live on but nothing over to store up in the body in the form of fat—the bulk satisfies the appetite, and in reality the patient cheats herself, because she eats quantity but not quality.

Then the patient should eat about eight potatoes for lunch and dinner—in the form of boiled, baked, mashed or salads—and all fruits are allowed. So while dieting the patient is not starving, because she gets quantity, and six to ten pounds in two or three weeks are easily thus reduced. She may drink water as much as desired, Rhine wine and claret, but not beer.

If she wishes to change for a week between, drink nothing but milk. Now, I say nothing but milk—I don't mean nothing but milk and potatoes—either milk or potatoes as

the main bulk--and if the patient fasts one day a week she will get splendid results and permanently.

I generally prescribe--two weeks, potato cure; third week, milk only; fourth and fifth weeks, potatoes; sixth week, milk, and one day fasting a week, with massage and exercise treatment three times a week, one Turkish or electric sweat bath a week, and two miles walking or horseback riding a day.

With this routine I have in most cases reduced 20 to 50 pounds in three months with absolutely no bad effect, and general improvement.

Space forbids me to go into lengthy chemical analysis of potatoes, etc., but the physician can find that in some book in his library and figure it out.--*Practical Therapeutics*, January, '10.

HOMOEOPATHIC THERAPEUTICS IN SURGERY.

By C. E. FISHER, M. D., Chicago, Ill,

The initial case entering the office of my first preceptor, Dr. Johnson, of Atchinson, Kansas, as I began the study of medicine forty-one years ago, was a surgical case, an elderly man whose arm had been frightfully lacerated by being caught by a circular saw in a local saw-mill, and the skillful manner in which Dr. Johnson repaired the injured member and the excellent results which followed his careful homoeopathic prescribing for the patient made a strong and lasting impression upon my youthful mind. The dressing was *Calendula*, the same remedy internally after a few doses of first, *Aconite* and then *Arnica*.

Likewise, when I attended my first course of lectures at the old Cleveland Homoeopathic College, located then on Humiston Heights, in 1870-71, the surgical staff, Professors Schneider, Beckwith and Biggar, all relied strongly upon the Homoeopathic remedy in almost every surgical case. Dr. O. S. Runnels and others of that class will doubtless recall how thoroughly it was applied to every possible condition in surgery.

But going back still farther, when my father first con-

templated the medical profession for me he wondered if it were not better that I should graduate from the old school first—holding that it would make me “more liberal,” “broader minded,” “more catholic in medicine,” “more useful to the world,” but when the matter was brought to the attention of our then family physician, who afterward became my second preceptor, it was promptly vetoed. The elder of the two, Dr. Richard Huson, of Lawrence, had been an allopath for more than thirty years, and his son had been in that profession one-third the time when both were converted to “the better way.” Both were alert, quick-thinking men, strong-minded, positive in their convictions, conscientious citizens and successful practitioners. Each had held positions of prominence in the old school, and had changed his views only after careful study, long observation, extensive comparisons of results, and at tremendous sacrifice of professional prestige and social position. But they were of sterner stuff and stood unwaveringly for what they knew to be right.

“Why load the youngster’s mind with a lot of stuff we are trying to forget?”

“Why pay in time, effort and money for chaff we have discarded?”

“Why make a blunderbuss of the lad when you can as well make him a rifle-shot?”

“If as a methodist minister you were going to put him in your profession would you first make him a catholic?”

These men were trying to get away from “scientific medicine.” so-called. They had tried both and were homœopaths of choice. It was not an accepted Homœopathy with limitations, it applied to their surgery as well as to their bedside work. The younger of the two, himself a man of middle years, had been four years an army surgeon in the Civil War. He had carried his Homœopathy with him on the battle field and it had served him there. It had met the exacting demands of the day of “laudable pus and hospital gangrene. His confidence in it as a handmaid to surgery was unbounded—with him and his father the law was a law,

not a mere "rule of prescribing," as with many of us today, a living, tangible, dependable law, to be relied upon in the most desperate emergencies as in the simplest cases.

Doubtless it is my association with such earnest homœopaths as these that has made my convictions upon the value of homœopathic therapeutics in surgery so uncompromisingly positive. Those were the days when Helmuth and Franklin were startling the old school and the west with their surgical accomplishments and skill. The former's dash and brilliancy had just called him to New York, while the latter's combativeness was compelling a respect for homœopathic surgery which our opponents were very slow to give.

Forty years have passed since those student days, and not alone from the impressions I then received, but also from my own rather extensive and convincing experiences, I am about as ardent a believer in Homœopathy in surgery as were my preceptors or the renowned Helmuth and scarcelless well known Franklin. Just as Dr. Huson had carried Homœopathy on the field of battle, so had our late Dr. H. C. Allen, our President Foster and many others who might be named, and had won laurels for it and themselves in that trying test, so it has been my pleasure and profit to carry it with me into the battle-field of dynamite and black powder among almost twenty thousand men, and in the very near one thousand who have been mangled and torn I have always been able to find a useful place for the careful homœopathic prescription. The bridge that carries us across the chasm is not to be despised nor forgotten. My bridge has a medical abutment at one end and a surgical abutment at the other. Both are strong, safe, reliable.

The first homœopathic text-book of surgery, published in 1852, before most of us were born, under the authorship of Drs. Hill and Hunt, of the Western Homœopathic College, of Cleveland, the second of our teaching institutions, is well-filled with excellent homœopathic therapeutics, as is also the somewhat later work of our late and lamented Helmuth, with which the most of us are familiar. In preparing the text for their book the authors of this first homœopathic

surgery sent out a great many letters asking their colleges to report their surgical cases and experiences for the benefit of the book, and throughout the text it is replete with information thus gained.

In discussing inflammation, we note the following: "The great remedy with which the homœopathic surgeon combats inflammations, the result of external violence, is *Arnica montana*, the specific for diseases from mechanical injuries." How many of us rely upon *Arnica* today? I always do.

"When the inflammation is very high *Aconitum napellus*, that general 'antiphlogistic' of the homœopath, so superior to depleting means usually employed, will be needed, and *Belladonna*, *Bryonia*, *Cantharis* and *Mercurius*." No case of mine escapes *Aconite* and its corrolaries.

In hæmorrhage from wounds *Arnica*, *Diadema* and *Phosphorus* are accounted of value.

China is prescribed where there has been great loss of blood and consequent debility, and also for syncope.

Staphysagria is recommended for the sharp, cutting, burning pains of incised wounds, and in this class Dr. Thorer, of Goblitz, Germany, is quoted as preferring *Calendula* to *Arnica* as an external dressing.

Punctured wounds caused by splinters are said to require *Aconite*, *Cicuta*, Nitric acid, *Silicia* and *Hepar*. But how many of the Homœopathic surgeons of today ever think of Nitric acid or *Cicuta* for wounds from splinters? Will it not repay us to study our old homœopathic authors again?

Calendula was dwelt upon very extensively as the very best known dressing for lacerations and punctured wounds. It was made by covering the *Calendula* flowers with a solution of one part alcohol to two parts rain water, allowing this to stand "until the liquid becomes medicated." Doubtless it will be held now that it was Alcohol of the *Calendulated* dressing that did the work, and perhaps it was. But, nevertheless, it would be difficult to drive the old practitioner away from a conscientious belief in the efficacy of the marigold, so satisfactory was it in his day.

Belladonna, Arnica, Augustura, Cocculus, Opium, Hyoscyamus, Nux and Hypericum, are recommended for tetanus.

In erysipelas, then a common complication of surgery, Belladonna, Arsenicum, Rhus tox., Lachesis, Causticum, Phytolacca and Carbo vegetabilis are quoted as efficient.

To be a little more specific, the following is thought to be worth the while in illustration:

"Lycopodium, one-fourth of a drop, removed an ulcer on the leg which came after a knock in the region of the inner ankle; had callous edges; secreting a foetid impure ichor; finally occupied the whole of the tarsal joint and caused violent burning pains, especially at night."

Another Lycopodium case is as follows:

"Lycopodium has been beneficial in malignant, inveterate ulcers of the foot, phagedenic ulcers generally occupying the legs. In one case repeated doses of the 5th attenuation were given at the commencement, afterwards one drop of the 30th."

In still another Graphites 30 began the work, followed after a considerable interval by Sepia.

Lachesis 12th, three times a day, later followed by Arsenicum 12th after a week, produced rapid healing of an ulcer of twelve month's standing.

Silicea 30, one dose, cured a tibial ulcer with involvement of the periosteum and bone brought on by a violent inflammation.

Cancer, fungus hematodes and other malignancies are dealt with as positively and as homœopathically with confidence and success. Surely if these early homœopathic surgeons could secure such excellent results in those unsurgical days how much more should we, in our better understanding of surgery's foes, do better work than they? I have always found it worth the trial.

We too often hear the senseless and hackneyed expression, "Homœopathy cannot saw off a leg nor set a broken bone." But who is there so brainless among us as to intimate that it can? Yet if a bone is broken, or if a leg has to

be amputated, that there is a field for homœopathic prescribing immediately opened up is beyond cavil.

Take surgical shock, for example! What careful homœopathic prescriber would have very great difficulty in finding the similimum for the following array of symptoms classified by Reed under this head?

Great physical depression.

Surface blanched.

Features pinched.

Distorted expression.

Skin cold and clammy.

Hand and fingers shrunken.

Nails bluish.

Respiration labored.

Respiration irregular.

Respiration imperceptible.

Patient faint, lethargic.

Countenance hippocratic.

Sphincters relaxed.

Secretions suspended.

Intolerable anguish,

and all the rest that go with profound shock. Are we limited to what is known as drug stimulation? Or to this and friction and warmth? Or to this and the assistance of the bar-room? Or is there in Homœopathy a help in the time of need?

In a large experience with shock, due to the most violent explosion, injuries and railroad accidents, I have found no help without our remedies that will equal the aid of Arsenicum, Cuprum, Veratrum and Carbo vegetabilis.

The frightful anxiety and apprehension of profound shock are amenable to Aconite and Arsenicum.

The fright that so often increases the actual physical shock of injury or surgery responds more readily to Coffea than to Whiskey and Strychnia.

The terror of a dangerous accident knows no more soothing agent than Aconite, Chamomilla and Ignatia.

And so down the line. There is unquestionably a place,

and a rightful and helpful place, for good Homœopathy. Nothing that is coarse, crude, empiric or physical will so quickly and ably touch the delicate nerve centers involved in the process of shock as the indicated simillimum. Dynamis is better than the sledge.

One of the greatest disappointments of my professional career was the unwillingness of our surgeons to contribute freely of homœopathic therapeutics when the late Homœopathic Text-Book of Surgery was in course of preparation. In a number of instances co-authors in the work declined to have Homœopathy mentioned in connection with their text, and in few instances the book incurred positive opposition from authors themselves because even a smattering of homœopathic prescribing had been added to their parts. Are we not hiding a great light under a very small bushel?

A quotation from a recent and very eminent old school book will help serve to strengthen my point. Speaking of surgical shock, "restorative treatment" is stated to consist in bringing to bear every available influence upon the reestablishment of the inhibited vital functions? And as the sympathetic nervous system seems to be the primary factor in producing those phenomena which we call shock, it is imperative that its functions be re-established as speedily as possible.

Just here is where the dynamic potency excels the sledge. The inhibitory centers are already inhibited. Shall they be struck another powerful blow, by a simulating, contracting, coercing agent. Or shall they be lightly, gently and inoffensively coaxed, as it were, to a delicate readjustment of vital forces which we can neither see nor understand, yet which too many of us would goad as we would a steed already tired beyond further severe effort?

Aconite and Arnica are my constant helpers for pain, and they serve me well. No surgical case in my hands passes altogether beyond the realm of the homœopathic prescription. There is hardly the chance to individualize carefully in accidents and in operative work, but very often before a case is discharged and more often before it is entered

upon surgically, there is ample field for careful homœopathic work; and the proper observance of the simple and effective rules of true homœopathic prescribing has fully repaid me for forty years, and more especially, I may say, since my work became so almost exclusively surgical, just as it used to repay, according to their testimony, our early surgeons in very unsurgical days.—*Jour. Am. Inst. of Hom.*, January, '10

Editorial.

We take pleasure in presenting as a frontispiece the picture of Dr. Edwin A. Taylor, who has often contributed to the Hering Quarterly, and who is Professor of Materia Medica at Hering Medical College.

Dr. Taylor is one of the most conservative of homœopaths, and one of the most enthusiastic. As a teacher he is not only successful, but has exerted a wide influence over the more recent graduates. Through his careful prescribing Dr. Taylor has built up a large private practice, and is rapidly achieving a national reputation as a consultant.

PERSONALS.

Dr. John Merlin Alford, has located at Galva, Ill.

Dr. C. S. Slaubaugh, of Nappanee, Ind., was in Chicago recently, and renewed his old acquaintances.

Dr. Shirley Foote is teaching minor surgery at Hering.

Dr. Macnish, Physician of London Homœopathic Hospital, and president of London Homœopathic Society is taking special work in Materia Medica at Hering.

Dr. E. O. Richberg has recently been in Washington, D. C., working in the interest of a National Board of Health, on which Homœopathy shall be well represented.

Dr. Paul Pollock spent the month of December in Europe visiting his mother, and incidentally some of the clinics in Vienna.

Dr. C. Edward Sayre has been in Seattle, Wash., as an expert witness in a damage suit.

Dr. O. Alfred Olson, of Rockford, Ill., was in town for a short visit.

Vancouver, B. C., November 16, '09.

Dr. T. G. Roberts,
Registrar Hering Medical College,
72 Madison St., Chicago, Ill.

Dear Doctor:—Your letter of the 28th ultimo was duly received also the diploma for which please accept my thanks.

I am progressing very nicely here and find that Homoeopathy gives satisfactory results, this is particularly true in chronic diseases.

Wishing Hering continued prosperity and with kind regards.

Yours Fraternally,

T. A. WILSON.

"Golconda," Colpetty, Colombo, Oct. 20, 1909.

DR. T. G. ROBERTS, Chicago,

Dear Doctor:

Thank you for the annual announcement and catalogue of Hering College. I was pleased to learn that you were appointed registrar of the college and I extend to you my hearty congratulations. May you be spared long to do the good work you have undertaken. A genuine Hahnemannian homoeopath as Registrar means that Hering College will continue to be the place where the true art of healing is taught.

I am doing well and wish to inform you that there is a good opening here for homoeopathic physicians.

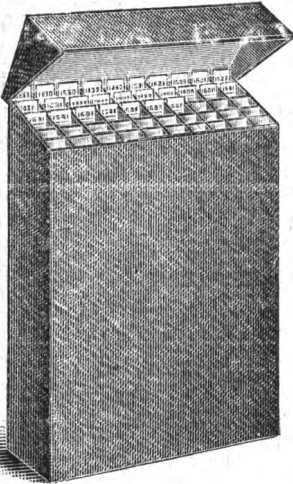
We in the East feel keenly the loss of our beloved Dr. Allen who was always ready to help us in our work. It is seldom that one gets an opportunity to meet a gentleman of sterling qualities like him.

Very Truly Yours,

V. WIJETUNGE, M. D.

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The weak point in the old work has been that it only contains the 126 remedies of the original *Pocket-Book*. Such remedies as *Act. Apis. Bapt. Lil. Pod. Psor. Tub.* and in fact all the remedies that have been added to the *Materia Medica* in the past 40 years, with their increased values since made by repeated clinical verifications are wanting.

We are aware that it is a delicate task to assume the responsibility of placing a clinical value on a symptom, but the additions made by Hering, Lippe, Guernsey, Farrington, Raue, Dunham, Bayard, Wells, Fincke, Wesselhoft, Bell, Biegler and others too numerous to mention, should in justice be recorded, and some one must assume the task.

Each set of slips (with the index and instructions how to use same) will be arranged in a box, with compartments of fifty or a hundred in each. The work has been made as complete as possible. All subscriptions should be addressed to **J. E. Forrest, Batavia, Ill.**, with the amount of \$7.50, the new price, free on board cars *Batavia*, freight or express as purchaser shall designate.

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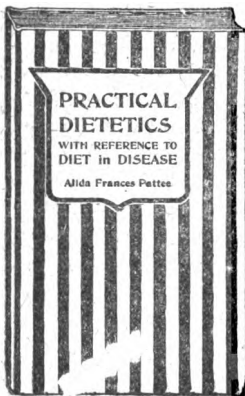
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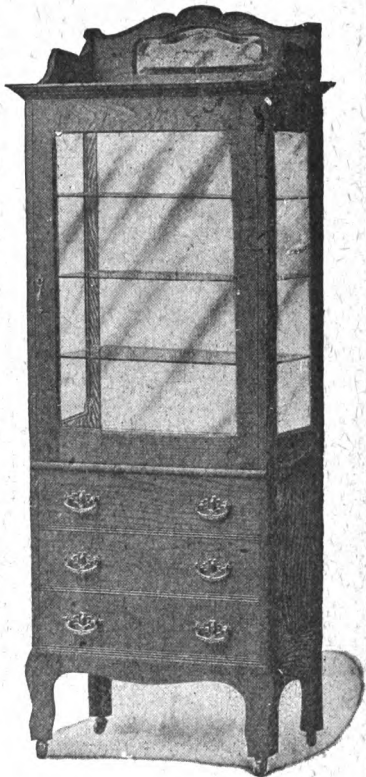
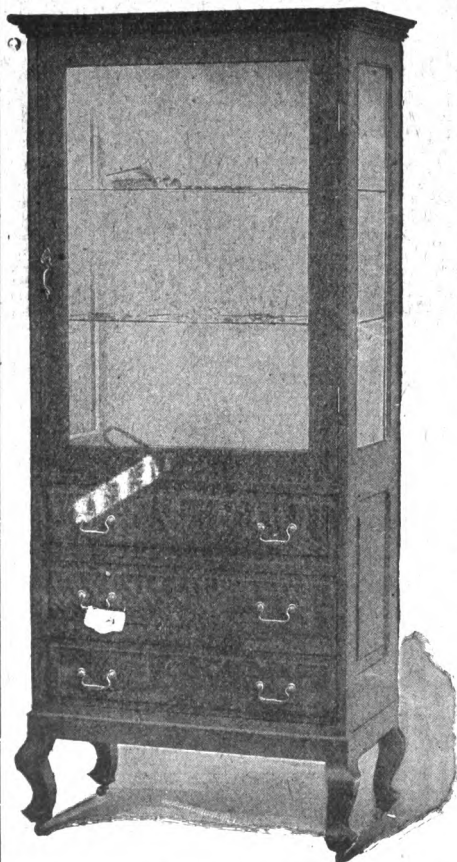
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