



92236



*Class* \_\_\_\_\_ *No.* \_\_\_\_\_

*Presented by*

The Author.

175













Digitized by the Internet Archive  
in 2013

<http://archive.org/details/pathicreco30inte>



120419  
THE

# Homœopathic Recorder

PUBLISHED MONTHLY

Volume XXX

1915

PUBLISHED BY  
BOERICKE & TAFEL





# Index to Volume XXX

- A. M. A. Journal and Vaccines (Dienst), 19.  
Advances, Whence the, 23.  
Alfalfa, 318, 591.  
Animal Charcoal and Bacteria, 470.  
American Institute of Homœopathy, Meeting of, 305.  
Armageddon, From the Front at (Hoyle), 118.  
Astral Therapeutics, 71.
- Bee-Stings and Anaphylaxis, 74.  
Belladonna Face, The (Lewis), 471.  
Bellis Perennis, A Proving of (Hinsdale), 247.  
Blackberry Cordial for Constipation, Doubts (Vincent), 503, 593.  
Blood Pressure and Kidney Diseases (Mitchell), 224.  
Bright's Disease, A Case of (Gaubert), 53.
- Calcarea Calcinata (Clarke, J. H.), 54.  
Cancer (Jones), 345.  
Cancer (Wood), 322.  
Calves and the Corn (Jones), 219.  
Chance or Law in Therapeutics (Stewart), 433.  
Chinese Gibes at Medicine, 77.  
Chronicles of the Farm, 169, 215, 278, 350, 500, 544.  
College, The Future of Our (Hudson), 275.  
Common Sense in Therapeutics, 78.
- Congratulating the Recorder, 546.  
Constipation, A Surgical Pamphlet and, 185.  
Crotalus and Oxytropis (Schell), 447.
- Daily Press on Current Medicines, 395.  
Dammerschlag, 76.  
Dead Sea Water, 274.  
Difference of Opinion, A, 567.  
Dose, The Material (Hermance), 116.  
Dysmenorrhœa (Wood), 151.  
Dysuria (Wood), 100.
- Effects of War, The, 448.
- Fad, Another Gone Glimmering (Roby), 18.  
For What Is It All When All Is Done? 35.  
Formic Acid as a Polychrest (Clarke, J. H.), 375.
- Gastric and Duodenal Ulcers (Wood), 489.  
Gastro-Intestinal Auto-Intoxication (Wood), 526.  
Gelsemium (Hudson), 147.  
Groping for the Wall, 565.  
Gunpowder for Gunners and Others (Clarke, J. H.), 389.
- Harrison Anti-Narcotic Law, 62.  
Heloderma horridus in Cerebral Hæmorrhage (Raye), 549.  
His Mistress' Eyebrow (Clarke, W. B.), 57.

APR 5 - 1916

92236

- Homœopathic Medical College  
(Lahore), 173.
- Hypericum, 355.
- Hysteria, A Case of (Chessir),  
270.
- I. H. A. Meeting at Niagara, 315.
- Indiana, A Message From (Bal-  
win), 422.
- Intermittent Fever (Raye), 124.
- Irritation of the Bladder (Mitchell),  
181.
- Justifiable Profanity (Guernsey),  
592.
- Kings County H. Society, 16, 69.
- Knife vs. Hepar (Raye), 503.
- Laws Passed and Laws Looming,  
171.
- Letter From the Front (Hoyle),  
272.
- Leucorrhœa, Vaginal Discharges  
(Wood), 252.
- Logic, A, Problem, 241.
- Malignancy in the Urinary Tract  
(Mitchell), 362.
- Medicago Sativa (Johnstone), 591.
- Mental Therapeutics (Hudson),  
242.
- Mercury, Verifications of (Cole-  
man), 383.
- Modern Scientific Therapy, 393.
- Mullein Oil in Deafness, and Ear-  
ache, 451.
- Myofibroma of the Uterus (Wood),  
401.
- New Jersey State Hom. Med Soc.,  
283.
- North and South America Shake  
Hands, 195.
- NEW PUBLICATIONS.
- BAINBRIDGE. Cancer, 459.
- BIDWELL. How to Use the Rep-  
ertory, 294.
- BOERICKE & DEWEY. Tissue Rem-  
edies, 135.
- BURTON. Homœopathy in De-  
troit, 232.
- KIPPAX. Call of the Stars, 186.
- LIPPE. Keynotes, 293.
- MAJUMDAR. Appendicitis, 295.
- MILLS. Practice, 230.
- SWINGLE. Keep Well, 86.
- WHEELER. Case of Homœopathy,  
294.
- O Tempora! O Mores! 97.
- OBITUARY.
- Benjamin C. Woodbury, 352.
- Official, 193.
- Origin of Germs; or Theology and  
Medicine, 517.
- Oxytropis and Crotalus, 447.
- Patient and the Disease, The, 51.
- Pediculosis of the Scalp in Eye  
Diseases, 174.
- Penthorum Sedoides (Steen),  
26.
- Peterman, Cases From, 446.
- Platanus Occidentalis, More About  
(Hubbard), 58.
- Pneumonia (Mills), 519.
- Pneumonia, Aborting (Swingle),  
60.
- Post Hoc Therapeutics, 1.
- Potencies, The Mystery of (Wil-  
son), 126.
- Pregnant Women, What Research  
Has Done for (Mitchell),  
508.
- Pyrarara (Dearborn), 114.
- Pyrarara (Oliveira), 394.
- Recorder, The September, 422.
- Reforming the World, 373.
- Reading the Pulse for the Indicated



- Remedy (Jones), 3, 51, 111, 166, 211, 265, 396.
- Reading, Doctor Jones (Vogle), 441, 486, 523, 569.
- Relation of Medical Science to Clinical Medicine, 67.
- Repertory Prescribing, The Value of (Grimmer), 583.
- Rhus, Bryonia and Ruta, Comparison, 590.
- Rip Van Winkle Talking in His Sleep, 590.
- Ruts, Ruts, Ruts (Edgar), 505.
- Science With Exceptions, 545.
- Shell Explosion, Effects of, 72.
- Specialists' Department (Mitchell), 28, 80, 127, 176, 211, 287, 356, 412, 452, 507, 550, 595.
- Spirit Like Dynamis of Homœopathic Remedies, The (Bit-  
ters), 429.
- The Truth—But, 24.
- There Is a Reason (Bidwell), 573.
- Thlaspi Bursa Pastoris and  
Glonoine (Morrow), 501.
- Thlaspi Bursa Pastoris, Tincture of,  
the Minister's Pocket-Book,  
66, 396.
- Three Cases (Markham), 482.
- Tuberculosis, Arsenic (Young), 6.
- Tumor, Malignant, Breast, Remov-  
ed Without Cutting (Car-  
michael), 438.
- Tumors, Cure of, by Homœopathy  
(Hermance), 588.
- Twilight Sleeplessness (Duncan),  
478.
- Typhoid, Aborting (Worth), 173.
- Typhoid, Diagnosis of (Hood),  
288.
- Uterine Hæmorrhage (Wood),  
199.
- Uterine Fibroid Tumor (Smith),  
110.
- Warming Up Boston, 64.
- What Is Homœopathy and Why  
We Believe (Bargow), 216.
- Why Dr. Slevin Became a Ho-  
mœopath, 445.
- Wisdom From Westboro, 145.
- Zeppelin Did in Iowa, What a (C.  
M.), 566.



# THE HOMŒOPATHIC RECORDER

---

VOL. XXX      LANCASTER, PA., JANUARY 15, 1915.      No. 1

---

## “POST HOC THERAPEUTICS.”

This is the title of a long and well written paper by William P. Cunningham, A. M., M. D., New York, in the *Medical Review of Reviews* for December. Dr. Cunningham opens his paper with these words:

“One of the pet weaknesses of the human mind, almost universal in its manifestations, is the propensity to align as cause and effect, that which has been an unassociated sequence of events. Among those of little education this is frequently carried to an absurd degree. Let disaster follow the appearance of a comet, and the etiological relation is at once and incontrovertibly established.”

As Artemus Ward might have put it: “N. B.—This is sarcasm.” The disaster occurred. The people argue, as no other cause could be assigned, that the comet probably was the cause—*post hoc*. Dr. Cunningham and his side say this is false reasoning, which possibly is so, but what is their reasoning? Denial and Agnosticism.

Further on the following occurs:

“Let us consider the time honored treatment of measles. It is the rule to-day as it was in remote antiquity, to smother the child in a hot room, sweat it with hot drinks, and punctiliously exclude every ray of sunlight. Because the helpless victim survives this awful torture, it is declared that he survived because of it.”

That is equally true of several old treatments chiefly noted for lack of common sense; bleeding, for instance. But what of a child recovering under serum? Is not that equally “*post hoc* therapeutics?” Still further on we read:

“I witnessed the birth of one of these post hoc delusions. At a famous dermatological clinic some years ago (nine to be exact),

a case of dermatitis exfoliative was presented by one of the audience. Patient had been afflicted twenty-one years: had recently spent a year in the hospital with no appreciable improvement. The entire surface of his body had been intensely red with profuse scaling. At the time of his presentation to the clinic he was vastly improved in every way. The redness and scaling were decidedly reduced and the itching which had been unbearable was now causing little or no uneasiness. This amazing result had been accomplished by a homœopathic practitioner with *Antimony*, *Apis* and *Pulsatilla* in high dilutions (perhaps one thousandth of a grain of each), cow itch in about the same dosage having almost eliminated the pruritus. This case produced quite a sensation. The fortunate practitioner was publicly complimented on his achievement. The famous chief of clinic acknowledged that he had no explanation to offer. He gracefully credited the other man with greater skill, and hoped that Hebra was mistaken when he considered this disease incurable. There is no doubt that this really remarkable circumstance has gone into homœopathic literature as a demonstration of the efficacy of that form of medication in their treatment of this hitherto fatal neurosis. With no desire to detract one whit from the glory to which the successful physician was entitled, I would beg to submit one or two remarks apropos. In the first place, "one swallow doesn't make a summer." Remarkable coincidences are usually mistaken for consequences. That is the whole burden of this paper."

Brother mortal, this reminds one of a bit from an old writer, St. Luke by name, which reads, in part, "neither will they be persuaded though one rose from the dead." Human nature does not change much. There was once a blind man who was miraculously cured. Certain orthodox gentlemen wanted to know how it was done, and he told them to the best of his ability. They thought the healing was irregular and "cast him out." It was in their eyes apparently a case of *post hoc* Therapeutics. The blind man whose sight was restored was "of age," consequently over 20. The man mentioned, Dr. Cunningham, had been afflicted for 20 years with an "incurable" disease, that is, incurable in the eyes of those who think they are the orthodox. Both men were cured, but both cures were rejected by those occupying the high-seats in the synagogue.

Again, to quote the late Artemus, man is an "amoozin' cuss"—sometimes.

---

## READING THE PULSE FOR THE INDICATED REMEDY.

By **Eli G. Jones, M. D., Burlington, N. J.**

In nine cases out of ten when we know how to read the pulse intelligently it will tell us what remedy is indicated. It enables the physician to prescribe intelligently, rapidly and successfully for the sick. A child can *count* the pulse, but it is a *man's* business to *read* it. What we want to know is the *character* and *quality* of the pulse. I had a patient sent me from a physician, he had been treated by a doctor in Philadelphia for a cancer on the top of his head, with a magnifying glass. I succeeded in finding a small pimple as big as a kernel of wheat. I said, "That is not a cancer, it is only a pimple." The man said, "Thank God, I have found an honest man. I paid \$50.00 to have that treated for a cancer. Now I want you to tell me what ails me?" In reading his pulse I found it *weak, intermittent, irregular*. I said to him, "Your pulse tells me that you have had a severe strain upon the brain and nervous system." Then he told me that he had "failed in business, and been driven nearly insane with worry of mind." The pulse indicated *Kali phos.* 3x, three tablets once in three hours. This was the principal remedy that he needed, for it is the pulse of *Kali phos.*, and he recovered his health.

I met in consultation two physicians in Poughkeepsie, N. Y. The patient had a chronic abscess of the hip, and was gradually losing the use of his right arm. In reading the pulse I not only felt the weakness of the pulse, but there was a well marked interval between the pulsations. You will get that *kind* of a pulse in impending paralysis, or when *paralysis* has already taken place, and it is the pulse indicating *Kali phos.* I prescribed that remedy for him, also *Silicea* 6th for the abscess. He now has good use of his hand, the abscess is healed up, and his health is better in every way.

A regular physician from Chicago, Ills., called to consult me about what he feared was cancer of the stomach. I looked at his tongue and read his pulse. I said, "You have smoker's

indigestion, not a symptom of cancer of the stomach. You need *Nux vomica* 2x, three tablets once in three hours." The reader should remember that the pulse indicating cancer has a "weak, discouraged feeling to it, and is more rapid than normal," it is also the pulse indicating *Strychnine*. I was sitting in a doctor's office in Corry, Pa.—he was called to a house where they used natural gas: it had escaped and filled the house full of gas. The whole family was prostrated from the gas. The doctor came home with fearful headache, vomiting and diarrhoea. In reading his pulse I found the pulse of *Veratrum vir.*, "full, bounding pulse, with tension," a dull expression to the eye and face purple. I gave him *Tr. veratrum vir.* pt. x 10 drops once in half an hour: after the second dose of the remedy the patient was so much better that he went to the hospital with me to show me a case of typhoid fever under his treatment.

A lady at the menopause complained of severe pain in hand and wrist: they looked purple. We might think different diseases, but when we read the *pulse* it tells the whole story. The "full, bounding pulse with tension" calls for *Tr. veratrum vir.* pt. x, 10 drops once an hour for three hours, then once in three hours, to equalize the circulation at the second dose. She said, "Oh, how much better my hand and wrist feel!" Oftentimes a patient will tell you that they are in *pain* when they are *not*, it is only "nervousness." How can you tell if the patient is in pain or not? If there is *pain* you can tell it by the *tension* of pulse and *contraction* of the pupils.

Your patient *can't* fool you when you know *how* to read the pulse. I had a patient very nervous, crying with pain (so she said), her pulse showed *no* tension, no contraction of the pupils, therefore, *no* pain, a three grain pill of *Asafatida* once in two hours put her to sleep so nicely she thought she had been given morphine. In some cases where there has been severe pain for some time the *tension* to the pulse is *more* pronounced. As you grasp the wrist you get the feeling of *irritability* a *spasmodic contraction of the nerves* and muscles that indicates *Magnesia phos.* When the nerves have been overstrained or *irritated* in any way, you may expect to find *tension* to the pulse, be it ever so slight. In this way by reading the pulse I made a diagnosis of *neuritis* where other doctors had failed to make a diagnosis.



One specialist said, "He did not know what it was." In another case the man had nearly lost the use of both arms by being pulled and hauled about by "bone-setters" and osteopaths. The pulse showed an *irritability* and *contraction* of nerves and muscles that had "gone on a strike" and *refused* to do duty. *Magnesia phos*, 3x, three tablets once in two hours, was the remedy indicated by the *pulse*, with gentle massaging the muscles of the arms. The patient has good use of his arms. It is a case that a physician may not see in a lifetime. The pulse of *Magnesia phos*. should not be forgotten, remember it has *more* tension than *Veratrum vir.*, and the *feeling* of spasmodic contraction of the nerves and muscles is peculiar to *Magnesia phos*. In reading the pulse in a case of acute indigestion we find the pulse "*small, rapid at times, disappearing from the wrist.*"

This is also the pulse of *Veratrum album* and the *second stage*, a cholera. That *kind* of a pulse calls for *Tr. veratrum album* 3d x, 15 drops in half cup of water, teaspoonful once in 15 minutes until relieved. If the professors in our medical colleges would only teach their students how to *read* the *pulse*, the *eye*, and *tongue*, not only as a means of diagnosis but to find the *indicated* remedy, they would make *better* physicians of them and more *intelligent* prescribers. When in *doubt* read the pulse. When I see a doctor *consulting* the pulse I *hope* he is a *good* prescriber, but my *faith* is weak. I have practiced medicine nearly forty-five years, and many *years* ago learned to *read* the *eye*, *pulse* and *tongue*, and keep the watch in my pocket. The human hand is the most *delicate* instrument for diagnosis that can possibly be conceived by the mind of man when we *educate* it and have our *eyes* at our fingers' ends. We all know how sensitive the hands of a blind person, well a physician's hands should be just as sensitive. The Almighty has given us eyes and hands with which to diagnose disease, and we should *learn how to use them*.

---

### PRELIMINARY.

Brooklyn, N. Y., Sept. 18, '14.

E. P. Anshutz, M. D.

*My Dear Doctor:* Yours of the 17th at hand, and pleased to hear from you. In regard to the statement that the unindicated



high potency is deadly in its action, it is limited to that of consumption, which is an irrefutable fact, and one that the homœopathician must bear in mind and carefully avoid in the treatment of consumption, so, instead of changing it, emphasize it with italics, and let me defend it.

An unexperienced physician in the treatment of pulmonary consumption may not subscribe to its truth, but let him violate it and the death of his patient will be the result.

No, please don't change any part of it, each one is right to the point, and is sound Homœopathy, and proved by careful observation of scientific experience.

Respectfully yours,

DR. C. H. YOUNG.

(Dr. Young now has the floor.—Editor of the HOMŒOPATHIC RECORDER.)

\* \* \* \* \*

## PULMONARY TUBERCULOSIS.

### HOMŒOPATHIC TREATMENT ILLUSTRATED BY FOUR ARSENIC CASES.

By Chas. H. Young, M. D., 14 Gates Ave., Brooklyn, N. Y.

Homœopathic literature presents many cases of pulmonary tuberculosis cured by the indicated remedy, and Hahnemann's cures of consumption greatly assisted in the propagation of the science; then, it is well known, that he met his second wife, as a patient afflicted with tuberculosis, whom he cured, and that, as his wife, her intelligent colaboration in his practice helped him to establish the school.

It is probable that nearly every Hahnemannian has cured a few cases of consumption, as many of them have been published in the journals and Bœnninghausen, Wells, Fincke, Carleton and others were known to have cured tuberculosis; then H. C. Allen could probably produce the records of many cases, as is evidenced by his *Therapeutics of Pulmonary Tuberculosis* in Gregg's *Consumption*, which were largely adduced from experience, and have been verified by others.

The writer published in the November, 1908, issue of the *North American Journal of Homœopathy* several cases cured by the indicated remedy, which adds further evidence to establish

the fact that the treatment of tuberculosis is no exception to the homœopathic law of therapeutics.

The *Organon* of the Science of Homœopathy and the first volume of Hahnemann's *Chronic Diseases*, furnish the instructions for finding the indicated remedy, and the materia medica contains the provings of a sufficient number of remedies to cover, probably, any given case of consumption, then, as homœopathic physicians possess, at least, an average medical knowledge, they should surpass in the treatment of consumption as well as in chronic diseases, but as a school they are a failure.

The old school method of treatment is mostly climatic or open air with good nourishment and a few drugs only, as they teach that medicines have no curative effect in that particular disease, and it appears that our homœopathic physicians, as well as the public, have accepted their false precepts.

The reason why homœopaths doubt the efficacy of medical treatment in pulmonary tuberculosis appears to be as follows:

First, the taking of a case of consumption correctly requires an intimate knowledge of the precepts of the *Organon* and *Chronic Diseases*, which must be carefully applied in order to succeed, but the profession are rather inclined to neglect those works as "out of date."

Second, the action of the crude drug, or low potency, is too short, superficial and weak to produce a curative effect in a disease with such changes of tissues and function and intensity of action.

Third, the action of a similia, or even a similius, in a high potency, is too intense and injurious in its effects, which will start a downward course of the disease, that is, an increase of it very difficult to arrest, for experience shows that the action of a non-indicated remedy in a high potency is far more deadly than the crude drugs; so that when they are carelessly prescribed and manifestly hasten death, the physician is naturally unnerved and becomes timid.

Fourth, the frequent repetition of remedies, especially the high potencies, is confusing and very injurious.

Fifth, an attempt to correct a prior drug treatment by homœopathic antidotes is a waste of time, and dangerous; simply discontinue them and at once prescribe *Sac. lac.*, then carefully take

the case, which must, if possible, include the symptoms of the primary cold or pleurisy, etc., together with every suppressed symptom, and especially the aggravations of time, position, weather, etc., as given by Bœnninghausen, and thereby complete the image. The peculiar symptoms of the patient must then be found, as most similarly peculiar in a remedy, in order to make it the unquestioned simillimum.

Even after the indicated remedy is apparently found don't rush to give it, but wait, continue the *Sac. lac.* while you further review the case and remedy, and let the prior treatment subside until the indications are clear and positive, then administer one pellet dry on the tongue of the 200th potency, and confidently wait for a slight aggravation with subsequent improvement, which is not to be disturbed by repetition until the action ceases.

The human mind is prone to err, but the Science of Homœopathy with its genuine Law of Medical Therapeutics cannot admit of exceptions in its application to disease; therefore, the constant problem presented to the physician is how to take the case and find its remedy, and after administration to so manage the patient that it may not be interrupted; though, of course, bearing in mind not only the known average duration of each remedy, but the fact that the different intensities of the same disease in different patients, especially the mental states, will exhaust a remedy in one case quicker than in another, and which must be left to the judgment of experience and observation.

It is advisable to premise the use of terms in order to avoid confusion with the reader, as follows:

First, the hereditary or acquired state of susceptibility to the tubercle bacilli, which is generally composed of a peculiar quality of catarrhal tendency, prior pleurisy, or pneumonia, with very often a run-down condition of indigestion and mal-assimilation.

Second, the first stage, which consists of an infiltration of the tubercle bacilli with its changes of tissue and function, as manifested by certain clinical symptoms, and this stage has a duration of about three months, as an average, or until suppuration begins.

Third, the second stage, which begins with the first appearance of tubercle bacilli in the sputa, as the manifested evidence of suppuration, and formerly called the stage of consumption proper,

and this stage may be, for convenience, divided into the early or incipient, the advanced and moribund states.

## FIRST CASE.

M——, an Englishman, 58 years; brunette; negative history; father d. at 74; mother d. at 84; has a catarrhal tendency, which is sensitive to cold or cold air; is tall and lean habit.

April, 1908, he departed from England in ordinary health; en route he visited a fellow passenger in his warm state room, and afterwards, while in a state of perspiration, went on deck in the cold wind or air, and was chilled through and took cold.

May 1, 1908, about three weeks after taking cold, mind anxious, depressed, discouraged, drowsy and greatly prostrated for so short an illness; pulse small, weak and rapid, with an afternoon temperature and night sweats; a marked emaciation and run-down condition.

The respiration was short and weak, especially the inspiration and prolonged expiration; a tickle in the larynx with a dry cough and expectoration; frothy expectoration enveloping yellow mucus, < 5 A. M., and, as suppuration had not begun, the sputa was negative, that is, free from bacilli.

Physical examination showed a normal contour of the chest but emaciated; dulness over the right subclavicular region with crepitation, which, together with the clinical symptoms, clearly indicated an infiltration of tubercle bacilli and first stage.

The symptoms peculiar to the patient were the anxiety and despair; sudden prostration and emaciation; catarrhal sensitiveness to cold air, and particularly the suppression of sweat and taking cold at sea; a cough, day, with expectoration, and night cough without; the frothy sputa enveloping yellow mucus and the right upper lobe.

The repertory gives a long list of remedies for anxiety, which may be avoided by taking a particular symptom with only a few remedies, as aggravation at sea: *Ars.*; *Mag. m.*; *Rhus*; *Sep.* Anxiety: *Ars.*; *Rhus*; *Sep.* Despair: *Ars.*; *Rhus*; *Sep.* Sudden prostration: *Ars.* Emaciation: *Ars.* Aggr. cold, open air: *Ars.* Suppression of sweat by getting cold: *Ars.* Cough, etc.: *Ars.* Frothy sputa with yellow mucus: *Ars.* Right apex: *Ars.*, and a further examination of *Arsenicum* will show that it is the only

remedy in the materia medica which produces the series of symptoms, and peculiar to both the patient and itself.

Owing to the deadly reputation of *Arsenic* I hesitated to give it, as it was my first *Arsenicum* case of T. B., but as I could not see any other one, with faith in the law, one pellet, 200 potency, was given dry, May 3d, and *Sac. lac.* The fever and sweats ceased within a week; out of bed in ten days; out doors in two weeks, and at the end of the month all symptoms relieved; discharged as thoroughly arrested without a repetition of the one dose of *Arsenic*. On June 17th he called at my office in good condition, well, and had gone into business.

#### SECOND CASE.

Mr. C——, age 63, blonde; family history negative; a catarrhal tendency with a bad cold for several weeks, and had developed a run-down condition while under x-science treatment; then on March 11, '09, acquired a fresh cold, sneezing, coryza, hoarseness, cough, fever and night sweats, and under the science treatment grew steadily worse.

March 19, '09, present state: Intense anxiety and restlessness, fear of death, greatly depressed and nervous; quick prostration; restless, sleeplessness, cannot lie down, rested in a reclining chair for the past three nights in a half sitting position, < rattling breathing.

Lips and mouth dry, tongue dark red, cracked and parched; no taste and very scant appetite, but thirsty for cool water.

Pulse 104, weak; T. 100  $5/10^{\circ}$ ; hectic flush on right cheek; night sweats, anæmic and emaciated.

Catarrhal tendency, breathing weak, a rattling, wheezing inspiration < lying, prolonged expiration; a loose rattling cough with expectoration, nights, from 1 to 3 A. M., < lying on right side, > sitting up; expectoration in the beginning frothy with enveloped yellow mucus, but now thick yellow mucus.

Physical examination as follows: The right upper lobe has subclavicular dulness, crepitant and subcrepitant rales, both anteriorly, posteriorly and axillary region; a catching stitch in right thorax just above the liver with a rubbing friction sound; heart action weak, fainty feeling, murmur with first sound, most distinct over right second space near sternum, and extending over the aorta to the left.



Diagnosis: Tubercular infiltration of the right upper lobe of the lung, first stage, and obstruction of the aortic valves of probably an arterio-sclerotic nature.

The peculiar symptoms of the patient are as follows: Anxiety and restlessness, fear of death, depression, prostration, restless, sleeplessness < lying; dry, dark red, cracked and parched tongue; emaciation; catarrhal tendency; loose cough < nights, 1-3 A. M., < lying on r. side; expectoration formerly frothy and enveloping yellow mucus, but now thick and yellow.

Anxiety: *Agar.*; *Ant. t.*; *Ars.*; *Bry.*; *Calc. carb.*; *Carb. v.*; *Caus.*; *Fer.*; *La.*; *Merc.*; *Nat. m.*; *Nat. a.*; *Pet.*; *Phos.*; *Pso.*; *Puls.*; *Rhus*; *Sep.*; *Spo.*; *Stan.*; *Sul.*; *Zn.*; *Kal. c.*

Fear of death: *Ars.*; *Bry.*; *Calc.*; *Caust.*; *Kal. c.*; *Lyc.*; *Nit.*; *Phos.*; *Pso.*; *Pul.*

Despair: *Ars.*; *Bry.*; *Calc.*; *Caust.*; *Lyc.*; *Nit.*; *Phos.*; *Pso.*; *Puls.*

Restlessness: *Ars.*; *Bry.*; *Calc.*; *Caust.*; *Lyc.*; *Nit.*; *Phos.*; *Puls.*

Tongue: *Ars.*; *Bry.*; *Calc.*; *Caust.*; *Lyc.*; *Nit.*; *Phos.*; *Puls.*

Heart: *Ars.*; *Bry.*; *Calc.*; *Caust.*; *Lyc.*; *Nit.*; *Phos.*; *Puls.*

Cough with expectoration: *Ars.*; *Bry.*; *Calc.*; *Caust.*; *Lyc.*; *Phos.*; *Puls.*

Thick, yellow sputa: *Ars.*; *Phos.*; *Puls.* Frothy sputa enveloping yellow mucus, *Ars.*, and the remaining symptoms are also peculiar to *Arsenicum*. It was shown that *Arsenic* is graded in heart diseases, and it is four in angina pectoris, which is grounded in an arterio-sclerotic condition, so that it is clear that *Arsenicum* presents a complete image of the totality of the symptoms or its entire pathology.

March 19th, *Arsenicum* 200th potency, one pellet dry, at 8 P. M., and put to bed with the head high. Twentieth, > night, lower in bed; tongue yellowish and clammy; pulse >; breathing >; T. only 99° at 8 P. M.

March 21st, mind and sleep <; breathing <; pulse 88, weak; T. 98° A. M., and sweats same, feel weaker. *Ars.*, one pellet, 8 P. M., day >, stronger, T. 99.4°.

March 22d, night >, stronger; sweat less, others >, but T. 98.7°, and pulse 96, therefore, *Ars.* one pell. Eight P. M. had a good stool; respiration, cough, expectoration and pleuritic pains >; *Sac.*

March 23d, generally better, lower in bed, *Sac.*

March 24th, generally better; pulse 94; T. 98.6°; rattling, wheezing respiration ceased, subcrepitant rales out, crepitation less, cough and sputa > ; naps through the day, *Sac.*

March 26th, no sweat; T. 98.6°; P. 104; *Sac.* Twenty-ninth, anxious, fretting, excitable; bad night; *Ars.* one pell. March 31st, generally better; out of bed, sitting up; good appetite; mouth normal; lungs clear; P. 100; *Sac.*

The patient progressed steadily toward health and strength though the pulse continued high, and frequent spells or panics of anxious fretting required a dose of *Arsenicum*; and he was so fearfully anxious that neither heart disease nor consumption were ever mentioned.

In the first case one dose of *Arsenicum* c.c. cured, but the second case required repeated doses on account of the intensity of the anxious fear and fretting, which seemed to burn up the medicinal force.

#### THIRD CASE.

Mr. ———, 34 years, Irish cab driver; father d. pleuro-pneumonia; mother d. confinement. He had measles in childhood, catarrhal tendency, steady drinker. February, 1913, was cleaning harness, which produced sweating; a cab call; cold, windy day; ascended cab seat while sweating, got chilled through; suppressed sweat; two drinks of whiskey failed to relieve; had fever in the P. M.; a bronchial cold developed and rheumatism in the legs; in bed several days; very weak.

The legs were stiff, swollen and purplish, wheal-like raisings on the skin, < right calf, and a swelling tendency remained in the P. M., for several months, and in the meantime a cough, fever and night sweats developed; < nights, lying on right or painful side; drafts; also an itching under the right scapula, < nights and lying on it, and cramps in the calves when stretching out the legs.

July 22, '13, present state: Mind anxious, excitable, frets, but sleep and digestion fair; an afternoon fever of about two degrees and night sweats; kidney function normal, no albumen in the urine nor swelling of the legs for several weeks; cough with expectoration in the A. M. and on retiring, < lying; expectora-



tion frothy and enveloping yellow mucus; aching under right scapula slight, < draft.

Examination showed dulness over the right anterior lobe of the lung with crepitation; sputa contains T. B.; diagnosis; pulmonary tubercular infiltration of the right upper lobe; second stage.

The peculiar symptoms of this patient are similar to those of the two prior cases, namely: Anxiety, cough with expectoration morning and on retiring, < lying, draft, frothy expectoration, enveloping yellow mucus, and the suppression of sweat by getting chilled in a cold day together with the ceased symptom of swelling of the feet in the afternoon and the long history of alcoholism.

It is evident from the two prior cases that *Arsenicum* covers the totality of the symptoms, and is the indicated remedy; therefore, one pellet 200 was given, and improvement was soon manifested.

August 11th, a marked general improvement, and the disease appeared entirely arrested, and as the weather was warm and pleasant he returned to his driving, which was an error, for though the lungs were practically well, yet they were too weak to resist cold and drafts or sweating exposures, which might cause a relapse. I then lost track of him and the ultimate result; nevertheless, he was a genuine *Arsenicum* patient, and if he did not get entirely well, that is, had a relapse, it was his own fault, for a continuance of the treatment would certainly have cured him.

#### FOURTH CASE.

Miss ——, 23 years, blonde; mother insane, died of pneumonia; father died of alcoholism; one brother sick with tubercle bacilli. At five years of age fell and injured right hip joint, but now quite well, though with some soreness, and is a cripple. During the spring and summer of 1911 was in a run-down condition, had a hæmorrhage from the lungs in December, and a cough, fever and sweats with tubercle bacilli in the sputa.

July 31, '13, present state: Mind anxious and hasty; eyes myopic, strabismus and constant lateral motion; appetite poor, flatulent tendency, < farinaceous food, white bread, fats, with nausea afterwards; stools hard and difficult from milk; urine frequent and cannot wait; menses late, bearing down before, three

days long, dark; leucorrhœal tendency after m. of white mucus; catarrhal tendency, < draft on head, cough and expectoration scant, nearly arrested by dry air treatment.

Examination shows weak breathing, prolonged expiration, right subclavicular dulness and crepitation, so that the right upper lobe was yet infected, though the general health was much improved; she received one dose of *Nux* c.c. for the constipation from milk.

Eliminate the indigestion and urinal weakness from too much milk and there is left, as peculiar to the patient, the following symptoms: Anxious and hasty, and in the beginning depressed and crying; digestion < fats and milk; catarrhal tendency < drafts; alcoholic impression; leucorrhœal tendency; right upper lobe, and lateral motion of eyes.

Catarrh, < draft: *Agar.*; *Ars.*; *Bell.*; *Bry.*; *Bapt.*; *Gels.*; *Caust.*; *Chin.*; *Hep.*; *Kal. c.*; *Merc.*; *Nat. c.*; *Nux*; *Phos.*; *Pul.*; *Rhus*; *Sele.*; *Sep.*; *Sul.* (R. lung, *Ars.*)

Digestion < fats: *Ars.*; *Bell.*; *Bry.*; *Caust.*; *Chin.*; *Hep.*; *Kal. c.*; *Merc.*; *Nat.*; *Nux*; *Pho.*; *Pul.*; *Sep.*; *Sil.*; *Sul.* < milk: *Ars.*; *Bry.*; *Chin.*; *Kal.*; *Nat.*; *Nux*; *Phos.*; *Pul.*; *Sep.*; *Sil.*; *Sul.*

< alcoholism: *Ars.*; *Chin.*; *Nat.*; *Nux*; *Pul.*; *Sep.*; *Sul.*

Anxious: *Ars.*; *Chin.*; *Nat.*; *Nux*; *Pul.*; *Sep.*; *Sul.* Hasty; *Ars.*; *Nux*; *Sul.*

Depressed and crying: *Ars.* Eyes lateral motion: *Ars.*; *Leuc.*; *Ars.* It is seen that the peculiar symptoms of the patient are also peculiar to *Arsenicum* only, and, therefore, the simillimum. August 7th, one pellet c.c. dry. Improvement was steady until September 8th then ceased; again *Ars.*, also on the 29th September. On October 6th examination showed the right lung clear and respiration normal; discharged.

The foregoing cases furnish a verification of many of the symptoms which indicate *Arsenic* in pulmonary tuberculosis, as presented in the following scheme, and, in any given case, may be completed by referring to the materia medica.

#### NERVOUS SYSTEM.

*Arsenicum album.*—Excitable, irritable and sensitive; great anxiety and restlessness; anxious fear of death, of disease, of hæmorrhage; anxious and hasty; depressed and crying; drowsy, lassitude; sleepless and restless; prostration, or sudden sinking

of the vital forces out of proportion to the duration and intensity of the disease: irritable weakness, < lying, nights.

## ALIMENTARY SYSTEM.

Lips and mouth dry, tongue dark red, parched and cracked, no taste; thirsty; loss of appetite; < fats, farinaceous food, milk, alcoholism; dry, hard, difficult stools from too much milk, or diarrhœa in advanced states; emaciation even while eating well

## VASCULAR SYSTEM.

Pulse rapid, weak; afternoon temperature of two or three degrees; night sweats; hectic flush on right cheek: sweat easy while exercising; sweat easily suppressed by cold or cold air, < at sea.

## RESPIRATORY SYSTEM.

Catarrhal tendency, < cold air: < chilled while sweating; < drafts; < sea air, on the sea, or sea bathing; sneezes, fluent coryza; larynx functionally affected with varying hoarseness.

Prolonged expiration: short and weak inspiration, < ascending, exercise; rattling, wheezing inspiration, < lying, nights, in right lung.

Tickling in the larynx or upper trachea with a loose cough and expectoration; dry cough with expectoration, and night without it; loose, rattling cough: < nights: from 1 to 3 A. M.: < lying on the painful side, especially the right: < drafts: < on retiring and on rising in A. M.

The expectoration, in the beginning, is dominantly frothy and envelops small chunks of yellow mucus: but in the advanced state of the second stage it becomes thick and yellow; contains T. B.: may be bloody: its aggravations are same as with the cough: > sitting up.

The chest contour is generally normal, but emaciated infiltration of the T. B. generally begins in the right upper lobe of the lung with the manifestation of prolonged expiration, subclavicular dulness and crepitation, which, while very slight and faint, may be detected by coughing at the end of expiration; but, if there is no prolonged expiration, it is safe to exclude infiltration, for in the process of infiltration the function is first effected, and in the progress of cure it is the last to be restored to a normal long inspiration.

There may be irritation of the pleura, especially in the right side with stitching pains.

A pathological constitution is known to be composed of the various systems of the body, which are affected, and generally three or more, and often called temperaments; thus the foregoing cases present four abnormal systems which enter into the composition of a tuberculous constitution, and its systemic elements may be expressed by their peculiarities, as follows: An excito (or depresso), tuberculo-bilio-anæmic constitution.

The constitutional aggravations are worse at night, may be from 1 to 3 A. M.; from cold; after becoming cold; sweat suppressed by cold, or cold sea air; by drafts; lying, especially on the painful, or right side; after retiring, and on rising in the A. M.; from fats; farinaceous foods; too much milk; alcoholic drinks; the right lung, and extends to the left.

Ameliorations from warmth and sitting up to expectorate.

An infiltration in an *Arsenicum* patient acts intensely and rapidly, and the curative action of *Arsenic* is similarly quick and thorough.

---

**COUNTY KINGS SOCIETY. DEATH OF DR. CARDOZO. CRITICISING HOMŒOPATHIC INSTITUTIONS. COLLEGE OF SURGEONS, ETC.**

The 479th regular meeting of the Homœopathic Medical Society of the County of Kings was held at the Medical Library, Brooklyn, November 22, 1914, the president, Dr. John F. Ranken, in the chair.

Under the Bureau of Homœopathy and Materia Medica Dr. George S. Ogden, chairman, papers were read by Dr. Royal A. Abbott, on "Bryonia;" Dr. Albert Comstock, on "Cactus Grandiflorus in Angina Pectoris," and Dr. Arthur Horton Pierson, on "Belladonna and Sanguinaria."

The necrologist, Dr. J. Alexander Stewart, presented a report on the late Dr. J. Lopez Cardozo, which was, in part, as follows:

Dr. Cardozo was born in Amsterdam, Holland, in 1832. He came to this country in the '70's, and entered the North Carolina Medical College, graduating with the class of 1878. He took up

the study of Homœopathy shortly after his graduation, being led to it by seeing cures made where the professors of his college failed. He became an ardent homœopathist, and when he came north some years later joined the Homœopathic Medical Society of the County of Kings in 1891. He was a high potentist, and believer in the single remedy. He was a member of the Brooklyn Hahnemannian Union, visiting physician at the Eastern District Dispensary and chief of staff of the Gates Avenue Homœopathic Dispensary. He is survived by eight children, five sons and three daughters. One of the sons is a graduate in medicine, practicing in Brooklyn.

Under the Bureau of Obstetrics Dr. Herbert C. Allen, chairman, Dr. John F. Ranken read a paper on "Management of Occiput Posterior Positions."

Dr. Orando S. Ritch read an interesting paper which he had read at the recent meeting of the Southern Homœopathic Society at Baltimore. Dr. Ritch stated that he was led to prepare the paper on account of the many criticisms of the methods of treatment in homœopathic institutions. He had made an investigation and ascertained that during the year of May, 1913, to May, 1914, there had been a total of 42,407 prescriptions recorded in the Cumberland Street Hospital. Of this number 37,711 were homœopathic prescriptions, 4,696 non-homœopathic. The mortality of the institution during the year was 5.119 per cent. Dr. Ritch believed it was a complete refutation of the assertion that homœopathic prescribing did not prevail in Cumberland Street Hospital.

Dr. Schenk made a report on the work of the American College of Surgeons, which had held a convention in Philadelphia in November. The work of the Committee of the American Institute of Homœopathy which had been appointed to secure recognition of homœopathic surgeons had been in every way successful. The Board of Regents had agreed to a change in the By-Laws placing the societies of the Institute on the same basis as those of the American Medical Association in the recommendation of candidates. The Institute was also given a place on the credentials committee. Dr. Wood, of the American Institute Committee, was elected to the position of chairman of one of the most important committees, having to do with the nomination of

regents and governors for the coming year. Assurances were given that a man's previous education would not be considered, only whether he was a surgeon. Hereafter applicants will be required to present a list of fifty operations with the diagnosis, anæsthetic, etc., and in addition a statement from his confreres as to his moral and ethical standing.

L. D. BROUGHTON, *Secretary.*

---

### ANOTHER FAD GONE GLIMMERING.

What in thunder is opsonic?  
 Is it human or demonic?  
 Is it earnest? Or ironic?  
 Is it serious or sardonic?  
 Is it prosy or laconic?  
 Is it jangled or harmonic?  
 Is it spastic or atonic?  
 Is it breezy or cyclonic?  
 Is it lustful or platonie?  
 Is it nitric or carbonic?  
 Is it laxative or tonic?  
 Is it circular or conic?  
 Is it gastric or pulmonic?  
 Is it tactic or techtonic?  
 Is it Doric or Ionic?  
 Is it Coptic or Slavonic?  
 Is it Celtic or Teutonic?  
 Is it some new verse Miltonic?  
 Alexandrene or Byronic?  
 Or some drama histrionic?  
 Is it some new scheme mnemonic?  
 For all ills acute or chronic?  
 In the Atom embryonic?  
 What in thunder is opsomic?

It's the very latest wrinkle  
 In our scientific tinkle.  
 Just a bit of lurid lingo  
 Heard from Rome to Tishomingo,  
 Which ere long will take a tumble  
 And be mighty meek and humble.

HENRY W. ROBY, M. D.



## THE JOURNAL OF A. M. A. ON VACCINES.

Editor of the HOMŒOPATHIC RECORDER.

That school of therapeutics which has eulogized the new method of healing via vaccine route, and all physicians, everywhere, who have blindly followed this same route, should note carefully what the *Journal* says on page 785, of August 29, 1914. The first point of interest is: "The noted advance in therapeutics shown in the development of vaccine therapy has brought with it *grave dangers* as well as advantages."

"Development," "advantages," "grave dangers," in one single, simple breath. "*Grave dangers!!*" not to the physician so long as he can conceal the "grave dangers" to the laity.

"Grave," *i. e.*, "of momentous import," "serious." *Momentous dangers, serious dangers.* So are small-pox and other contagious diseases.

Laws are made to prevent some of these "grave dangers," some are trying to make laws which will ENFORCE the other "grave dangers."

How wonderfully wise, prudent and consistent!

Have you ever read a similar statement with regard to true homœopathic therapeutics?

The editorial also mentioned a "danger" of a "rapid commercialization of this new method."

Ahem! Isn't it already commercialized? Isn't the commercial feature, rather than the therapeutic value of this method, the crux of the system? Have you read of any "commercializing" of a homœopathic remedy, particularly one that carries with it "grave danger?"

The editor also mentions the "unscientific character of mixed vaccines," and "mixed filtered products" which are "marketed" under another name, and "the danger from their indiscriminate use" has often been "pointed out."

Danger again! To the manufacturer? Hardly. To the physician? Hardly. Then, to whom? To the sufferer and deceived victims. Yet, in spite of this, we read in some journals, we hear it at conventions and in the counsel chambers, that this—the vaccines—"is THE DOPE."



“Dope!” That is it!! Commercialized dope at so much per hypo. Elegant! Enlightening! Progressive! Civilized! Learned! Scientific (*sic*).

Copied from a reprint the editor asserts:

“The mixed stock vaccine of commerce is a makeshift.” Isn’t this the stock in general and popular use? Does the common practitioner use any other?

Isn’t this the “stock” sold by the smooth tongued salesman who so fluently represents the “priceless” value of the “stock” his honorable firm manufactures? No? Beg pardon please, but such is the impression made on our minds.

From the same quoted reprint we read this wonderfully enlightening statement; mentioned doubtless as a scientific truth, that this stock “is offered as a substitute for correct diagnosis.” How marvellously progressive and accurately scientific men are in some quarters! “DIAGNOSIS” with “stock vaccine.”

True, the editor condemns the method of diagnosing with “commercialized stock vaccine.” but does not condemn diagnosing with some other vaccine. This casts a shade of mystery over this method of diagnosis, and we are almost tempted to ask which vaccine pays the highest royalty?

Passing on to the next sentence we fall into a vortex of confusion. The confusing point is—“*such makeshifts of science.*”

(Italics ours.)

It is difficult to determine whether reference is had to “stock vaccines” or the editor’s favorite. Wish we knew. Still, this may be immaterial, for the editor quotes, “Like all such—it is doomed to failure.”

Isn’t it really alarming how rapidly one by one these “scientific” therapeutic measures are “doomed to failure?” It is really disheartening—to the manufacturer. And isn’t it strange how one by one of these accurately scientific measures, so highly extolled by the learned, has brought with it “*grave dangers!!*”

Have you read such things about the single, simple homœopathic remedy?

After characterizing the “stock,” “vaccines,” “diagnosis” laws as failures, he quotes from Dr. John F. Anderson, chairman of the Section on Pharmacology and Therapeutics, who says: “Bacterial therapy undoubtedly in some cases is a most valuable method of

treatment; but when the claim is made that a combination of the dead bodies or filtered products of a member of different bacteria are useful for the treatment of certain diseases with a different specific cause, it would seem that the suggestion closely approached quackery."

Yes, some cases. Valuable. The degree of value is given as "most," but the kind of cases are not mentioned, and the subjunctive manner of stating the proposition does not remove the shadow of doubt. No proofs are given. It is a statement based upon conjecture, and this basis limited to certain cases the nature of which is in doubt. The point which impressed us was the "combination of dead bodies" to sustain or cure the living. Maintaining life by death. This sounds wonderfully scientific.

Hypo the dead into the living and you will make him more alive. This is great. Hold on, how about the "grave dangers?" The doctor says this "closely approaches quackery?" No, sir, nothing of the kind. It jumps "straddle" of quackery's neck and will never let loose. It sticks its spurs into quackery's ribs and "whoops it up" for more of the same kind.

The next paragraph quoted from a previous issue mentions "indiscriminate use of improved methods," some of which have done "great injustice—to the patient," for some of this "stock was shown to be harmful in certain instances and even to have caused death." Then he spoke of ignoring the claim, "of those who manufacture and use this stock," until its "usefulness and harmlessness has been clearly demonstrated." What's the use of waiting. It has been well proven. The proof is clear and beyond dispute that it has done "*great injustice*" to many and has "*caused death*" to not a few. How would you have felt if your best friend or dearest relative had been among the latter provers?

Great is the proving of "stock vaccine!!"

How beautifully such provings compare with those of *Aconite*, *Arsenicum*, *Psorinum* or *Tuberculinum*!

We rather enjoy the frank statement in the next paragraph where the editor says, "physicians have gradually given up almost entirely the use of 'shot-gun' prescriptions." This is a splendid sentence, and would be very forceful if it were not for this 'almost entirely.'"

In the use of "mixed vaccines" the assertion is made that, in

case of unfortunate results, one can not "throw the blame—back to the manufacturer," and "that the physician assumes the responsibility, whether he wants to or not." This would not appear so extremely one-sided if the physician knew what he was purchasing and giving, which is next to impossible when he buys his "stock" from a house whose salesman and literature leave "no doubt" as to the purity of the vaccine offered for sale.

The editor in condemnation of certain "stocks" grows warmly eloquent when he says: "If physicians would report their failures when these vaccines are used, and especially the fatalities consequent on their use," "failures," "fatalities."

What's the use, neither the physician nor the manufacturer can correct the failures nor restore the fatalities. But why should anyone pretend to manufacture a remedy which fails or proves fatal!

Why should any physician administer any remedy "doomed" to failure and fatalities when his sole and only work is to heal?

Why call a remedy or system of practice "scientific" when it has scarcely anything to its credit but *failures* and *fatalities*? Why excite a public by some "official" notice of a mild case of small-pox in a neighborhood, and then solemnly and commercially set about to administer a prophylactic vaccine which has written on its dial "FAILURE" and "FATALITIES."

Consistency, wisdom! Future generations will hide their faces in shame at the "progress" of therapeutics and prophylactics of the twentieth century.

"Straining at a gnat to swallow a camel!" The cries and placards at the appearance of some mild epidemic, which usually yields to the properly indicated remedy, drives a village, a neighborhood, a town, a city into despair, while the stealthy use of "mixed vaccines" is encouraged on all sides in the face of *failures* and *fatalities*.

Object? Oh, yes, we did that, do it still, and almost daily hear the beautiful names and comment passed upon us by the hypo user of mixed vaccines.

Bless your life, we would like to mention some of the beautiful names and eulogies we have heard about opposers of vaccine therapy, but our early training in Sunday School forbids.

Quoting from a recent book by Victor C. Vaughan, where men-

tion is made of the poisonous effects of certain vaccines, speaks of a substance—"which in a dose of 0.5 mg. injected intravenously kills a guinea-pig"—and says, "this poison is present in all the so-called vaccines now so largely used."

Did you ever hear such things about homœopathic therapeutics? or the homœopathic law? or the homœopathic materia medica?

And yet, though not guilty of using therapeutic agents "doomed to failure," the homœopathic physician is excluded from holding naval or military positions, is legislated against in many places, is called names he would not repeat to his children, and all because he will not consent to the use of, nor stultify himself by the employment of remedies which fail and are fatal.

O the brotherhood of man!!

G. E. DIENST, M. D.

Aurora, Ill.

---

### WHENCE THE ADVANCES?

The "regulars," individually, are very amiable and often able men, that is, as a rule, they are, the exception coming in here and there, as in all rules. But the "regular" speaking for himself, collectively (if it may be put that way), is generally queer for he claims the medical earth, especially when he wants something from the legislature. In this he is not very modest. One of their able journals recently in addressing the lawmakers asks what "pathy" or cult has contributed an iota to medical progress, and thus writes of its own as follows:

"The history of medicine from the time of Hippocrates down to the present day is replete with the brilliant achievements of highly educated men of all enlightened countries, who, ever mindful of the high aim of medicine—the healing of the sick—devoted their time and thought through investigation, research and analytical experience, to its accomplishment."

This is important if true, but it is not true to any very great extent. Some one wrote not long ago that in the beginning they denounced as "quacks" the men who introduced eye-glasses as an aid to vision. It really looks as if these good and honest but somewhat stubborn men had to be first lassoed and then dragged by the heels into a new thing, but once in they claim it all, at least so the opticians say.

Then take mercury. It came into medicine *via* the “arch-quack,” Hohenheim, *alias* Paracelsus, and, indeed, was the origin of the word “quack,” it being a corruption of the “quick” in quick silver. Once their own, however, they did surely work the “quack-silver” to the limit, and far beyond, reforming only when the people kicked, after “quack” Homœopathy led the way.

“The Bark,” forerunner of quinine, was denounced at first. So was the man who first suggested that tapping a man’s blood was not good for the man. So was Jenner and his vaccination hooted, though in this respect there are some to-day who think they were right, but be that as it may, they are surely working Jenner’s idea to-day as they once worked mercury and vivisection. So, too, with the small dose and the *similia* idea, as witness the book of our now departed friend, Dr. S. O. L. Potter, which has gone through more editions than any book in their school on the subject, and is nothing but Homœopathy, crude but genuine, as are its kindreds by certain English doctors.

The list might be greatly extended, but it is useless to repeat things that all know, suffice it to say that when these well dressed, groomed and educated gentlemen tell the legislatures that all medical wisdom originated with them and that all progress comes from them, they are telling something that, though they may really believe it, having been so taught in their colleges, is not even a little bit in accord with medical history. What these very worthy gentlemen need is a much broader education, fewer microscopic ideas, and more humility, the humility that it has been noted characterized all scientists.

---

### THE TRUTH—BUT.

In an editorial headed “Looking Things Square in the Face,” the *Iowa Homœopathic Journal*, among other things, says:

The most of our Homœopathic physicians believe in the principles of Homœopathy but they find it difficult if not a nearly impossible task to apply them scientifically in their every day practice, consequently they resort to alternating physiological prescribing empiricism and what not, so that it is hard to tell the majority of us from old school prescribers.

Now, what does this state of affairs mean? Simply this, if we are going to preserve the principles of Homœopathy something has got to



be done with our *Materia Medica* so that the majority of us can do something with it. We can talk all we please, we can come together in our State and National conventions and discuss surgery, pathology and all the other things that go to make up the great field of medicine, but if we cannot do something that will inspire confidence in our *Materia Medica* so that the majority of us will be able to use it satisfactorily, we might just as well quit one time as another, because eventually the school will die a natural death for want of confidence. Men are not going to be ostracized from the rest of the medical profession, kept out of the government positions, discriminated against by the insurance companies and railroad companies, in order to keep alive a truth which the majority of his associates, even though they believe in the principle, find its application impracticable for their every day use.

This well voices a wide-spread complaint. Now with due respect to the honest physicians who make this complaint it seems to some that the error lies in the belief that medicines can be applied "scientifically." Back of this wide-spread belief is the idea that disease and man are subject to the exact laws that govern in chemistry. If this idea were true then, of a certainty, medicine could be made scientific, but the trouble is that it is not true. No two human beings are the same, and the exception emphatically proves the rule, for when twins closely resemble each other the world is very much interested, yet the resemblance stops, even in such cases with the surface for the real human in them differs.

If, then, every human being is a distinct entity it follows that each one when ill must be treated in all respects according to his individuality. To attempt to lump them and their disorders as the allopaths do is not only not scientific but is really confusion. It surely requires a cast-iron forehead to term the prevailing allopathic medicine scientific, in the true sense of that abused word, when it changes almost with the moon.

There is a vast, unexplored ocean lying before every science, but as far as each has gone it is on firm ground—science-knowing. But what can the would-be medical scientist do in this respect when each unit in that with which he is concerned differs from all others and will never be duplicated? General laws only are of any use in the treatment of the disorders of these ever-varying units, and the best of these is Homœopathy backed by common sense. Scientific medicine as taught to-day by the allopaths, not-

withstanding the fact that it is recognized by government, belongs to the days of the alchemists who searched for the philosopher's stone, the elixir of life, or the fountain of youth—and at his end when the world-life flickers out every scientist realizes that it is all vanity.

Sometimes one is inclined to believe that the trouble with Homœopathy lies more with the people than with the physicians, for the people, as a class, bull-headedly, insist on the doctor "doing something," which, in their eyes, generally consists of an operation or repeated doses of drugs that he can taste and feel. *Capsicum*  $\theta$  about represents the ideal medicine to the average patient.

---

### PENTHORUM SEDOIDES.

By Dr. Alexander M. Steen, Palatka, Florida.

Synonyms—Virginia Stonecrop. Part employed—The whole plant. This is one of the most successful remedies that I have ever used in the treatment of chronic nasal catarrh. It comes as near a specific for this disease as any I know of. It can be used with marvelous efficacy in a large number of diseases, but especially in chronic diseases of the fauces, larynx, or pharynx, where the mucous membranes are relaxed and of a purple color. It stands pre-eminent and alone as a great rectal tonic and vitalizer. Operates exceedingly well in all feeble or relaxed conditions, as catarrh, prolapsus, spasmodic and refractory states of the sphincter ani, and in neuralgia, of great utility in ulceration of the rectum, piles.

No remedy can excel this in all diseases of the genito-urinary organs of both sexes. It operates like a charm in relieving irritable bladder and prostates, has a most beneficial action in prostaticorrhœa, checks all leakages, or any oozing, even exudation of chronic gonorrhœa or gleet. In the female its use cures leucorrhœa, dysmenorrhœa and the neurosis termed vaginismus, spasm of the sphincter muscles of the vagina and uterine neuralgia.

I have used this remedy in chronic nasal catarrh, as above stated, with great success. It is slow in its action and requires patience and perseverance to secure its full physiological influence. It certainly will surprise any physician that will make a study of it.



The great drawback to its use is that it grows in this country. If it was shipped to this country from Germany, the medical profession would fall over each other to prescribe it.

It vitalizes the respiratory organs; good in colds, hoarseness or in elongation of the uvula, chronic laryngitis, aphonia and lack of tonicity of the vocal chords.—*Ellingwood's Therapeutist.*

---

In the *British Medical Journal* (October 17) Dr. Chas. N. Cathcart, Senior Surgeon Royal Edinburgh Infirmary, advocates the use of pine wood sawdust as an excellent surgical dressing, it being absorbent, a deodorizer and an antiseptic. He writes:

“The method of preparation I have found useful is the following:

“Two large standard wire sieves are required—No. 8, that is, eight threads per inch, and No. 40, that is, forty threads per inch. In order to reject the coarse fragments the sawdust, as obtained from the sawmill, is passed through No. 8 sieve and allowed to fall on to No. 40.

“It is then well shaken and rubbed on No. 40, and the very fine particles which pass through are discarded, because they would escape too readily from the prepared pads and cause an inconvenient dust. The sawdust which remains on No. 40 sieve is put into a box or sack and sent to the theatre sister.

“The bags are made of butter muslin, and the sizes may be regulated according to requirement. Two sizes have, however, been found generally useful with us, and these may be shaped from a square yard of muslin as follows: Fold the square once on itself and divide the elongated double piece into three. Each of these thirds will make one large or two small bags. One end is left open, the others are closed by sewing if they do not happen to be folded. The nurse fills the bag about two-thirds full with the sifted sawdust, and then closes it with a colored thread. The filled bags or pads are sterilized by steam in the same manner as other dressings. After use the colored thread is withdrawn, the sawdust thrown away, and the bag washed, boiled and dried for future use.

## THE SPECIALISTS' DEPARTMENT.

EDITED BY CLIFFORD MITCHELL, M. D.

25 East Washington St., Chicago, Ill.

### OUR CONTRIBUTORS.

Every physician is interested in the removal of foreign bodies from the eye, hence we welcome a very practical article in this number from Dr. W. E. Boynton, of Chicago, oculist, on this subject.

[Dr. Boynton is preparing for publication a syllabus of the entire practice of medicine, for which we hope to contribute the notes and references on diseases of the kidneys, and clinical urine analysis. The entire work will be of such size that it can be carried in the doctor's pocket, and should be of much value in the way of practical suggestion which can be furthered by a judicious reading of the standard text-books. It is our own purpose to make the reference to our own works particularly explicit, such that they may be found by page numbers.]

Dr. Julius A. Toren, of Chicago, expert pathologist and specialist in blood examinations, contributes an article to this department for the current month upon the importance of counting leucocytes properly and thoroughly.

### THERAPEUTIC NOTES.

**The Blood Count That Tells.**—Dr. J. A. Toren, of Chicago, says the blood count of the average laboratory includes a differential count of 100 leucocytes taken from a single slide. We have maintained for a long time that the counting of so small a number of leucocytes is not sufficient for a correct estimation of the proportions of the various forms present in any given specimen. The commercialization of laboratory work has been responsible for this as for many other of the slipshod, short-cut methods of to-day.

Anyone can prove for himself, as we have in hundreds of cases, that a differential count of four hundred or more cells from four or more slides, counting each hundred cells separately, will show

great difference in the percentages obtained. It is the average of these which constitutes our closest approximation to the truth. Now we do not mean that this is true in every case or that it will have any important bearing on the great majority of cases. Every now and then, however, a case will be found where the counting of a number of cells greater than one hundred will permit of a diagnosis where none would be possible by the short method.

Of course, a count of four hundred cells takes just four times as long and consequently costs more, but is time and money well invested. The increased accuracy of the report greatly augments its value to the patient and the attending physician.

The laboratory man is always much more liable to make a serious error in some important case by trying to shorten his method of examination to such an extent as the patient or doctor is willing to pay for, or what some laboratory flamboyantly advertises to do it for, than when he is permitted to make his examination in the patient, careful, systematic way which the work deserves.

[We think the points brought out above well taken. It would be interesting to have comparative tests of the blood made in research laboratories where the result of counting one hundred leucocytes and those from counting four hundred or more could be published in the "deadly parallel" form. If you are doing blood work, doctor, be careful how you sign your name to a report based on counting only one hundred leucocytes for some day you may "get in bad."—EDITOR.]

**Foreign Bodies in the Eye.**—A foreign body in the eye is always a serious matter. Its legitimate result is ulceration of the cornea and the formation of a permanent opacity with a corresponding loss of vision.

Considering the great number of instances in which no untoward results follow getting something into the eye this prognosis may seem unwarranted. Considering the disastrous results that all too often occur through neglect or faulty efforts at removal, it is not putting the matter too strongly.

The question, then, is to determine when the matter is simple and when serious. This is not always possible, but is relatively so.

The great danger lies in the possible damage to the cornea.

Hence the importance varies directly with the extent to which the cornea is in jeopardy. The danger to the cornea arises largely through traumatism and through infection. The traumatism may in itself be a sufficient cause, or it may be causal chiefly through opening the way for infection.

To dispose of the matter of infection: first, it is a safe assumption that all foreign bodies in the eye are capable of producing infection. A cinder, fresh from a passing locomotive, is probably sterile, but the conjunctival sac is not necessarily so. The bactericidal power of the lachrymal secretion is low at best even in a healthy conjunctiva. That it is sufficient in most cases is true, that it may not be in any individual case is equally certain. Therefore, it is good treatment to consider every case as suspicious and prescribe a mild antiseptic eye-wash to be used till infection is precluded or a more potent antiseptic indicated.

A very satisfactory wash will be found in one containing 1 per cent. each of boric acid and borax in rose water. Care should be taken that rose water and not rose-geranium water is used as the latter is irritating, while the former is less so than distilled water.

If there is reason to suspect an active infecting agent a more powerful antiseptic should be employed, say, a 5 per cent. solution of argyrol or protargol.

The traumatism attending getting something into the eye varies greatly, being, in the great percentage of cases, but slight. However, it is always worthy of consideration. A foreign body on the under surface of the upper lid may cause extensive tearing of the corneal epithelium through frequent winking or by being left long in situ. As a rule, however, so pronounced is the discomfort from the very first that the victim seeks assistance at once. On the other hand, a foreign body located on the cornea and imbedded in the epithelium produces but little discomfort and comparatively little abrasion and endangers the cornea chiefly through possible infection or sloughing. Very often the victim defers seeking assistance till infection has already occurred and the vision is blurred by the attending exudate. In these cases, where the foreign body is situated on the cornea and is surrounded by a halo of infiltration, the physician should always advise the patient of the possibility of infection having already

occurred and ulceration being imminent. The infiltration may be only the result of irritation, but all too often it proves to be the first stage of a more or less serious ulceration. Where ulceration has begun or is threatening the case should be considered as one of corneal ulcer and suitable treatment instituted at once.

When the abrasion of the cornea is extensive, and at times when not so, the patient will complain of the persistence of the scratching sensation after the foreign body has been removed. This is due to the roughening of the epithelium by the foreign body or during the efforts at removal, or to the fact that a portion of the corneal surface is denuded and in consequence more sensitive to the friction of the lids. In these cases it is well to drop some sterile castor oil into the eye and apply a light bandage for a few hours, giving the corneal epithelium time to reform.

The technique of removing a foreign body is worthy of attention. In the main, it is a simple matter, but at times it amounts to a surgical procedure. Given a tractable patient and a fresh foreign body on the under surface of the upper lid, and a mere tyro may successfully remove it. On the other hand, a foreign body deeply embedded in the cornea is a matter requiring no meager skill, particularly if the patient is none too tractable, as is commonly the case.

To take the steps consecutively, first, test and record the vision in the affected eye (many people have defective vision and do not know it, and it is better they should find it out before you touch the eye). Next locate the foreign body: this means a good light, everting the lids, and the use of a lid retractor at times, usually the use of a condensing lens to focus the light on the eye will simplify the matter. If the foreign body is on the lid a cotton-tipped probe is all that is necessary. If it is on the cornea a local anæsthetic should always be used before any effort is made for its removal. For this a 4 per cent. cocain solution will be found very satisfactory. In intractable patients it may be necessary to introduce a speculum to keep the lids open, but ordinarily this is not necessary.

In removing the foreign body the tip of the instrument should be used thus avoiding extensive denudation of the cornea. Scraping flatwise to remove a foreign body too often removes the



greater part of the epithelium, at times leaving only that protected by the foreign body.

It is needless to note that strict asepsis should be employed in all cases.

When the foreign body has penetrated the eyeball, and where there is extensive traumatism, the case should be only handled by the specialist.

W. E. BOYNTON, M. D.,  
Chicago.

## CLINICAL URINOLOGY AND RENAL DISEASES.

CLIFFORD MITCHELL, M. D., CHICAGO.

**Early Recognition of Diabetes Mellitus.**—We have claimed for twenty years or more, and are constantly verifying our claim—that the way to detect diabetes mellitus in its earliest stage is to test the urine voided two hours after meals, the so-called *urina cibi*. The diabetic has naturally an intolerance for carbohydrates, and early in the disease this intolerance may not show itself in the urine voided after fasting, as, for example, in the urine on rising in the morning. It is a custom and, we think a pernicious one, for the doctor to examine the urine of a patient first voided on rising. This means merely an examination of urine secreted during rest and fasting, and nothing else. There will be no sugar found in such urine unless the patient is well advanced in diabetes mellitus.

Our method of detecting diabetes mellitus in an early stage is to obtain the urine voided two hours after each meal, and, if for any reason this cannot be obtained, we demand that voided two hours after the noonday meal. Why it is that the urine of noonday digestion will show more sugar than at other times, we have not yet been able to figure out, but the fact remains, as any one can prove who is willing to attend to examining the patient carefully.

Case in point this week in the office: No sugar at all after breakfast, four per cent. after noonday meal, two per cent. after dinner at night. Even when the noonday meal is light, and the dinner hearty, there may be no more sugar at noon than at night.

In this case mentioned above, sugar in small amount had been



found at times, but the patient had never been subjected to the strict diabetic regimen, which, being instituted, the sugar promptly diminished.

In another case the urine of a patient had been tested by a doctor for sugar, a single specimen of the morning urine being examined. The report was negative. The patient, however, complained of a peculiar dryness of the throat which a throat specialist was unable to relieve, and sent him to the writer for thorough urine analysis. We had no difficulty in finding sugar in the noon-day urine (after lunch), and when he was put upon a moderately restricted diet, this sugar completely disappeared and the dryness of the throat went with it.

These are but few of many cases where the claim we have made has been verified.

Years ago we found sugar in the urine of a patient only after eating bananas. Recently we have had the same experience. It would appear, therefore, as if the eating of bananas was of some little clinical value for testing the patient's tolerance.

**The Diagnosis of Toxæmia of Pregnancy.**—In order that our claim as to the value of the ratio of urea to ammonia in the diagnosis of the toxæmia of pregnancy may be justly weighed, it is of paramount importance that the condition of the 24 hours' urine of the patient be considered. In examining the urine of a pregnant woman recently we found a ratio of urea to ammonia of 27 to 1. The next day, after standing in a room of temperature not above 70 F., the same urine showed a ratio of only 18 to 1. This proves the importance of obtaining urine in which decomposition of urea into ammonium carbonate has not taken place. The urinary ammonia which counts in this ratio is derived from the ammonium chloride, sulphate, and phosphate. Ammonia derived from ammonium carbonate is formed after the urine is voided and vitiates the analysis. Most women know nothing about the importance of collecting and preserving urine. Especially is care necessary in the case of pregnancy when the urine contains fluids from the vagina, etc., in which germs collect soon and hasten decomposition.

A principal reason, therefore, why so many doctors obtain no results from examination of the urine of pregnant women is because the urine given them is unfit for examination.

Another matter is to be considered in these cases: An analyst may examine thousands of cases for ammonia only and learn but little. But if he compares his ammonia analysis with the urea analysis he may find that urea is low and ammonia **relatively** high, that is, the ratio of urea to ammonia is low. Any ratio below 15 to 1 in cases in which the urine has been properly collected and preserved should cause us to suspect that the woman is toxic, whether or not albumin is present.

The urine of every girl about to be married should be examined for this ratio. Then when she becomes pregnant a comparison can be made with the ratio obtained before pregnancy.

We claim that in this way the diagnosis of pregnancy may be made. But owing to the fact that we can not, as a rule, obtain the urine of a woman before pregnancy, for this purpose, we have not yet been able either to verify our claim or to find out at what month the ratio begins to fall off.

It has been proved that the amount of ammonia progressively increases in the urine of a pregnant woman, but just how soon this increase is observed we can not at present state definitely.

**Disappearance of Tube Casts From Urine.**—A matter little appreciated by those whose work does not include urine analysis is the rapidity with which casts disappear from some urines. This is particularly true of the urine of women. It is by no means unusual for a specimen of urine showing tube casts after standing from 6 to 24 hours to show none at all. Even when the urine retains its acid reaction tube casts may disappear in less than a day. The urinary water seems to disintegrate and break up the casts, and bacteria colonize in them forming zooglyca masses. Recently a certain analyst found casts in a case where we were unable to find them. Suspecting that it was the patient's fault we demanded a specimen not over one hour old, voided in the daytime after exercise, and had no difficulty in finding casts in considerable number. These particular casts were small, transparent, so-called hyaline casts, which are delicate and soon disappear.

The coarsely granular casts seem to last the longest in urine, especially the large one from the straight tubules.

We greatly prefer the method of Tenney for collection of the 24 hours' urine. The patient begins on an empty bladder after

the noonday meal and divides the 24 hour period into three parts using three bottles for collection and preservation. The collection ends at noon the next day, and the urine being promptly delivered to the analyst, the third portion is practically fresh urine, and tube casts, if present, can, as a rule, be found in it. Any doubt or question arising can be settled by obtaining urine voided in the toilet room of the physician's office and immediately examined.

**Strange Colors in Urine.**—We have had several cases of peculiar coloring matter in the urine of school children. In one case a red color was found and in another green. The red color was accounted for by the fact that the child sucked a red pencil, and the green one was due to the same thing, being done by a child to a blue crayon. It would be well for teachers to keep an eye on children using these aniline colors in pencils, crayons, etc., as the coloring matters are all more or less toxic. The peculiar color of the urine alarms the parents and causes an investigation.

**Flushing the Kidneys.**—As an analyst we have a good deal of trouble with patients who supply urine for examination at a time when they are drinking great quantities of water under the direction of physicians. This creates an artificial polyuria which in many ways bothers the analyst, inasmuch as the estimation of total solids by the mathematical method becomes fallacious, showing figures absurdly high when compared with the results of volumetric determinations; the search for casts, if any of the hyaline variety are to be considered, is rendered well-nigh useless, as the large volume of water will most likely disintegrate them, and a trace of albumin or especially sugar may not be detected owing to great dilution of the urine.

We direct patients when collecting urine to drink no more water than is their regular habit.

**Diabetes With Acidosis.**—The treatment of diabetes when complicated with acidosis, shown by presence in the urine of the acetone bodies, is a matter which deserves special mention. The strict diet, especially if too much meat is eaten, may indeed diminish the sugar, but the patient so far from feeling better, may feel actually worse since the acetone bodies may increase while the sugar diminishes. The writer finds that it is not always wise to attempt to remove the sugar entirely from the urine in such

cases. If the patient has two or three per cent. of sugar instead of six or seven, retains weight, if his digestion is fair and his general condition satisfactory, when the acetone bodies, the acidity and the ammonia are not large, it will probably be all that can be safely accomplished in a given case.

Alkalies must be used in cases where the acetone bodies are present in the urine and especially when the urinary ammonia shows an increase. It may seem paradoxical to give alkalies when the ammonia is increased, but this increase of ammonia shows a need of the body for alkalies, and when soda bicarb., magnesium perhydrol and sodium citrate are given, it will be found that the urinary ammonia will often decrease together with the decrease of the acetone bodies. The tolerance of diabetics with acidosis for alkalies is remarkable in some instances.

---

#### THERAPEUTIC ITEMS.

"Have used *Cratægus* for five years, and like it very much. Usually use it where *Digitalis* is indicated, and often like it better than that drug."—Dr. A. F. Burkard, Omaha, in Ellingwood's *Therapeutist*.

"I am convinced that *Cratægus* is even a more important medicine than we have thought it to be. I have reports from a few doctors who claim even better results from *Cratægus* than from *Cactus*, and all who are using them in combination, claim a very harmonious action, and a considerable and important broadening of the field of their action. This remedy can also be combined with *Convolvularia* and *Apocynum* with excellent results. It has been used for rheumatic endocarditis."—*Ellingwood*.

T. H. C. Benians, F. R. C. S., writes that an application of glycerine to the soles and toes in bromidrosis, or offensive foot sweat, is the best external treatment. Apply just before putting on the socks. Three applications generally are sufficient.

# Homœopathic Recorder

PUBLISHED MONTHLY AT LANCASTER, PA.

By BOERICKE & TAFEL

Subscription \$1.00, To Foreign Countries \$1.24, Per Annum

*Address communications, books for review, exchanges, etc.,  
for the editor, to*

E. P. ANSHUTZ, M. D., 1011 Arch Street, Philadelphia, Pa.

---

## EDITORIAL NOTES AND COMMENTS.

**Antitoxin Dose.**—The *Journal of the American Medical Association* in a three column editorial on the dosage of antitoxin concludes: "Schick's studies seem to indicate that in most cases 100 units per kilogram, and in a few severest cases 500 units per kilogram, given in a single dose, yield the maximal protective effect at present obtainable." A kilogram, quoting a dictionary, is "about 2.2 pound avoirdupois." Antitoxin is queer stuff; if you do not use it, and the patient dies, you are tacitly blamed for the death; if it is used and the patient dies, you have "done all that medical science can do." A friend of ours has two boys, 10 and 12 years of age. Not long ago the youngest came down with diphtheria. The old doctor (allopathic) did not believe in antitoxin, and brought the case through without trouble without antitoxin. Then the other boy—with big tonsils and adenoids—came down with the disease. A young man had charge of this case. He injected antitoxin and this boy came through, though not so easily as the brother. The young doctor said the boy would have died without the serum. Who can dispute his word? Also how can he prove his assertion?

Another queer thing about this queer drug, that has a giant's grip on the public and profession, is that neither laboratory man nor physician can be sure of it. The horse may be "tested" yet have lurking disease in him—similarly the patient furnishing the toxin used in the horse may have a cancerous, tuberculous, syphilitic or any other diathesis. It is pretty safe to assert that a child

with a healthy constitution will not contract this disease, diphtheria, and if this be so every batch of antitoxin must bear a peculiar disease taint. Queer drug! Queer people. Our friend already mentioned, though one child came easily through without the drug, was yet enthusiastic about it because the other boy did the same, and the doctor told him the child would have died without it.

**Auld Nickie Ben.**—That, to some, now mythical personage, in plain terms, the old devil, sometimes gets into compositors, proof readers, make-up men, editors, or, most likely, into the whole bunch. Last November the RECORDER printed a paper by Dr. Walter Sands Mills, a mighty good one, too, and on page 484, about half way down, that diabolical thing made Dr. Mills say:

“A case was sent into the hospital by another physician with a diagnosis of typhoid fever. It was a straight case of pneumonia before going too far in treatment.”

Now what Dr. Mills wrote was:

“A case was sent into the hospital by another physician with a diagnosis of typhoid fever. It was a straight case of pneumonia. Again a change of treatment.”

Well, there you are! It *looks* like it was the devil that hit the make-up man this time.

**A Shift in Journals.**—*The Dietetic and Hygienic Gazette*, which is just completing the thirtieth year of its existence, has been purchased by *The Critic and Guide* Company, and beginning with January 1915, will be consolidated with *The Critic and Guide*, and the combined journals will be under the editorship of Dr. William J. Robinson. The offices of publication are at 12 Mt. Morris Park W., New York City.

**Calendula and the War.**—*The New England Medical Gazette*, December, prints a letter from Dr. E. Petrie Hoyle to Dr. J. P. Sutherland, giving a sketch of his experience at Antwerp and his flight thence with 77 wounded, after shells were bursting all around the hospital, which was hit shortly after the flight. During the four weeks they had the care of 500 cases and only lost 11, 3 of whom were moribund when received. Here is what he



has to say of that great homœopathic vulnerary *Calendula*: "I bought some *Calendula* tincture which I used in certain ugly and extensive cases of suppuration, and I found that these wounds were invariably 'sweet' in about two days, although very offensive when *Calendula* was first applied. I used from tincture to 1 in 4 or 1 in 5. Several nurses who knew nothing of the drug were much impressed. I used *Calendula* on two cases of gangrene with very marked success and cure."

**Heredity.**—After a wide and wild run through the shadow land of the germ theory, a theory that excludes the old time observations on heredity, our earnest if enthusiastic "regular" brethren are struggling back to the firmer and older ground. The *Journal of the A. M. A.* devotes a leader to the "Influence of Heredity on the Occurrence of Cancer," the exciting cause being reports of research work concerning cancer among mice. In short, it seems that cancer is hereditary among mice. Commenting on these facts the *Journal* says: "They seem to fit poorly with the hypothesis of a specific infectious agent, for many and extensive control experiments have failed to yield a single instance of contagion or transmission of cancer from one mouse to another, while the tendency to cancer appears entirely according to the laws of heredity as manifested in other characters of the animals."

**Serum Therapy.**—On the day the flag drops, at the word "Go," when rabbit shooting is legal in Pennsylvania, thousands of gunners are out after bunnies at the break of day. One of these on the first day got a charge of shot in his foot. He went to a hospital where he was told that the wound was but a trifle, but as a precautionary measure they injected some serum. Gangrene developed, an amputation followed, and then there was one less gunner in this world, for he died. As they used to say when we were young, you can argue "until the cows come home" and still not decide the cause of his death. However, 'ware protective serums on general principle, especially if you are the one to receive them.

**Modern Veterinary Therapeutics.**—A man from one of the Pennsylvania counties came into the RECORDER's den not long ago,

and the RECORDER man steered the talk to the "foot and mouth" disease so as to get something of the actual doings at first hands. Said he, the visitor: "Our butchers got a car load of hogs from out west. They were run into"—naming the town. "Old man X got his share and drove them down the pike to his farm and fed them up. The State officials afterwards came down on the other hogs and killed them all. Afterwards they heard of X's hogs and visited them, but as they were all perfectly healthy they refrained from killing them as they did the others, but," with a laugh, "the darned fools sprinkled the pike over which the hogs had been driven, from which the wind had been blowing the dust for a week, with carbolic acid, or something like it." Also he said: "It's awful. If you have a case on your farm those fellows kill all your live stock, down to the chickens and pigeons." And again: "Years ago Mr. —— had two hundred head of cattle and this disease appeared among them, but there were no inspectors then. Well, Mr. —— separated those that had the disease from the others, treated them and didn't lose a head, they all got well."

In conclusion, it should be remembered that this epidemic, according to reports from Chicago, started from the serums these scientific gentlemen inject into animals to prevent disease. First start a disease, then kill its sufferers—and call it "medical science." Surely when the day of reckoning comes there will be many alleged scientists hunting the cyclone cellars. Homœopathy is the world's medical salvation!

**Calendula.**—To judge by European homœopathic exchanges, the wounded who have the good fortune to come under the care of homœopathic physicians receive *Calendula* as a dressing for their wounds—referring to the great war, of course. If the world had even a faint knowledge of the virtue of this great healing agent for mutilated flesh the supply would not last a week. *Calendula* heals, and it prevents suppuration. This the writer knows from the standpoint of one who has been hurt and watched the wonderful effects on the wound on himself.

**Epidemic Poliomyelitis.**—Dr. A. R. Pim, in *British Medical Journal*, writes of an epidemic of poliomyelitis that broke out

in his part of England—Ocanmister, Dorset. The disease suddenly appeared during the hot weather of last August. The number of cases is not stated, but there seems to have been a good many of them, the patients ranging from infants to those of 16 years of age. The sudden appearance of the disease in so many widely separated homes seemed to Dr. Pim to exclude the theory of contagion. The idea of flies being the agents is also ruled out because "in the poorest and dirtiest street of the town no case appeared." Many had the premonitory symptoms which did not go on to paralysis. When medical investigators have worked out the microbe lead, perhaps they may find a greater one in atmospheric, telluric, volcanic, barometric, the sun spots and similar broad sweeping conditions. It might be interesting also for them to look into the old astrologic idea of the positions of the planets. To be sure all this sort of thing was laughed out of court during the past one hundred years, and probably the man who would look into it to-day might meet with the same fate, but for all that there are epidemics (like the one Dr. Pim writes about) that bacteriology and modern science cannot explain, yet they must have a cause. In short, when a scientist says that he is but standing on the shore of an illimitable ocean he is indulging in no airy persiflage, even though some of the freshmen seem to think that they have it all thoroughly charted and sounded. Why did this epidemic strike so many places simultaneously—and then vanish as suddenly as it came?

**A War Hint.**—The European medical journals which still come to the RECORDER are largely made up of reports of the treatment of wounds and diseases afflicting the men of the various armies. In reading them one cannot help thinking what an enormous benefit might accrue from three remedies probably unknown to the medical men in charge, namely, *Lachesis*, *Echinacea* and *Calendula*. The first two are almost interchangeable for the septic states, blood poisoning and gangrene, both given internally, and the *Calendula* as an application to heal all manner of torn flesh, and to prevent suppuration. Add to these *Ferrum phos.* IX, or *Aconite*, for inflammation. An army medical corps equipped with these remedies would be a power for good among the wounded, given, of course, good surgeons.

**The Old Question.**—The old question, “Which was primary, the chick or the egg,” is, like all old questions, of a wide scope, embracing in a modified form of the question, namely, which is primary, the disease or the bacillus? Bearing on this question is a quotation from a paper by Horace R. Wilson, M. D., B. S. Lond., M. R. C. S. Eng., L. R. C. P. Lond., with other ensigna, which appeared in *The Lancet*, November 21st, under the title “Morphological Types of Bacilli as an Element in Prognosis in Pulmonary Tuberculosis.” Here it is: “Variations in the appearance of the bacilli coincide, as a rule, with the virulence of the attacking force.” In other words, “by the appearance of the bacilli may be judged whether the disease is nearing the end or not.” This is a fairly important diagnostic or prognostic point, but our point, which bears on the egg or the chick problem, is the statement that “variations in the appearance of the bacilli coincide, as a rule, with the virulence of the attacking force.” Granting this observation of Dr. Wilson to be true it follows that the attacking force is back of, or primary to, the bacillus, which, granting, necessarily upsets the wagon of Modern Medicine. Please, dear Dr. X. Y. Z., note that the RECORDER did not hatch this but Dr. Wilson did—it may be unconsciously—but, there it is, and it will not down. If the attacking force changes the appearance and character of the bacillus, it is clear as noon-day to any scientist that the Force and not the Bacillus is the *bete noir* of tuberculosis. The bacilli are but the effects of the disease by which its progress may be read—something very different from *cause*, that deep reaching word.

**Concerning the Canal Zone.**—In a letter to Congressman G. M. Young from G. W. Goethals, Governor of the Canal Zone, answering an inquiry concerning injuries and deaths, the Governor states that “Our records do not give all the information desired but show the following.” In the list then given we note that there were 98,785 cases of malaria, and 743 deaths from that disease. Also 1,162 cases of typhoid with 228 deaths. The malaria covered ten years, 1904-1914, and the typhoid, 1907-1914. It has been stated elsewhere that the rule was to send all invalids home. No doubt there was a grand bit of sanitary work done in this zone, but the political doctors who use it for

the sake of getting the A. M. A. a cabinet department in the government have somewhat over-rated it. Incidentally nearly twenty-five million dollars were spent on this very limited area by the medical corps.

**The Scapegoat?**—The County Hospital tragedy at Los Angeles when eight men died after neo-salvarsan had been administered by Dr. Albert T. Charlton, has apparently been settled. The drug was cleared, as it was found to be normal, if the term may be used, by the Federal Health Department. It was found that Dr. Charlton had used a method different from that commonly employed, and so Dr. Charlton resigned. Just the same, however, certain of the scientifically unregenerate will continue to think that it was the arsenic rather than the method that hastened the shuffling off of the mortal coil, because the drug and the shuffling have been so often associated in other places.

**Why Homœopathy Is "Dead," or Ought To Be.**—Ever and anon the RECORDER receives a letter from some homœopathic physician reproaching it for not falling in step with the "germ theory." Recently we had the pleasure of meeting a man who had been on an expedition, by sea, lasting three years, and what he said may be an answer to the reproaches. On this voyage he was the only homœopath. Being headed north they did not stop at many ports, so consequently had to take it out of one another. The medical corps got onto our friend and amused themselves by "jollyng" him. In a serious moment they said, "Homœopathy died when it was discovered that disease is *caused* by bacteria." That is the proposition that is up to the germ theorists of Homœopathy, for if the germs are the cause of disease of what avail is our symptomatology which has shown such good points when compared with any other system of medicine? Whenever any reliable statistics crop up they always prove that the homœopathic treatment shows far better results than the most ultra-modern treatment based on the germ theory. There is something incompatible here! What is it?

**A Bit of History.**—Discussing a paper on "Surgical Experiences of the Present War" before the Medical Society of Lon-



don (*Lancet*, November 21st), Sir Richard Godlee, among other things said: "Lord Lister had often remarked that if he ever wrote a book—which he never did—the motto would be the words of the Psalm, 'My wounds stink and are corrupt because of my foolishness.'" Lord Lister's first ideas of cleanliness were antiseptic cleanliness, but later it is understood that he came more to Isaiah's words, "Wash and make you clean," or, in the words of John Wesley, "Cleanliness is next to godliness." The world of surgeons, as we have heard, are coming more and more to see that cleanliness is to be preferred to poisons like carbolic acid, bichloride of mercury and the like.

**What Is the Truth?**—After one has read a learned article like Dr. J. J. Putnam's "Services to be Expected from the Psychoanalytic Movement in the Prevention of Insanity" (*J. A. M. A.*, November 28), he is in some doubt as to whether he or Dr. Putnam is in a fog. To demonstrate the grounds for this doubt read the following from the paper in question:

"The psychoses and psychoneuroses are not to be regarded (psychologically) as mere misfortunes or mere accidents, but as phenomena that represent definite, instinctive attempts at readjustment and the securing of some workable equilibrium, on the part of persons whose actual adaptation to their environmental conditions had proved unsatisfactory in the face of this or that special strain, and whose powers of readjustment had shown themselves inadequate to the task of restoring the disturbed balance in any better fashion."

Now, whether this is mere mental fog or science that the average man of medicine cannot understand, is the present question—whether the bug-house state, or psychosis, is a misfortune, a phenomena, or a result of the life of the afflicted one or his heredity? Elsewhere we read in the same paper of "the mechanism of psychoses," which brings up the "problem," is the mental mechanical—and there it is left, on our part, to the reader.

**The Time to Call a Halt.**—Is it not about time for the calling down of the brazen throated who insist on "saving" humanity by compulsion? Read this from the Los Angeles Times commenting on the proposal to compel every man, woman and child



to submit to physical examination once a year. "It's a great scheme, and would prove a most active revenue-producing measure for members of the medical profession, many of whom need some such aid because of the fact that the people are rapidly losing their faith in medicines. Such a proposition is on a par with the attempt to establish a national Department of Health, the head of which would be a member of the President's cabinet." Why should the reputable physician be compelled to bear such reproaches which belong only to the blatant, who insist that ills of humanity be legally turned over to their care which, if it were done, they would know no more about treating them than they do now, which is very little.

**The Ultra-Learned and the Practical.**—A ponderous article replete with learning appearing in a dignified medical journal, is very impressive, especially to a homœopathic doctor who thinks that the case called for *Lycopodium* or some other simple remedy unknown to the learned one. The end of medicine is the cure of disease—it really is—and so, the unknown doctor might be nearer the highest science of medicine than the very learned gentleman who can tell so much about the disease in newly coined and unpronounceable words. All suggested by looking through some of the ponderous papers of the A. M. A. Atlantic City meeting.

**P. O. Advice.**—No matter how big the city be, write the name of state after it. Some men take a sort o' Elijah Pogram pride in thinking their town is so eternally big that you don't need to name the state in which it is located. But be it known that there are several New Yorks, Chicagos and Bostons on the map. There are seven Philadelphias and twenty Brooklyns. Places like "Hell-to-Pay," "Dead Man's Gulch," "Kalamazoo," and some others have really a better right to go stateless than have the big cities.

**Piling it on.**—"The opening of the session of 1914-1915 in the medical schools marks an important epoch in medical education in this country. It is noteworthy that this fall thirty-seven medical colleges, for the first time, are requiring for admission one year of collegiate work in addition to a four-year high school

education. This standard, which in 1904 was considered as 'ideal,' has now become the essential minimum and has been adopted by eighty-four of the 101 medical colleges, and by twenty-two of the forty-nine state licensing boards. In addition to this, thirty-four of these colleges and seven of the state licensing boards have gone further and adopted the requirement of two years of collegiate work as the minimum preliminary standard. This is indeed a marvelous improvement over conditions which existed only a brief ten years ago."—*Journal A. M. A.*

Twelve years of study required before a man may present himself before an examining board, with the possibility of being plucked, and if he passes can practice in a limited area only! This may be a marvelous improvement over the old tutor system, but it is hard to realize it. Certainly the "cults" are growing by leaps and bounds under the iron rule of Dearborn St.

**Treating Leprosy.**—The following is from *Public Health Reports*, October 16th. It concerns the treatment of leprosy in the Philippine Islands. At first chaulmoogra oil was used, and then the oil and camphor:

"It then occurred to Dr. Mercado, the house physician at the San Lazaro Leper Hospital, to combine the camphor with the resorcin prescription of Unna. The mixture was prepared as follows:

Chaulmoogra oil .....	c.c.	60
Camphorated oil .....	c.c.	60
Resorcin .....	grams	4

Mix and dissolve with the aid of heat on a water bath and then filter.

"Soon after this mixture was used hypodermatically over a period of several months, noticeable improvement took place in the appearance of the lesion and in the general health. The treatment was irregularly used on a number of cases. Among others, two lepers took it who had previously been treated without success with a vaccine made with bacilli grown in accordance with the method of Clegg. These two cases recovered early in 1911 after a few months' treatment and apparently remained completely cured for a period of two years, when they were discharged from the hospital on probation. Later, two addi-

tional cases recovered that had no other form of treatment except the hypodermic injections of the chaulmoogra oil mixture, from which it seems reasonable to infer that the vaccine had had no effect in the first two cases."

It would be interesting to see the leper put on a three months' course of the "*Skookum chuck*," or Medical Lake salts in the 1x to 3x trituration. These have performed wonders in many dry and scaly skin afflictions of the worst nature.

**Cure vs. Prevention.**—The railroads have adopted the motto, "Safety first," and a very good one it is, even though it involves a slowing down of their time tables. Following suit the "regular" brother has adopted a motto, "Prevention Greater Than Cure." This motto probably grows out of a realizing sense of their inability to cure. From remotest antiquity the people have looked to physicians for a cure, but now they are told that prevention is greater and, curiously enough, aside from sanitation, the means of prevention were in vogue in remotest antiquity, *viz.*, inoculating the disease into humanity to prevent the same disease that is inoculated. However, there are many physicians, not of the up-to-the-minute kind, who still believe that there is balm in Gilead, and that it is their duty to cure disease, and are willing to leave prevention to the sanitary corps where it properly belongs. They give sound advice as to habits, etc., but do not go about seeking to have compulsory laws passed forbidding this and compelling that, as the face of the movement points. If these would-be autocrats will cease trying to govern the universe and learn to cure disease they will become useful citizens.

**Possible Trouble Ahead.**—It is to be found in the following clipping from *Critic and Guide*:

"When an emulsion in an isotonic sodium chlorid solution of the red blood corpuscles of a man by whom a woman is pregnant is injected in the skin of that woman, certain reaction, shown by erythema, takes place within six hours. The same emulsion from any other man gives no reaction."

# PERSONAL.

---

We are told that the corn on the toe of the urethritic patient may be keratoderma blenorrhagica.

"An excuse from Pa doesn't go with Ma," said Willie to teacher.

"I am undone," said the lady with a sigh of relief, as the last button came loose.

Only one letter stands between speculation and peculation.

Many loud talking gentlemen require chloroform more than the world needs reform.

If every man was a producer what would become of the surplus produced?

The difference between a "position" and a "job" isn't as much as at first seems.

A doctor writes to a contemporary "we are doctors, but we are also human beings."

Father's dough made mother's pies possible.

A doctor says it is not ethical for a consulting physician who owns a hospital to advise on operation. But why not if needed?

A man likes to make his pile, but doesn't want piles.

"One of the main functions of wisdom is to take the conceit out of knowledge."—Philadelphia *Public Ledger*.

An Indian exchange calls the European war "this Mahabharat of Europe."

There will be lots of daughters of the revolution in Mexico, all eligible.

Amsterdam, Rotterdam, Pottsdam and possibly Dontgiveadam—no wonder there is war!

"Business," as some know, begins some fairy tales.

The wise eye man doesn't say "Glasses will improve your looks, Madam," but, "enhance your beauty."

Many of us think that, like Atlas, we have to sustain the world, but we are in error.

Sound advice from the ancients: "Don't kick a dog unless you can lick his master."

But why kick a dog?

Many persons get as grouchy at long waits as at short.

New Haven suits are not in favor with those who have them

"I don't want to go to heaven because I don't like to be good always," said the small girl.

"Wonder if they will sterilize the milk of human kindness?" asked Claude.

Man smokes and woman fumes.

"What about animals' cruelty to men?" asked the man when the bull chased him.

# THE HOMŒOPATHIC RECORDER

---

VOL. XXX      LANCASTER, PA., FEBRUARY 15, 1915.      No. 2

---

## THE PATIENT AND THE DISEASE.

Such is the title of the first Hunterian lecture for 1914-15, delivered by Sir Dyce Duckworth, in the Barber Surgeons' Hall, London, and printed in the *Lancet*, 11-28. There is no use attempting to give an abstract of it because, like all of the learned men of medicine, Sir Dyce, like our own Congressman from Texas, does not seem to know where he is at. One thing is apparent, however, which, to cling to our own American vernacular, is that the lecturer is not much stuck on the therapeutic measures of modern medicine, for he politely remarks that "It may be noted that vaccine therapy itself is not yet void of empiricism."

He also seems to lean Homœopathyward (though he afterwards gives Homœopathy a gentle swipe) when he truly remarks (and the italics are his own) that "It appears to be forgotten that the educated physician treats *patients* and not *diseases*." That is true to the letter, for that is exactly what Hahnemann taught, and most strongly emphasized. After a mild, but effective knock at the prevailing treatments, like vaccine, serums, tuberculin and the like, he quietly "would venture to suggest that some of us are now in danger of losing the older acquired knowledge of appropriate treatment for many common ailments." But, after this Sir Dyce takes a back summer-sault and then comes up facing facts again. He said:

"It is, of course, a vulgar idea that medicines are employed to 'cure' diseases. The homœopathic system is founded on nothing else." If this proposition were put up to the public, it would ask, Why do I employ a doctor but to cure my disease? Does he think that I and my troubles are but for "research

work" and to pay the doctor for "studying disease" on my person "for the benefit of humanity?"

That is about what the public would say to Sir Dyce Duckworth's idea of "cure." The family physician has a tremendous power in guiding public opinion, or he once had that power, but he has lost the larger part of it, and the remainder is rapidly going, being held back somewhat by acts of the Legislatures, which gives medical official power of compulsion over the people—though, indeed, this does not help the family doctor. These officials do not believe in the cure of disease by medicine, but the public does, and the public is nearer right than the learned ones and probably that is a big factor in the saving of Homœopathy from the damnation to which they tried to send it but failed.

These learned gentlemen know a great deal about the pathology of disease, sometimes about diagnosis—what percentage does the post-mortem confirm, 40 per cent.? But they do not know how to cure disease with medicine, never have known, and never will know until they come to acknowledge the great natural law of *Similia*. They are honest, earnest and hard working; they make many discoveries, facts, about disease, but when they have found them they do not know what to do with them.

Now, in conclusion, let us go back a bit. Sir Dyce, as quoted above, says that the idea of medicine curing disease is a vulgar idea on which Homœopathy is founded. To this he added, which was not quoted above, "The idea of the patient, and any of his peculiarities, receives no consideration whatever, and is supposed to be of no importance." This shows that the lecturer has but a limited idea of Homœopathy and that he is hammering, not Homœopathy, but his own school, for in plain, and extremely vigorous, German Hahnemann stormed against treating the *names* of disease, and thundered "treat the patient," which involves all his "peculiarities."

If our allopathic friends would get rid of the idea that they only occupy the medical sun, would be all embracing, as they say they are, but are not, and would comprehend the true scope of Homœopathy, why, then, the greater part of their troubles would vanish and they would be nearer their dreamed of Utopia.



## READING THE PULSE, EYE AND TONGUE FOR THE INDICATED REMEDY.

By Eli G. Jones, M. D., Buffalo, N. Y.

To be able to read the pulse, eye and tongue intelligently is the A, B, C of practical diagnosis and the foundation of correct prescribing.

During the month of December I was called to Los Angeles, California, in consultation on a case of cancer. At a certain part of the trip out there the train reached an altitude of from 6,000 to 8,000 feet above sea level. As a result of that high altitude one of the passengers suffered from difficulty of breathing. In reading his pulse I found fulness and tension, the pulse of *Veratrum viride*. I gave him ten drops of the first dilution. This one dose was sufficient to give him relief. In 1882 I saw a case in Boston, Mass., of a boy twelve years old, that had been the rounds of the doctors. They had failed to make a diagnosis or to give him any relief. He was so thin he seemed like skin drawn over a skeleton. The pearly tint of the white of the eye showed a drain from a diseased surface. The dark red appearance of the tongue located the disease in the stomach. In reading the pulse it was very weak, but a slight fulness and marked tension showing focus of irritation or congestion. The lancinating pains in the stomach confirmed the diagnosis of ulceration of the stomach. I told the parents my diagnosis and added "that it was a desperate case. Yet I felt an impression that there might still be a chance to save the child." I said, "We will try a simple treatment that wont do any harm and I think will do some good." He had frequent vomiting spells; even a teaspoonful of milk would be rejected by the stomach. The mother was very doubtful about his being able to retain anything on his stomach. I prescribed *Nux vomica* 6x (as the vomiting was a sour liquid), three tablets once in three hours. Then instructed the mother to get some pure olive oil, have him naked before the fire, and rub the warm oil over the region of the stomach and the whole abdomen for half an hour, night and morning. I thought the olive oil would have a soothing effect as well as afford some nutriment to the body. I ordered milk

to be well shaken in a glass. Then give a teaspoonful at a time; if any part of it was retained try a little more in an hour. The milk to be cold or warm, just as it best suited the stomach. In a few days try an egg dropped in boiling water, then some boiled rice or sago. By coaxing the stomach with a little easily digested food the boy could soon keep down considerable nourishment. In a month the mother reported the boy much better. He was under my treatment for three months, then discharged cured. The average physician, when called to see a patient, has his mind full of some disease. He has heard that the patient has such or such disease. In examining the sick person he tries to make the symptoms fit the disease he has in his mind. What would you think of a judge upon the bench who would form an opinion before he had heard the evidence? Yet this is just what many of our doctors do. To give an illustration of what I mean, I will report a case I saw about nine years ago in New Jersey: A boy, sixteen years of age, weighing 169 pounds, very fleshy and a very hearty eater of meat. Was taken with severe pain in his head. He put his hands up to his head and screamed with the pain and went totally blind. Five physicians had seen the case, among them an eye specialist, from New York City. Their diagnosis was tubercular meningitis and offered no hope of a cure and said "The boy would not live ten days." Three months later I was called to see him. If I had been like the average physician I would have "read up" on the diagnosis of tubercular meningitis and all the remedies that were "good for" such cases, but when I reached the patient's home my mind was *free* from any disease. In reading the pulse I found a *full, bounding* pulse with marked tension. The boy had been taking on flesh too fast. As a result, there was a high blood pressure. The pulse told me all that and also the first remedy needed to relieve the tension and equalize the circulation. It was the pulse of *Veratrum viride*.

In reading the eye I noticed red veinlets in white of eyes, with dull expression of the eyes, denoting congestion at base of brain.

The father asked my diagnosis. I said "The boy has congestion of blood at base of brain and upper part of spinal column." "Do you think you can make him see?" he asked. I replied that "I would try."

Tr. *Veratrum viride* 1x was given, ten drops once an hour, for three hours, then once in three hours. In a few days he only had to have it three times a day, just enough to keep the pulse soft. The congestion of blood at base of brain with the red veinlets in white of eye indicated *Belladonna*. I gave him Tr. *Belladonna* 3x, fifteen drops in half a glass of water—one teaspoonful once in two hours. In three days he had a profuse nose bleed, that relieved much of the blood pressure to the brain. The *Belladonna* was continued a week, then in its place I gave *Kali mur.* 3x, three tablets, once in two hours to absorb the exudate. In one month he could distinguish a person passing between him and the light, in another month he was washing bottles in his father's bottling establishment.

He put an electric bell on his father's front door, all alone, and could go along wherever he wanted to go, but he got tired of taking medicine and I lost track of him. I consulted two eye and ear specialists, one in New York City, and one in Cincinnati, Ohio. These men were bright and shining lights in their profession, but they could not give a diagnosis or suggest any remedies, so I fought the case single handed and "won out."

879 West Ferry St.

---

## A CASE OF BRIGHT'S DISEASE.

By Dr. Carl Gruber, Clinton, Ia.

A child, a girl, one year old, was taken sick with Bright's disease. She was treated for two years, at different times, by fourteen regular physicians with the negative result. The last of the fourteen doctors, a railroad surgeon, informed the mother that the child would have to die; but he said he would tap the patient because dropsy had set in. She asked him if, after tapping, he could give any medicine to keep the water off. He said there was no such medicine, but that he could give her temporary relief. After two weeks, the child was just as full of water as ever.

At this stage, the child now being three years old, I got the case. The patient resembled a barrel of water more than a human being. She had never walked a step in her life. I inquired about the urine, which was only about two ounces in twenty-

four hours, and I made the chemical test. All turned to albumen so that the test tube could be held upside down and not a drop run out. The mother anxiously asked me if I could help the child. I replied, "Not unless a wonder happens."

But she insisted that I treat the child. So I prescribed *Apis mel.*, to be given one week, and then report. At the end of this time she reported that the water was running like a river.

The same medicine was continued for another week. At the end of the two weeks the water was all run off, and the child was thin. But albumen continued in the urine in great quantity. So I changed the medicine to *Mercurius cor.* The albumen disappeared gradually.

Between *Apis mel.* 3x and *Mercurius cor.* 6x, I continued the treatment for six weeks. At the end of this time the patient was well. It is now seven years since the treatment.

The child is ten years old now. She is not only an ordinary mortal, but is a picture of health. She weighs one hundred pounds and has never had, nor needed, any more medicine. Thanks to Hahnemann, the great German professor.

---

### CALCAREA CALCINATA.

The following letters tell the story of *Calc cal.*:

8 Bolton St., Picadilly, W., London, England.

December 16, 1914.

Dear Dr. Anshutz:—

As you have a liking for "New, Old and Forgotten Remedies," perhaps the inclosed may be to your taste.

I should like to take this opportunity of thanking your contributor, Dr. Vondergoltz, for his article on Radium. I am very glad he has been able to verify some of my observations on that potent remedy.

Yours very truly,

JOHN H. CLARKE.

This letter from Dr. Clarke, author of the big three volume *Dictionary of Materia Medica*, is given as a sort of introduction to the following, which introduces a new "calcarea," *Calc. cal.*:

**CALCAREA OSTREARUM CALCINATA. A NEW  
CALCAREA. A REMEDY FOR WARTS.**

By John H. Clarke, M. D., London, England.

Early in 1912, Mr. Louis Harold Keay, Mus. Bac., wrote me from Manchester on some medical matters and incidentally asked if I knew the value of calcined oyster shell—*Calcareo ostrearum calcinata* (which may be shortened into *Calc. cal.*) as a remedy for warts. I replied that I knew of *Calcareo ostrearum* and *Calcareo testa* as wart remedies; and I also knew of *Calcareo caustica*, but not as a wart-remedy. My letter brought the following reply, which I cannot improve upon so give it in full:

Manchester, April 2, 1912.

*Dear Sir:*—Very many thanks for your kind note. I shall write Messrs. Epps at once.

*Re calcined oyster shell.* Yes.

Yes, I know all about *Calc. carb.* I have both the A. H. P. and B. H. P., and have prepared *Calc. carb.* often. I enclose a sample of *Calc. cal. θ*, prepared some years ago thus:—Shells crushed, packed in a crucible, kept at a bright red heat for about thirty minutes, allowed to slake, rubbed up in a mortar. I think it approximates more nearly to *Caust.* than *Calc. c.* Very acrid. Tastes like Potass. carb.

History. In youth my hands became covered with small, flat, smooth, moist warts. They remained for years and in spite of remedies of all kinds—*Rhus*, *Thuja*, *Calc. carb.*, and even charms and superstitions, so increased that at 21 or 22 years of age I counted on both hands 450 warts. Some on the knuckles cracked and were very sore. The idea of trying lime water made with oyster shells occurred to me. I dried and burnt some in the kitchen fire, dropped one into a pint of water, and took a tablespoonful after each meal. In a fortnight all the warts had completely vanished, and have never returned. That is over 30 years ago. During that time I have noticed crops of similar growths on the hands of many of my pupils and have given them some, 1x or 1, to try, and have never known it to fail, except once or twice, when I have experimented on the cauliflower order, for which it seems useless. *Rhus t.* and *Thuja* are much

better. I have not noticed anything else in particular, except that if given too strong it causes more or less diarrhoea from irritation of the mucous membrane, I fancy.

Once more, thanking you for your kindness, believe me,  
Very faithfully yours,

L. H. KEAY.

Mr. Keay's sample of *Calc. cal.* I forwarded to Messrs. Epps, 60, Jermyn St., L. W., and they made attenuations for me. Of these I have used only the 3x trit. in eight-grain doses.

On many occasions I have been able to verify Mr. Keay's indications and am particularly grateful to him for putting a new weapon into my hands with clear, strong and broad indications.

Here are some of my cases:

(1) A young lady, at school, in England, strong, and of good, general health, but with a certain degree of specific and sycotic heredity, had been very much troubled for a long time with unsightly warts on the hands. I cannot say that any of the remedies I had prescribed had made any real improvement. In June, 1912, I prescribed *Calc. cal.* 3x, eight grains at bedtime. At once a change for the better took place. The warts broke up and in a few weeks were gone.

(2) A boy, of 9, had a wart on one of his fingers, which had resisted skilful domestic homoeopathy for a long time. *Calc. cal.* in the same way, soon cleared that up.

(3) Mrs. B. had a troublesome wart near the nail of the index finger. *Calc. cal.* 3x at bedtime, soon effected its disappearance.

In point of fact, such is my confidence in *Calc. cal.* as a wart remedy, that whenever warts are a leading feature, I don't trouble myself to hunt for a simillimum until I have given *Calc. cal.* an opportunity to show what it can do. It rarely fails to evoke my gratitude to Mr. Keay.



**“ HIS MISTRESS' EYEBROW.”**

By **W. B. Clarke, M. D., Indianapolis, Ind.**

**Honorary Vice-President Anti-Vaccination League of America.**

In “The History of Doncaster” (Rev. Joseph Hunter, 1831) is quoted a letter regarding Lady Mary Wortley Montague, the brilliant English letter-writer and court favorite. Her husband became the British Ambassador to Constantinople, where Lady Mary learned of the practice of inoculation for small-pox, as practiced there, and, on returning home, she introduced it in England. The practice preceded its substitute, Jenner’s so-called cow-pox (the which it really was not, though that makes little difference now, as the vaccinating agent has been changed a dozen times during and since Jenner’s time), nearly 75 years, and the two ran opposition to each other for 42 years, until Parliament, in 1840, made inoculation a misdemeanor.

The letter here quoted from is credited in the above history as “From a friend of the Countess of Bute, daughter of Lady Mary,” but in William’ White’s fascinating work, “The Story of a Great Delusion,” a vaccination history which all believers and disbelievers in vaccination should read, in which this same story appears, the probably more correct credit is given to “Lady Louisa Stuart, granddaughter of Lady Montague,” viz.:

“The small-pox attacked Lady Mary sometime between the periods of Queen Anne’s death [1714] and Mr. Wortley’s embassy, and very much injured her beauty, especially by destroying her eyelashes. She owned she felt this a severe mortification. The Flavia of her sixth Town-Edogue was meant for herself, and expressed the bitterness of her own sensations on first recovering and dreading she should be wholly disfigured. The remembrance of them, she acknowledged, make her resolve to introduce inoculation into England. Those who have heard her extolled on that account through two-thirds of a century, and have seen the joyful welcome to vaccination in our own days, will conclude she received the thanks and praises of her contemporaries. But it was far otherwise. Lady Mary used to protest she had repented of her great undertaking a

thousand and a thousand times [that makes two thousand], and never would have attempted it could she have seen the vexation and even persecution it was to bring upon her."

Then follows a recital of many of these vexations and persecutions. Yet, in spite of all this opposition, inoculation gradually became universal in England, much more so than vaccination, its immediate successor, ever was. As Parliament abolished inoculation, and has granted exemption from vaccination to children, it is now in order for it to enact an amendment including vaccination in the taboo list, for it has been in the voodoo list long enough. And as the "mother country" has blazed the way it is also now in order for its Americanized child to follow her example.

A frequent quotation is, "A woman's crowning glory is her hair." In Shakespeare's *Seven Ages of Man* soliloquy, spoken by the melancholy Jaques, we see "the lover, sighing like furnace, with a woeful ballad made to his mistress' eyebrow." And in the *Lady Mary Wortley Montague* story, told above, we learn that the female eyebrow really has or has had considerable to do with the world's discomfort—in short, that the loss of Our Lady's eyebrows, or, rather, eyelashes (worse yet), by small-pox, resulted in entailing on England and the world at large the foolish practice of inoculation and its legitimate, or, rather, illegitimate, successor, vaccination!

---

### MORE ABOUT PLATANUS OCCIDENTALIS IN STYES.

Editor of the HOMŒOPATHIC RECORDER.

Since the publication of my article on *Platanus occidentalis*, in the October number of the RECORDER, and your own contribution to the subject, inquiries, communications, etc., have come to the writer from far and near. To briefly answer some of the questions raised and, at the same time, elaborate a little more on the use of the drug, the following is submitted:

As a general proposition, *Platanus* will be difficult to properly exploit in dispensary practice, where patients cannot be carefully watched and controlled, and also where the patient and continued use of the remedy must be employed though its bene-

ficial effects may not be apparent for an indefinite period. In most cases, to be successfully employed the drug must be persisted with over a period of, at least, several months. In chronic cases of an aggravated type, years may be required to realize its full power. It should not be alternated or combined in any way with other medication. Even in those cases where the knife is needed and advantageously employed, as well as in those where surgical methods are not permitted and also where operative procedures have been unsatisfactory. *Platanus* may be used with the greatest confidence. And even after all evidences of the chalazia have disappeared, the remedy should be continued several months, giving one dose daily.

Many things in this world have to be accepted as facts even though the tangible evidences may not always stand out clearly defined before one's physical vision. To insist that every statement made by men of ability, experience and integrity, must be examined by a committee of moss-back critics before respectful consideration can be granted their statements of fact, would result in discouraging and discounting all efforts in the line of individual thought and investigation; the world would not simply fail to progress, it would go backward. However, the doubting-Thomas-spirit continues to dominate some humans, and—probably—to the great benefit of humanity, just as the optimistic and venturesome spirit blazes the way for the timid and hypercritical.

These remarks were not inspired wholly because of recent experiences, but from cumulative observations and knowledge covering a long period.

While this is not written to advertise Boericke & Tafel or other homœopathic pharmacies, nevertheless—as a matter of information and self-protection—I desire to notify inquiring physicians that the writer does not prepare *Platanus* and cannot elect to furnish it for those wishing to test its merits. Most dealers in homœopathic supplies keep this remedy on hand.

It is exceedingly gratifying to note the interest the profession has taken in this "Lancet" of the eyelids.

CHARLES H. HUBBARD, M. D.

Chester, Pa.

## DR. SWINGLE'S METHOD OF ABORTING PNEUMONIA.

Editor of the HOMŒOPATHIC RECORDER.

More than a year ago you published for me a method of aborting typhoid fever and so far as I know not one of your readers has cared to try it out. All have preferred, apparently, to allow their cases to take the regular course so that the sheckels might travel in the customary direction. If I were a profane man I would say: "This is a dummed (?) shame!"

It is my purpose now to offer you something else in the way of abortive treatment. I do not claim as marked or as decided results in all cases in this instance as I have claimed for aborting typhoid fevers, although there has not been, in four years, a single case of the disease in question under my care which has run the ordinary course. Pneumonia is the disease in mind and the abortive treatment is very simple.

When the chill has taken place the diagnosis is usually easy. The diagnosis having been made give the patient salt-water, hot or cold, as he prefers, as strong as he cares to take it and as much of it as he will. Follow this in twenty or thirty minutes with a dose of Epsom salts or other laxative, which acts somewhat as Epsom salts do. Begin at once to give salt-water enemas as hot as can be born at two-hour intervals and continue this until the bowels move. Repeat the salt water in about eight hours unless the patient has shown too strong symptoms of salt poisoning. The idea is to increase the salt-content of the blood and tissues to a point which reduces the virulence of the germs to a degree which makes propagation impossible.

Besides reducing the virulence of the germs the salt contracts the capillaries in the extremities and near the surface of the body so that the patient will more than likely complain of cold hands and feet. This causes a temporary increase in the congestion of the lungs and, in fact, in all the vital organs. However, the salt compels the congestion to move on. We know that it is owing to the presence of salt in the blood and tissues that fluids pass through membranes at all. Without salt there is no physiologic action. The increase of the salt-content of the blood and tissues overcome the beginning stasis and within a few hours there is a marked improvement.

The patient is allowed no food at all—only water or salt-water until the temperature becomes normal. The indicated homœopathic remedy is always given. Lemon juice has been allowed when it did not counteract the indicated remedy. The second or third day or on both the second and the third day of the fast it has been customary to give some vegetable laxative which affects the liver. This works off the bile, which, under the circumstances and conditions is very poisonous.

When the temperature becomes abnormal or normal the greater part of the day with only a slight rise in the afternoon or evening feeding may be resumed in the form of pineapple or other fruit juice in very small quantities.

This has been tried out on any old or on any very young person. There has been no case in the originator's experience. In either extreme of life it would be wise to administer the salt with a great degree of caution. It is the part of wisdom to be cautious in persons of all ages.

The fast, the salt, and the remedy, each and all, act at the best advantage when the other two factors are also working. It is not claimed that the salt does all the work by any means. The claim is that by doing as here directed we hit upon a happy combination of factors and forces which, operating in combination, does a truly remarkable thing!

Try it out, gentlemen. Your patients will be richer in shekels and you will be richer in honors! Do not all speak at once as you did not regarding the aborting of typhoid.

Very truly yours,

C. M. SWINGLE, M. D.

P. S.—In the volume recently published by me I do not mention salt-water as a factor in treating pneumonia, although it is mentioned with reference to typhoid fever and acute articular rheumatism. I was waiting for another case or two to "turn up" before making statement regarding pneumonia. During the recent bad weather two cases came my way and both recovered within four or five days.

2101 Prospect Ave., Cleveland, O., Dec. 24, 1914.



## THE HARRISON ANTI-NARCOTIC LAW.

The document handed out by the officials is headed "(Public—No. 223—63d Congress. H. R. 6282)." Then follows:

"An Act. To provide for the registration of, with collectors of internal revenue, and to improve, and to impose a special tax upon all persons who produce, import, manufacture, compound, deal in, dispense, sell, distribute, or give away opium or coca leaves, their salts, derivatives, or preparations, and for other purposes."

After this follows "be it enacted" law itself, covering a space about equal to six pages of the RECORDER. That excellent journal, the *Bulletin of Pharmacy*, Detroit, gives its readers an excellent abstract of this law from which we quote as follows:

"The Harrison law is, in a sense, a taxation or revenue measure, and it, therefore, *reaches into every State and affects every citizen in it*. It is not a measure drawn under the interstate commerce clause of the Federal constitution, and affecting only traffic between the States. This distinction ought to be clearly understood by everybody. The law is universal in its application. The chief features of the act, expressed in our own language, are as follows:

"1. The bill covers opium, coca leaves, and any compound, manufacture, salt, derivative or preparation thereof. Exemption is provided for preparations in each ounce of which there is not more than 2 grains of opium,  $\frac{1}{4}$  grain of morphine,  $\frac{1}{8}$  grain of heroin, 1 grain of codeine, or salts or derivatives of any of these. Exemption is also provided for liniments, ointments or other preparations legitimately prepared for external use only, unless they contain cocaine.

"2. *Every dealer in or dispenser of these narcotics must register with the collector of internal revenue in his district and must pay a special tax of \$1.00 per year*. This includes physicians, dentists and veterinarians as well as retail druggists, wholesale druggists, manufacturing druggists, importers or anybody else who has occasion to handle or dispense narcotics. *Mere possession of any of the narcotics involved, if the possessor be not registered, will be deemed evidence of a violation of the law.*



"3. No one may order narcotics except he write the order in duplicate on blanks provided by the collectors of internal revenue. The buyer and the seller shall each preserve his copy of the order, and it shall be open to inspection by the proper officers of the government, and also by the State or municipal authorities charged with the enforcement of local anti-narcotic laws.

"4. These blanks shall bear the name of the registered dealer who buys them of the Internal Revenue Department, and an unregistered dealer who uses them will violate the law.

"5. Narcotics may not be sold or dispensed by *any one* except on orders filled out in this manner, and received from registered persons. The only exceptions are that a registered physician, dentist, veterinarian may administer the narcotics to legitimate patients, and that registered retail druggists may fill the prescriptions of registered physicians, dentists or veterinarians. All such prescriptions must be dated and signed by the authors of them, and must be preserved by the dispensers for two years.

"6. Every dealer, whenever required to do so by the local collector of the district, *must hand in a record of all purchases* made by him during a specified period.

"7. The penalty for violation of the act is not more than \$2,000, or imprisonment for not more than five years, or both, in the discretion of the court.

"WHAT THE DOCTOR DO.

"From the foregoing analysis of the Harrison law, it will readily be seen by every doctor that there are four things in particular which he must do after March 1st, when the act goes into effect:

"1. *He must register with the Collector of Internal Revenue in his district and pay a special tax of \$1.00 a year. If he doesn't register mere possession of any of the narcotics makes him a violator of the law.*

"2. *When he orders the particular narcotics mentioned in the act he can do so in only one way: he must write the order on a special blank secured from the Collector of Internal Revenue, bearing his name and registration number and keep a duplicate copy of it on file.*

"3. *He must be prepared to hand in a record of all purchases, when required to do so by the local collectors of the dis-*

trict. This record he can easily compile from his file of duplicate orders."

To this we may add: The necessary blanks may be purchased from the deputy collector of internal revenue. They are sold for \$1.00 per hundred.

Inventory of all drugs mentioned in the act must be made on March 1st, and must be sworn to before a notary public and kept on file.

---

### WARMING UP BOSTON.

The January issue of our valued contemporary, the *New England Medical Gazette*, contains two letters relating to the matter mentioned in the RECORDER'S November number, on page 501, under the heading, "Defining Homœopathy." One letter is from Dr. Jas. Krauss, and the other from Dr. Conrad Wesselhœft. Dr. Krauss is the "chairman on Definition of Homœopathy" of the A. I. H. Dr. Wesselhœft is assistant editor of the *N. E. M. Gazette*.

Dr. Krauss says: "There is only one homœopathy and that is the homœopathy of Hahnemann," to which Dr. Wesselhœft replies that "Dr. Krauss maintains that Homœopathy is what Hahnemann told us it was, and attempt to force down our throats the definition as he, Krauss, has interpreted it from Hahnemann's writings." Surely the traditionally cold Boston shows that it has latent fires, as is proved by the reading of these two letters.

Concerning Dr. Wesselhœft's previous editorial Dr. Krauss writes: "It is no wonder he cannot appreciate 'fiery utterance.' The dead editorial horse he rides has no fiery conviction." And, again: "It is fully apparent to men inside and outside of the ranks of Homœopathy that what the homœopathic practitioners need to have told today more than anything else is what Homœopathy is and what it is not; and if anything had been needed to justify me in my attempt to tell what Homœopathy is and what it is not, this editorial in question furnishes the justification. \* \* \* He attempts to belittle Hahnemann's historic conclusions as dogmatic assertions, while stamping his own bald assertion as scientific conclusions. He offers in the place of

Hahnemann's comprehensive definition and true content of Homœopathy a puerile definition and illogical, indefinite, untrue content of Homœopathy." Dr. Krauss concludes as follows:

"We must make it plain, both for ourselves and those practitioners outside who do not know, that Homœopathy is, as it is, in fact, the only curative method of medicinally curable constitutional diseases in existence, and this can be done only by adopting and promulgating a definition of Homœopathy which carries the authority of Hahnemann, its creator, as well as the authorities of truth, of logic, and of science."

That is what the RECORDER has been preaching for years in less eloquent terms—Homœopathy is "the only curative method of medicinally curable constitutional diseases in existence." Hahnemann points the way, but it takes men of insight to go along it.

Dr. Wesselhæft's reply takes only one page, but it is acid and also somewhat hot. Here is a bit from it, showing, perhaps, the real point at issue. Dr. Wesselhæft writes:

"Now Dr. Krauss appears to be disgusted that anyone should dare to differ with Hahnemann, or, rather, with Krauss himself. Far be it from us to attempt to pacify him on this point. His communication has too clearly demonstrated that his and our attitudes are irreconcilable. When he remarks:— . . . 'the laboratory workers have given us not only no Homœopathy, but have given us nothing, and I am safe in saying, will give us nothing unless they will radically change their methods of experimental attack and procedure,' he puts himself with one Dr. J. B. S. King, of the *Medical Advance*, in a class of physicians upon whose minds medical progress exerts no apparent beneficial influence."

It seems to us that no matter how much real medical progress is made none of it that is genuine can conflict with the action of the homœopathic drug. Nothing can change the action of *Aconite* nor that of any other drug, nor prevent that old yet ever marvelous miracle of cure that follows the *homœopathic* substance. Medicine has progressed in many directions since the days of Hahnemann, but it has given the world nothing that will improve on or supersede Homœopathy, for every medicinal cure made must be governed by a rule just as everything that

falls to the earth does so by the impulse of a general rule. Homœopathy never has nor never will conflict with *science* for it is in that temple.

---

**“THE TINCTURE OF THE MINISTER’S POCKET-BOOK.”**

The two sub-joined letters, in a manner, explain themselves. We saw the first one and being somewhat taken by it wrote the writer. Name and post office address, of course, is deleted. If anyone knows anything about *Thlaspi bursa pastoris* it will be welcomed by the readers of this journal:

LETTER NO. 1.

Omnia Explorare: Quod Bonum Fuerit Retinete. Thessalon, V:21.

Messrs. Boericke & Tafel, Chicago.

*Gentlemen:*—“There will be a hot time in the old town tonight,” when a full-fledged Allopath dares to take a vial of “sugar pills” pour some “flavor” over them and hands it to the patient.

But, although baptized an allopath, I am really a cosmopolitan in the profession and say with the Frenchman: “Je prends mon bien ou je le trouve.”

You send me to start with 4 oz. of pellets and 2 oz. of *Thlaspi bursa pastoris* tincture. Translated literally this would mean “Tincture of the Minister’s pocketbook,” or also “Shepherd’s pocketbook.” If it is a *Capsella* belonging to the Fam. of Cruciferae then I have known the plant and the use of its tea in Africa against hæmorrhage, but I never employed it on account of the fiery taste and the obnoxious odor. Can you tell me more about it?

Your hereditary allopathic enemy,

---

LETTER NO. 2.

E. P. Anschutz, Philadelphia.

*Dear Arch-Enemy Homœopath (Sic):*—“Thou almost persuaded me to become a ——— Homœopathicus.”

No, I have no objection to your printing my opinion in the

RECORDER, but since I do not peddle my ideas or crave for notoriety you better omit my name. If the profession finds out that I handed you a jewel (18 kt.?) and it turned out to be a piece of window glass they might stone me with allopathic axioms and I have enough of that.

Thlaspi undoubtedly comes from the Greek word, Thlipsis, meaning to shut, to press and is surely also related with Clasp, and this again, I think, with Clap, the words always indicating to shut off. I wonder what Funk & Wagnall's has to say about that. I am not so rich that I can afford one.

In the future I will be a little more cautious with my orders to B. & T. Yea, I intend even to 'phone them. You see before everything I try to be scientific, then a doctor (learned man) afterwards the physician.

I have seen nearly all parts of the globe (25 years a naval surgeon) and learned to be a cosmopolitan in every way. They say I am a hard nut, but what about it?

"Be yourself," I told somebody,

But he couldn't; he was NOBODY.

And now I crawl back in the trenches!

So long,

---

P. S.—Right so; widen the scope of discussion and print this letter, too, it might bring me more light as to the derivation of the word and its true meaning. The in the wool dyed allopaths, of course, do not count.

---

## THE RELATION OF THE MEDICAL SCIENCES TO CLINICAL MEDICINE.

At the opening of the Columbia University College of Physicians and Surgeons Professor Frederic S. Lee delivered an address that is printed in the *Journal of the A. M. A.*, Dec. 12.

It is in the modern use of the word a "learned" address, but not satisfying to anything but modern vanity. It tells of what Doctor This, That or The Other has taught in the past, and then perches on top of all this with the teachings of the Modern Doctors This, That and The Other, which are not a bit more logical than the old and tacitly cries, "Behold, Wisdom!"—just



as the old fellows did when they strut and fret their little hour on the stage and then were heard no more, save as examples to prove modern theories, advanced just as theirs were in their hey-day, and as we may expect the present day theories will be held up in the future by unborn medical scientists to their own condescending pity. It has always been so and always will be until medicine gets on a sane basis. One can easily fancy the flippant among the unborn medical scientists referring them to our day as "the era of entomology in medicine," and getting as gay over it as do our present day scientists over their past, and citing it as a proof of their advancement, just as our men do today over "humoral pathology" with their "entomological pathology."

What a farce it all is to hear the theory that manages to get on the top rail of the medical fence crowing over the past and calling attention to his own past as an ephemeral bunch of theories—and in the meantime the scientists do not live as long as they did in the days of Greece, nor, low be it spoken, write as well.

Professor Lee quotes Oertel for a view of the near past as compared with the present, as follows:

There did not exist a well-founded universal scientific method of thought, investigation or teaching, but only opposed and battling "schools" and "systems" of medicine and therapy, such as homœopathy of Hahnemann, polypragmasia, Rademacher's system, Priessnitz's system, therapeutic nihilism, eclecticisms, Bouillaud's bleeding to unconsciousness of the patient, Dietl's absolute condemnation of bleeding as a criminal offense (1849), Mesmerism and others. They formed the source of endless and senseless discussions, for they were all speculative and contributed much to the entertainment of their pompous defenders and the laity but not to the benefit of their patients. . . . It was not even a time of crude empiricism, but a fantastic period which, like a nightmare in individuals, occasionally arises during the life of a nation.

But what has succeeded all this confusion in this era of the rising sun of medical science? Serums, vaccines, antitoxins, animal extracts coupled with headlines in the daily newspapers of deaths followed by denial that the modern curative agent killed the patient into whom it was squirted!

Understand, gentle objector to all this *our* "rot," if you please, that it contains no denial of the fact that the various detritus of



tuberculosis, diphtheria, pneumonia and other diseases thrown off does not present a different appearance under a high powered microscope from each other, but does that fact aid anyone in his treatment? Certainly not, it only enables him to turn in a correct official diagnosis so that the officials in the health department cannot blast his professional reputation by saying that he was treating the wrong disease, just as though that would have made any difference in the result.

The case was that of a human being who had physically departed from the normal and, aside from removable causes (which come under the science of common sense) the only guide to a remedy lies in Homœopathy.

But all of this is tacitly acknowledged by Professor Lee, as the following quotation proves :

In the first place, there must be a greater development of the medical sciences. "Medicine," says Dr. Victor C. Vaughan, the accomplished President of the American Medical Association, "consists of the application of scientific discovery to the prevention and cure of disease. All else which may go under the name of medicine is sham and fraud." The medical sciences have already accumulated a huge mass of material which is at the service of those who would utilize it in the treatment of disease. And yet there is still pioneer scientific work to be done everywhere. The more one labors to unravel the mysteries of the human body, the more intricate it seems to be; the farther one penetrates, the more one sees of unsolved problems.

That is even so—the deeper you go, on your present line, the more unsolved the problem becomes, and if you double the college time limit it will make no difference for you are groping deeper into darkness.

Dr. Lee's paper is well written (needless to say), scholarly and interesting, but the question arises, after reading it, "What is it all when all is done?"

---

#### **COUNTY KINGS SOCIETY. TWILIGHT SLEEP. MORTALITY RATES. OBITUARY, NICHOLS.**

The 480th regular meeting of the Homœopathic Medical Society of the County of Kings was held December 22, 1914, the president, Dr. John F. Ranken, in the chair. A communication was read from Dr. George Taylor Stewart, of Manhattan, en-

closing two letters from Sir Robert Perks, of London, England, asking the Homœopathic Societies to aid in the work of the Red Cross under homœopathic control in the hospital at Dieppe, France. The matter was left in the care of Dr. Ritch and Dr. Ranken.

The Bureau of Gynæcology, Dr. Mary Fish Fleckles, chairman, presented three papers. Dr. Walter Gray Crump, of Manhattan, read an interesting paper on Abdominal Cysts. Dr. Cornelia C. Brant, of Brooklyn, read a paper on The Report of Case of Vesical Insufficiency. Dr. Robert F. Walmsley gave his experience, as a spectator, at the Frieberg clinic. In discussing Walmsley's report Dr. Dieffenbach, of Manhattan, said that at a recent meeting of the Surgical and Gynæcological Society of Massachusetts there were three hundred medical men present and the general opinion was that twilight sleep had come to stay; not one dissenting voice was heard. In the discussion Dr. Wood, of the Cumberland Street Hospital, said that his experience was that it was not safe to leave the patient during the labor, as the head would come down to the vulva without bulging and the physician's presence was necessary. Dr. Ranken said that the lengthening of the second stage of labor, which was the usual result of the sedative, was a benefit to the mother and would lead to less laceration. The effect on the baby was brought up and the opinion was that doctors fussed too much with the babies after delivery; if they were put aside they would come up all right, provided the heart was working. Dr. Walmsley said that this plan was followed at Frieberg.

Under the Bureau of Preventive Medicine and Sanitation, Dr. Robert Lowell Wood, chairman, two papers were read. Dr. Charles F. Boldan, of the Department of Health, read a paper on the work of his department. One interesting point brought out was that while the mortality of the children had been lessened there had been a perceptible increase in the death rate of people over forty years ago, as compared with the rate thirty years ago. Dr. Thomas J. Riley, of the Brooklyn Bureau of Charities, read a very strong paper on the Social Significance of Industrial Accidents and Occupational Disease. The paper was a very interesting exposition of the benefit of employers' liability laws,

and its relation to the relief of the widows and orphans of the victims of industrial accidents and disabling diseases.

The necrologist, Dr. J. Alexander Stewart, read a report on the death of Dr. George Nichols, the oldest member of the Society. Dr. Nicholas was born at Stockbridge, Mass., in 1829, and died at his home, 306 Monroe Street, Brooklyn, December 19, 1914. He was graduated from the Medical College at Pittsfield, Mass., and, later, went to the Hahnemann College, Philadelphia, and was graduated with the class of 1861. He came to Brooklyn in 1864 and practiced in that city more than fifty years. He joined the Homœopathic Medical Society of the County of Kings, November 10, 1868.

L. D. BROUGHTON,  
Secretary.

---

### ASTRAL THERAPEUTICS.

Dr. W. Stuart Leech, of Roshnau, Minn., contributed a paper to the Wisconsin *Medical Recorder* that, if nothing else, is interesting. The patient was a 14-year-old boy, and "the classical symptoms of a pus-forming appendix were present." A consultation was called in which two other doctors were present, one of whom, several years before, had advised an operation for a similar attack. Now the story goes on in Dr. Leech's own words:

"The evening before the physical consultation was to take place with Dr. North, Dr. Unus, Dr. North and myself went off into the Desire World (Dreamland) and met together at the bedside of the sick boy without his knowledge or that of his parents who were eagerly watching him. Naturally we were invisible to their physical perceptions.

"During this consultation on the Desire Plane Dr. Unus steps forward and almost violently seizes a portion of the afflicted organ and throws it away. His Desire hand passed right through the boy's physical body. I then stepped up to the bedside, using both hands, lifted the elbow end of the colon and gently stroked the undesirable irritable substance away. Dr. North acted as a spectator, and apparently gave his consent. Let it be known that physical substance is no bar to the astral hand, but it is nothing unusual for a patient to waken from his slumbers as the Desire or astral hand is being withdrawn.

“The morning after this consultation in the Desire World I called as I had promised at Dr. North’s office, and had him ride with me to the physical consultation which had been agreed upon with the family the previous day. To the great astonishment of the family and to my own gratification the boy was free from pain, tenderness, fever, and muscular rigidity, and from the family’s report commenced his rapid recovery during the night. It is now six months and the boy is enjoying the best of health.

“You doubt it? Had I not been a participant, had I not seen with my own eyes and felt with my own fingers I, too, would have doubted.”

Now, reader, you, too, have been in that curious world quoted by Dr. Leech, and it is to be hoped that you have come out of it a better homœopath. What genuine science there is in medicine soon runs up against the “closed door,” and the best key is old Homœopathy, which has let many a patient escape into the open fields of health.

---

### EFFECTS OF SHELL EXPLOSION.

In an account in the *British Medical Journal* of his experience among the wounded in the present great war, Dr. Albert Wilson, among other things, says :

The following is a case of injury to the internal ear from the explosion of a “105” shell. The man was slightly wounded in the knee with shrapnel, and had synovitis. There was a wall between the soldier and the explosion. The left membrana tympani was ruptured; there was bleeding from the ear, and blood came into the throat. This occurred on October 8th. I saw him three days later; during the whole of the interval he had been in the train. He could not hear a watch, even applied to the left half of the skull. Conversation 4 or 5 feet off was only heard if very loud. A watch placed on the middle line of the skull was heard on the right side.

After the accident he had giddiness, with a sense of rotation to the right. This passed off, but he had nystagmus looking laterally, most when to the right side; not at all when looking up or down. Romberg’s sign was not present. On October 26th all symptoms except deafness had subsided; he could catch words

of loud conversation 6 or 8 feet off. Probably there was hæmorrhage in the labyrinth.

Air concussion acts often like a heavy solid blow, causing pain and bruising to soft parts. It was common to find tenderness of the lumbar region, or of a shoulder, or intense headache. Pain was an important factor; the soldiers call it rheumatism. Other effects of explosion without wound occurred from flinging the man 10 or 15 feet in the air. One man fell on his shoulder and had a large hæmatoma under the deltoid.

The nerve-racking effects of explosion are worthy of notice. In one case a Belgian officer had pain in his left leg, and what might be called "neurasthenia." After some days' rest, though he walked erect, he could only step 6 or 8 inches at a time and one step every three seconds. Another man was so exhausted that his life was in danger: the pulse was 42, on the next day 48, and then 52. I had to get his mate to shout at him. Sensation was almost gone in the legs, but he could after three seconds feel a hard pinch in the arm. The knee-jerks were normal, and the pupils reacted normally. These cases form a nerve group by themselves, diagnosed and named accurately "*faiblesse*." They get well with rest.

Occasionally men are dumb, but they understand all that is said to them. I saw one such case. They recover after a few days' rest. Of one case, a deaf mute, the following particulars were given to me by his physician, an alienist:

A native of Paris, aged 23, a sergeant. His mother was of neurotic family. As a boy he was either sad or "bizarre," but always refined and intelligent. When the war began he was excited, ambitious and courageous. During a battle at Compiegne, after an explosion of a shell (*obus*), he suddenly stopped speaking, and ceased fighting as if stunned. In the fracas his companions carried him to a barn, where he lay for a day. A wounded soldier being placed beside him gave him some bread, which he devoured voraciously. After this he clung to his companion, and was therefore removed with him to Dieppe. There was complete mutism and cerebral deafness. Words had no significance, but if a noise was made he turned in that direction. He was an electrician, and showed much interest in lamps and wiring, yet he had no appreciation of a touch of keys. He appeared to know



his mother, but there was no communication between them. He followed the soldier about like a dog. He was sent home after a month's rest quite unchanged.

---

### BEE STINGS AND ANAPHYLAXIS.

By **A. T. Waterhouse, M. D. Oxon.,** in *The Lancet*.

An instance of severe symptoms following the sting of a bee seems to be worth recording, since it appears to throw some light on the nature of such cases.

The patient, who lives in the country, is a healthy looking man aged 53. He had typhoid fever very badly some 35 years ago. He is subject to attacks of faintness, especially when purged by a strong aperient. Otherwise he enjoys good health. He has kept bees for some years, and while attending to the hives has frequently been stung without sustaining any apparent injury beyond the local inflammation which is usual in such cases. Last June, while taking a swarm, he was stung by five or six bees at once, and seemed none the worse for his experience.

On August 6th the patient was stung on the hand by two bees. Almost immediately he began to feel a constriction of the throat, as if the glands under the jaw were enlarging, with intense throbbing of the head. His friends noticed that the face was flushed, the eyes congested, and the upper lip swollen. This was accompanied by numbness and tingling of both hands, and there was difficulty of breathing. He went to see Mr. R. N. Farrer, of Clayton West, who has kindly sent me some notes of the case from which this account is compiled. About half an hour after he was stung the patient lost consciousness, his breathing became stertorous, and his pulse feeble; in fact, for a few seconds he was pulseless. He recovered consciousness in from three to four minutes, but had another milder attack about ten minutes later. In 12 hours' time he was convalescent.

On September 2d, while walking in the garden of St. John's College, Oxford, he was stung by a bee on the upper margin of the right ear. Remembering his former experience he left the college, and by the time he had reached the street he began to feel a constriction of the throat and difficulty in breathing. He



walked across the road to the nearest chemist's shop and collapsed on the floor. When I saw him, about ten minutes later, he was semi-conscious and restless, with sighing respirations. The right side of the face was congested and slightly swollen. He was sweating, and the extremities were pale, cold and clammy. The pulse could not be felt at the wrist and the heart sounds were very feeble. The sting had been extracted and ammonia had been applied to the ear before my arrival. He was given some sal volatile and compound tincture of cardamoms, and 5 minims of liquor strychniæ were injected under the skin of the arm. He gradually recovered full consciousness, and in about three-quarters of an hour from the time when I first saw him he was removed to his lodgings. His pulse could now be felt. His condition improved steadily, and on the following day his heart was acting normally. He had no diarrhœa and did not vomit. He was very listless for a few days, but made a good recovery.

At first sight there is nothing especially remarkable about these two occurrences, so far as the symptoms are concerned. Many other cases have been recorded of similar severe effects, and even death, following the stings of bees and wasps, but on further consideration one is struck by the resemblance between these serious effects and the typical symptoms of anaphylactic shock in animals. The suddenness of onset suggests a change which cannot be accounted for by the mere absorption of a minute quantity of irritant poison in a normal individual. The depressed heart's action, the sudden urticaria and vaso-motor phenomena, and the embarrassment of inspiration are all strongly suggestive of anaphylaxis, and when these alarming symptoms are produced in a man, who on former occasions has suffered no ill effects from bee stings, the extraordinary increase in his sensitiveness requires some explanation, and this is afforded by the supposition that he had been previously sensitized by the former stings, which at the time appeared to be innocuous.

**DAMMERSCHLAF.**

The following picture of "twilight sleep" is cut from a paper by Dr. O. P. Humpstone, in the *Long Island Medical Journal*, December:

"The patient gradually becomes quieter in from twenty minutes to three-quarters of an hour. She ceases to cry out and actually sleeps between the pains, rousing more or less with the acme of pain, talks about having a pain or only groans or mutters some incoherent talk and then as the contraction wears off she goes to sleep again. The pains become gradually more frequent and she is more restless with the pain, and examination shows the head on the perineum and after a perineal stage somewhat longer than usual, which allows very gradual dilatation of the perineum, the child is born. This is the ideal Twilight as seen in the majority of patients.

"It is easy to arouse these patients, and if only slightly under, arouse them to full consciousness. Memory may return for a few moments, technically called an isle of memory, and, of course, of these isles occur too often the patient's mind pieces them together, and makes a fairly definite picture of the labor, which makes for failure of the method in that case. For this reason the patient is kept in a darkened room, all noises are avoided and she is not touched any more than necessary. When the birth is at hand cotton is put into the ears, the eyes are covered tightly and the lights turned on and possibly a little chloroform given just as the head is born. In the vast majority of cases this is not necessary, a small dose of narcophin being given when the head is well on the perineum acting to hasten the perineal stage and reduce the probabilities of the patient awakening. Further difficulties are the development of Twilight Delirium. The patient becomes extremely restless and delirious and noisy, all of which they have no memory of later; but the maintenance of strict asepsis under these conditions is very difficult. Their faces are flushed, their mouths become dry, and their pulse gradually increases in frequency. Another difficulty of real importance is the lack of use of the voluntary muscles in the second stage, often prolonging that stage beyond the limits of safety unless

one is fully cognizant of the duration of that stage. One should determine its beginning by repeated rectal examinations which inform us just as well as a vaginal examination after a little practice, and avoids one other difficulty, the danger from sepsis from the numerous examinations which are necessary to intelligently follow the labor.

"As regards the babies, most of them, if the patients have not been overdosed, breathe and cry normally. Some are in a condition of oligopnœa, they breathe once and then are blue and don't breathe until sufficient carbon dioxide is stored up to irritate their breathing centers and then they stretch and wake up and start to breathe. Some are asphyxiated, and this is chiefly seen where the second stage has been allowed to last too long. It is very difficult to differentiate between an oligopnoic baby and asphyxiated baby, so efforts at resuscitation should be employed in all babies, although the Germans tell us that all oligopnoic babies will come around if left alone. It is fair to assume that a still birth by Twilight is caused by either an over dosage with the narcophin or to a neglected over-prolonged second stage."

---

### CHINESE GIBES AT MEDICINE MEN.

Men of all sorts—and all nations—take a pride to gird at the doctor. Even in China the doctor does not escape the shafts of the "sarkasticist," as one of Barrie's Thrums characters, Tammas Haggart, calls himself. The popular saying that the medical practitioner's doorstep is haunted by the ghosts of those whom his physic has sent to join their ancestors, is well known. Dr. Guillemet, in an article quoted in the *Presse médicale*, gives other illustrations of the Celestial's somewhat grim humor about medicine men. Thus a soldier wounded by an arrow applied to a surgeon, who examined the wound and pronounced the case quite simple. He cut off the end of the arrow sticking out of the soldier's body and then demanded his fee. To the patient's question what was to be done about the part of the weapon which was left inside, the surgeon, shaking his head, said that was a matter for a physician: his province was the outside of the body. Another story is told about a doctor who advertised that he could cure crooked spine. "Where their backs bent like a bow," he

announced, "that is nothing. If they ask me to treat them, they will be cured at a sitting, and I guarantee that their spines will be as straight as the stem of a pencil." A hunchback came to the doctor, who at once got two planks. One of these he placed on the ground, and asked the patient to lie down on it; the other was put on the top of him. The doctor then tied the two planks with cords, and disregarding the yells of the patient pulled them tight together. In this way the back was soon straightened out, but by the time the operation was completed the life was squeezed out of the man. When remonstrated with by the relatives, the doctor coolly said: "Why reproach me? My specialty is to cure hunchback. Whether the patient dies or not is no affair of mine." After all, the doctor did what he undertook to do, and if the patient unfortunately died of the operation, that is an accident which sometimes happens in other countries after procedures carried out with the most perfect technique.—*British Medical Journal, editorial.*

---

### COMMON SENSE IN THERAPEUTICS.

The following is "lifted" from the address of Dr. John F. Anderson, Director Hygiene Laboratory, United Public Health Service, delivered before one of the sections at the Atlantic City meeting of the A. M. A. It is in line with the preachments of the RECORDER but better said. Here it is—in part:

"In recent years there has been manifested a very marked tendency to the use of certain agents or methods for therapeutic purposes which, unless checked, will, in the reaction that is bound soon or late to follow, have an unfortunate effect on progress in therapeutics. Many of these agents in the method of their exploitation almost force one to the conclusion that financial gain of the proposer or of the producer is the sole basis for their exploitation. Aside from the exploitation of the sick for selfish or financial considerations, the use of some of these agents (it really does not seem proper to call them remedies or treatments), on account of the possibilities for harm possessed by them, presents a question demanding immediate and serious consideration.

"We know that the injection into the body of certain toxic substances may produce a certain primary reaction, but we know little

of the secondary or remote effects when such substances are introduced into the circulation or are given hypodermatically. We know less about the primary effects of the introduction of many other toxic substances now used for therapeutic purposes and nothing of their secondary or remote action. No doubt many of them in their secondary effects do the body permanent harm and thus may reduce the natural resistance against disease.

“These unhealthy tendencies—and I do not hesitate so to term them—in therapeutics have of late been particularly evidenced in regard to the use of certain biologic products. It has not been long since physicians were teaching that drugs given by the mouth would cure or relieve many morbid conditions, but now it seems to be the fashion to teach that in order to obtain a surer and more lasting effect it is necessary to introduce the drug into the body parenterally. This may be due in part to the extensive propaganda for the use of certain biologic preparations carried on by some of the users and manufacturers.”

---

Mrs. C. gets red in the face, burns on the vertex, sick deadly, no life in her, sparks before her eyes; the headache begins in the morning until she vomits, then it decreases; it is one-sided (left), comes on again in the evening; she is at the climax. *Lach.* 12 relieved, but *Cyclamen* 3 cured, and on every repetition of the sickness has afforded her prompt help. She was worse in afternoon and evening, which made me think of *Pulsatilla*; also in the air and on moving, the very opposite of *Puls.* *Pulsatilla* longs for the open window, a symptom I have many times noticed in a phthisical patient, and it always relieved her. They have both blind headache, and my case had heat of head. The headache of *Puls.* often associated with chilliness. There were glittering sparks before the eyes, which reminded me of *Cyclamen* (also *Cocculus*). There was also aversion to food and fat (*Puls.*). When you get a blind headache, with nausea and sparks, look it up; it is a friend to the women, and the men too; it must be so, as its name implies, “sick laymen.” Forgive the pun, and let the parsons too have the benefit of this eye-opener. They want their vision purged.—*Dr. Ussher.*



## THE SPECIALISTS' DEPARTMENT.

EDITED BY CLIFFORD MITCHELL, M. D.

25 East Washington St., Chicago, Ill.

### OUR CONTRIBUTORS.

For this month's issue we are pleased to announce contributions from Dr. Gilbert Fitzpatrick, obstetrician, Chicago; Dr. J. F. Wharton, Homewood, Illinois; Dr. Frank Wieland, genito-urinary specialist, Chicago; Dr. F. C. Askenstedt, Louisville, and therapeutic notes excerpted from a pamphlet kindly sent us by Dr. C. T. Hood, internist, Chicago.

### THERAPEUTIC NOTES.

**Hæmorrhage in Typhoid.**—Hood treats hæmorrhage in typhoid with hamamelis; his method is to give Pond's extract internally in one dram doses every half hour. He has seen wonderful results from this remedy. He also advises the use of the ice coil, elevating the foot of the bed and the administration of strychnine, one thirtieth of a grain, with or without atropine 120th. He uses the strychnine hypodermically every two hours for six or eight doses, but does not use the atropine with it for more than one or two doses.

**Twilight Sleep.**—Dr. Gilbert Fitzpatrick says: Twilight sleep is to be regarded as a special form of anæsthesia and the patient to which it is administered must be given the attention of a special anæsthetist just as in any surgical case where the consciousness of the patient is to be held in abeyance while the operator is giving his entire attention to the surgical procedure in question.

**Recognition of Cardiac Lesions.**—According to Dr. F. C. Askenstedt, of Louisville, a large pulse-pressure (65-130 m.m.) may be found in arterio-sclerosis, with dilatation and hypertrophy of the left ventricle, as well as in aortic regurgitation. In the former, the diastolic pressure is likely to be above 75 m.m.; in the latter, below this point.



In a case of cardiac hypertrophy without a murmur, without accentuation of the second pulmonary sound, and without high blood-pressure, suspect pericardial adhesions.

**Insomnia in Heart Disease.**—Speaking of the insomnia of ruptured compensation, Dr. C. T. Hood, of Chicago, says: Try belladonna, chamomilla, coffea cruda, or, if these fail, codeine, one-quarter to one-half a grain, at bedtime, in broken doses, will often give several hours of sleep. If this will not suffice one-sixth of morphine hypodermically, at bedtime, will produce several hours of much needed sleep.

**The Significance of Pain in Genito-Urinary Diseases.**—Dr. Frank Wieland says: We are all familiar with reflected pains, such as pain in the knee, in hip-joint disease, and pain under the right shoulder blade in gall-stone conditions. But some of the reflected discomforts in genito-urinary diseases are less well known. Of all the organs in the human body, the one most potential for trouble, and the one most productive of trouble, is the prostate gland; and yet it is only in late years that the prostate has come to be considered of much pathological importance, unless it has already shut off the urethral canal. When we consider that a man may have carcinoma of the prostate, and still be in vigorous health, apparently, with no disquieting symptom, but a slow stream, and bloody urine; when we consider that young men of twenty-eight, with no venereal history, may have malignancy of the prostate, with no evidence whatever but vague urethral pain, and enlarged inguinal glands, we begin to realize the necessity of interpreting the vague pains.

With the exception of active prostatic abscess, almost all prostatic irregularities are shown by pain, or irritation in the urethra, just under the corona glandis. If one cares to experiment a little, he may press upon the prostatic lobes of one in perfect health, and ask where the discomfort is. It is always in the penis. If one comes complaining of urethral pain in the location above stated, you can always accentuate this pain by prostatic massage. Oftentimes, in men who are nervous and irritable and depressed, the cause will be found in a loaded prostate, massage of which will at once relieve.

The average man of fifty-five does not have "wet dreams," and does not masturbate; likewise the average man of fifty-five

is married to a woman to whom sex matters are no longer interesting. Most men of fifty-five are still sexually capable. The brunt of all of this sex-irritation, with no satisfaction, falls upon the prostate. Why go to Brill and Freud for an analysis of dreams, to account for psycho-peculiarities, when there are prostates to be considered?

The relief secured by prostatic massage is amazing, if there is no organic disease. The mind clears up, the frequent urinations cease, allowing more complete rest at night, and the whole attitude towards life changes. If your patient is a man of fifty, search the prostate.

**Case From Practice.**—Dr. J. F. Wharton, of Homewood, Ill., in a previous issue of the RECORDER, gave particulars of a strange case, where a child, born apparently healthy, died suddenly, post-mortem revealing laceration of the vena cava between the liver and the diaphragm. The mother of the child recently gave birth to another one. This child was born by breech presentation and was found by Dr. Wharton to be completely œdematous to such extent that death took place in less than half an hour from asphyxia, the chest being so œdematous that the lungs could not expand.

The mother in question has had five children, all of whom have been either still-born or have died soon after birth.

## CLINICAL URINOLOGY AND RENAL DISEASES.

CLIFFORD MITCHELL, M. D., CHICAGO.

**Urobilin in Urine.**—The occurrence of urobilin in the urine has been discussed in *Modern Urinology*, pages 190 et seq., the most reliable clinical test being with zinc acetate, page 195. Urobilin is increased in the urine in conditions accompanied by destruction of blood pigments, especially in diseases of the liver. It may be present, however, in acute general conditions, especially when the temperature is high, as in scarlet fever, erysipelas, sepsis, and acute articular rheumatism. In chronic diseases, however, it is of greater significance, being observed in the urine of cirrhosis of the liver, carcinoma of the liver and trauma.

In severe grades of myocardial insufficiency it has also been found. We have recently observed urobilin in the urine of three cases, all of which were different in clinical character.

The first case was that of a woman about eight months' pregnant. In spite of our apprehension as to the possible presence of a dangerous liver complication the only unfavorable incident of her confinement was uterine inertia shown by protracted labor, the second stage being especially tedious. This confirms, however, the observation of Fitzpatrick that hepatic toxæmia so often results in uterine inertia.

The second case was that of a man with a chronic disease of the digestive tract, precise diagnosis not being ascertained, as the patient died a few days after a most intense urobilin reaction in the urine was demonstrated.

In the third case, the patient, a man about 45 years old, was seized with an attack of a grippal character, accompanied by symptoms suggesting uremia and uric-acidemia. In this case the reaction soon disappeared after treatment with laxatives and diuretics.

It is important, nevertheless, to follow up the condition of a patient who has shown this reaction in his urine, since even in severe chronic liver conditions the urobilin may be absent from the urine at times.

On the other hand persistence of the reaction following the use of purgatives usually indicates a chronic pathological condition.

**Mucoid in Urine.**—It often happens in using the heat and acid tests for albumin that a plainly perceptible cloud is obtained which the operator concludes is due to albumin when in reality it is due to the substance now known as mucoid. If urines yielding this cloud are again tested, with addition beforehand of saturated salt solution, no cloud is obtained, if, in the first place, the reaction was due to mucoid. About two c.c. of saturated salt solution are added to ten c.c. of urine in order to supply the latter with sufficient amount of neutral salt to prevent the coagulation of mucoid, since the latter is said to appear only when the urine is poor in neutral salts, that is, sodium chloride. Nevertheless the writer has demonstrated mucoid or other protein of mucus in urine containing as much as eight grammes per liter of sodium chloride and of specific gravity 1023. It is safer, therefore, to add the 2 c.c. of salt solution to 10 c.c. of all urines which are to be tested for albumin.

In the case of certain persons mucoid seems to be present in alternation with albumin or at any rate to be present when it is not possible to obtain the test for albumin after the salt is added. In some cases the mucoid is detected not by boiling alone but only after addition of acid after boiling. Such cases are in women and in genito-urinary conditions in men more especially.

It may be desirable to differentiate nucleo-albumin or Moerner's body from mucoid when the urine becomes cloudy from heat and acid, but is not cloudy to the salt, heat and acid test.

To do this Ott's test (*Urinology*, page 272) is useful. Make up a solution of tannic acid, five grammes in a fifty per cent. methyl alcohol solution to which 10 c.c. of 25 per cent. acetic acid has been added to make 240 c.c. of the alcoholic solution. To 5 c.c. of the clear filtered urine add an equal volume of saturated sodium chloride solution, followed by 1 or 2 c.c. of the tannin solutions as above made. A white precipitate indicates the presence of Moerner's body, which is said to be a forerunner of nephritis, hence should be looked for in cases where a high blood pressure or retinal changes are clinically noticed, even if serum albumin is absent.

**Diabetes Mellitus Without Symptoms.**—Borderline cases of diabetes mellitus undoubtedly exist in which the patient has sugar in his urine more or less persistently without being aware of it by any disturbance of the general health. If the urine of such persons be carefully examined it will be found that the sugar is most in amount about two hours after the noonday meal, as stated in the *RECORDER* in previous issues. The writer has seen several such cases in which the patients insisted that they "never felt better in their lives," nevertheless two or three per cent. of sugar was present after the noonday meal.

**Clinical Signs of Uremia.**—In certain cases the development of uremia may not be suspected by either the patient or attending physician until the twitching of tendons, so-called *subsultus tendinum*, shows that something unusual is taking place. The writer has recently seen a case in which the attention of the attending physician was directed to the kidneys by this symptom, when the patient herself declared she felt "perfectly well," nevertheless the urine was scanty, concentrated, and contained an immense number of coarsely granular casts.

**So-Called Cures of Bright's Disease.**—The remarkable fact that patients supposedly moribund with chronic parenchymatous nephritis may apparently recover leads to much confusion so far as the doctor in charge is concerned. For example, a case, dropsical to a high degree, refusing milk, weak, and passing but little urine loaded with albumin, may suddenly improve, the urine increase, albumin and dropsy diminish, until, finally, the patient is up and around and may attend to his duties in life. Whoever happens to be "in" on the case at the time this improvement takes place may obtain credit for the cure so-called.

The cure is, however, in the writer's opinion, fanciful, for examination of the urine will show in most cases albumin persistently present in the urine even for years afterward. The kidney goes on to contraction, but the process may be so slow as to lead to the supposition of a cure. It is possible that in some cases albumin may disappear from the urine, and in such cases if there is no high blood pressure or other sign of cardiovascular disease and the general health be good, the condition may, perhaps, be one of complete recovery. The writer has seen two or three apparent recoveries of this nature, but, on the other hand, has seen many more in which albumin could always be found when tested for.

#### NEWS ITEMS.

##### HOME-COMING DAY AT CHICAGO HAHNEMANN.

Three times a year a day is entirely devoted to clinical demonstrations at Hahnemann College and Hospital, Chicago. These days are known as home-coming days and attract a large number of physicians from Illinois and the surrounding States. As many as twenty surgical operations have been performed upon one of these days and all sorts of cases, medical and surgical, presented. Two Cæsarian operations were once shown in one clinic hour. Laboratory features and expert post-mortem work are also to be seen and are most instructive.

Dr. John R. Kippax, of Brantford, Ontario (formerly of Chicago), has completed and published his great work upon Astronomy, entitled "The Call of the Stars." In our opinion this book is one which everyone should read, as it is a splendid



popularization of a difficult subject in which the author never descends to sensationalism, but presents his facts embellished with literary allusions in an attractive yet scientific manner.

---

## BOOK REVIEWS.

---

THE KEEP-WELL BOOK, with Something of the Philosophy of Well-Being. By Charles Manning Swingle, M. D. 272 pages. Cloth. Published by the author, 2101 Prospect Ave., Cleveland, O.

As regards paper, binding and press-work, Dr. Swingle has produced a very neat and elegant little book.

As to its merits the reader who buys the book must judge for himself, for the reviewer is somewhat befogged in the matter of its merits. For example, the author tells us in his Preface that: "However altruistic one may be, he himself must ever be the conscious center of all his own acts." That is a truism—you are yourself, certainly. Again: "A sane and sensible egoism, therefore, must be the true philosophy and such a philosophy can in no way be in opposition to the highest and noblest altruism. Indeed, when we understand our place in nature and in society we must accept this proposition. He who is the most sanely and sensibly egotist, is the most altruistic; his very egoism makes him altruistic and his altruism demonstrates the sanity of his egoism."

"Egoism" is the doctrine that the individual consciousness alone is knowable, or in plainer terms egoism is self, the center of all. Altruism is the reverse, or making self subordinate to the common welfare. Now, gentle reader, do you wonder that the reviewer is puzzled to see how egoism makes one altruistic?

Coming out of the philosophical maze, it may be stated that the book has many short chapters on subjects such as relate to the care of the teeth, cleanliness, breathing, sleep, exercise and so on and concludes with several good chapters on Homœopathy. All of these are sound, in general, but one cannot help thinking, in looking over the illustrations relating to exercise, that those who can go through with them do not need them, while those



who need them do not have the ability to go through with them. Some, as all know, never exercise, yet live to a comfortable old age, while others may go through with the calisthenics and not live long. Sometimes one is inclined to think that none of the health advisers have struck the real keynote, because none know it. Some go through life, violating every canon of health, to a hale old age, while others who follow all the rules live a life that is anything but an enviable one. Whether cause and effect come in the explanation the reviewer does not know—he but mentions a well known fact.

Dr. Swingle has been a contributor to the pages of the RECORDER, as our readers may remember, and if any one would like to take in his really earnest philosophy he can write the doctor to the address we have appended to the title.

---

### A CORRECTION.

Editor of the HOMŒOPATHIC RECORDER.

In my article in the January number of your journal on "Reading the Pulse for the Indicated Remedy," on page 4, 12th line, instead of "I gave him *Tr. veratrum vir.* pt. x," it should have read, "*Tr. veratrum vir.* 1." I am not in the habit of prescribing medicine by the pint. Also on page 5, 23d line, it should read, "counting," not "consulting the pulse." You will oblige me by inserting this letter in the next issue of the RECORDER.

Very kindly yours,

ELI G. JONES, M. D.

879 W. Ferry St., Buffalo, N. Y.

# Homœopathic Recorder

PUBLISHED MONTHLY AT LANCASTER, PA.

By BOERICKE & TAFEL

Subscription \$1.00, To Foreign Countries \$1.24, Per Annum

*Address communications, books for review, exchanges, etc.,  
for the editor, to*

E. P. ANSHUTZ, M. D., 1011 Arch Street, Philadelphia, Pa.

---

## EDITORIAL NOTES AND COMMENTS.

**Was It Typhoid?**—A press dispatch from Lyons, Kansas, tells of the return of Dr. L. A. Bradbury, of that city, after a seven-weeks' stay in a hospital, where he was treated for typhoid fever of a "serious" nature. That a man had been treated for typhoid is not remarkable, but Dr. Bradbury was an enthusiastic advocate of typhoid vaccination and having undergone that operation considered himself "immune." Perhaps he was and was only laid up by the operation. It would be interesting and valuable to know the facts of the case. We have personally known persons who went through typhoid vaccination and it was a toss-up whether the disease, or the "immunizing," was the worse. Another newspaper, the Goshen, Indiana, *Times*, tells of a gentleman of that city who took a course of typhoid vaccination and is now in a "critical condition." In view of these facts, to say nothing of many others that could be cited, it seems to be the part of wisdom for the doctor not to morally force his families to undergo an operation to prevent a disease they probably would not get, but leave the glory—and the blame—to the health officials, who are immune from blame, being officials.

**Some New Theories.**—These facts, or statements, come from lay sources. To boil the thing down it amounts to this: In a little Pennsylvania town, in which our informant lives, a child had diphtheria. Afterwards quite a number of adults had what the doctors (all allopathic) said was diphtheria, but none of the chil-

dren had it, excepting the first case. The people asked, Why is this? The reply was that the germs floated so high that the children escaped, but the adults were caught by them. This is a literal relation of the affair, as it was told, without addition or subtraction. It is referred to the learned men of the A. M. A., for it was their men who started the theory.

If true it opens a vast field for very "energetic action"—though possibly such action might open the huge public's sleepy eyes.

**Wants Help.**—A letter from Dr. Walter R. Sanders, of Derry Village, N. H., informs us that he is a member of the State Legislature, that he has introduced a bill to repeal the act compelling all school children to be vaccinated, that in this "I will not have a walk-over," and that he would like anything bearing on the matter, especially "I want cases up to date." The matter is passed along to the readers of this journal, who can and, of course, will, do as each one pleases about it, for there be among them pros, antis, doubters, and indifferents.

**The O., O. and L. Journal.**—The RECORDER had difficulty in recognizing its old contemporary, once the *Eye, Ear and Throat Journal*, but now *The Journal of Ophthalmology, Otology and Laryngology*, when it came to hand in its new mauve colored cover (or something of that sort), greatly enlarged, and with a design-cover, bearing the title of the publication with the motto *finis opus coronat*. Surely those two Scotchmen, McKenzie, of Philadelphia; McCleary, of Cincinnati, assisted by Burton Haseltine, of Chicago (whose name suggests the Scot), have made the old journal look fine, as, no doubt, are its contents to the eye, ear and throat men, though, in truth, the RECORDER does not feel qualified to judge of "Obscure Sinus Disease in Relation to General Health" (Haseltine), "Nasal Obstructions as the Cause of Diseases of the Middle Ear" (Alexander), and other similar papers. The frontispiece of this issue contains half-tones of former editors—Drs. G. S. Norton, Chas. Deady, A. B. Norton, Chas. H. Helfrich, J. B. Garrison, G. W. McDowell, J. L. Moffat and A. Worrall Palmer—all of whom look very natural. The publication's printing office has been removed from

Lancaster, Pa., to Cincinnati, O., where Dr. J. R. McCleary, 414 Walnut St., will receive your subscription which, we believe, is \$2.00 a year, though the price is not stated, so far as we can see, in the journal, which is a sad mistake. Let the editor cavort to his heart's (and the business office's) content, but let the business end put things so that he who runs may read. (No charge for the consultation.)

**Its Golden Anniversary.**—The *New England Medical Gazette* "celebrates this year its Golden Anniversary" as a circular signed by the editors informs us. They also say: "Instead of receiving the customary birthday presents we propose to give one just to show our good-will. The present is to be this: A series of original papers, to be published in the *Gazette* during the year 1915, from the pens of some of the best known and ablest writers in the homœopathic school." Congratulations!

**Harvey King's Medical Union No. 6 Humor.**—It is innocently apparent in a letter to the *Lancet* from a Swiss physician. He writes: "In Berlin, in spite of the rush of medical men to the front, those remaining have less to do than usual."

**Apis and Alcoholism.**—*Gleanings in Bee Culture* is becoming quite a medical journal. In the December number we read about the experience of some London hospital physicians, who treated five inveterate alcoholics for rheumatism with bee-stings and found that after the *Apis* had cured the rheumatism the old soaks had lost all taste for alcoholic drinks. This fact, if it be one, is given by a correspondent, to which the editor cautiously replies that it "is interesting and valuable if true." Perhaps *Apis* may be to alcohol what *Plantago* is to tobacco. It is possible, however, that not many will care to lose the taste, for we read, some time ago, of a man who tried the *Plantago* cure and quickly stopped it when he found it to be working on him.

**Mosquitoes and Ducks.**—Some weeks ago Dr. Dixon, Chief of the Health Department of Pennsylvania, told of how he had experimented on two ponds, both fed from the same stream, lying

side by side, and great mosquito breeders. In one he puts fish and in the other ducks. The pond with the fish in it continued to breed mosquitoes, but the one in which the ducks frequented was free from them. Then he turned the ducks in the pond where the fish were and in few days it, too, was free from the pests. This item was reprinted in the London medical journals. As usual, the literary sleuths got after this and found the same idea bobbing up as far back as 1790. However, Dr. Dixon merely gave the results of actual experiments, with no "patent applied for" attachment. It is a point worth knowing for ducks are easily raised, no trouble and are excellent eating in winter time.

**Salt in Bright's Disease.**—Dr. Paul Z. Herbst, New York, in a letter to the *Journal of the A. M. A.*, is of the opinion that as "sodium chlorid, taken into the circulation, will, under certain circumstances, cause water retention in the tissues," that, in brief, a salt-free diet is often beneficial in dropsical cases. He concludes with the following warning to those who always run on the principle that if a little is good more must be better:

"I am inclined to think also that chronic cases of dropsy offer a safer means of finally judging of the effect of sodium chlorid in producing œdema than acute ones, because the latter present greater reactive and recuperative powers to overcome the effect of sodium chlorid, even if injurious, than the former. On the other hand, it must be borne in mind that when the elimination of the excessive sodium chlorid is prolonged to a degree of salt starvation of the tissues, which require sodium chlorid as a normal constituent, an opposite condition may be developed which might produce a nephritis of a special character."

**Efficiency.**—The *Journal of the A. M. A.* has a subscriber, who pays and receives the publication as issued, her copy being sent to Dr. Florence N. Hall, 37 E. 71st Street, New York. As Florence is not in the Directory the "Biographical Department of the American Medical Association" got busy. After some correspondence they received the following letter, explaining the mystery:

*Gentlemen:*—Your letter received in which you ask if Florence N. Hall is a physician. She is not. She is a six-story building, the home of our nurses, Florence Nightingale Hall. Trusting this clears the matter on your books, I remain, very truly yours,

CHARLES H. YOUNG, M D.,  
*Superintendent.*

**Open Air Hospitals.**—Dr. Sayer (*Lancet*, Dec. 26), writes of the open air hospital at Cambridge, England, where 1,250 patients are at present, which is in mid-winter just as it was last summer, only the nurses and doctors go about in the slush and snow in over-shoes and heavy coats, and the patients having more covering. The point here is that “the cases do well and the total results seem as good as those from any other hospital,” though Dr. Sayer dryly remarks that a good fire and an arm chair are more comfortable.

**Is It Not Putting It On the Doctor?**—Dean of the Medical School, University of Minnesota, E. P. Lyon, in his address to the graduating class (J. A. M. A., Dec. 19) on “The Social Status of Medical Practice,” quotes Ditman, the quotation being something of a key to the address. The quotation runs:

Disease, crime, pauperism, insanity and preventable accidents are the foulest blots on the modern civilized state, and the responsibility for the amelioration of these curses must be faced on the last analysis by the medical profession.

It seems to some, at least, that in “the last analysis” the Dean is putting up more to physicians than they should or can carry, is putting on them the work of the church, the State and the law. If the Dean will tell us how the doctor can prevent crime, pauperism (some of them feel the pinch of poverty themselves), insanity and accidents, he will be doing more than mortal man has ever done. If a physician can restore sufferers from disease to health he is doing all that is asked of him by his clients. To be sure he can and ought to give good advice, but ought not to be made to feel that the cure of all human wrong doing rests on his shoulders. Perhaps there are some medical altruists who would be willing so to assume this Atlas-like burden, but it is to be feared that their good-will exceeds their strength.



**The Old and the New.**—In days of old, as we are told, the doctor treated the sick man, tried to get him out of the clutches of disease even though by crude methods; in short, he considered the patient. But a change has come over the spirit of the dream. Now the patient is swabbed, a man who has never seen him nor cares a rap for him, save in the cold abstract, pronounces on his case, inspectors boss it, the doctor called in is a super, and the whole is up-to-date medicine, the patient being one of multitudinous units, but with no personality other than the microscope reveals to the scientific gent who has never seen him, nor cares a hang for him. And in the meantime insidious disease burrows deeper into the vitals of humanity, while the newspapers blare about “wonderful medical triumphs.”

**New Remedies.**—The *American Druggist* prints eight and a half ten-inch columns, in small type, of the trade names of “new remedies.” The trade names are bad enough, but the scientific name is worse. As a sample, take “*Synthalin*,” which is a verbal invention; its scientific name is “piperonylquinolinecarboxylic acid methyl ether.” One wonders where the scientists get their terms, and, sometimes, whether they understand them, to say nothing of pronouncing them. The virtuous newspapers have given the old patent medicines a black-eye by refusing them advertising space. They were mostly mild allopathic prescriptions that did little harm. Their successors, as named in the eight columns of the *American Druggist*, are all trade-marked, are often dangerous, and the public are buying them.

**Human Endurance.**—In an editorial article, *International Journal of Surgery*, Dr. F. S. Mason, who has an extensive correspondence with French medical men, tells of a man “who had received no less than fifteen wounds, the bullets penetrating from the shoulders down into the abdomen. He was found in the trenches, lying on his face six days after in the position he was in when shot, and travelled on straw for four days with a little first-aid dressing, arriving in the hospital with his wounds in such a state of putrefaction that the stench was unbearable. In spite of this, the man is now on the way to recovery, although, of course, a physical wreck.”

**Cancer.**—Dr. Bainbridge, in his recent book, "The Problem of Cancer" (Macmillan), quoted by *Int. Jour. of Surgery*, says, in closing his book: "The one indisputable fact stands out in bold relief, serving as both guide-post and danger-signal for the present and the future—*If cancer cells be cut out soon enough a permanent cure is effected!* This alone is sufficient to warrant the statement that we are 'traveling hopefully.'" This is logical if cancer comes to man from without, but if it is constitutional cutting cannot cure. The whole matter of rational treatment hinges on this point, because, if the cells are made cancerous by a something within the body, it follows, as day does night, that cutting out the afflicted cells does not cut out the something that made them cancerous.

**The Future Physician.**—The official journal of the A. M. A. quotes with approval an utterance of Dr. Victor C. Vaughn on the subject of the future physician. Dr. Vaughn, in effect, says that the proper function of the future physician "must be to prevent rather than to cure disease," that his services must be "more largely official," "rendered to the community and not exclusively to the individual." This is a beautiful dream, but can be materialized only by the aid of the police force. Furthermore, if doctors can slip past the examining boards who *can* cure disease, a thing apparently that the dream doctors cannot do, the public will flock to them if the officials of the medical utopia will permit them to do such an unethical thing. The learned ones of today scorn the word "cure;" the older doctors believed in it. So does the public, the unscientific public. There is a moral somewhere in all this!

**"Sample" vs. "Marked Copy."**—Some no doubt otherwise worthy gentlemen have a trick of sending out sample copies stamped "marked copy," probably with the idea that the one receiving it will look through. He does, and then is apt the mentally muttered strong sayings, feeling that he has been tricked. If sending a specimen copy mark it so, and the receiver will then know what he is up against and will look it through in the proper frame of mind. If it really is a marked copy pencil the page number on which the matter is on the front, or turn down a page

at the proper place, to save a busy man's time and, perhaps, temper. This is a small point, but it is better to even try to be right than to be the President, even though as Tom Reed once said the most of us will never be either.

**The Drug and the Man.**—An exchange recently contained a list of forty drugs that “act upon the urinary system;” it was added that the list did not include all the drugs that act on this tract. Probably a stronger argument for a guiding rule for the selection of one drug from this great number, for a given patient, could not be made, but the writer gave none. Homœopathy gives that rule, and points the way by which its scope may be very greatly enlarged. Homœopathy is the basic rule for selecting the curative medicine. Men may make many new observations about disease, which are very interesting in the abstract, but if one wants to be really freed from the noxious thing he must turn to pure Homœopathy for the remedy. The great stumbling block, however, is the way that the doctor skeptic remarks *post hoc*, and the patient, not realizing the miracle that has been performed, is apt to think “nothing much ailed me, after all!”

**Two Cases.**—The details were obtained from the heads of the families. Here they are, very much condensed: The first man, in response to usual perfunctory inquiries, as to family, replied that he had not seen any of them for three weeks. Why? Typhoid and quarantine. “They say if I go home I'll have to stay there, and I have to earn the money to keep them.”

The second case. Child ill with “contagious disease.” Child got well. Second child down with same. Also got well. Move to lift quarantine. Cultures taken all around. The man at the microscope finds “traces of the disease” in the first child, pronounced well a month ago, and in the mother. Quarantine still on and the father ready to fight, for, with a well family, he is not allowed the liberty of his home because a man who has never seen any of them “finds traces of the disease.” Some day there may be a sort of medical French Revolution—for which the A. M. A. will be responsible.

## PERSONAL.

---

They say a clipping bureau recently sent specimen clipping to Oliver Goldsmith.

Does pathology cause disease or the reverse?

"The words of the wise are as goads," wrote Solomon, but not every nasty word is wise though it may goad.

The *Medical Record* says that urates are \$5.00 per visit.

Her cheeks color with a blush, or a brush, as sometimes happens.

Southern California is so healthy that people do not die often, only once.

"He is out of his mind." "Free at last!" exclaimed the brutal doctor.

When the fresh Freshman asked if there was any occult physiological connection between the calves and the corn the wise Sophs. gave him the Third Degree.

Nay, dear, "gotterdamering" is not a German cuss--word.

"Keep the bowels regular—one to three evacuations daily."—M. D. All right, but—?

"Don't worry," Dr. Legion. All right, but what about those bills and my income?

"Maintain a functional harmony in your body."—M. D. All right! How?

"The alchemico-organic cosmos constitutes the basis of a structured theology." Learned *ex.* Great!

They cut out the navy's grog and the navy is 18,000 men shy.

Many a man says he is resigned yet does not resign.

"I don't think I'll go," said Dubbs. "Of course, you can't think." replied Claude.

"Your ticket has expired," said the conductor to the doctor. The doctor looked sharply.

"Which is the greater affliction, blindness or deafness?" asks Dr. J. A. Campbell, in O., O. and L. J. Depends on which one has.

Once students burned the midnight oil, but now they combust the joy gasoline.

"Stomach troubles" are various—too much grub, too little, too much of the cheerful, or what not.

Cultivated humor is too serious and too expensive for the herd of men.

Neither work, worry, love, sorrow or business kills—only heart failure, that despised thing.

Darned few can appreciate the rewards of virtue, because—?

Marriage isn't a failure, it is generally yourself.

# THE HOMŒOPATHIC RECORDER

---

---

VOL. XXX

LANCASTER, PA., MARCH 15, 1915.

No. 3

---

---

## O TEMPORA! O MORES!

Many amiable gentlemen of the medical and clerical profession, some of them Homœopaths, write papers, or deliver Addresses, concerning the "evils" of alcohol, opium, cocaine, and many other things. Good men and women read or applaud, and move the law-makers to pass laws. Are the premises of these gentlemen sound? Are the evils for which the police arrest men, and the judges send them to the penitentiary, the product of distilled rye, brewed barley, fermented grapes, or of the poppy or of the mountain tree of South America? Why doesn't every one who touches those products, even when given by a physician, become a mental, moral and physical degenerate as the gentlemen, their followers and the law-makers, say all will become who make use of them?

Many physicians tell us that over-eating is as harmful as over-drinking. Shall we, then, preach that food is an "evil drug?" Earnest gentlemen have, from time to time, "denounced brandy, whiskey, wine, ale, beer, tea, coffee, "soft drinks," and then "warned" us against rain, hydrant and spring water. Also, they have "condemned," at one time or another, nearly or quite every food known to humanity from white bread to beefsteaks! That this is true every reader knows, even though he may have something in the list that he condemns, but if the public were to be compelled to follow all the advice given it would die of hunger and thirst. Are not all of these good intentioned men and women unintentionally unchristian? This question is so at variance with much of the prevailing opinion that we will quote a little from a very old writer, namely, St. Matthew, in support of this, today, heretical question and for the benefit of the clergy:



And He called the multitude, and said unto them, Hear and understand:—

Not that which goeth into the mouth defileth a man; but that which cometh out of the mouth, this defileth a man.

Then came His disciples, and said unto Him, Knowest thou that the Pharisees were offended after they heard this saying.

It might be mentioned here that this saying does not excuse the evils of any sort that men commit, it merely places it on the man himself and not, as our reforming gentlemen today do, on "that which goeth into the mouth." It terribly brings home our evils or weaknesses to ourselves, and does not enable us to throw the blame for our badness on some chemical substance, which, though very comfortable, is not scientific.

The result of this ostrich-like way of looking at things has been a tremendous wave of prohibition—without being sure, it is possible that the biggest part of the United States is now under the legal sway of this modern religion, nominally at least, for the U. S. Internal Revenue returns do not show any change unless it be an increase. Still it is evident that in certain sections, or among certain classes, prohibition did prohibit, for the increased consumption of cocaine, opium, heroin and other things in the same boat led to the passage of the Harrison Anti-Narcotic Law, which, like its predecessor, prohibition, is but another remedy for curing moral evils that can only be cured by repentance and reformation, else Christianity is an idle dream, and the quotation from St. Matthew an error.

All edicts of this sort go on the assumption that human sin is a chemical product. If this be true, and sin is a matter that legislative enactments, backed by the police, can cure, of what avail are our many churches?

The *Saturday Review*, of London, once said that it is a question as to whether the world has been made better or the police force more efficient.

Think of Christians being kept good by the police, brother D. D.! What becomes of the salvation you so earnestly preach? If it is not a matter of salvation by the blue-coats, but of keeping order, why put a whole community in the strait-jacket of multitudinous prohibitory laws for a handful of dissolute persons? Why not punish *them*? You say these laws are passed to



“remove temptation,” but though you remove liquor, opium, cocaine or what not, the inner urge, the “sin,” will find a way to come out, and all the laws you can pass will not alter it if your teachings concerning reformation and regeneration are true. If you would have the power and were to wipe out *every* thing you condemn today, O brother D. D., would that reform the world? If it would what becomes of your teachings as ministers and priests of the Gospel? Pastors should lead men away from evil, to truth and righteousness, and not march with the police, who club them in the same direction.

This country is already burdened with a weary load of sumptuary laws reaching from the cradle to the grave, prohibiting all sorts of things and enforcing others. The “free and intelligent voter” is treated as though he were a silly, lamb needing a police, clerical and medical keeper. Perhaps he is—for a vast horde of new prohibitory and compulsory laws are to be piled on his back if things go as they threatened.

There are some—old cranks, if you please—who lived in the days when the Ten Commandments about covered the code; when we look back it seems to us that the men and women of those days were quite as good and law abiding citizens as those of today, when the poor old world swarms with social quack doctors, who would “regulate” everything from the baby’s bottle to the doctor’s whiskers.

Now, gentle reader, if this seems to you to be very wicked just turn your 42 centimeters on us, but remember that we are not defending debauches, degenerates, drug fiends or drunkards, but pointing out the lack of logic in the multitudinous legal therapeutics with which the world is afflicted.

---

“It is never too late to turn from the errors of our ways; he who repents of his sins is almost innocent.”—*Seneca*.

**DYSURIA.**

**By James C. Wood, A. M., M. D., F. A. C. S.**

*Gentlemen:*—The patient before you is a malnourished, little woman, 52 years of age, who has been married for 28 years, and who has had two children, the eldest being 26, and the youngest 19. No miscarriages. Father and mother both died of pneumonia. Six sisters and four brothers, all living, except one sister who died at 65 of stomach cancer. Menstruation established at 12. Menstrual function normal until 20 years of age, when she took cold during the period. Following this exposure and up to the time the function was abrogated, she suffered from the most intense dysmenorrhœa. Fifteen years ago another surgeon removed both ovaries, there being, according to her report, a dermoid cyst of one and a simple cyst of the other.

In May of 1914 she was suddenly seized with a severe pain in the bladder, followed by a discharge of blood, some pus and intense dysuria. Her physician, by irrigating the bladder twice a week with the silver solutions, markedly relieved this condition, but she still suffered from very great pain on urinating, with a frequent desire to empty the bladder.

Upon local examination I found an exceedingly hyperæsthetic spot at the internal os, which, when touched with a probe, caused the patient to cry out with pain. This spot is frequently present in women suffering from dysmenorrhœa. I found the sphincter ani exceedingly tight, and she told me that she had most obstinate constipation with mucous stools. I am always suspicious of cases where patients have a persistent discharge of mucus from the bowel or some lesion of the gastrointestinal canal—oftener a chronic appendicitis than anything else. The clitoris is adherent, there are slight hæmorrhoids with a rectal fissure and several rectal pockets. Hæmaglobin 80. Blood pressure 90-120. A cystoscopic examination of the bladder and the urethra shows a small fissure on the anterior wall of the internal urethral orifice. The change in the bladder mucous membrane is very slight, there being nothing more than a slight congestion. The urine analysis shows a few leucocytes, but insufficient in number to account for the dysuria. There are no casts and but the merest

trace of albumen, which is probably due to the few leucocytes present. There are no oxalate crystals and no chemical changes of the urine sufficient to account for the dysuria.

I think then that we are justified by our process of elimination in forming the opinion that the dysuria had its beginning in some intra-abdominal infective process, the abscess communicating with the bladder. The sudden onset of the symptoms, followed by the discharge of blood and pus from the bladder, suggests very strongly the probability of this being the beginning of her trouble. Two other conditions, however, must not be lost sight of as causative factors, namely, a Neiser infection and a vesical calculus. The husband assures me that he has never had gonorrhœa, and there is nothing in the microscopic examination of the slight vaginal discharge, which is still present, having the morphological appearance of gonococci. It is, of course, entirely possible that the pus, at this late date, has become sterilized and that the gonococci previously present have disappeared. This, however, is not probable. The cystoscopic examination of the bladder has eliminated the question of a calculus and has revealed to us the fissure, which I have mentioned, with slight bladder congestion. The dysuria incident to a bladder stone is somewhat peculiar in that the suffering is greatest after the bladder is emptied and the bladder walls contract upon the stone. While the examination reveals no gross lesion of the urinary organs, the patient has minor lesions sufficient to produce in one of her nervous temperament the most intense suffering. I am afraid that the question of "temperament" does not receive the consideration that it should from the vast majority of medical men. Who of you has not many times seen both men and women go through life with the most serious lesions without such lesions making a profound impression upon the organism? Who, on the other hand, has not seen, in even a greater number of instances, the most insignificant lesion create the most intense suffering and distress—all depending upon the impressionability of the nerve centers? The slight fissure at the internal bladder opening has left terminal nerves exposed, which respond to a sensory stimulus as soon as the bladder contains urine, and when an effort is made to empty the organ a tenesmus is created. More remotely we have, as causative factors, the hyperæsthetic spot

at the internal os, the adhesions of the clitoris, and the rectal irritation with constipation—all tending in a reflex way to aggravate the dysuria.

Inasmuch as the patient has been under local and general treatment for a long time without relief, and inasmuch as her suffering is making such a profound impression upon her nervous system, I have deemed it wise to place her in the hospital, dilate the urethra in order to overcome the fissure, dilate the cervical canal and apply to the tender area pure carbolic acid, dilate the rectum and remove the papillæ and pockets present, and overcome the adhesions of the clitoris. I shall keep her in the hospital for at least three weeks, wash the bladder twice a day with a saturated boric acid solution, leaving behind in the bladder two ounces of a five per cent. solution of Protargol. I shall, in addition, give her, because of the intolerable urging to urinate from which she is suffering, and because of the violent paroxysms of cutting and burning pain with intense tenesmus and hot, scalding sensation during urination, *Cantharis* 3x, every two hours.

Remarks.—Dysuria, or painful urination, as a symptom, is one most frequently met with by the general practitioner, and because of the fact that the disease is located in or about the bladder or the urethral mucous membrane it is impossible to utilize the principle in its treatment of physiological rest. Its pathological significance, so far as gross lesions are concerned, may be slight, but its clinical importance must not be lost sight of. I know of no symptom which will more quickly undermine the health of either a man or a woman than a bladder irritation sufficiently great to give rise to a frequent desire to empty the organ with coincident tenesmus. I have many times seen the health and the nervous system completely undermined by dysuria, which not only requires the patient to empty the bladder several times during the day, but breaks her rest several times during the night for the same purpose. It is unnecessary in the milder cases of dysuria to resort to a thorough physical examination, which comprehends a cystoscopic exploration of the bladder and the urethra or the catheterization of the ureters. Indeed, in the majority of instances all that may be necessary is the correction of the diet, the ingestion of a large amount of

water, and the administration of the properly indicated remedy. The thought that I especially desire to emphasize is that where the simpler measures fail a more careful search for the cause should be investigated, after which it should be removed if possible. I do not think that the majority of general practitioners resort to cystoscopic examinations. Indeed, it requires constant practice, no little skill, and the greatest care to make it safe and of much avail. On the other hand, all up-to-date general practitioners are able carefully to examine the urine, which, of course, comprehends the use of the microscope. In lithæmic cases the urine will often be found too acid or too concentrated, in which case the consumption of a large quantity of pure, soft water should be recommended. In acute and chronic nephritis an examination of the urine will reveal the presence of blood, casts, albumen, etc. In rare instances it may be due to the ingestion or absorption through the skin of *Cantharides* or *Turpentine*—which is of no little significance to the homœopathic practitioner. It is, perhaps, oftener due to a bladder infection or to cystitis than to any other cause—the infection having its origin either from above through the ureteral canals, from below through the urethra, from some foreign body in the bladder, or possibly from an infection having its origin within the abdomen or the lower intestinal canal. In order to determine the source of the infection in these cases it may be necessary, in addition to the ordinary examination of the urine, to resort to a bacteriological examination. I once removed from the bladder of a masturbating girl a good sized cork to which was attached a nail, which had been resorted to for the purpose of creating sexual excitement. Ulceration of the bladder and tubercular disease are comparatively rare, but should not be lost sight of in looking for causes of the dysuria, especially in tubercular subjects. Adventitious growths—cancer, polypi, fungoid growths, etc., sometimes give rise to great distress on urinating, with hæmaturia. I once had to do with a urethral prolapse as large as a pigeon's egg, which caused the most distressing suffering on urinating.\* The condition was entirely relieved by amputating the lower end of the urethra. Vesical

---

\*Author's text-book of Gynæcology, 2d edition, p. 537.



calculi give rise not only to dysuria, but very frequently to a severe chronic cystitis, and should always be thought of if there is a history of sudden stoppage of the stream of urine, the pain always being worse when the bladder is empty. It must not be forgotten that women, as well as men, have urethral strictures, and I have many times relieved distressing dysuria in women by dilating the canal with graduated sounds dipped in a ten per cent. ichthyol solution of glycerine. This treatment may be all that is necessary to relieve dysuria due to slight fissures of the urethra. Malposition of the uterus, particularly where there has been an old pelvic inflammation involving the utero-sacral ligaments with retraction, thus putting the neck of the bladder on the stretch, is often responsible for distressing dysuria. The treatment, when this is the cause, must necessarily be directed toward the stretching of these ligaments by proper massage and tamponing.

Nor must it be forgotten that the first symptom of cancer of the cervix may be dysuria and bladder inflammation. . Once had under observation case where the patient sought relief only because of urinary incontinence due to a malignant perforation connecting the bladder with the vagina, having its origin in the cervix, which had become entirely destroyed. Neither the patient nor her physician had mistrusted her serious condition until she came to me. In other words, the suffering incident to the last stages of cancer is largely because of infiltration of adjacent structures with the squeezing of terminal nerve fibres, which was not serious in this case, the destruction of tissue being an early, rather than a late, symptom. In women who have borne children injuries to the cervix with subsequent displacement of the uterus and prolapse of the bladder in the form of a cystocele, so that residual urine is left behind, may in time result in inflammation. Enterocolitis, with mucous colic, may be associated with dysuria. Butler\* records a case coming under his observation where there was so much vesical tenesmus with a discharge of blood and mucus that suspicions of malignancy were entertained until a cystoscopic examination revealed nothing but a coating of mucus on the inner lining of

---

\*Butler's Diagnostics of Internal Medicine, page 140.



the organ. A dysuria may occur as a vesical crisis of locomotor ataxia. Irritability and neuralgia of the bladder are not uncommon subjective symptoms in neurotic women and are not infrequently accompanied with vesical pain and spasm—a condition which is usually relieved by the administration of Magnesia phos. in one of the lower triturations. In neurotic patients, too, pain in the region of the bladder is not infrequently reflected from the rectum, from the cervical canal, from the clitoris, and from the perineum, where there is a perineal abscess—hence in all instances these lesions should be sought for and overcome if present.

When a determining physical examination seems wise it should begin with, first, a bacteriologic examination of the pus from the urethra and from the vagina, and a careful analysis of a catheterized specimen of urine. The pus from the urethra is best secured by separating the labia and by milking the canal from within outwards with the index finger of the right hand, the external meatus being first carefully cleansed with absorbent cotton dipped in the normal salt solution. By means of a sterile platinum wire a culture is obtained from near the external meatus. In cases of acute cystitis the greatest possible care should be observed in making a cystoscopic examination; indeed a cystoscopic examination is here contra-indicated. In chronic cases, however, nothing short of a cystoscopic examination can determine the exact nature of the interior of bladder and of the urethral canal, when the ureteral bladder orifices can be brought into view and the ureters catheterized, if necessary, in order to determine whether or not the infection comes from above. Not infrequently, especially in specific cases, Skene's glands will be found infected, in which event the attacks of chronic urethritis and chronic cystitis are of frequent recurrence. Exposure of the external meatus will, when these glands are involved, reveal a swollen, pouting condition of the urethral mucosa with a small punctate red spot on either side of the external meatus at the external opening of the glands. Sometimes small abscesses form when these ducts become occluded. If not occluded, it is possible to force a drop of pus from one or both of the canals. When the ducts are open they should be injected by means of a blunt hypodermic

syringe with a 20 or 25 per cent. solution of Argyrol. This injection should be repeated every few days until the patient is entirely relieved, or until it is evident that the treatment is futile. In obstinate cases, especially if the ducts are occluded, it may be necessary to lay them open in order to obtain perfect drainage. This can be done painlessly in the office by injecting into them a few drops of a two per cent. solution of cocaine followed by the application of a small keen cutting scalpel.

The successful treatment of chronic cystitis requires time, perseverance, and a very large degree of patience. Physiological rest, as has been intimated, is impossible because of the constant drainage of urine into the bladder. The nearest approach to it is the creation of a vesico-vaginal fistula large enough to permit the urine to drain into the vagina as soon as it finds its way into the bladder. In old chronic cases, where the bladder wall is very much thickened, this procedure is, at times, imperative, and will afford so much relief that patients very frequently hesitate to have the created fistula closed. The operation can be done under cocaine with but little pain or shock. The patient is placed either in the semi-prone or lithotomy position and the anterior vaginal wall exposed by means of a suitable retraction. The bladder is first irrigated with a saturated Boric acid solution and a medium sized male sound passed through the urethra, turned, and the point made to force the vesico-vaginal septum into the vagina. The opening is made in the median line laterally and about half way between the internal meatus and the cervix longitudinally. It should be at least an inch and a half long in order to afford perfect drainage. It will spontaneously close in a few days, unless the mucous membrane of the bladder is stitched to the mucous membrane of the vagina. After the opening is made the bladder can be irrigated either through the opening or through the urethra, the irrigating fluid escaping readily into the vagina. The operation can be done painlessly under local anæsthesia and the opening easily closed when the cystitis is cured.

In the milder cases so radical a measure is uncalled for and usually the condition can be controlled through ordinary bladder irrigations. Inasmuch, however, as these irrigations should be made at least once and, preferably, twice a day in order

to accomplish much good, it is better to place the patient in the hospital, unless, indeed, the physician has at his command a trained and careful nurse; or unless he has the time to carry out the treatment himself. One or two irrigations a week are of but little avail. Complicated paraphernalia for the purpose are unnecessary. All that is needed is a douche bag or a douche can which can be sterilized by boiling, with three or four feet of rubber tubing, a glass or a soft catheter, all of which should be sterilized, and the necessary irrigating solutions. In simple cases of cystitis and urethritis, there is nothing better for this purpose than a saturated solution of Boric acid. The water, of course, must be thoroughly sterilized by boiling, must be kept in absolutely clean receptacles, and the catheter and irrigating bag and tubing must be boiled each time before the irrigation. The hands must be sterile and the external meatus carefully washed with the normal salt solution before the catheter is introduced. A reflux catheter is a convenience, but not a necessity. All that it is necessary to do in lieu of a reflux catheter is to detach the rubber tubing from the catheter and let the bladder empty itself, after which the tube is again slipped over the catheter and the bladder filled; or the upper end of the tubing can be attached to a large glass funnel and the water poured into this from a pitcher, the fluid being permitted to escape by lowering the funnel when the bladder is full. Care should be taken not to distend the bladder to too great a degree. As soon as the patient complains of distress the water should be permitted to escape, after which the bladder is again refilled and this is continued until the irrigating fluid comes away clear—which is usually the case after four or five irrigations. After the bladder is thoroughly cleansed two ounces of a five per cent. solution of Argyrol should be left behind. If the urethra is especially sensitive, a one grain Ichthyol suppository is useful.

In all instances where the urine is much changed chemically the condition should be overcome by a properly selected diet and by the administration of some of the mineral waters. Milk, especially buttermilk, is nearly always a useful and an easily applied diet. Emollient drinks, like flaxseed and slippery elm tea, are beneficial. The excessive use of meat should be avoided

and alcoholic liquors and condiments of all kinds entirely eliminated.

The following remedies are the ones oftener indicated in the treatment of dysuria :

**CANTHARIS.**—Intolerable urging to urinate with violent paroxysms of cutting and burning pain in the bladder and in urethra; severe tenesmus with hot scalding sensation during urination.

Potter, of the older school, says of Cantharis under "Physiological Action:" "Internally, Cantharis is an irritant causing heat of the stomach, gastralgia, nausea and vomiting, the circulation is stimulated, the temperature elevated, the urine becomes scanty and irritating, is voided with difficulty and pain, and often contains blood and albumen." Under the head of "Therapeutics," he says: "As an internal remedy as cantharis must be employed in very small doses (mj of the tincture) in order to be efficient. When so used it is an admirable agent in acute desquamative nephritis, after the active inflammation and fever have subsided, to reduce the albumen and blood in the urine. Drop-doses are particularly useful in irritable bladder with frequent desire to micturate so often observed in women, also in the incontinence of the aged and of children; and in cystitis, gonorrhœa and gleet."

**ACONITE.**—In acute cystitis, urethritis; mental restlessness and fever; the urine is scanty, red, hot, painful; burning in the urethra with bladder tenesmus; anxious always on beginning to urinate.

**BELLADONNA.**—Urine scanty; dark and turbid; and not infrequently loaded with phosphates; bladder and urethral tenesmus; vesical region sensitive; incontinence; continuous dropping; sudden, darting pains.

**TEREBINTHINA.**—Strangury, with bloody urine; scanty, suppressed; odor of violets; constant tenesmus. To again quote from Potter. Under the head of "Physiological Action," he says: "Large doses produce gastro-enteritis, with vomiting and diarrhœa, suppression of the urine, pain in the lumbar region, burning in the urethra, hæmaturia and strangury." Under the head of "Therapeutics," he says: "It is useful in chronic cystitis, subacute gonorrhœa, and similar affections of mucous surfaces generally."

CANNABIS INDICA.—Urine loaded with slimy mucus; dribbling of urine with much straining. Stitches and burning in urethra; dullness in the region of the right kidney.

MERCURIUS COR.—Intense burning in urethra; urine scanty or suppressed; albuminous urine not infrequently associated with rectal tenesmus. Bright's disease; especially useful in gonorrhœal urethritis of cystitis.

AMMONIUM BENZOICUM.—Especially useful in dysuria with albuminuria, where the urine is smoky and the patient is of a gouty diathesis. Pain across the sacrum with urgency to stool.

URANICUM NITRICUM.—Copious urination; incontinence of urine; especially useful in diabetic conditions with excessive thirst. Emaciation; burning in the urethra with acid urine; unable to retain urine without pain.

In addition to the foregoing, urotropine is of decided value, where there is ammoniacal decomposition of urine, in inhibiting the growth of micro-organisms. Ten grains should be given in water, three times a day. Care should be taken not to give more than this, for it is liable to aggravate the symptoms.

#### SUMMARY.

1. Dysuria or painful urination in women is often of great obstinancy, and is a symptom of many functional and pathological conditions.

2. When it persists for any length of time the *cause* should be systematically and carefully sought for. Too much reliance must not be placed upon the absence of gonococci in determining the primary source of the infection, for gonococci are not infrequently absent after the acute symptoms of specific inflammation have subsided.

3. In the treatment of simple cases of dysuria all that is necessary in the larger number of instances is the correction of the patient's habits, the selection of a proper diet, and the administration of a well chosen internal remedy. In obstinate cases, however, the physician's resources are frequently taxed to the utmost. Recognized lesions should be overcome. Bladder irrigations and local treatment of the bladder and the urethra are often of the greatest service. In the very worst cases with marked changes and thickening of the bladder wall, vaginal drainage may become imperative.



## TWO CASES OF EXTRA UTERINE FIBROID TUMORS TREATED BY INTERNAL MEDICATION.

By F. S. Smith, M. D.

Mrs. C. C., age, approximately, 40; complexion, blonde; examination revealed a large, hard tumor, which seemed to have taken possession of the entire cavity of the abdomen. The patient herself described it as being "as large as a wash-bowl." Not having any notes of the case, it is impossible to furnish details of treatment; suffice to say, *Calc. carb.* was the chief reliance, though others were used as they were indicated. *Dioscorea vil.* was used for abdominal pains. It took over two years to cure this case, but it was cured perfectly, not a trace of the tumor left and the woman lived in good health to 70 and died from a violent attack of pneumonia.

Concerning the case of No. 2, would say that when seen by the writer the patient was suffering severely from abdominal pains, the result of a fall. There had been a consultation of doctors.

Having overheard some of their talk concerning the case, the patient discharged the consultants and sent for the writer. The pains were readily controlled and the patient put upon treatment for removal of tumor, which was large and hard, and gave the patient the appearance of a woman about to become a mother. The case progressed favorably for a number of weeks, the tumor reduced to one-half of its former size, when patients moved away and the writer never saw her but once afterwards, when she came on a visit to friends in this city. The patient was doing well, suffered no inconvenience, and no one would suspect, from her appearance, that there was anything wrong.

It was the misfortune of this woman to be caught in the "Johnstown flood" and severely injured. From this time on all is heresay knowledge. She is said to have suffered much, and, finally, was sent to Philadelphia for an operation; after the operation, as soon as decency would permit, was sent home and died soon after.

Lock Haven, Pa.



## READING THE PULSE, EYE AND TONGUE, FOR THE INDICATED REMEDY.

By Eli G. Jones, M. D., Buffalo, N. Y.

To know *how* to read the pulse, eye and tongue is the very foundation of practical diagnosis. It places a physician in the *lead* of all others.

A young physician, graduate of Jefferson Medical College, Philadelphia, was resident physician of the City Hospital in one of our large cities; he had been given some "points" by me on diagnosis by the pulse, etc. A lady patient was brought into the hospital. The head physician diagnosed the case as "rheumatism and indigestion." The young doctor examined the case, and his diagnosis was "cancer of the liver." The patient was sent home and I was called in consultation and confirmed his diagnosis. Certain influences were brought to bear to have the lady operated on. They cut her open and found cancer of the liver and she died on the operating table. A doctor's aunt, living in New York City, was taken to the Mt. Sinai Hospital; there three doctors examined her, and they decided that she had cancer of the bowels and that three feet of her intestines must be removed. Her nephew had her removed to his home in N. J. Then I was called in to see the case. In reading the pulse, eye and tongue, I found *no* indication of cancer. A thorough examination of her abdomen only confirmed my opinion. What she had was obstruction of the bowels, and *Chionanthus* was the remedy indicated.

I heard from her two or three years afterwards and she was in good health.

In 1891 I saw a case in Paterson, N. J. A doctor had been treating a lady for some uterine difficulty, and under his treatment she seemed to be getting worse. Upon reading the pulse, I found it *full, quick, irregular*, and compressible, which is the pulse of *Baptisia*. Her tongue had a brown coating down the middle, with dark red edges, which is also an indication for the above remedy; my diagnosis was typhoid pneumonia. Under my treatment she got well. I saw her several years later and she was a strong, healthy woman.

One evening I was sitting in a doctor's office. We had been talking medicine. A hurry call came for him to visit a man with heart trouble. He had been away from the office only a little while, when there came an urgent call for me to join him in consultation. When I reached the bedside of the patient he appeared very low, the doctor thought he was dying. When I read the pulse it was *irregular, weak and fluttering*. The pulse of *Phaseolus*. I said to the doctor that the "pulse indicated that remedy; it was a new remedy to me, but I would like to try it."

He consented, and I gave the patient *Phaseolus* 9x, three tablets, once in twenty minutes until the pulsations were *stronger*. The remedy seemed to be the *one* thing needful, for there was a decided change for the better.

Several years ago I was called in consultation on a case of strangulated hernia. The family physician had tried his best to reduce the hernia, but had failed. He sent for a surgeon to come and operate on the patient, but the family would not consent to an operation until I had seen the case. In reading the pulse I found a *full bounding* pulse, indicating *Belladonna*; a yellowish-white coating on the back of the tongue indicated *Nux vomica*. I said, "This man can be cured without any operation." The family insisted upon my taking charge of the case with the family physician. I prescribed Tr. *Belladonna* 3x, 15 drops in half a glass of water, teaspoonful once in half an hour, in alternation with Tr. *Nux vomica* 3x, 15 drops in half a glass of water, teaspoonful once in half an hour.

I had some green tobacco leaves wilted in warm water, and placed over the inflamed parts. In less than an hour, the hernia was reduced; another life was saved *without* an operation.

Very many times I have saved patients from being operated on by the above treatment.

In February, 1913, I was invited, with another doctor, to visit the office of a doctor in Philadelphia, who makes a specialty of consumption.

He had twelve patients present for our examination.

Some of them were in advanced stage of the disease, some of them were improving under his treatment and some of them

he claimed to be near well. A clinical chart was kept of each patient, pulse, temperature, etc., also chart showing area of lung involved in the disease. I proceeded to examine the patients in my usual way. In reading the pulse of one patient it was accelerated, *full and soft*, the pulse of consumption; the tongue showed thick white coating on the back of it. This indicates imperfect digestion, poor appetite, and losing flesh. The *flabby* muscles of the arm confirmed this. The *watery, transparent* appearance of the eyes, with a marked *pearly* tint to *whites* of the eyes, shows a *drain* upon the system from the *diseased* surface of the lungs. All this told me that the patient was in *advanced consumption*. In another case the pulse was not so rapid, it was *stronger* and more regular, showing *increased vitality*. The tongue cleaning off, showing improved digestion, better appetite, and gaining strength and flesh. The muscles of the arm a little firmer, the eyes look more natural, not so watery and transparent, the pearly tint of white of the eye less marked, showing that the patient was getting well. I *know* this disease when I see it for I practiced twelve years in Northern New England, where one-fifth of the *deaths* are from consumption. Therefore, I know when a patient is better or when they are worse.

We may have consumption complicated with cancer or cancer with syphilis. In reading the pulse, we will find that the most *active* disease will show itself in the *pulse*.

In this series of articles I shall draw largely from my "Case Book" that I have kept for thirty years, also a manuscript on a prospective book on "Chronic Diseases," written several years ago, that may never be published. A knowledge of how to *read* the pulse, the eye and tongue has been worth *hundreds* of dollars to me, and now my students reap the benefit of that knowledge. As a result, they *lead* all other physicians in the community where they practice.

879 West Ferry St.

**PYRARARA.**

**By Frederick M. Dearborn, M. D.**

Many physicians know more or less definitely that tropical countries supply many of our vegetable and animal remedies. Brazil is no exception to this rule, especially in the line of snake poisons. However, I had curiosity enough to inquire of my homœopathic friends, while visiting Rio recently, if they knew of any "new" remedies. While a number were suggested that I had never heard of, *Ppyrarára* appealed to me because of its manifest dermal indications and because I was able to procure, through the endeavors of Dr. Theodore Gomes, a small supply of the extract, and by the courtesy of Dr. Marques de Oliveira, a genuine clinical record. Before proceeding to the recital of the clinical case, it might be well to mention that the use of *Pyrarára* is not limited to the treatment of lepra, but has been used to relieve a number of dermatoses. The exact diagnoses of these conditions were hard to determine, but their descriptions would lead me to think of the tuberculides, the syphilides, scleroderma, vitiligo, chloasma, elephantiasis, varicosed vessels and the attendant dermatitis, gangosa, jaws and the varieties of gangrene. I received some positive assurances as regards its use in varicosities.

*Pyrarára* is not listed in any group of Brazilian or South American remedies that I can discover and has not been scientifically proven, but I hope the following translation of Dr. Oliveira's notes may be of interest:

"The lard of the *Pyrarára*, a fish of the Amazon river, was brought from Acre by Major Carpenter of the Engineers, who offered it as a curiosity to Mr. Liberato dos Santos. The Major said that he had heard from the inhabitants of the Amazon valley that the lard has the property of changing the color of the plumage of parrots fed upon it, and that a person abusing the use of the fish, as a food, would develop lepra or symptoms similar to that disease. After a talk with Mr. dos Santos, he gave me some of the lard for homœopathic experimentation on people affected with lepra. The following is the result: Maria Theresa, 36 years old, has suffered from lepra since she was 19

years old. The first appearance of the disease was on the extremities of her fingers and on her face after suppression of menstruation. She was treated by Dr. Gabizo for three years without any result and by many other doctors, using various medicines and electricity, but still no result was attained. The disease had reached the highest state of development; her anatomic structure had become deformed and her facial changes took away from her the appearance of a human being. Her body was covered with nodules and ulcers in constant suppuration; her ears were inflamed and deformed; her nose was ulcerated and corroded; her lips were tumefacted and ulcerated; her throat was so affected that her voice was completely lost; her arms looked like a piece of raw flesh; and the phalanges of all her fingers were destroyed. Certain areas of the skin were anæsthetic and there was a general coppery discoloration.

“It was at this period that she came to me. I proposed experimenting upon her with the new medicine, which she reluctantly accepted, after many days of insisting. In June, 1905, we began our treatment, at first using the 3d decimal trituration with a dose of three tablets every three hours, applying, externally, vaseline with calendula. The first month there was no apparent dermal improvement, but her appetite increased. I then began to use the 5th decimal potency and during the first two weeks there was a great transformation. Through the open lesions came an abundant discharge of a whitish color tinted with blood and very thick, and the body was covered with bullæ, where there were no ulcers before, but always the same kind of discharge. Her appetite became very good and digestion regular, but she became prostrated and suffered from neuralgic pains in the head, face and feet. During the month of August the inflammation of the lips was disappearing and the wounds of the lips healing. She was very cheerful with the result. As her sight was getting feeble, *Asafatida* was given to her and the eye symptoms improved to a great extent. At the beginning of September the ulcers had ceased suppurating, the bullæ did not appear any more and her general state was very good. As the menstrual periods came, she felt great pain in the lumbar and ovarian regions and *Pulsatilla* 30th was given to her and the menses appeared, although very feeble. I then gave *Pyrarara*



in the 30th potency for a few days and she continued to improve. The nodules diminished in size and the ulcers became almost dry, with scant discharge, while the tumefaction disappeared.

"About this time *Aurum met.* 5th potency and afterward *Apis mel.* 5th potency and *Cuprum met.* 5th potency were used as the symptom called for. On the following month the menses came freely. In November I returned to the use of *Pyrrarára* 30th potency. The healing of the wounds continued and only three ulcers were to be found on the whole body, one on the forearm, one on the foot and one on the middle finger. The tumefaction gradually disappeared, except on the ears. General condition was very good. By the 25th of December one could hardly detect her sickness. The intense redness of her face was gone: the forehead was white, the natural color having returned: the lips, mouth and throat were normal; while the ears were still tumefacted, the nodules had disappeared; the body was free from ulcers and nodules; the forearm completely well. Only one ulcer on the middle finger was to be found. Her organic functions were re-established, sensibility had almost returned and she could move the deformed fingers, but the sense of touch was not complete. By January, 1906, after seven months of treatment, she disappeared.

"This medication has been tried since on different people with splendid results, but lack of persistency has prevented complete cures. On other patients the *Pyrrarára* has been used, employing the centesimal scale of potencies."

55th and 7th Ave., N. Y.

---

## THE MATERIAL DOSE.

By Alexander C. Hermance, M. D.

We learn in our study of the *Organon*, Section 65, how anti-pathic treatment, by means of the crude drug administered by those recognizing *only* their primary action, is followed by direct opposite conditions called "after-" or "counter-effects." That the exact counterpart is always produced by the vital force in the after-effect following a large dose of any drug.

Under Section 66 we come to consider the vital force in connection with the homœopathic potency. What is this vital force,

of which Hahnemann speaks? Is it not the spirit-like dynamis which lies unseen within the our body, the animating spirit of our organism, the vital principle of the human economy? That being a fact disease is, therefore, the morbidly altered spirit-like dynamic or vital force, and disease, not being material in its nature, cannot be combated with "material doses of medicine," which, by their primary action, cause to disappear the primary manifestation of the disturbed vitality. However, the suppressed morbid disease by reason of the renewed energy of the vital force reappears in some other form, and so the battle continues until the organism is destroyed. Disease, therefore, being the morbidly altered spirit-like dynamis of the body, cannot be affected except by a similar force, namely, the spirit-like power of the dynamic drugs. Therefore, by reason of its dynamic *force* and *not* its material action the homœopathic remedy does not produce conspicuous after-effects. If, however, in administering the lower attenuations of the drug in repeated doses the primary effects are noticed the living organism sets up enough counter-effect to re-establish health.

The fact that the morbidly disturbed vital force must be met by a similar force makes the highly developed drug the most homœopathic and curative in its action.

The giving of tincture and lower potencies in which the dynamic power has been little developed, although prescribed upon the law of similars, is not, according to the strict interpretation of Hahnemann's writing, the true homœopathic prescription. The dynamic power of the drug is necessary, as well as the single remedy, and minimum dose, for a speedy and permanent cure.

We all know that an aggravation from a high attenuation, too frequently repeated, is longer lasting and far more dangerous than from the lower potencies, and then again we have much to learn with regard to potentiality of individual drugs. Why do certain drugs act better in certain potencies? Why is it some of our patients require a certain potency of a remedy before being benefited? As we have our *Nux*, *Sulph*. or *Puls*. patients, we have those requiring a specific potency which always cures. Idiosyncrasies or individual susceptibility may, to some extent, account for the phenomena, but not to our ultimate satisfaction.

The unseen dynamic power developed by potentization of a drug like the spirit-like dynamis of vital force that permeates our living bodies and when disturbed by morbid influence causes disease, exists and is the true curative power when applied according to the law of similars, although we cannot, as yet, measure or accurately determine its depth or limitation of power. It may as our opponents say be "*moonshine*." But we must not forget that the potent rays of the moon lull all nature to quiet, sweet repose, which rests the tired brain and aching nerves, to awaken again with renewed vitality and vigor with which to fight the battle of existence. I trust the future may bring us more accurate and definite knowledge of the dynamic power of our remedies, and a more accurate system of applying that power.

Rochester, N. Y.

---

### FROM THE FRONT AT ARMAGEDDON.

26th January, 1915.

28 Charles St.

Address, c/o Wells Fargo's Bank,

Regent Street, W.,

London.

Doctor E. P. Anshutz,

1011 Arch St., Phila., Pa., U. S. A.

*Dear Doctor:* I am pleased to be able to tell you that we are on the point of opening a Homœopathic Hospital at Neuilly, Paris, for "*Malades Militaires*," having just obtained full authorization for same from the proper department of the French War Office, the only restriction placed on us being that we must *not* use the name Homœopathy on the hospital building or upon our ambulances, but we *have* the permission given us to use any therapeutic measure we desire, inside the hospital itself, and the records are ours—after the war!

How does this concession strike the profession?

You will also be pleased to hear that the International Homœopathic Council was the prime mover in this work, though it is fair to say that the London Homœopathic Hospital Board, the British Homœopathic Society, the British Homœopathic

Congress, the Liverpool Homœopathic Hospital, the British Homœopathic Association and various provincial hospitals are all at one with us in this work, barring, probably, one or two "squealers," who would kick at receiving a gold brick, if it was not wrapped up in gold leaf.

This will be the only hospital in the field where homœopathic therapeutics is frankly used, even if the name is not plastered on the walls and roof. Moreover, ours will be the only hospital for "Malades Militaires," though we may have some copyists later.

By "Malades Militaires" I mean such cases as pneumonia, bronchitis, pleurisy, enteric, diarrhœa, dysentery, rheumatism (of all varieties), sore throat, and, maybe, some tetanus.

Our hospital, which will be a regular auxiliary hospital for the French War Department, with an official number, and will be styled, we hope, British-American Hospital for Malades Militaires.

You will remember Dr. Bernard S. Arnulphy, late of Chicago, where he was a Professor in Hahnemann College, but now of 39, Boulevard Haussman, Paris. He is also an American, and will be one of our consulting physicians. He and I will, therefore, keep the American end well to the front.

The rest of the Medical Staff will be drawn from the best men of the London Homœopathic Hospital Staff, the Liverpool Homœopathic Hospital, and various other British Homœopathic Hospitals, many of whom have declared they are willing to take a month's duty at a time. Dr. McNish and I will be permanent resident physicians.

Weight will be given this undertaking when I tell you that such men as Doctors Burford, Byres Moir, McNish, James Johnson, Wynne Thomas, Frederick Neild, Cash Reed, A. E. Hawkes, Spencer Cox, Roberson Day, and Kennedy, besides others, have promised to take their share of duty, and we shall back all our work with a trained bacteriologist, to give scientific precision to our diagnoses, for statistical evidence later on. Locally, we shall draw on the best Parisian homœopathic confreres, so we ought to do good work, and work which will stand our cause in good stead for many years. Our only anxiety is money, but even here we are assured of a certain

amount subscribed locally, but this amount, in our minds, will not enable us to do justice to this momentous opportunity, therefore if our American colleagues could obtain for us some financial assistance it would ease our minds and enable us to do the highest class work. Any such donations should be sent direct to Dr. George Burford, Vice-President of the International Homœopathic Council, 35, Queen Anne Street, Cavendish Square, London, W.

The fact that a national government has embraced the opportunity and permitted Homœopaths to prove their worth should be borne in mind by the whole of our school and not less so by our patrons. Such an opportunity will never occur again unless we can seize this opportunity and prove our value to the world. It does not matter that we may not use the word Homœopathy during the campaign.

I have been able to do some good work with Homœopathy, and show those working around me, including surgeons and nurses of the old school, whilst at Antwerp and Furnes (Belgium), and I let all these old school surgeons know exactly what I used, explaining the reason for choice of the drugs employed, and I think that several of the surgeons were impressed with the results obtained, as I know the nurses were astonished. Mr. Souttar, our consulting surgeon, at Furnes, and who is also a consulting surgeon at the London (old school) Hospital and ditto of the West London Hospital, owned publicly that I knew more about drugs than all the others there, combined; but then they were all old school surgeons, pure and simple.

We Homœopaths have some colleagues at the front. Mr. Dudley Wright, a *surgeon* of the London Homœopathic Hospital, is working at Yvetot, France, but not as a Homœopath, as his is purely a surgical hospital, where he cannot have a show with Homœopathy, because he is surrounded by French old school surgeons. I admit he is doing very fine surgical work there, which is shown by a continued increase in the number of beds under his direction. He has, at Yvetot, as an assistant, and colaborator, Dr. Hare, the bacteriologist of the L. H. H., but he is not a homœopathic physician, Hare being a bacteriologist and nothing else, so they cannot work with Homœopathy, that is, publicly, if they wished; as I said above, they are prac-



tically alone, amongst allopathic surgeons, whereas we are all professed Homœopaths, and therefore our work must, perforce, be homœopathic to the core! Remember that!

It was even suggested to Mr. Dudley Wright that they add to their place a Medical Department, where Homœopathy could be used; in fact, we approached him, through Dr. Burford, if we might establish ourselves at his hospital, and take all the medical cases of the district into our hands, but he had to own then that no Homœopathy would be tolerated there for a second by the French surgeons, moreover an American lady, working for Yvettot Hospital, who is styled "Sister Beatrice," but whom, I believe, is well known in America as a public singing teacher, under another name, which I forget, gets quite agitated at the mere mention of Homœopathy, and waives the subject airily somewhere to the rear with an impatient motion of her hands when the subject of Homœopathy is broached.

Not being able to obtain a footing at Yvettot we went further afield and appealed directly to the highest French authorities. From these we have our authorization, and they have examined the property we have obtained, and they have passed it as a "beau sis" (beautiful site) and no wonder, because the group of buildings (three), which will comprise our hospital, were erected specially for a fashionable private hospital (Maison de Regimes), but, alas! this war has left it without a single patient: hence our opportunity. Whilst we have obtained it for the term of the war, I have been able to arrange that we can terminate the lease at any time by giving one month's notice, which is a very valuable point.

This property, named the Villa Borghese, is already fitted with forty odd beds of magnificent quality, but, as the rooms in this hospital have only one bed per room, as one would expect to find in a high class private hospital, we can easily place two and three beds in all the smaller rooms, whilst in the "Grand Salon" (drawing room) we shall place eight beds, and about seven beds in the larger dining room, which we shall not use for that purpose: thus you see we can more than double or nearly treble the bed capacity, as per "war exigencies."

These buildings are all centrally heated, thirteen baths, a salle de hydrotherapie, a medico-electric room with x-ray, high

frequency and static apparatus, whilst the grounds are extensive and park-like, with sufficient room to erect temporary hospital sheds should an epidemic make it necessary, whilst the grounds contain a large summer house, and a conservatory, which latter we shall use as a solarium. There is one detached building already fitted with baths and hospital plumbing, special kitchen, also centrally heated, which we shall use as an isolation ward for *enteric*, it being understood that we have had to get special permission to handle enteric cases, which was only possible because we are outside the city of Paris (we are nine minutes' walk from the underground railway facilities at Porte Maillot). The property also has a large garage for five or seven ambulances if needed.

From the brief description just given you will see that we shall not need to sink any money in installations, etc., as the existing arrangement, including the plumbing, leave nothing to be desired.

It is our intention to use one wing, as required, as a "Pavilion Speciale pour les Officiers," which ought to bring us in touch with the highest authorities.

Now can you help us financially? Please give this letter the fullest publicity in your journal, for we feel that if the right persons are approached, there are surely some in America who will help us in this crisis.

*You* all know what we can or ought to do with such acute cases as I have named. Our bronchitis cases ought to be back in the fighting line in four weeks, naturally, with all their limbs intact, and therefore of full value, whilst we can surely avoid many "valvular lesions" in all our cases of rheumatic fevers.

My special attention has been turned to all this medical work by seeing so many cases of "Malades" turned away from surgical hospitals whilst I was working at Antwerp, Malines, and at Furnes. I have seen twenty cases a day turned away from Furnes *because* they were not "punctured." Poor beggars! To these it was terribly hard to have to say "no entrance here," which is practically always the case in surgical hospitals. Surgical hospitals cannot be bothered with the "Malades;" they have all their work cut out handling the "Blesses" (wounded).

You know us all well enough to feel sure that any money help

you send us will be well spent! (Most of us here are terribly hard hit in one way and another—personally my income is less than one-quarter the usual, due to dividends being suspended during the war time.) Though money is short over here, we all feel that something *must be done* for the sick soldiers and these "Malades" form as sure a crop as that caused by shrapnel, and as the winter progresses, with the necessary loss of stamina, the numbers of the sick will not be reduced, whilst with the hotter weather will come in more intestinal troubles so there is work to do right along.

Do try to get us some help! Personally, we do not mind roughing it, but we must have certain fixed comforts for the sick soldiers. We managed and never complained: in fact, we thought we were well off in Belgium if we had a continuous supply of brown army bread topped off with a little brown sugar and if we had some vile chicory-coffee to drink: with us, then, as now, it is, lives and limbs to save.

It is not as if we asked for subscriptions with which to pay *salaries*. In the Belgian Field Hospital, with which I have worked faithfully since September 5th, not a surgeon or a nurse (and we have averaged twenty-two nurses right along) has had a dollar of money as salary, nor have we wanted any money personally, but we have had to watch men die for want of  $H_2O_2$  (Peroxide of Hydrogen), which we had not money enough, at the time, to buy.

Our Belgian Field Hospital must have handled quite 2,000 of most seriously wounded men, besides many slight wounds we never kept count of in the rush of work.

Many of us never took our clothes off for days at time, whilst for months we did not know whether we were going to be shelled out of bed, or merely shelled into the next world. Furnes, where we have been working since the middle of October has been shelled in all about seventeen days at odd times, but up to date our hospital has not been hit. I tell you this tough experience to try to give your readers some slight idea that it is no picnic we are engaged in.

We venture to think that this is a unique opportunity for our cause! Having got the necessary authorization from the French War Office, what can you do for our school and the sick soldiers?

*We* are going to do for the sick soldiers all that our subscriptions will permit us to do, and history will write that—large or small.

Remember what I say, that when a *sick soldier*, sick nigh unto death, cold as ice, generally *mud* from head to foot, wet through and, probably, almost famished, is taken to a surgical hospital, if he is not actually turned away he is put on one side until such time when there is no more surgical work to do. Generally they are turned away, and I have actual knowledge that such have had to be cared for by civilians, even peasants, whilst the best they can expect in other districts is to be turned over to a "civil hospital," where, perhaps, the dear good nuns, not having had the requisite training, will feed every case alike, and in exact routine, highly deleterious to many cases.

Have pity on these men, and each do "his bit."

Au revoir, or, as the soldiers say, "Bon retour," being sure, when so speaking, that *many will never return*.

Sincerely and fraternally,

E. PETRIE HOYLE.

### INTERMITTENT FEVER.

Editor of the HOMŒOPATHIC RECORDER.

A boy, aged twelve, was taken with intermittent fever. He had paroxysm every day, at about 10 A. M., with violent frontal headache. He was given *Acon.* and *Bell.* and also 24 grains of *Quinine sulph.*, Assam being notoriously malarious, but to no effect. I attended him on the 7th day and gave him a dose of *Nat. mur.* 200 in the early morning and there was no more fever.

Shortly afterwards his elder brother, aged 16, was down with the same kind of fever and given *Nat. mur.* 30, by the attending doctor, but the fever was not checked. On the fourth day I returned to town and attended him. I gave him a dose of *Nat. mur.* 200 and he had no fever since that day.

An anæmic lady, aged 27, with disordered menses (profuse catemenia a few days before time), was attacked with intermittent fever. Paroxysms were irregular, but attended with stinging pain in the dorsal region of the spinal cord and a violent headache. There was great heat, but she was unwilling to

move or uncover for fear of feeling chilly. A "regular" attended her and gave her 160 grains of *Quinine sulph.*, without any benefit. I saw her on the thirteenth day, morning. I gave her a dose of *Nux vom.* 200 and it cured her of all the troubles.

Here is a lesson to those who do not believe in high potencies and also to those who think all kinds of fever are curable by *Quinine*. Dr. Kent has rightly said: "I would rather have my repertory and a few potencies than all the *Quinine* in the drug stores."

G. RAYE.

Gauhati, Assam, December 7, 1914.

---

### THE MYSTERY OF POTENCIES.

Editor of the HOMEOPATHIC RECORDER.

(As this letter was partly personal the beginning is omitted.—Ed. H. R.)

I have never read Gulliver's Travels, as I had considered it as imaginative and improbable as "Dr. Jekyll and Mr. Hyde," but I know it is a unique and entertaining book. Swift was, in the vernacular, "some writer." However, several years ago I read Bulwer Lytton's novel, "Zanoni," and also his "Strange Story," which, undoubtedly, make some veiled references to Homeopathy, and some wonderful, curative, and occult potencies mentioned help make this book impressive with interest. What are "high potencies" but chemicals or drugs in an occult state? Certainly they are not imaginary forces, even if they are out of range of chemical analysis.

Speaking of involuntary provings from the volatile emanations of high potencies, I have seen several occur on different people and read of, at least, two reported in THE RECORDER. One good old doctor, now deceased, told, a few years ago in this journal, of making a scale of potencies of *Phaseolus* and along about the thirtieth he was obliged to stop the work on account of terrific and unusual headache and kidney symptoms, which seemed to be the result of the potencies activity on a susceptible man. I know that Dr. Sam'l Hahnemann advised administering 30th and higher potencies by inhalation of the ethereal emanations of the medicines; and, as the 200th,



500th and 1,000th potencies are inconceivably more attenuated and volatile, why may not these higher potencies penetrate and cause effects in supersensitive people when such potencies are kept nearby?

From reading "Zanoni," I remember that this hero was only free from the infirmities and sorrows attendant to long life after he went through a long period of sinless living and afterwards endured successfully the terrific ordeal brought on by the subliming activity of the elixirs of life, which were applied most artfully by the sage. Thereafter his life was ideal in innocent enjoyment, until he went back to the exercise of ambition and the lower passions, even though on a plane higher than that of ordinary people. The moral is similar to this fact: right thinking and right living assisted by ultra pure Homœopathy insure long life. After many ages to come, when people learn and know more about these things and are able to master all of their passions as well as their thoughts then they may be able to say for themselves how long they will live with admirable health and enjoyment on earth.

I have seen *Silicea* and *Calcareo phosphoricum* high potencies bring back to working life a man almost in his grave, who had been given up to die by three allopaths and one good homœopathic physician. Later, an eruption came out on the patient's legs; he went back to an allopath, during my absence, had the eruption driven back into his system, and in less than six months afterward he died from consumption of his lungs. Homœopathy was deserted and he paid the sad penalty.

Yours sincerely,

CLARK W. WILSON.

Canastota, N. Y.

## THE SPECIALISTS' DEPARTMENT.

EDITED BY CLIFFORD MITCHELL, M. D.

25 East Washington St., Chicago, Ill.

### OUR CONTRIBUTORS.

Those specially writing for us this month are Drs. A. R. McDonald, internist; Dr. A. C. Tenney, specialist in the diagnosis and treatment of nutritional disorders, including syphilis, and Dr. C. T. Hood, from whose pamphlet on the Heart and Lungs we excerpt some therapeutic notes of interest.

### THERAPEUTIC NOTES.

**Pneumonia in Alcoholism.**—Dr. A. R. McDonald, of Chicago, says that in his experience it is absolutely necessary to use alcoholic stimulants in the treatment of pneumonia in alcoholics.

**Value of the Wassermann Test.**—Dr. A. C. Tenney, of Chicago, says:

A Wassermann test, like an urinalysis, is of value in proportion to the skill of the analyst and the standardization of his reagents. The positive reaction in known syphilitics runs from eighty to ninety-five per cent., according to the stage of the disease and the treatment received. Positive Wassermanns are known to be obtainable from cases of scarlet fever, carcinoma, typhoid, sleeping sickness (and other filarial diseases), besides occurring occasionally in various other conditions.

**Treatment of Tuberculosis.**—Dr. C. T. Hood, of Chicago, has been doing original therapeutic work in tuberculosis and writes about it, as follows:

“For over twenty-five years we have been conducting personal experiments in the treatment of tuberculosis. After many trials and tribulations we hit upon a preparation of mercury made by dissolving bichloride of mercury in beechwood creosote and treating it with hydrated calcium chloride and powdered albumin, making a peculiar mercurous compound. With this preparation, used as a spray douche, and by steam inhalations, we have suc-

ceeded in curing a number of cases of tuberculosis of the nose, throat and larynx. Quite a good many cases of pulmonary tuberculosis also were given this remedy and recovered, but with it was used the best adjunctive treatment known. When cavities exist and mixed infection is present, steaming with this peculiar mercury does much good, but while it can be used hypodermically and intravenous, it does not possess the power of destroying tubercular bacilli unless it comes in direct contact with them.

“For several years past we have been experimenting with an iodine preparation made in much the same way. The iodine has given some good results, and we hope to be able to perfect an iodine compound that will be of great service in tuberculosis. It is a well-established physiological fact that the secretions of the suprarenal capsules represent the key to tissue respiration; that they control to a large degree the action of the heart, lungs, liver and so forth; that the oxygen carrying properties of the red blood cells as well as that of the blood plasma depend upon the suprarenal secretion. The suprarenal capsules are controlled by the anterior pituitary body through the solar plexus, the splanchnic nerves, and the cerebral thoracic ganglia of the sympathetic. The anterior pituitary body governs the suprarenals. Therefore it controls oxidation and the standard of health is maintained by the pituitary body. The thyroid gland sustains the functional activity of the anterior pituitary. The thyroid secretion is iodine in organic combination. These being facts, iodine is the most important element in the human body and will some day be found to be the normal body germicide.”

#### MISCELLANEOUS THERAPEUTIC NOTES.

From various journals coming to us we have culled the following:

W. G. Stimpson, assistant surgeon general, United States Public Health Service, says:

There is no question that salvarsan has been of great benefit to mankind and that much suffering has been relieved by its use and the number of hospital days required in the treatment of **syphilis** greatly reduced. Many persons who were partially or totally disabled have regained their health after its administra-

tion, and have returned to work. The deaths after salvarsan, considering the care with which the substance has to be given and its high content of arsenic, are exceedingly few; but caution should be employed in using it in tertiary forms of the disease. As an idiosyncrasy to salvarsan is present in a small minority of patients, it is advisable, where repeated injections are employed, **to test the urine** to decide the duration of the arsenic elimination after each dose. Fewer bad effects have been observed where mercury in some form is used between the salvarsan injections.

Lutsch advises the use of enemas of sodium salicylate in the treatment of **dysentery**, in strength 200 grains of the salicylate in 23 ounces of water. Almost immediate alleviation of pain and tenesmus follow the use of the enema.

Savill uses, with success, in the treatment of **ringworm** of the scalp a lotion composed of fifteen grammes of gum camphor dissolved in an equal amount of alcohol to which has been added half a gramme of picric acid.

Bevan, of Chicago, says he is doing a larger number of primary nephrectomies for **kidney stone** than previously, on account of the possibility of a suppurating remnant. He finds operation for **movable kidney** (fixation) very seldom desirable and prefers Tuffier's.

Kretschmer says that the fulguration treatment of **bladder tumors** has completely displaced all other methods.

Okie and Alford have recently demonstrated that proteins in the food markedly increase the toxicity of substances which produce **lesions of the liver and kidneys**.

Belville believes, therefore, that in **chronic interstitial nephritis** the amount of protein in the foods should be kept below 100 grammes per diem. (*Hahnemannian*.)

In the treatment of **eczema** R. G. Freeman finds Lassar's paste made from one part zinc oxide, one part starch, and two parts vaseline, by all odds, the most useful application for the skin.

C. W. Allen is opposed to opening **boils** and says they can be cured in a few days by taking, internally, dilute nitrohydrochloric acid, freshly prepared, in doses from 10 to 25 drops, in water, after each meal.

Brunner, on the other hand, reports good results in the treat-

ment of **boils** from washing twice daily with a five per cent. solution of sodium bicarbonate.

Markevitch reports great success in the treatment of **pneumonia** by camphor, using 10 c.c. of a 20 per cent. solution in oil twice daily, hypodermically.

Solis Cohen is a believer in giving water in **typhoid fever** so as to stimulate the kidneys and prescribes it as follows:

Sodium chloride . . . . . 10 grains (0.6 Gm.).

Sodium phosphate . . . . . 5 grains (0.3 Gm.).

Sodium bicarbonate . . . . . 20 grains (1.3 Gm.).

One powder is dissolved in a tumblerful (250 c.c.) of water. This should be given, in alternation with the same quantity of plain water, at least every second hour, or, if possible, hourly; the attempt being made to give at least 1000 c.c. each, of water and of alkaline-saline beverage, during the waking hours of each day (24 hours).

The temperature of the drinking water (or alkaline-saline solution) may be that which the patient finds most agreeable; but ice water, as a rule, is too cold. Should the proportion and concentration of alkaline-saline constituents in the foregoing formula prove unpalatable in any particular instance, they may be varied by increasing or diminishing any one or more of the ingredients. The addition of sodium phosphate to the chloride and carbonate is the suggestion of Dr. C. E. deM. Sajous. Lemon juice also may be added, to flavor the beverage and to produce a slight effervescence. Some patients find this quite palatable, as well as refreshing. A certain—or rather uncertain—part of the bicarbonate is thus converted, of course, into a citrate.

In a certain proportion of cases, however—meaning, again an uncertain proportion—the patients will refuse the alkaline-saline beverage in any strength or proportion of ingredients, with or without lemon juice, still or effervescent. They will also refuse the natural alkaline or alkaline-saline table waters. In such cases, sodium or potassium citrate or sodium or potassium bicarbonate may be administered, medicinally, if necessary.

If the patient will drink a sufficient quantity of plain water to keep the daily output of urine up to 60 fluid ounces (1800 c.c.) or thereabouts, that may suffice. An output of 70 to 100 fluid ounces (2000 to 3000 c.c.), however, is preferable.—(*Critic and Guide*, January, 1915.)



Dr. Guy M. Cushing, of Chicago, speaking of **intubation**, concludes, as follows, in the *Journal of Ophthalmology, Otology and Laryngology*:

First, that every case of laryngeal diphtheria with dyspnoea should be intubated, no matter what other treatment it may receive.

Second, that any case of croup that persists through the day, with an accompanying rise in temperature, is a case of laryngeal diphtheria, and should be intubated.

Third, that intubation should be an operation of first resort, rather than an operation of last resort.

Fourth, that it is not the operation in these cases that kills, but the delay until such time that the patient has become so thoroughly saturated with toxins and carbondioxide that he cannot respond to anything.

Fifth, that intubation is not to be considered a curative measure. It merely keeps the patient from choking to death while other measures bring about a cure.

Sixth, that in such cases as might not die without intubation, the recovery is made more tolerable to the patient than would be the case if allowed to pursue the usual course without the operation.

Dr. Edgar J. George, of Chicago, has perfected a new operation for **strabismus**, based upon his remarkable discovery that the eyeball does not rotate as heretofore always believed, but oscillates.

## CLINICAL URINOLOGY AND RENAL DISEASES.

CLIFFORD MITCHELL, M. D.

**An Interesting Case of Hematuria.**—We are pleased to report the following instructive case kindly referred to us by a brother practitioner. The patient was a robust man, 56 years of age, but looking much younger; occupation, teamster. He was born in Germany, but had been in this country about 14 years, always in out-door work. Father died at 75; mother at 65, of pneumonia. His own health always good up to the time of present illness, had been teaming for 27 years. In June of 1914 noticed what he called red sand in the urine, which was soon accompanied by

blood clots. Until recently there had been no pain on passing the blood, but within a week or two there was a little pain constantly over the pubes, and a sensation of scratching, as it were, on voiding urine, followed by a sharp cutting pain at the end of urination. Urination was frequent and as soon as the bladder was filled to the amount of four ounces urination was imperative. Much blood was passed when the patient was active, but when he kept quiet hardly any.

With this history we went at the case for a diagnosis. Naturally we began our investigation with the idea that the case was one of calculous disease inasmuch as there was a previous history of good health, robust present condition, and residence in a limestone district. Moreover the sharp cutting pain at the end of urination and the increase of blood after exercise pointed in the direction of stone.

Examination of the patient brought out the following additional information:—He had not an ache nor a pain anywhere except in the urinary tract. His appetite was splendid, he ate, as he expressed it, "Like a horse." There were no gastrointestinal symptoms, his tongue was clean, his bowels regular, his blood pressure normal, pulse and temperature normal, heart and lungs negative, abdominal features negative. Moreover he declared that his strength was unimpaired and that within a short time he had been loading and unloading heavy merchandise, as usual, without any more fatigue than usual.

Here, then, was an apparently healthy man suffering from a localized trouble only in the urinary tract.

When we began our study of the urine we did not expect to find evidences of nephritis because of the clinical history and the findings of the physical examination outside of the urinary tract. We did, however, expect to find more or less pus and the usual urinary features of stone in addition to the pus.

Microscopic examination of the urine showed bladder blood, *i. e.*, fresh blood, with almost unaltered red cells, no shadows, and no pus. There were a few leucocytes, but not enough to be significant. In other words, there was a hæmorrhage from the bladder, but no evidence of suppuration anywhere in the urinary tract.

Further study of the sediment brought out a point of con-

siderable interest. Although there was no pus, yet the large round epithelium from the middle layers of the bladder was abundant, while the large irregular epithelium from the outer layers was relatively scanty. Moreover, the large round cells showed a tendency to be present in cohering masses, as if there were a sloughing of the mucous membrane of the bladder. These masses also presented a waxy appearance, or, at least, a glistening look, quite different from the single cells of this epithelium.

It was evident, therefore, that the case was not one of stone or we would have found more leucocytes. The relative abundance of epithelium from the middle layers of the bladder and the relative scarcity of leucocytes pointed to the presence of a growth.

The supposition was, therefore, that we had a case of papilloma; yet the absence of connective tissue shreds cast some doubt upon this opinion.

The case was sent to a hospital, where cystoscopic examination showed plainly a growth in the bladder, which, on operation by one of our colleagues, proved to be carcinoma situated in the fundus.

We recalled then the observation of F. S. Watson, of Boston, one of our class-mates at Harvard, who became a distinguished surgeon. Watson said that the presence of a large number of bladder cells and especially of a variety of sizes and shapes was strongly indicative of carcinoma.

The case was instructive in that loss of strength and cachexia were not present, pain except during urination was not a feature, and what pain there was being a cutting pain at the end of urination suggested stone more than growth. On the other hand, the classical symptom of stone in the bladder, stoppage of the stream, was entirely absent. He had never had any trouble in voiding the urine continuously.

The urine, except for presence of blood, albumin corresponding and bladder epithelium, presented no features of interest. The acidity was normal, and indican slight.

**Failure of the Polariscopic Test for Sugar in Urine.**—An interesting case came under our observation lately in the person of a diabetic with four per cent. of sugar in his urine, as shown by fermentation. He was taking methylene blue when he came to

us and we attempted, in order to save time, to estimate the quantity of sugar with the polariscope. The instrument, however, failed to indicate presence of sugar, the urine being optically inactive. We then removed the green color with acetate of lead and filtration, but still the polariscope showed nothing.

**Staining the Urinary Sediment.**—We have lately taken up the study of urinary pus by staining it as if it were from the blood. According to the directions of Dr. J. A. Toren, we sediment the pus, wash it once or twice with water, then stain it with Wright's stain and examine with the oil immersion. One case showed that the pus was present almost wholly as lymphocytes, but few polymorphonuclears being present in it. We are desirous of further information to be derived from such study of urinary pus and shall be pleased to hear from any of our colleagues who may have done work along this line.

**Urgency in Urinating.**—A case came under our observation, recently, which supports Dr. Wieland's contention regarding the manifestations of prostatic disease. The case was one simply of urgent urination. Patient could not wait when once the desire was on him. Microscopic examination of the urine showed merely the so-called gonorrhœal threads. We referred him to Wieland, who found pus and gonococci in his prostate. Absence of pus in the urine of such cases does not necessarily exclude pus in some locality of the genitourinary tract. Hence if the history is that of gonorrhœa, as Wieland says, "search the prostate."

**Nephritis in Pregnancy.**—In a case seen recently, albuminuria was present in the sixth month of pregnancy, together with œdema. Examination of the urine showed no marked lowering of the urea-ammonia ratio, while at the same time a few tubecasts were present. Our diagnosis was nephritis rather than toxæmia and a few weeks later the patient was delivered of a dead foetus. No increase in acetone was noticed by us in the urine. One feature of the case was that although the œdema was removed by a salt free diet, the albumin persisted in moderate quantity and for several weeks preceding delivery was at the same figure on the Esbach tube.

Women suffering from nephritis during pregnancy are subject to a number of vicissitudes of which, however, eclampsia is not likely to be one. Convulsions in such cases are likely to be of true uræmic origin and due to protracted labor.

## BOOK REVIEWS.

---

THE TWELVE TISSUE REMEDIES OF SCHUESSLER, Comprising the Theory, Therapeutic Application, Materia Medica and a Complete Repertory of These Remedies Homœopathically and Biochemically Considered. By Drs. Boericke and Dewey. Fifth Edition, Rewritten and Enlarged. 450 Pages. Cloth, \$2.50, *net*. Philadelphia. Boericke & Tafel. 1914.

The question has often been asked, "What is the secret of the success of this book?" a book that might have on its title page, "For man may come and man may go, but I go on forever." The first edition appeared in 1888 with 303 pages, and here is the fifth with 450 pages, a beautiful piece of book making and, we are told, with more advance orders in the hands of the publishers than awaited any previous edition. The book is always printed from type. There was not much change between the 3d and 4th editions, but this one has been thoroughly overhauled from beginning to end, brought up to date with much new matter and is the very latest and last word on the famous twelve remedies.

Now, to return to the question concerning the book's wonderful success, the reviewer is inclined to think that three things enter into it: 1st. The efficacy of the remedies. 2d. The fact that they are limited to twelve and thus easily mastered; and 3d. The literary skill of the authors in presenting the matter; other writers have tried it, but beyond Schuessler's own book none of them have gone into a second edition, apparently for the reason that the writers did not understand what they were writing about, or if they knew, did not know how to present it.

According to Schuessler's theory or science (as the reviewer understands it) the cure, therapeutically, for every curable disease lies in one of these twelve remedies, and certainly the success that so very often follows their administration proves that even if they do not cover the whole of therapy they cover enough of it to make them invaluable to *every* physician, of every school, regardless as to whether he is a general practitioner, specialist or surgeon.



# Homœopathic Recorder

PUBLISHED MONTHLY AT LANCASTER, PA.

By BOERICKE & TAFEL

Subscription \$1.00, To Foreign Countries \$1.24, Per Annum

*Address communications, books for review, exchanges, etc.,  
for the editor, to*

E. P. ANSHUTZ, M. D., 1011 Arch Street, Philadelphia, Pa.

---

## EDITORIAL NOTES AND COMMENTS

**“Clinical Talks.”**—Dr. James C. Wood, the eminent surgeon of Cleveland, Ohio, who really needs no introduction to the medical profession, will write a number of practical papers that will be of great value to the general practitioner, and these papers will be published in the RECORDER, from time to time. The first one is printed this month, under the title “Dysuria.” Why not take them all in by subscribing for the RECORDER? Subscriptions may begin any month.

**The Specialists’ Department.**—This department of the RECORDER, under the masterly editorship of Dr. Clifford Mitchell, continues to be a noteworthy and valuable feature. Over twenty-five of our brilliant homœopathic specialists contributed notes and pointers during the past year. The Homœopath in need of special work no longer need go outside of his own men to find those quite as competent as any to perform it. That Specialist Department is something our men should be proud of.

**Reading the Patient.**—Dr. Eli G. Jones, Honorary President of the American Association of Progressive Medicine, a man who has many friends in all the schools, promises us more articles on reading the pulse, eye, tongue, etc. Dr. Jones’ papers, as can be seen from those already printed, are not professorial, but, rather, the relation of experience gained in a long course in

the big University of Hard-Knocks, which is to say, active practice. Papers of experience are always valuable.

**Another "Problem."**—It is given in the title of a paper (*J. A. M. A.*, 1/23) by Arnold, Dean of the Graduate Medical School Harvard, reading: "The Problems of Graduate Medical Instruction," the problem being to raise those doctors who were graduated a few years ago to the high level of those who will be graduated in the future after spending the greater part of their youth in the medical educational grind. The RECORDER very respectfully suggests the following solution of this problem to Dean Arnold. Let the modern graduate, after he has completed his weary pilgrimage and passed the examining boards (who themselves are a part of the new problem and need elevating) be compelled to live with a country doctor and go his rounds with him for a year. By this means the older man could imbibe the modern ologies and the recent graduate could learn to treat disease, and handle patients.

**Modern Allopathy.**—After much reading of the "giant strides" of "regular" medicine one is a little surprised to find that the prescription today for grippe, given by the official journal (1/23) is just the same as it was years ago, namely, acetanilid and sodii bi. If we mistake not this is nothing but the much advertised "Antikamnia," which the official journal says is "quackery."

**Typhoid.**—The Berlin letter (*J. A. M. A.*, 1/23) discusses the typhoid situation in the German army. In brief, the number of cases, up to date, were much below the number during the Franco-German war of 1870. The disease seems to be severe, the death rate in some army corps reaching as high as 20 per cent. "Naturally, it is impossible, so far, to form even an approximate judgment as to the influence of the protective vaccination." It may be inferred, however, from these bare facts that whatever else the vaccination is doing it is not preventing the disease lessening its mortality. It seems logical to believe that you cannot drink polluted water and escape the consequences.

**The Proprietaries.**—Our own Chicago *Journal A. M. A.* raps the knuckles of the British, London, *Lancet* for carrying adver-

tisements of "Aspirin" and "Helicon" (which it says are nothing but acetyl-salicylic acid), of "Antikamnia," "Hayden's Viburnum Compound," "Hagee's Cordial," "Glyco-Thymoline" and the like.

The *Lancet* might retort if it can unbend so far, Why does *Jama* carry such and such advertisements of proprietaries, which are no better? However, it is a family fight that only amuses Homœopaths who prescribe the drugs of the Pharmacopœia and consequently are the ones really entitled to being called "scientific," for they know their drugs, which, it seems, is more than the hapless "regular" does who turns to the proprietaries.

**The Basis of the Medical Boss.**—If ever W. Harvey King's prophecy veiled in the striking little brochure, *Medical Union No. 6*, comes to pass it will be by means of bacteriology by which both the patient and physician may be put under the police power if the law so decrees. Even the allopaths are kicking, as witness the following from the book of Dr. O. Rosenbach, of Berlin. "Physician Versus Bacteriologist:"

"I do not hesitate, even today when the heat of battle has passed, to state the opinion that nothing has so injured the standing of the practitioner and of the medical profession as the eagerness of bacteriologists to transfer decisions from the bedside to the laboratory and to regulate etiology, diagnosis and therapy, endemics and epidemics, individual and general prophylaxis according to an artificial scheme, instead of making full allowance for the requirements of actual conditions which can only be judged by those who are present at the bedside and who are familiar with local conditions."

**A Medical Story.**—Whether this story has a moral the reader must determine. It was given by a man in active practice and is passed along for what it is worth. Several times a member of a "Society" consulted his fellows concerning a case that was bothering him. In brief, a woman patient was passing stones in her urine, good sized stones, "as big as a walnut." The poor doctor appealed for help, and also showed the stones in a bottle. Apparently (though one informant did not say so) the Society

was as puzzled as the attending physician. It turned out that the woman was a "neurasthenic" and had "worked a game" on her doctor, though for what reason—who knows! She had put the stones there with malice aforethought. No moral? Perhaps there is. Do not be too ready to jibe the brother's mistakes, for even the most scientific may be tricked by the neurasthenic.

**Neurasthenia.**—A learned writer tells the world that the Hebrews are predisposed to neurasthenic psychoses, the Teutons less so and the Russians still less, while the Americans, owing to congregation in towns, the rush of life, the struggle for existence and "the peculiar vices have all combined to produce the type of the nervous American—and the national disease of America—neurasthenia." All of this may be so, but it has always seemed to us that the Americans were struggling rather to have a good time than for existence, and that none of them were especially nervous unless it might be those who had succeeded in having a good time the night before. If you have nervous break-down to treat preach repentance to the sinner and give him *Kali phos*. 6x.

**A Prisoner.**—The *Bulletin of Pharmacy*, Jan., prints a letter from an American salesman of one of his country's drug houses, who was caught by the war, returning from Egypt through Germany, perhaps he was an Englishman, but at any rate, he is locked up at Breslau, Germany. He writes, "I have found that the outside label of a Phylacogen package is rather a dangerous thing. It suggests all sorts of horrible diseases to the unmedical police mind." This reminds one a little of what the *Journal of the A. M. A.* had to say of this scientific development of modern medicine. The Germans must be very kind hearted, else they would send him through the lines to England. However, he is locked up every night from 5 P. M. to 5 A. M., his firm has sent him money—and still the Kaiser keeps the Phylacogen man under police lock and key. It might be wiser to lock up the stuff and release the man.

**What Can You Believe?**—Among the many printed documents,

etc., coming there are two to hand in the same mail that seem to be flatly contradictory. One is an elegant pamphlet issued by the Associated Life Insurance Presidents, and an address by Mr. Arthur Hunter on the subject lengthening life. Among the statements made is that, "It is certain that abstainers live longer than persons who use alcoholic beverages." The other is a notice of a report of an investigation made in England of deaths reported of persons over 80 years of age noticed in the newspapers. 7,408 cases were reported. Of these 260 ran from 90 to 95 years of age, 87 from 95 to 100, and 120 from 100 years or over, all of whom were steady, but moderate drinkers of alcoholic beverages. This report stirred up the other side who after six weeks could only find five persons, total abstainers, who had passed the age of 90. Hence the query, What can you believe?

**A Word About Pharmacy.**—Not long ago we attended a meeting of a medical society, where a paper was read on pharmacy, the burden of which was that homœopathic pharmacy ought to be standardized as the allopathic is, the essayist seeming to think that all allopathic drugs were "assayed," and made to a fixed standard. In one of the U. S. Public Health Service Reports, May 8, 1914, page 1,137, there is the results of the analysis of 26 official articles. Under the tabulated results will be found that of alcohol the percentage of "samples rejected" as not being up to standard was 47.9, of aromatic spirits of ammonia 67.2, of asafoetida 78.1, of belladonna tincture 42.8, of spirits of camphor 52.7, of opium tincture 49.6 and so on. The point seems to be that notwithstanding all pharmacopœia rules, and government laws, the physician has to depend very largely on the simple honesty of his pharmaceutical house, as is true in everything from banking down to baking.

**The Modern Treatment of Sciatica.**—Dr. F. C. Zapffe, of Chicago (*J. A. M. A.*, 1/16), tells of a case of left-sided sciatica. It had lasted eight months, had received many treatments from many physicians, but to no avail, and the patient had lost sixty pounds in weight. He had received drugs, injections of alcohol into spinal nerve roots, injections of gonococcus vaccines, a



plaster of Paris cast, Buck's extension, the Paquelin cautery, the Wassermann test, x-ray photographs, had his teeth examined, but strange to say, was not healed. Dr. Zapffe took the case, found, by a bacteriological examination of the patient's urine, that it contained staphylococci and diphtheria bacillus, made a culture, which was "a mixed autogenous vaccine;" injected it and cured the patient. Is not this but a riding of our esteemed Dr. C. H. Duncan's hobby, which he has ridden, almost literally, "from Greenland's icy mountains to India's coral strand?" But think of what that patient suffered!

**Olive vs. Cotton Seed Oil.**—A correspondent asks the *Jour. A. M. A.*, 1/15: "What is the comparative value of olive oil and cotton seed oils?" The editor answers: "For ordinary pharmaceutical uses, there seems to be no reason why one cannot be substituted for the other. Their dietetic value is also essentially the same." Sure thing, O apient medical scientist! Are they not both vegetable oils? If another correspondent were to ask you, "What is the difference between *Aloe* and sweet cider" you could reply that they are "essentially the same," for both are of the vegetable kingdom and both move the bowels.

**Blood Pressure.**—Dr. Franklin S. Newell, of Boston, has written a learned article on "The Blood-Pressure During Pregnancy" (*J. A. M. A.*, Jan. 30), which calls to mind what the preacher saith, namely, "The thing that hath been, it is that which shall be; and that which is done is that which shall be done: and there is no new thing under the sun." Also, from the same authority, "For in much wisdom is much grief: and he that increaseth knowledge increaseth sorrow." Dr. Newell has increased knowledge inasmuch as he tells the world that so many patients did so, and so many did the other way. The whys and the wherefores he knoweth not, and so his knowledge but increaseth the sorrows of the conscientious medical man, who seeks to be scientific yet in his soul knoweth that this is but "vanity and vexation of spirit," for in his "conclusions," which are a wise addenda to an article that the writer is reasonably sure the subscriber will not read, Dr. Newell concludes that in "a considerable number of patients" there will be a rise in blood

pressure with no abnormal symptoms, and, also, the other way. It may be this way, or that way, or some other way and so more study is required for the increase of sorrow.

**Appendicitis.**—Surgeon John Morley contributes a paper to the *Lancet* (Jan. 9), under the title “Some Conditions that Simulate Chronic Appendicitis,” which opens as follows:

I have chosen as my subject some of the conditions that may simulate chronic appendicitis, because in the latter part of last year a distinguished London physician brought a charge of uncritical and unscientific diagnosis against surgeons in connection with appendicitis, and crystallized it into the taunt, “the craze for appendectomy.” I realize the very grave measure of injustice in that charge. Since appendicitis became not only common, but fashionable, very many appendices have been unnecessarily removed in the absence of any real evidence that they were the cause of symptoms and without any relief to the patients’ sufferings, and this is a state of affairs that challenges us to approach the diagnosis of appendicitis in a critical attitude of mind.

To say that a disease has become “fashionable” is a queer comment on modern medicine, because surely no one wants to be in that fashion. It would require too much space to abstract the details of the conditions simulating the disease, but the sum of it seems to demonstrate that from the patient’s point of view there has not been as much advance in allopathic medicine over what prevailed centuries ago—barring the blood letting and mercury era—as the world has been led to believe.

**“What the A. M. A. Stands For.”**—This is the title of a cartoon, issued from Dearborn St., to confiding medical editors. After considering it one is inclined to believe that the *A. M. A.* ought to get on the trail of some of *Life’s* cartooners, who, while they might cost more, would certainly be worth the difference, regardless of price. “What the American Medical Association Stands For?” One would reply, “after this cartoon, it will stand for anything!” This alleged cartoon represents a Roman soldier defending a plain wooden door on which is printed: “The American Home.” “Disease,” in monkish cowl and a scythe bearing the inscription, “Death,” is coming up the two wooden steps leading to the “Home.” Disease’s scythe is in

such a position that if he should suddenly turn away it would inflict a severe wound in the right leg of the anæmic soldier, who bears the letters "A. M. A." on his pigeon breast. Also "Disease" has a hand on the breast of the soldier, which has five fingers and a thumb; also the bony gentleman's heel bones are of such a nature as to make a boneologist sit up and rub his eyes, while wondering if he or the cartooner had the j. j.'s. And the soldier, resembling an old time theatrical "supe," holding his sword aloft, looks as if he were going to biff Disease on the top of his head with the flat of it, *i. e.*, the sword. This sword arm is very short, though held aloft, while the other, on which is a shield, holds—at least the hand of this arm does—the door knob of "The American Home," this arm is about three times as long as the sword arm. The shield is labelled "Preventive Legislation." As to the expression of the soldier it plainly says, "Gee, I wish I was out of this!" Now, being of a sort of altruistic mind we sincerely urge the big-wigs of Dearborn St. to get some of *Life's* cartooners, a bunch who really can tell a story by means of a black and white sketch even if you object to the story told.

**A Cure-All.**—The learned and ethical "regular physician" reprobates a drug that has too wide a therapeutic range, snuffing at it as savoring of quackery; also, under his guidance our beloved Uncle Sam does the same thing. All of this leads up to the fact that we have before us a little book concerning a drug coming from Germany that is curative, or very beneficial, according to our count in 151 diseases, ranging from leprosy, cancer and tuberculosis, on down the line, taking in about everything in the nosological list to chilblains and stings of insects. No one dare peep on this because the booklet gives the name of the doctor, the journal, date and page, as authority, and they are largely those who occupy the seats of the medical mighty, about 260 of them, including Osler, Gould, Hare, Lorenz, Unna and others—and yet they turn to vaccines! The drug is an old one.

## PERSONAL.

---

Our learned contemporary, *The Homœopathician*, asks: "What Is Death?" Well, *what* is it?

He refused to "join church," while this war lasted, fearing to be a Christian, according to *Life*.

"Oh, you convict!" said the donkey to the zebra.

"Define immunity," demanded an Examining Board. Give it up! What's the answer?

A bill is up before the Massachusetts Legislature to prohibit doctors from wearing whiskers. Fact.

A bill is up in New Jersey to fine mothers \$5.00 if the kid's face is not clean. Fact.

"Them were the happy days!" said Maude. Then reflectively, "but not so happy at the time."

Why shouldn't we have a punctuation mark for despondency?

It is funny to see how the surgical journals don't care a blank in their ad. pages for *Jama*.

The Portland, Me., *Journal* (quoted by *Life*), suggests kangaroo serum for jumping toothache.

Uncle Sam asks medical candidates "What factors influence marriage rates?"

"Do you know the ears produce head pains?"—*Ex.* Sure—some speeches do!

U. S. will not accept a Dr. under 5.4, or over 6 feet 2 in. Wonder what's the psychological reason?

It is very doubtful if any one could copy-right a joke.

They say the V. for W.'s are not after equality, but for all the bossing jobs.

After all the lunatic merely has a different point of view from those outside.

"Put me down for a call at 9:30," said the absent minded salesman to the church usher.

A *Ladies' Home Journal* advertiser got mad because they put him next to poetry instead of "reading matter."

The editor who always knocks poetry is generally shy on attic salt himself.

The difference between a chef and a cook is about the same as between a professor and a doctor.

Sometimes when chappie shoots a duck he finds it is the owner and not the bird that is wild.

Hiram tells us that sometimes when a hen cackles she lies.

An eminent health officer suggests quarantining for "colds." Go to it!

Why not brand the immune with a mark on their foreheads and corral all the others?

# THE HOMŒOPATHIC RECORDER

---

VOL. XXX

LANCASTER, PA., APRIL 15, 1915.

No. 4

---

## WISDOM FROM WESTBORO.

That always interesting journal, *The Medical Times*, in its March number prints a paper on "War as a Home-maker," from the pen of that eminent author and physician, Dr. William Lee Howard, of Westboro, Mass. As must be the case with all reformers who make a stir in this old world Dr. Howard is very positive, which is a necessary thing in all reforms—as the word is used to-day—because there is a certain power in positiveness even if there is none in the reformer's principles that carries the mob, and in a republican or democratic nation the majority rules quite regardless of negligible things like truth, experience, science and old fashioned common sense. If a sufficiently powerfully positive orator were to arise who preached that the moon was made of green cheese he would gain enough followers in many places to make it heretical if not unlawful to doubt the preacher's veracity.

Dr. Howard's paper, if we may express it in a few words, contends that war is needed to put down the suffragettes and at the same time to raise the stamnia of men, for, he says: "When women attempt to rule and govern man has lost his chief male attribute—pugnacity."

And again: "Who rules among the herd, the bull elk who, refusing to fight, is deserted by the females, or the fighter who shows his right to have his germ plasm passed on to future generations?"

And once more: "Woman's admiration for a fighting man has a biologic cause. It is Nature's way of reproducing from the physically fit. No real woman wants to marry a moral or physical weakling; women want men who can fight; that is, Nature



has implanted this desire within them, way down, deep into their souls, or subconscious brain, if you will."

There is much more of a similar nature, but the foregoing is enough to convince you, O man, that in order to please the gentler sex you must be a triumphant bull moose who can knock tophet out of the other bulls in the herd. According to this line of reasoning Mr. Jack Johnson, who has been able to knock out every one who comes up against him, ought to make an ideal ancestor. This also upsets Cardinal Armand Jean Duplessis Richelieu's famous assertion that "in some hands the pen is mightier than the sword," and, we may add, incidentally, the fist.

Dr. Howard has certainly put up a problem. His major premise is right, namely, that there is room for improvement in all of us, and to show that *we* have a little spunk we will here declare that the man who says that he is perfect is a naughty prevaricator—if we had a little more nerve we'd write "liar." But whether going out individually as did Don Quixote, or collectively as they are doing in Europe, to knock the blocks off our neighbors in order to keep the ladies from bossing us, is, at least, open to a little, even if effeminate, doubt. Certainly if we were able to hammer the other fellow we could be chesty, but whether the fact would prevent the ladies from bossing us is another very grave problem, concerning the solution of which even heroes may well be doubtful.

---

Two new remedies have been introduced to the world in the RECORDER this year, namely, *Calcarea ostrearum calcinata*, by Dr. John H. Clarke, of London, and *Pyrarara*, by Dr. Frederick M. Dearborn, of New York. The first named, *Calc. ost. cal.* (see February issue) is a wonderful remedy for flat warts, while the last, *Pyrarara* (see March issue), promises to become a great remedy for skin diseases of the worst nature, even of the leprous variety. These eminent authors and physicians probably selected this journal for making known these additions to our therapy because of its world-wide circulation.

**GELSEMIUM SEMPERVIRENS.**

**A Lecture to Hahnemann Medical Students, Kansas City, Mo., February 10, 1915, by T. H. Hudson, Prof. of Materia Medica.**

The Yellow Jasmine of the South is an evergreen plant which blooms in the early spring. Its flowers are fragrant but poisonous, though the root bark contains the most active properties of the plant. The best, broad, general view you can obtain of its poisonous effect is by comparing it with opium, for which it has been substituted when that drug has not been obtainable.

Its action, however, is more profound and of longer duration. Set down in your minds, as a characteristic, a general condition which runs all the way through its pathogenesis, its power to produce paresis. Call it a paralyzer, and so remember or recall it. It paralyzes the motor nerves. The mind at first is clear, then becomes befuddled, as if under the influence of intoxicants minus the excitement of the early stage of intoxication, but with more sluggishness and stupefaction. Deeper toxic effects cause paresis and relaxation of anal and vesical sphincters, with resultant involuntary defecation and urination. Later still, involvement of intercostal and pectoral muscles cause labored breathing due to inability of muscles to lift the chest, and lastly, the heart itself is paralyzed.

Keeping in mind its depressant and paralytic effects, the two general conditions always present, and so viewing its action from these high points, you can follow it into particulars. One prover got permanent ptosis of the upper eyelids; in another the sphincter ani remained constantly open; another got a partial but temporary squint, or crossing, of the eyes, due to partial paralysis of recti muscles. This, too, is the way in which it causes diplopia or double vision. Other remedies have similar eye symptoms—*Causticum*, but *Causticum* will have tickling cough or the drooping lids will be associated with rheumatism. The rheumatic diathesis also prevails in the ptosis of *Kalmia*, and uterine complications with *Sepia*, and getting wet, or eye strain, or both, with *Rhus tox.*

With *Gelsemium* there will be a redness of the face, a besotted

expression, thick speech and other concomitants. The effect on the throat muscles will induce aphonia, the parietic laryngeal muscles not permitting phonation and the sounds made are whispers, which, I believe, are not classified as sounds. Dysphagia also results from a similar condition of the deglutitory muscles. Aphonia may result from fright, or shock, or depressing news, and is of not uncommon occurrence in hysterical or nervous women.

The weakened heart muscles compels one to stay awake and superintend its action lest it stop, and even when broad awake, gives the impression that one must move about to keep the heart beating. The reverse condition obtains with *Digitalis*. Both sensations are bad enough, but I suppose the fellow who wants to die with his boots on would prefer *Gelsemium*.

I recall two cases of strabismus in the same family following diphtheria, and I left those two children with crossed eyes, and, so far as I know, they are still crossed, for at that time I knew but little of the virtues of *Gelsemium*. If they have gone through these forty years with crooked vision they are entitled to damages.

The *Gelsemium* headache begins in the nape of the neck, at the vertebra prominens or last cervical, passes upward, forward and settles over the eyes causing heaviness and drooping of the upper lids. There is also dim vision and dizziness, a stiff neck and morning aggravation, although most *Gelsemium* aggravations occur in the afternoon towards 4 o'clock. The head is heavy and the mind sluggish. All symptoms may be relieved by a profuse flow of clear, colorless urine. With the headache there is a feeling as of a band around the head, or across the forehead. *Argentum nitricum* has the same symptom, relieved by pressure, and associated with inordinate desire for candy or sugar. In remittent, intermittent, bilious and early stage of typhoid, *Gelsemium* may be the remedy. The symptoms are drowsiness, sleepiness, redness of face—a crimson rather than a scarlet hue—with restlessness and tossing when disturbed and soreness which resents touch. In cases of children there is peevishness and irritability, somewhat like *Arsenic*, but lacking its anxiety, and something like *Aconite*, minus its apprehension and dread of death.

There is also with children muscular twitchings and threatened convulsions. Aggravations come in the afternoons; ameliorations

in the morning, at which time there is apt to be slight perspiration, but no thirst during either chill, fever or perspiring stage. You may remember thirstlessness as keynote symptoms of this remedy and *Apis*. *Gelsemium* is a remedy for intermittents of both malarial and non-malarial origin. The chill starts in the lower extremities and travels upward, as the headache starts in the neck and travels upward. The initial point and direction pursued by different remedies is a valuable asset to your knowledge of *materia medica*. Spotted hemlock, so associated in my mind with the poisoning of Socrates that I seem to have an aphasia for its technical name, behaves like *Gelsemium* in its starting point and course of travel, and outdoes *Gelsemium* in its ability to form bands.

The passive congestion of the liver, caused by that organ's effort to eliminate, makes of *Gelsemium* a splendid remedy in bilious remittent fever. This passive congestion results in a lazy, molasses in January, flow of bile, differing from the portal stasis of *Nux vomica*, and results in an over supply of blood in the liver, interfering with the biliary secretion and accounting for the colorless stool of *Gelsemium* in this form of fever. Sometimes, in addition to the stupor and drowsiness always associated with the Yellow Jasmine, there will be irritability and aggravation from light and noise, with so much soreness and aching that, during a shaking chill, the patient will request to be held that he may not shake so hard. When, therefore, you meet with this isolated symptom in your condensed *materia medica*—wants to be held during chill—you will know how to account for it. This sore, bruised sensation is quite indicative of *Gelsemium* when, during the first few days of typhoid, the patient complains that he feels as if he had been pounded and bruised all over.

By reason of this sore, bruised feeling the patient dreads to move, besides on account of the weak, powerless, semi-paralyzed condition of all the muscles, there is a sensation of inability to move. There will be drowsiness, thirstlessness, diffused redness of the face and the characteristic headache. Under these conditions, and at this early stage, *Gelsemium* may so ameliorate and modify, that an otherwise severe illness may be converted into a mild one.

Unlike *Aconite* and like *Capsicum*, the *Gelsemium* catarrhs

come during warm, wet weather. This is in consonance with its general pathogenesis of aggravation from whatever relaxes. The catarrhal discharges are somewhat acrid, there is sneezing, sore nostrils and sore alæ nasi like *Allium cepa*, and sore throat and difficult swallowing like *Belladonna*, and yet unlike it in that, the dysphagia of *Belladonna* is due to hyperæsthesia, and in *Gelsemium* to paralysis or paresis of the pharyngeal muscles. The patient may have been depleted, debilitated, muscularly relaxed when he contracted the cold, for these are the conditions favorable to *Gelsemium*, and so we find the general prostration corresponding to the remedy. With the catarrhal condition there may be, and often is, facial neuralgia, which is apt to be one-sided and intermittent, and this non-malarial intermittency is in itself an argument in favor of *Gelsemium*.

The skin action of *Gelsemium* is slight, though the provers have developed a rash resembling measles, and so with other symptoms corresponding, it will be the remedy for the measles eruption. *Aconite* usually paints a better measles picture, and don't forget the *Aconite* picture at the outset, before the eruption appears, and when you are in doubt. There will be fever, thirst, restlessness, apprehension, red eyes, dread of light—which in measles must always be respected—sneezing, coryza, reddening the wings of the nose and dry, croupy cough. *Gelsemium* will be thirstless or with slight thirst, and *Pulsatilla* will lack both thirst and temperature. *Belladonna* may be indicated, but may be differentiated by a moist skin.

Under certain conditions *Gelsemium* may be used to advantage in obstetrical practice. When labor is delayed by a rigid os uteri, not the spasmodically contracted os of *Belladonna*, but when it is hard, thick and unyielding, in spite of long continued pains. A plan of my own is to give the third or sixth, and, if no improvement follows after a few pains, then the first, or even the tincture largely diluted with water—hot if not objectionable, or cold, if cold water is preferred. Another condition of the os and neck, more easily accounted for, is a soft, yielding, doughy or putty-like feel to the examining finger, but one in which there are no contractions. The body of the uterus seems inert, which is of a piece with the *Gelsemium* atony or paretic state. What pains are present work in the wrong direction, start in the neck and ascend



—another characteristic of the *Gelsemium* location and direction.

In threatened puerperal convulsions, with the above symptoms conjoined with drowsiness and muscular twitchings, *Gelsemium* is a splendid remedy.

The remedy is a friend to men, as well as women. When erections are impossible, the genital organs, both testicles and penis relaxed, involuntary and repeated nightly emissions without lascivious dreams, and especially if these conditions are induced by masturbation, *Gelsemium* will prove a friend indeed. Another remedy, the antipode of *Colocynth* in the relief position of abdominal cramping, has almost identical symptoms of *Gelsemium* in the male genital sphere. This remedy is *Dioscorea*, or the Wild Yam. Farrington says that in these conditions of seminal weakness *Dioscorea*, in the 12th and 30th, has no equal. *Conium maculatum* meets a similar group of symptoms, associated with hypochondria, deep seated melancholy. At the outset of gonorrhœa, and before the discharge has become purulent, *Gelsemium* is a sovereign remedy. I have always given it in the lower potencies in these cases.

Relaxed and parietic conditions, aggravations from warmth and moisture, intermittency, sluggishness and stupor, afternoon aggravation, direction from below upward and the sensation of bands, are the prominent modalities, the high points of the remedy.

---

## DYSMENORRHEA.

Clinical Talks by James C. Wood, M. D., F. A. C. S.

This patient is twenty-seven years of age. Except for the fact that an uncle died of tuberculosis, the family history is negative. Menstruation established at fourteen, which was entirely normal for two years, when she fell from a horse and dysmenorrhea of the most excruciating type developed. The pain begins before the flow, is of a bearing down character, and the discharge contains both membranes and clots. The pain continues for four days, during which time she is confined to her bed. The amount of blood lost is always excessive. Seven years ago she had, by a most able specialist, a thorough divulsion and curettage. She obtained no permanent relief from this procedure, nor from the

general and local treatment which preceded and followed it. There is a very bad, offensive leucorrhœa of the mucous variety, which she says is made worse by exercise and mental excitement. There is a constant soreness through the pelvis which is aggravated by exercise and motion. She has a good deal of indigestion with gaseous distention of the bowels and is constipated. There is more or less mucus in the stools and the hands and feet are cold and clammy. Her skin is rough and her face, as you see, covered with acne.

*Physical examination* shows slight enlargement of the thyroid, the pulse normal, blood pressure 110-120. The uterus is sharply retroflexed, and the right ovary enlarged, prolapsed and exceedingly sensitive. The left ovary is apparently normal as far as size is concerned; only an abdominal exploration can determine further than this. There is a bad endocervicitis and a granular vaginitis.

I shall repeat the divulsion and the curettage, apply iodine to the entire endometrium and pack the uterine cavity with iodoform gauze. I shall overcome the slight adhesions of the clitoris present and thoroughly dilate the rectum. I shall next open the abdomen through a short median incision. First exploring the appendix, I find it elongated and thickened, and shall, therefore, remove it. I find that the right ovary is a mere shell, at least three times its normal size, and I shall, therefore, remove this ovary, being careful not to tie the pedicle en masse, preferring to secure the individual vessels in separate ligatures in order not to unnecessarily pinch the nerves distributed to the ovaries. Inasmuch as the tube is healthy I shall leave it behind. The left ovary is slightly cirrhotic, but it is my judgment that it should not be removed, especially inasmuch as the patient has agreed to take all chances on its giving future trouble. I shall hold the uterus in front by the Kelly modification of the internal Alexander operation, which consists of bringing the round ligaments through a puncture wound in each rectus muscle and underlying peritoneum, stitching with fine Pagenstecher each ligament underneath the fascia of the opposite side, so that they are crossed in such a way as to bring their peritoneal surface in contact the one with the other. I shall use an additional Pagenstecher to stitch them together in the median line. I shall next close the

peritoneum with a running catgut suture, turning the edges of the same upward in order to leave a perfectly smooth border within the abdomen, thereby making adhesions between the intestine, uterus and peritoneum less liable to form. I shall use three silk worm gut tension sutures passed through all the tissue of the abdominal wall, except the peritoneum. I shall next close the fascia with a running No. 2 chromic catgut suture, and finally close the skin between the tension sutures with Michel clips.

*Remarks.*—Notwithstanding that the first divulsion and curettage failed to give anything more than temporary relief, I deemed it best to again perform the same procedures because of the endocervicitis and the endometritis present, as well as the offensive leucorrhœa, which is doubtless due to the endometritis and imperfect drainage of the uterus. The trouble with the first operation, assuming that the divulsion was thorough, was that the more serious lesions within the pelvis were left behind, which perpetuated the dysmenorrhœa. It was utterly impossible for the patient to get well with her uterus retroflexed and an enlarged and diseased ovary under its fundus. Then, too, the patient's general health is undoubtedly seriously involved by her indigestion and the autointoxication which is invariably associated with chronic appendicitis. I shall at another time devote an entire lecture to this subject because of its great importance. Suffice it to say that in a case presenting the symptom complex which characterizes this case no one single operation is sufficient to bring about a complete cure. We are living in an era of multiple operations at one sitting. The patient has so many symptoms suggesting that she is being constantly poisoned by the resorption of toxins from the gastro-intestinal canal that I should have considered divulsion alone a most useless expedient. Gastro-intestinal autointoxication is manifested not only by the indigestion and the gaseous distention present but by the mucous discharge from the bowel, by the acne of the face, by the rough and dry skin and by the enlargement of the thyroid. I shall be most surprised and disappointed if what I have done does not give the patient entire relief. Possibly this relief will not take place at once, although the patient is not at all shocked. Still with her nervous temperament it may take some little time for her complete convalescence. This fact I impressed upon her previously

to the operation. I always, when suspicious that both ovaries are affected and the patient especially desires to have one or both conserved, emphasize the fact that subsequent trouble may arise from such conservation if one or both ovaries are more or less diseased. In this particular case, however, I am led to believe that the correction of the displaced uterus, thereby relieving the uterine and pelvic congestion, will make it completely safe to leave the left ovary behind.

This patient came to me from a neighboring city because of her dysmenorrhœa. Some of you who are better prescribers than I may think that the radical work done was too radical for a case of dysmenorrhœa. You must, however, remember that the patient has for eleven years been under the care of most excellent physicians and prescribers, and has exhausted almost every constitutional and palliative measure known to medical science. The specialist is possibly inclined to operate too often; at least he is so accused. But I will ask you to remember that in nearly every case that finds its way into the specialist's office the ordinary medical measures have been exhausted; and that the patient comes to him because of that fact. I can remember but one case where I deliberately removed ovaries that were seemingly normal for the purpose of overcoming dysmenorrhœa. That case was referred to me by the late Dr. D. H. Beckwith, and was operated more than fifteen years ago. The patient had been divulsed four or five times and had been prescribed for by most excellent prescribers of both schools of medicine; she nevertheless continued to suffer so intensely that she was almost driven insane for one week during each month. She was a most charming girl, 26 years of age, and as a last resort the ovaries were removed. The function of menstruation was entirely abrogated and the patient, after she had passed through the usual changes incident to a forced menopause, enjoyed perfect health.

In operating upon the ovaries there are, of course, numerous factors to be taken into consideration. Only yesterday I operated a girl, also 26 years of age, who was referred to me by Dr. Clara K. Clendon, of Cleveland. Five years ago she had an attack of what was diagnosed "appendicitis." Following her recovery from this attack she was fairly well until four days ago when she was taken with a severe pain in the abdomen which localized it-

self in the lower pelvis and over the region of the appendix, the temperature reaching 102.5° F. I saw her first in consultation on the evening preceding the operation. She had for four days been menstruating with a great deal of pain, which had always characterized her *menstrual* periods. Examination per vaginam showed a nasty boggy mass in the right side of the pelvis, which was exquisitely tender. There was some tenderness, though not marked, over the region of the appendix. The bowels had been moving freely. There was nothing in the family history to indicate tuberculosis. The leucocyte count at this time was 19,500. In this case I also did a thorough divulsion and curettage and applied iodine to the endometrium, leaving behind a gauze pack. I then, after the vagina had been thoroughly cleansed, opened the abdomen through a long incision in the Trendelenburg posture. The omentum was plastered over the pelvis, having attached itself to nearly all of the pelvic viscera. The omentum was tied off and the appendix, which was thickened and kinked, removed in the usual way. The intestines and the entire peritoneum were much congested and covered with what looked like miliary tubercles. The right tube was distended with pus, the ovaries being deep in the cul-de-sac of Douglas. This ruptured during delivery, the pus being exceedingly offensive. The right tube and ovary were tied off with catgut. The left tube and ovary were also involved and, because of the tubercular appearance, I deemed it best to remove them also. Vaginal drainage was established with iodoform gauze, and the peritoneum closed in the usual way.

We must then, in dealing with the ovaries, be governed by the pathological aspect of the case in hand. Since we have learned more of the internal secretions no surgeon will deliberately sacrifice an ovary if it is possible to save it. The question of conservative surgery of the ovaries is one regarding which there is a vast difference of opinion. Personally, I am inclined to believe that unless the patient is exceedingly anxious to have children and insists that every opportunity should be given her to have them, it is better either to remove the entire ovary when diseased or to remove no portion of it. I have so often seen trouble follow the removal of a part of an ovary that I hesitate to take the chances attending the practice. I have seen, however, in a few instances conception followed where but a small portion of one ovary was left behind.



It will, therefore, be seen that dysmenorrhœa is a *symptom* of many conditions and not a disease, *per se*. If we are to treat it intelligently, we must accordingly direct our treatment to the condition or the conditions responsible for painful menstruation. The varieties of dysmenorrhœa, namely, neuralgic, ovarian, congestive or inflammatory, obstructive and membranous, given by the older authorities, serve the purpose of calling attention to the many possible causes of painful menstruation.

Few patients menstruate without a certain degree of suffering; according to Ernst Herman 40 per cent. of all menstruating women are victims of dysmenorrhœa of greater or lesser severity. The exact cause of menstrual pain is a mooted question. Whether it be due to the engorgement of the endometrium, which excites the uterus to contract, to a tetanic contraction of the uterine sphincter, or to a hypoplasia of the uterine musculature (Schultze) is a question not easily decided. The chances are that more than one cause is responsible for the pain, for we find that two or more varieties blend with one another so intimately as to make differentiation impossible.

In so-called *neuralgic dysmenorrhœa* there will be found usually what, for want of a better term, we call the "neuralgic diathesis." This simply means that in some women there is a peculiar state of the system which renders the victims liable to sudden attacks of pain in various organs of the body. Frequently there is a rheumatic or gouty basis to the difficulty; or the patient's general health may have become depreciated by anæmia, chlorosis or malaria. The victims are often women who lead a sedentary or luxurious life, and not infrequently sexual irregularities complicate matters. Painful menstruation is not the only expression of the peculiar constitutional bias: gastralgia, cardialgia, migraine and other neuralgic manifestations are liable to occur from time to time, particularly if the patient has been subjected to excesses or undue exposure of any kind. The occurrence of the pain relative to the flow is variable. It may set in before, during or after the flow, and usually is not constant but comes and goes in quick succession, finally vanishing as suddenly as it appears, and the patient passes from a state of acute suffering to one of comparative comfort.

*Ovarian dysmenorrhœa*, as the name suggests, is due to some

interference with ovulation. The pain in this type of dysmenorrhœa usually occurs and persists for some days preceding the onset of the flow, and is limited to one or both ovarian regions, oftener the left. Not infrequently it extends down the corresponding thigh, and there may be a reflex pain in the breast or nipple. These patients sometimes have what the Germans call "Mittelschmerz," or an intermenstrual pain in the region of one or both ovaries which is probably due, as Priestly believes, to ovulation without menstruation. Heaney says that where the "Mittelschmerz" is present the patients are nearly always the victims of leucorrhœa, and usually they are also sterile. In one of my cases this intermenstrual pain occurred on the fourteenth day after menstruation; in another on the twelfth—in each instance persisting for several days. Not infrequently there will be found in ovarian dysmenorrhœa enlargement, tenderness and prolapse of one or both ovaries. The prognosis without surgical work must always be guarded for the reason that so long as menstruation continues the ovaries are subjected to a periodical congestion which makes it exceedingly difficult to cure existing irritation or inflammation. The nearest approach to physiological rest which can be given these patients is found in pregnancy and lactation; but unfortunately ovarian dysmenorrhœa occurs quite as often in the unmarried as in the married, and the victims are frequently sterile. Nevertheless, the prognosis under treatment which brings to the patient a class of remedies not utilized by the older school is by no means as sinister as the writers of that school would lead us to believe.

*Congestive and inflammatory dysmenorrhœa* is, as the name suggests, associated with either congestion or inflammation of the uterus and the pelvic organs. Not infrequently the dysmenorrhœa is precipitated by exposure to cold during menstruation, getting the feet wet, etc. The symptoms will depend upon the degree of inflammation present. When it is marked, there is more or less constitutional disturbance—rise of temperature, increased frequency of the heart's action and intra-arterial pressure with headache, nervous phenomena, etc.

We note, then, as distinguishing features of this form of dysmenorrhœa: 1. The sudden onset of the pain with more or less complete suppression of the flow. 2. The constitutional im-

pression, which is sometimes profound. 3. The evidences of local tenderness and of lesions obtained by physical exploration. The prognosis will depend upon the degree of havoc wrought by the inflammatory process which has swept through the pelvis. Very often if inflammatory exudates are left behind, surgical measures are necessary before a cure is possible.

In the *obstructive* type of dysmenorrhea there is some obstruction either in the cervical canal or the vaginal outlet interfering with the exit of the menstrual discharge, flexions, polypi, tumors and vaginal occlusions of various kinds being oftener the cause than anything else. Spasm of the circular muscular fibres in the region of the internal os is often responsible for the suffering. I have but recently had under observation a patient 49 years of age who ceased to menstruate five months ago. She has had, however, at intervals corresponding to the menstrual cycle, attacks of most intense suffering, the last occurring some ten days ago, when the pain was so severe that full doses of morphine failed to relieve it. Finally there was passed several ounces of thick grumous blood. I found upon examination that the uterus was much enlarged and that the cervix was so dilated that it was distending the upper part of the vagina. The uterus corresponded in size to that of a woman four months pregnant. I had operated her twenty-one years previously for laceration of the cervix and perineum. There had developed in this case a mucous polypus as large as a walnut which completely filled the cervical canal thereby distending the uterine cavity with the menstrual blood, which could not escape (hematometra). I removed the polypus, liberated a large quantity of grumous blood, irrigated and packed the cavity with iodoform gauze. The patient was immediately relieved and made an ideal convalescence.

Flexions are more often the cause of obstruction than anything else, and it is probable that with the flexion there is more or less spasm of the sphincter uteri. Not infrequently there will be found in these cases, as well as in the neuralgic type, a most exquisitely sensitive spot at the internal os. Often the neuralgic, as well as the obstructive, type of dysmenorrhea can be relieved by applying to this spot in the office, after first cocainizing the parts, pure carbolic acid. This should be repeated at least two or three times during the inter-menstrual period.

The intermittent character of the pain, coming and going at regular intervals, relieved by the free discharge of blood which often contains clots, suggests the nature of the dysmenorrhœa. In all instances where these symptoms are present a thorough physical examination should be made. The prognosis is usually favorable, and it is in this class of cases where divulsion does the most good.

*In membranous dysmenorrhœa* organized material is expelled from the uterus at each menstrual period. Williams contends that membranes are expelled much oftener by menstruating women than is suspected. He has found in three-fourths of the cases of dysmenorrhœa particles of membrane which are ordinarily overlooked because of their small size. The material consists of menstrual decidua, which is thrown off in sections or *en masse* with a triangular sac resembling a cast of the uterine cavity. There is a wide difference of opinion regarding the nature and the cause of this peculiar process. Williams, who has devoted much time to its elucidation, believes that there is an excess of fibrous tissue in the walls of the uterus; this being due to imperfect evolution after parturition or abortion, or is the product of acute inflammation. The symptoms resemble the symptoms of early abortion. The pains are labor-like, bearing down, coming and going with more or less regularity, increasing in intensity until finally the expulsion of a large clot whose nucleus is a piece of membrane, or the expulsion of the whole lining of the uterine body, affords relief. The suffering is usually most intense, giving rise at times to delirium and even to convulsions. These patients are frequently not well during the inter-menstrual period, suffering from leucorrhœa, endometritis, weariness, with pain in the back and abdomen and down the inner side of the thighs.

Care must be taken in differentiating membranous dysmenorrhœa from early abortion, casts from the vagina, casts from the bladder and pelvis of the kidney and blood polypi. The *prognosis* must always be guarded.

*Treatment.*—First of all our efforts should be directed toward removing the cause of the dysmenorrhœa, whether that cause be local or general. In neuralgic dysmenorrhœa the anæmia, chlorosis, rheumatism, malaria, or the hysterical diathesis ought to receive especial attention. A properly selected

diet, out-door exercise, sea bathing if possible, or the daily hot bath, are of great importance. Especial care should be taken that the patient is not unduly exposed to cold. Many times a flannel worn next to the body, where there is much sensitiveness to climatic changes, will prove advantageous. Another agent, which I am afraid is being altogether too much neglected, is electricity. It is quite the fashion, in this age of operative furore, to dismiss electricity as a therapeutic agent in the diseases of women as of little or no value. If it be true that there is present in many of the victims of painful menstruation hyperesthesia of the uterine mucosa and the uterine musculature because of the nutritive disturbance, which in turn involves the nerve terminals of the uterus and the pelvis, it stands to reason that electricity locally applied ought to be of great service. At any rate girls and women the victims of dysmenorrhœa not infrequently have an undersized or an undeveloped uterus. Anything, therefore, that will bring about the desired nutritive changes in the uterus ought to prove useful. But electricity must be intelligently applied. If the cervical canal is contracted or obstructed because of flexion, the negative galvanic pole should be carried into the cervical canal well above the internal os and a current of from ten to fifteen milliamperes applied for five to ten minutes. If there is marked hyperesthesia, and especially if there is menorrhagia, this should be followed by the application of the positive current for the same length of time.

Another agent which is of immense value in neuralgic dysmenorrhœa, but which must be used with the greatest possible caution, is vibration. I believe that I have relieved more cases of dysmenorrhœa with vibration than with any other one agent. It should be applied through the vagina by means of a soft rubber vibrator. The greatest objection to vibration thus applied is that in over-sensitive patients it is liable to cause sexual excitement. This must be carefully watched for in its application and the treatment discontinued immediately upon any manifestations of such excitement. Indeed, in certain patients it should never be resorted to. If, however, the finer vibrations are used and the vibrator is kept well back from the clitoris, there is but little danger of causing such excitement. Following the vaginal use of the vibrator it should be applied to the spine, especially



over the genito-spinal center, for a few moments. I am inclined to think that the benefit derived from vibration is due entirely to the improved nutrition of the uterus resulting because of its mechanical effect.

Neuralgic patients are so exceedingly sensitive to cold that even the internal remedy should be administered in warm water. During the paroxysms of pain heat in the form of hot applications, hot sitz baths and hot douches will be found most useful, especially if the flow is suppressed or scant.

In *ovarian dysmenorrhœa* the cause tending to keep up the ovarian irritation should, if possible, be removed. Prolonged sexual excitement is particularly injurious, and the ovarian congestion is perpetuated by incomplete sexual relations.

The treatment of *congestive and inflammatory dysmenorrhœa* is not unlike that required in any form of acute pelvic inflammation. If the discharge is suppressed, an effort should be made to restore it by the use of hot applications, the hot douche, etc., together with the administration of remedies like *Aconite*, *Belladonna*, *Veratrum viride*, *Pulsatilla*, *Gelsemium* and *Ferrum phos.* Organic pelvic lesions should, of course, be looked after in a surgical way. Pus tubes, irreparably damaged ovaries, uterine displacement, fibromyomata of the uterus, chronic pelvic inflammation, tuberculosis of the pelvic organs, ovarian and broad ligament, tumors, inflammation of the bladder, rectum, appendix, etc., can hardly be cured with remedies alone.

Divulsion is particularly applicable to the *obstructive type of dysmenorrhœa*, although it is not to be resorted to until all ordinary measures have been exhausted. It will not cure all cases of obstructive dysmenorrhœa. When divulsion is applied for the relief of obstruction it must be done in a most thorough manner. At least ten minutes should be devoted to overcoming the obstruction, especially in flexions. I use a divulser of the glove stretcher pattern, one not too powerful and with its use there is little danger of seriously lacerating the tissues. After the divulsion the uterus should be packed with iodoform gauze, which should be left behind for forty-eight hours. I have found this quite sufficient and have discarded the various stem pessaries formerly used for this purpose.

In most instances where the uterus is divulsed I also apply

the curette because of the endometritis usually present. The compound tincture of iodine or pure carbolic acid is next applied over the entire endometrium for the purpose of overcoming any existing hyperesthesia. The patient is kept in bed for at least a week or ten days after the divulsion.

In *membranous dysmenorrhœa* the same general measures adapted to the other forms are useful. Usually, as has already been intimated, the prognosis must be exceedingly guarded. Dilatation followed by the curette is often exceedingly beneficial, especially if the endometrium is thoroughly swabbed with the compound tincture of iodine. It is probable that the benefit in all instances where divulsion is resorted to is due in no small degree to the improved nutrition of the uterine mucosa and musculature.

Under the term, "reflex dysmenorrhœa," Fliess, a German rhinologist, presented in 1897 to the Berlin Obstetrical Society a paper in which he described a series of cases of dysmenorrhœa due to some pathological intranasal condition, which he had relieved by the treatment directed to the same. He accordingly designated these cases "nasal dysmenorrhœa." In certain other cases he found that the menstrual pain was relieved by applying a twenty per cent. solution of cocaine to certain areas of the normal nasal mucosa. Subsequent observers have reported many cases of dysmenorrhœa which were apparently due to disturbance of the anterior and of the inferior turbinated bone of each side and to the "tuberculin" of the septum. It has occurred to me that these cases might have been relieved not so much because of the correction of the nasal lesions as to the fact that the large quantity of cocaine necessarily absorbed exerted a specific influence upon the pelvic tissues.

It is entirely possible that the homœopathic prescriber will have to resort to one or more of the many sedatives—the bromides, aspirin, apiol, opium, etc., which are largely relied upon by the physicians of the older school. Indeed, I have not infrequently met with cases where I have had to administer, in order to relieve the immediate suffering, some of these agents. Aspirin is one of the least harmful and is often most beneficial in a palliative way. In all instances, however, before even aspirin is administered an effort should be made to cure the patient by the use of a carefully selected homœopathic remedy.

I do not want you to infer that even the larger number of cases of dysmenorrhœa require the more radical measures which I have recommended. Indeed, painful menstruation can usually be overcome, or at least so mitigated as to make it entirely bearable, by the properly selected remedy, together with such adjuncts as have been recommended. Certainly, in unmarried women at least the simpler measures should be exhausted before even a local examination is resorted to, unless indeed the symptoms are most urgent. In married women, on the other hand, we should not let too much time pass without making a careful physical examination.

Personally, I should hate to treat dysmenorrhœa without the use of certain remedies having a specific action, not only upon the pelvic organs, but upon organs remote from the pelvis, thereby improving the patient's nutritive processes.

It is unfortunately hard for the busy man not to become something of a routinist, and if I were to be entirely honest with you, I would have to confess that I have certain favorite remedies which, in the absence of definite indications, I resort to oftener than perhaps I ought. If I were asked to prescribe for a case of dysmenorrhœa without being able to obtain a single subjective or objective symptom, I think that my first choice of remedies would be *Gelsemium*. I believe that I have cured a larger number of cases of dysmenorrhœa with it than I have with any other single drug. It is especially useful if the periods are preceded by sick headaches and vomiting; if there is congestion of the head with a dark suffused appearance of the face; if the headaches are relieved by the passage of large quantities of limpid, clear urine; and if the uterus is markedly congested, as though squeezed by a band. There are in addition to these symptoms sharp, labor-like pains in the uterus extending to the hips and back, and even down the thighs. I have never obtained any benefit from *Gelsemium* in dysmenorrhœa in the higher potencies. My rule is to use ten drops of the tincture in a glass half full of water, not too cold, giving a teaspoonful every fifteen minutes, half hour, or hour, according to the severity of the symptoms.

Another favorite remedy of mine in dysmenorrhœa, and indeed in many gynæcological conditions, is *Cimicifuga*. The symptoms especially calling for *Cimicifuga* in dysmenorrhœa are

severe pain in the back, down the thighs, and through the hips, especially if there is a rheumatic diathesis. The uterus is exceedingly tender, there is occipital headache with great despondency. Between the menses there is great debility with nervous erethism and neuralgic pain. Not infrequently there is insomnia and very often the pain is reflected from the pelvis to the mammary region. I rarely, if ever, prescribe *Cimicifuga* in these cases lower than the 3x, and my favorite potency is the 6x.

*Pulsatilla* will be found especially useful in neuralgic dysmenorrhœa. It is, however, a remedy which I believe is over-estimated in relieving menstrual suffering. It is especially called for when the menses are delayed, difficult and scanty, especially if there is associated with the dysmenorrhœa gastric disturbance with vomiting. There is morning nausea with bad taste in the mouth, and the patient is always relieved by getting into the open air. Not infrequently the eyes are reflexly involved.

*Viburnum opulus* is a remedy largely used as a sedative by the older school in the treatment of dysmenorrhœa. It is not necessary to give the full doses recommended by the writers of that school in order to obtain the best results. It is, however, a remedy especially useful in the lower potencies. I have found that twenty minims of *Viburnum opulus* in a glass half full of water is quite strong enough. This should be administered in teaspoonful doses at frequent intervals. It is especially called for in spasmodic and membranous dysmenorrhœa with excruciating colicky pains through the uterus and lower part of the abdomen, which make their appearance suddenly immediately before the menstrual flow.

*Belladonna* is always to be thought of in the congestive and neuralgic type of dysmenorrhœa. The pains come and go in quick succession, there is violent bearing down as if everything would issue from the vulva; there is violent throbbing headache better from external pressure. It should be given in potencies not lower than the 3x.

*Apis mellifica* is in my experience oftener called for in ovarian dysmenorrhœa than any other remedy. There are stinging pains in the ovaries and not infrequently the urine is scant and high colored. There are violent labor-like, bearing down pains followed by the discharge of scanty, dark, bloody mucus. It is a

remedy to be used during the intramenstrual period rather than during the period of actual suffering. I never use it lower than the third decimal potency.

*Borax* has cured a number of cases of membranous dysmenorrhœa where the menses are too early, too profuse and attended with colic and nausea; leucorrhœa like the white of an egg; sensation as if warm water were flowing over the parts.

An an intercurrent remedy *Calcarea carb.* is the one oftener called for, especially where the depraved nutrition manifests itself in the form of coldness of the hands and feet, and the patient is very easily affected by the cold. Where there is a tendency to cerebral congestion, or if there is involvement of the glandular system *Calcarea iodide* is the preferable form of lime to be administered. If the nervous symptoms predominate, *Calcarea phos.* will oftener prove useful.

Other remedies not infrequently indicated are *Magnesia phos.*, *Platina*, *Secale cgr.*, *Colocynth*, *Cantharis*, *Ignatia*, *Helonias* and *Sepia*.

#### CONCLUSIONS.

1. Dysmenorrhœa is not a disease, *per se* but a symptom of numerous conditions which may be either general or local.

2. It is not always easy to determine the actual cause of the suffering, but it is probable that in nearly all instances of painful menstruation the nutrition of the uterus and its lining mucosa is so changed as to result either in hypoplasia or hyperplasia of these structures with attending hyperesthesia.

3. In the treatment of the milder forms of dysmenorrhœa all that is usually called for is proper internal medication and local adjuncts, together with the correction of the patient's habits. The severer forms, on the other hand, often require surgical interference, having for its object the correction of malpositions of the pelvic organs, the overcoming of obstructions, the improvement of local and general nutritive processes, or the removal of hopelessly diseased appendages.

Cleveland, Ohio.



## READING THE PULSE, EYE AND TONGUE FOR THE INDICATED REMEDY.

By Eli G. Jones, M. D., Buffalo, N. Y.

A lady came under my treatment for cancer in both breasts. In reading her pulse I found it *irregular, weak and small*, the pulse of *China*. Her eyes showed a *pearly* tint to white of eyes, This indicated a *drain* upon the system from a *diseased* surface, but where was the affected part, as the growth in the breasts were not ulcerated. It was not from either one of them. A history of the case developed the fact of an operation two years before her visit to me, at which time she was operated on for floating kidney and appendicitis, all at one time. From that time on she suffered with a pretty constant pain in the right side of the abdomen. During the previous month she had *six* hæmorrhages from the bowels. The blood was bright red, probably came from the large intestine. My diagnosis was "ulceration of the bowels." This accounted for the *drain* on the system and pearly tint of white of the eyes. I gave her *Tr. china*  $\text{ix}$ , 10 drops before each meal, and *Bichromate potash* 3d three tablets after each meal. The latter remedy for the ulceration of the bowels. I also ordered *Tr. ipecac*  $\text{ix}$ , five drops once in an hour if she should have another hæmorrhage.

At the end of a month the ulceration was decidedly better, and she reported *no* hæmorrhages during the month, as I mentioned in my last article. "The most *active* disease in the system will affect the pulse." In this case the ulceration of bowels was in a more active stage than the cancer.

One evening a man applied to me for treatment, he had a severe headache. He said: "Two years ago I had typhoid fever, and my physician said that if I ever eat *oysters* I would have another attack. My head feels now just as it did when I was coming down with typhoid fever." In reading his pulse I found it *full, bounding* with *tension*—the pulse of *Veratrum viride*. I gave him *Tr. veratrum vir.*  $\text{ix}$ , and told him to "take 10 drops once an hour." I said: "Your headache will be all gone before morning, and you *won't* have the typhoid fever."

A little child about  $3\frac{1}{2}$  years old has a headache—she puts her

hand up to her head; the top of the head feels hot. Her pulse was a *full, bounding* pulse, the pulse of *Belladonna*. I called the attention of the mother to the red veinlets in the white of the eye. (Another indication for *Belladonna*.) She was given *Tr. belladonna* 1x, 10 drops in half a glass of water, one teaspoonful once an hour. In two hours after that the headache was gone, also the red veinlets in the white of eyes. It was a very pretty experiment to see how quickly the child's system responded to the action of *Belladonna* when given as *indicated* by the *eye* and *pulse*.

I read not long ago how the *modern* physician diagnoses diseases. He counts the pulse, takes the temperature, examines the urine, the *fæces* and the vomitus. He probably thought of all the diseases the patient might have had and didn't, so he came to the conclusion that she had ulceration of the stomach. All this, of course, took some time. Meanwhile the patient was "watchful waiting" for the verdict! In sharp contrast to the above method of diagnosis a physician in one of the large towns in eastern Pennsylvania was called to see a sick man. It seems that some of the best physicians in town had failed to make a diagnosis of the case. *In five minutes* this doctor made his diagnosis, "Cancer of the stomach," simply by knowing *how* to read the eye, pulse and tongue as I had taught him.

A family from the North went down to Florida to spend the winter. The young man of the family was taken *very* ill with typhoid fever. They tried to find a homœopathic physician, and finally found one at Pensacola. The patient was put on a stretcher and taken by train to the above city. The physician in reading the tongue noticed that he put the tongue out with *difficulty*; it was very *dry, trembles* and *catches* under lower teeth. That *kind* of tongue indicates *Lachesis*, and that remedy saved the patient's life. A mother brought her daughter to me for my opinion and treatment. Several doctors had treated her but could only "patch her up" for a little while. In reading the pulse I found it *thin, soft* and *empty*, the pulse indicating *Ferrum*. This was the remedy that she needed, and I gave her *Ferrum* 3x three tablets after each meal. The physicians that had treated her each one had a *different* diagnosis, and prescribed the remedies that were "good for" the disease they had in their mind.

Had they only known *how* to read the pulse *intelligently* they would all have agreed on the *same* remedy. A good physician once told me that he was prescribing *Tr. Cactus* and *Tr. Strophanthus* combined for a patient that I had just *read* her pulse. I never argue with a brother physician, for I think that he has just as much right to his opinion as I have to mine; but I said, "in a pleasant way," Doctor, I never did believe in driving double team when *one* horse will do all the work. Her pulse indicates *Cactus grand.* He saw the point, and gave the *Cactus* with *good* results. Many a *good* remedy has been condemned because it was given when *not* indicated. It reminds me of the time when I was a boy at home on the farm. One hot day in July while at work mowing grass I got very tired, sweaty and cross. I made up my mind that my scythe was *dull* and would not *cut* anything. I took it to my father. The old gentleman ran his finger along the edge of the scythe, and remarked: "The scythe is all right, the trouble is with the boy." I often think of this experience of mine when I hear a doctor condemn a remedy. It is very hard to make some of our physicians *understand* such a thing as an *indication* for a remedy, and that a remedy should never be prescribed unless it is *clearly* indicated.

I asked a physician to give me "the indication for *Aconite*." He began to tell me what diseases it was "good for." I said, "I don't want to know what it is good for but tell me the *indications* for it." When we know the indications for a remedy it is very easy to find out what it is "*good for*." A physician's reputation depends upon the *cures* he makes, not his failures. Some of our doctors don't seem to grasp that idea. A physician's *usefulness* in any community depends upon his ability to *heal the sick*.

Down in one of the Southern States, nestled away among the mountains, a good physician practiced for many years. He had built up a reputation by his *cures*, and his kindness to the poor, for he followed in the footsteps of Him "Who went about doing good, of Him who was everybody's friend." This old doctor had his office on the main street of the village, on the street door was a tin sign, "Dr. ———, up one flight." There came a time when this good doctor, wornout with the hardships and exposure of a big country practice, passed into that "sleep that knows no waking." He had responded to his last call. The people in that

community *loved* the old physician, and they wanted to show their respect and affection for him, but they were too poor to erect a monument to his memory. They could not afford to even put up a head-stone at his grave. So they placed a board at the head of his grave, and on that board tacked his old tin sign, "Dr. ———, up one flight." The time will come when we shall all have to respond to our last call, and "from our nerveless grasp shall drop forever the working tools of life." May it be said of us as it was of that good physician that we have "gone up one flight."

879 West Ferry St.

---

### CHRONICLES OF THE OLD FARM. MRS. PLYMOUTH ROCKE STIRS THINGS UP.

By Dr. Blanke.

It was a big farm or plantation. Many tribes made it their home. There was more or less conflict between them, sometimes coming to open rupture, as, for instance, on the day when Canine-Carlo chased Sir Thomas Catte into a corner and got the worst of it. These and many other evils moved the most respectable and aristocratic Mrs. Plymouth-Rocke to consult Judge Turkey, Professor Graye Goose and Dr. Mallard-Ducke as to the betterment of the plantation. All three of these eminent citizens coincided with the views of Mrs. Plymouth-Rocke that "something must be done." Judge Turkey, who was prone to get red in the face, puff out his feathers and spread his tail, was quite sure that Lord Peacock should be taught a lesson. Dr. Mallard-Ducke thought that the unsanitary habits of the Pig people called for stringent regulations. Professor Graye-Goose thought that the police force needed to be reformed as that disreputable member of it, Carlo-the-Dog, as he was popularly known, needed disciplining, for he had frequently insulted and even chased him—the Professor. However, the Professor being a Philosopher, wasn't quite sure whether Carlo was so much to blame as was his Ancestry, and was one to blame him for his forefathers? The Professor continued in this strain until pretty Mrs. Plymouth-Rocke shook her speckled coat and cut him short. She said: "What we need is a strong hand to put down disorderly

creatures and at the same time to elevate them. Why just think of it! Every time Mr. Plymouth-Rocke comes in the neighborhood of that ruffian Game Cocke he chases my husband. It is a burning shame and a disgrace that such things are permitted." Then after a pause she added: "If we women ruled such disgraceful things would not be permitted, but," meekly, "*we* have nothing to say."

"Well, Mrs. P., you boss this bunch of learned dubs," broke in little Bantam Rooster who, for a wonder had listened to it all very quietly up to this time. Mrs. Plymouth-Rocke looked at him contemptuously, at which the irrepressible Bantam turned to Mr. Plymouth-Rocke, who had been a meek auditor, and gave him a wink, whereat P. turned away his head and smothered a smile, but quickly assumed a grave demeanor and dutifully looked at Mrs. P.

After much more discussion Mrs. P. suggested that "as this is a very deep problem" it would be well to have more light on the subject, therefore she suggested that they form themselves into a Committee of the Whole and consult that "dear old Philosopher," Captain Olde-Horse, who was a noted traveller. They found the Captain standing on the shady side of a corn-crib. Beside him was his faithful henchman, Mr. A. Donkey. When Mrs. P. saw Mr. D. she hesitated a moment, but then stepped nobly forward to her duty, whispering to the Professor, "That creature's voice always gets on my nerves." Then they put the case to the Captain. Dr. Ducke dwelt on unsanitary lives of many citizens, like the "Pig tribe," on their unscientific diet, and was going on and on until Mrs. Plymouth-Rocke politely choked off his flow of eloquence, which he was evidently enjoying. Then Judge Turkey took the yard and got so indignant and red in the face that Mrs. P. suggested apoplexy, whereat Dr. Ducke looked interested and the Judge concerned, and then simmered down. Then Professor Goose took up the burden, and was soon in a morass of uncertainty as to whether the many people of the Great Plantation were Victims of Evil or of Evolution, "whether we are going up hill or down hill; whether"—but here Mrs. P. cut in and suppressed the Professor. Then she took up the burden and, addressing the Captain, said: "In short, we want to reform the plantation and have come to you for advice as to how to do it."



"Will you take it?" asked the Captain, while Mr. A. Donkey cocked forward his capacious ears. They both looked at Mrs. Plymouth-Rocke, ignoring the others.

"Yes," replied Mrs. P., "if it suits *me*."

"Well," said the Captain, "stop the other's fun, but hold on to your own."

At this Mr. Donkey broke out in a hearty "Haw! haw! he! he! high! ho!" At which the Committee hastened away. Afterwards the whole plantation took up the discussion, all talking at once, and they are still at it.

---

### LAWS PASSED AND LAWS LOOMING.

The editors of our estimable *Hahnemannian Monthly* seem to have broken step with each other for the moment, for here is the quiet but slightly ironical G. Harlan Wells writing of the Harrison Bill:

By March 1st, no doubt, most physicians will have recovered from the brain fag induced by figuring out their income tax report so that they will be able to direct their entire attention to registering and filling out reports in regard to narcotic drugs. By the time the proper legal requirements are fully complied with, it is probable that our resourceful law makers will have devised some new method whereby the busy doctor may be able to while away his idle moments.

Immediately following this is an editorial by our friend, W. M. Hillegas, on the Optometry Bill now before the Pennsylvania Legislature, which concludes as follows:

It seems highly desirable that all professional and semi-professional occupations be under the regulation and administration of a central board, as is the case in New York under the Board of Regents. Pennsylvania will eventually adopt such procedure. Such a Board will then control osteopathy, pharmacy, and dentistry as well as medicine and surgery and their allied branches, and a bill to this effect has already been introduced into the State Legislature. Centralization is the keynote of efficiency!

Whether centralization will make for efficiency is a question for political debating societies, but in the matter of things medical it will surely work allopathicallyward, for they are the boys who will work the central organization. Whether the centraliza-

tion of all power into the hands of one medical sect will make for efficiency, or for red tape inefficiency, is for the debating societies to decide—or differ on. A majority vote passes laws but has nothing to do with deciding truth.

We incline to the *caveat emptor* rule—"let the buyer beware"—especially in things medical, and do not like the centralization rule that would, to all intents and purposes, confine the buyer to one shop—and it by no means having the best wares. Better let the "fools" have a little liberty in medical matters for if you don't they will take it and a little roughly at that. It is not the part of true wisdom to protect the people into your, at best, very little corner, no matter how big you may be for the moment, for it is a big world. Look at the czars, the kaisers, the kings and even presidents and learn wisdom. The constitution of the United States grants religious liberty; medicine and religion were in the beginning synonymous. They are not so very far apart to-day. Even the most advanced scientific medicine hath its idols, its fetishes and its *psychology* (soul-talk), and so we reach the conclusion that under rule granting religious liberty the people are entitled to medical liberty.

---

### ABORTING TYPHOID.

Editor of the HOMŒOPATHIC RECORDER.

I desire to make acknowledgment in this manner at this time of my very deep sense of obligation to Doctor Swingle, whose article in the February number of the RECORDER I have just read, on The Abortive Treatment of Pneumonia.

He accuses, and justly, too, the lack of interest in his article of some months ago respecting the abortive treatment of typhoid. I want the good doctor to know that way out here in Colorado in one of the "back woods" counties is an old disciple of Hahnemann, who caught the import of his purpose (helping the other fellow) out of a bad hole, and tried the salt treatment on his very first case of typhoid, and that against the most miserable sanitary surroundings that a mortal could imagine, and much to his surprise brought a temperature of 104.6° down to 99.5° in 72 hours, the patient being up and about in ten days. A dozen cases or more since that initial trial have responded in the same pleasing

manner while my colleagues have dragged their cases along in the same old, "has to run its course" style, and dubbed me as not knowing a case of typhoid fever.

My reply has been that I would place one hundred dollars in the bank (I have the cash, too), unusual for a medic as it may seem, and challenged them to cover it, and then make a diagnosis of a true case of typhoid and turn it over to me for treatment, and if I did not put the case on its feet in fourteen days they to take my money.

I simply cite these facts out of justice to Dr. Swingle, and to assure him in conclusion that the seed that he has sown was not without some fruit, and that I shall try with implicit confidence the treatment he lays down in February RECORDER for pneumonia.

Those who live in the typhoid communities, who are not familiar with Dr. Swingle's abortive treatment of that disease, are doing themselves and their clientele a very great injustice if they do not communicate with him ere the season is on again.

So here's hoping that the good doctor will live to hand us some more of this same kind of stuff.

C. M. WORTH, M. D.

Vernon, Colorado, Feb'y 28, 1915.

P. S.—The treatment has been positive in every instance, every patient convalescing in two weeks, while my colleagues have dragged theirs along six or eight weeks; one of them losing two cases in one family.

---

## **HOMŒOPATHIC MEDICAL COLLEGE, LAHORE**

Editor of the HOMŒOPATHIC RECORDER.

This college is started by the noble efforts of its principal, Dr. K. C. Hiteshi and Mr. Freeborne, its president, who has ever since been working for its good. In a province like the Punjab where Homœopathy was never known before, has won the public confidence, and is working on very sound lines and very successfully. The staff of the college is very efficient, consisting of two Europeans and some Indian qualified professors, of whom two are American graduates. The spirit and the keen interest with which its president and principal are working is to be highly commended. They are leaving no stone unturned to make the college popular and efficient.

This college has a magnificent building fitted with electric lamps and fans, contains a big hall, 100 feet in length and 30 feet in breadth, and other rooms of nearly equal size, all of which are very commodious and suitable for holding classes especially, and a grand building has been secured for Hostel to provide residence and other facilities for mofussil (up country) students. We have an up-to-date laboratory for practical work and a pharmacy attached to our college. We have our own charitable homœopathic dispensary where the daily attendance of the patients is sufficiently large and are arranging for the clinical work and hospital practice for our students, a sanitarium for which a philanthropic gentleman of the station has very kindly offered a beautiful plot of land which is highly recommended by Dr. Owen, M. D., Health Officer, Lahore.

We have a sufficient number of keen and ambitious youths as students, and are proud to have among them some graduates and M. A. These are some of the appealing features which constitute the real beauty of our institution.

G. R. B.

Lahore, India, Feb. 8, 1915.

(Accompanying this letter is a pamphlet, "Homœopathy From Ancient Ages to Modern Times," in which it is stated: "It is admitted on all hands that the Ayurvedic system is the most ancient and perfect on record. Then is it not a matter of great pleasure and pride that in well known works of Ayurved, such as Susrata and Rasendra Sas Sangreh, the principles of Homœopathy are most clearly explained and highly recommended."—Editor H. R.)

---

### PEDICULOSIS OF THE SCALP AND EYE DISEASE.

To the editor of *The Lancet*:

Sir.—May I call attention through your columns to an important, but I believe not sufficiently recognized point in combatting a form of eye disease which is exceedingly prevalent amongst children of the board school class? I refer to the so-called phlyctenular keratitis, a disease which is responsible not only for much immediate suffering, but also for the most deplor-

able sequelæ in the form of visual disabilities resulting from corneal scars.

Methodical examination has convinced me that in the majority of the more severe example of this condition the factor primarily responsible is a pediculosis of the scalp, the ocular affection owing its origin to a transference, in all probability by the fingers of infective material from the scalp to the eyes. Nobody who has investigated the point in a series of cases can fail to recognize the intimate relationship between these two affections, or to be impressed time after time on the one hand by the beneficial effect upon the eye condition of treatment directed to the scalp, and on the other hand by the inadequacy of such ocular treatment as does not take cognizance of this relationship.

These considerations, apart from any others, appear to me to afford an urgent indication for the frequent periodical examination of the heads of all school children, followed when necessary by appropriate treatment, and facilitated by a regulation that, in the case of boys at any rate, the hair must be kept cropped close to the scalp. I am convinced that such a procedure would obviate much suffering and severe injury to sight, and would thus be justified not only on humanitarian but also on economical grounds.

I am, sir, yours faithfully,

A. C. HUDSON.

Oct. 6, 1914.

---

Miss D., aged twenty-three. Hair and eyes light; has much mental anxiety. Subject to violent menstrual colic with clots of dark blood; relieved by hot cloths on abdomen. After menstruation, leucorrhœa, much hypochondriacal discouragement. Has sour eructations after a hearty meal; craving for acids; constipation for several years; uses syringe for every stool; pimples under the cuticle of the face, neck and back; thinks she has been poisoned by vaccination; has dull pains in region of kidneys. *Puls.* 3, given at time of menstruation, relieved menstrual symptoms but left other difficulties as before. May 23. *Lach.* 200. After three weeks the stools gradually became easier, the eruption and gastric symptoms, troubles of more recent appearance, having disappeared first. July 2. No syringe used; both mental and sexual disturbances are absent.—*Dr. C. F. Nichols.*



## THE SPECIALISTS' DEPARTMENT.

EDITED BY CLIFFORD MITCHELL, M. D.

25 East Washington St., Chicago, Ill.

### OUR CONTRIBUTORS.

It will please those who desire strict homœopathic therapeutics to observe a series of notes by Dr. Fritz Askenstedt, of Louisville, appearing in this department and bearing on verifications of the homœopathic law. We also excerpt therapeutic hints from Dr. C. T. Hood's article previously referred to. Dr. C. D. Collins, of Chicago, talks in this number about his favorite picric acid, and Dr. J. F. Wharton has a cure for colds which is nothing if not seasonable.

### THERAPEUTIC NOTES.

**Clinical Confirmations.**—Dr. Fritz C. Askenstedt, Louisville, Ky., says: "The question is asked, What homœopathic remedies have in your experience afforded the best clinical demonstration of therapeutic value, and in what especial condition has the action of the individual remedy been most apparent to you? The answer is not easy, for in acute cases it is difficult to attribute an amelioration or a cure to the remedy administered, knowing the usually benign course of the disease, and in chronic cases a change in diet, rest or exercise and personal hygiene or psychic influences may have been important factors of a cure. However, repeated recoveries following the use of a remedy under divers and unfavorable circumstances will impress the prescriber, more or less convincingly, with the therapeutic value of the drug. It is such impressions that guide me in the following statements, which necessarily must be terse and incomplete:

"*Cimicifuga* has proven most useful in migraine, with pain in eyes and vertex, with or without nausea.

"*Phosphorus* in bronchial cough, deep and hollow, with scant expectoration.

"*Nux vomica*, most valuable in digestive disturbances, especially in hyperchlorhydria, with distension and eructations after meals, sour risings, constipation.

"*Arsenic. iod.* in loss of weight, in spite of fair appetite, as in early tuberculous conditions or inanition."

(*To be continued.*)

**Hood on Typhoid Fever.**—Dr. C. T. Hood, of Chicago, who has had extensive experiences in the treatment of typhoid in private practice and also in Cook County Hospital, summarizes the medicinal treatment as follows:

If the patient is restless, the skin dry and hot, the pulse hard and rapid, the headache tense, *Aconite* is the remedy. If the patient is restless, thirsty for small quantities of liquids, diarrhoea serious and often involuntary with a very strong odor, delirium of the negative type, wants to get out of bed—then *Arsenic* is the drug.

If the tongue is moist, the bowels loose, the patient complains of pain, is sore and complains on being moved and of the muscles and body being sore, *Arnica* is the drug.

If the lips are cracked and bleeding, the tongue, teeth and gums covered with bloody sordes, *Arum triphyllum* is the remedy.

If the pupils are well dilated, the headache frontal, the sclerotic coats of the eyes injected, the skin dry, backache persistent and delirium marked, *Belladonna* is the remedy.

If the tongue is dry, the thirst great and for large quantities of water, the delirium early and about one's work with a constant desire to go home, frontal headache, wants to lie still, diarrhoea early, and often epistaxis, *Bryonia* is the remedy.

If the tongue is brown with a dark red streak down the middle or the whole tongue is red and as if it had been skinned, the delirium of the low muttering type, with a constant inclination to slip down in the bed, *Baptisia* is the remedy.

If the headache is in the occipital region, the skin moist, the pulse full and soft, the temperature not running very high, the backache severe, *Gelsemium* is the remedy.

If the tongue is a dirty yellow with red tip and edges, marked, *Merc. iod.* will do good work.

When the delirium is pronounced and the case passes into stupor, with pupils either contracted or dilated, the jaw dropped, the bowel movements involuntary, *Opium* is the drug.

When hæmorrhage occurs with a gush of bright red blood *Phosphorus* has done good work.

When the case has reached the third or fourth week and the

diarrhoea is persistent, two to six movements in an hour, yet the patient seems to be strong, *Phosphoric acid* has done good work.

If the tongue has the characteristic triangular tip, the abdomen is distended, the rose spots abundant, *Rhus tox.* is indicated.

If the urine is thick, the tongue smooth and glazed, the backache pronounced, *Atropine* is the drug.

We do not mean that these are the only remedies indicated in typhoid fever, but that they have been the ones most often indicated in our experience and have given us good results. The indications, as given, have been many times proven and are from our own observations.

We do not believe in the use of combination tablets of any kind and can see no place for them in typhoid fever. We recognize the trend of the times toward polypharmacy and fully appreciate the fact that the homœopathic physician who can conscientiously use combination tablets will save himself much time and materially assist the dominant school of medicine in absorbing us.

**Picric Acid in Skin Diseases.**—Dr. C. D. Collins holds picric acid in high esteem as a local application in skin diseases. Not only in eczema is it useful but in other conditions as well. The strength of the application varies from 1:2,000 to 1:5,000, according to the circumstances of the case.

**Influenza.**—Dr. J. F. Wharton, of Homewood, Ill., advises in cases of influenza, after the subsidence of the temperature, to administer *Potassium iodide* in fifteen drop doses of the saturated solution two hours after meals, in connection with cod liver oil, three time daily, the treatment being intended to help the troublesome cough, which is so persistent a feature. (Speaking of colds we hear that the workmen who make starch at Argo and who are constantly inhaling the fumes of sulphuric acid, etc., are immune from influenza.—EDITOR.)

**The Laboratory Aid in Therapeutics.**—Speaking of the laboratory in its relation to the practice of medicine, Dr. Frederick Walter, of Daytona, Florida, says: "A laboratory is so essential to every doctor's office that I think no man can think clearly in medicine without it."

#### MISCELLANEOUS.

**Tonsillectomy.**—Dr. Richard H. Street, of Chicago, says in the *O., O. and L. Journal* for February, 1915:

"Tonsillectomy is not a minor surgical operation to be performed in one's office or by the medical tyro who happens to possess a few instruments and a patient, but is a major surgical procedure in every sense of the word and is entitled to the same respect, consideration and care that is given an abdominal section."

**Radium.**—What radium will do has been the subject of a hearing before the Committee on Mines and Mining in the House of Representatives of the Sixty-third Congress, second session. Dr. Robert Abbe, of New York, testified as follows before the committee:

"Here [exhibiting] is a very interesting type of another kind, which is quite unique and wonderful. In all the history of surgery nothing has happened like it. We talk about warts on the skin. Everybody knows they can be cured, but when they get into the vocal cords it is different, and you very often see warts filling the breathing space between the vocal cords. I have had a dozen of them to deal with, and some of the cures have been simply miraculous in the history of surgery. One patient had been 47 years having warts cut out so that she could breathe. The patients go to the surgeon and have some cut out, and then they come back again, and they have to have the same process repeated.

"That [exhibiting] illustrates the throat of a young girl with a beautiful singing voice, who had a little growth in her throat. That was cut out twice and it came back and filled up her throat again. I put a little radium tube, about as big as half a match, between the vocal cords and held it there 30 minutes. In two months her vocal cords were white and beautiful, and she was talking well. In three months she was singing her sweet songs again, and for two and a half years she has had no trouble and sings like a bird.

"There [exhibiting] is another illustration of the same thing. That is a type of the disease which is immensely interesting to a surgeon, because it illustrates this fact that a tumor is simply a growth of cells, as I have emphasized, but the normal resistance of healthy cells is so much greater that if you put radium over a place where a tumor is the healthy tissue is many times as resistant as the weak cells in a tumor and those weak cells disap-

pear and the normal cells are left healthy just like those vocal cords. These things are all interesting. I will not emphasize them, because time is too precious.

"There [exhibiting] is the picture of a lady with a tumor four and a half years ago. She would have been dead three years ago, but is now well. She had tumor on the neck. That is a difficult case, where you can not cut the tumor out entirely and apply radium to the remnant. There she is five years after, in perfect health. That is very interesting to us as surgeons, but all the things that are interesting to us do not interest you.

"Here is one of the most interesting things. We talk about the value of X-ray and radium. They are not the same. They are allied to each other. We may get them in line after awhile, but they are not the same. Many of the early users of X-ray have died. The rays have caused cancer on the skin, starting in at the hand and working up to the body with fatal end. This is true of some of our noblest workers. If you should meet a score of the finest of the older X-ray workers, you would see six or eight men with one hand or one finger or both hands gone, because they have had parts amputated to save their lives. The X-ray may cause cancer on the skin by years of irritation, but those beginnings of cancerous growth radium will cure just as easily as it cures on the face.

"Here [exhibiting] is a photograph of a man who had X-ray cancers all over his hands. He had lost one finger, which had been amputated for cancer. It went up into his arm and his shoulder, and he has since died. Although the disease had fatally invaded his system, he desired to test radium on 30 small X-ray cancers on his hand. Every one disappeared in four weeks after one little tube of radium had been laid on it for thirty minutes, and as they dropped off left his skin healthy and smooth. Other splendid men are now using it in the early stages and saving their lives."

**Insanity a Preventable Disease.**—In a hearing before the House Committee on Interstate and Foreign Commerce, subject, Mental Hygiene and Rural Sanitation, Dr. J. W. Kerr, assistant surgeon general Public Health Service, testified as follows:

A large amount of the insanity in this country is due to two causes, syphilis and alcoholism. Twenty per cent. of all first admissions to hospitals for the insane are on account of the acute



psychoses due to alcoholism. A large amount of general paresis or paralysis of the insane, indeed, practically all of it, is attributable to syphilis. Two years ago these were 499 deaths from typhoid fever in New York, and in the same period of time there were over 500 cases of general paresis admitted to the hospitals in that city, and every one of those cases was due to syphilis. In the last 25 years we have treated over one and a quarter million seamen, and one-fifth of that number were admitted to hospitals on account of venereal diseases in acute stages.

**Erysipelas.**—According to **Monthly Therapeutic Topics Tincture of ferric chloride** is a great remedy for erysipelas, and should be used both internally and externally. It should be given internally in lemonade, and in full doses.

**Chronic Nasal Catarrh.**—As an application to be brushed gently on the lower turbinates in chronic nasal catarrh, Dr. W. Brady, in the *N. Y. Med. Journal*, suggests ten grains each of coryfin and camphor, in one ounce of liquid petrolatum.

**Dropsy.**—In cases in which dropsy is considerable and fails to yield, astonishing results are sometimes obtained, according to a writer in the *Therapeutic Gazette*, from the use of theocin-sodium-acetate, given either in one dose of 10 to 15 grains, or in three doses of four grains each in twelve hours. The administration of theocin should be preceded by *Digitalis* in full doses, and the full doses of the former should be given within twelve hours but no more until its diuretic effect has ceased. In emergency cases of dropsy strophanthin in doses of one two-hundred and fiftieth to one two-hundredth of a grain given in about a drachm of normal salt solution intravenously will exert a diuretic action in from five to fifteen minutes.

## CLINICAL URINOLOGY AND RENAL THERAPEUTICS.

CLIFFORD MITCHELL, M. D., CHICAGO.

**Irritation of the Bladder.**—There are a number of conditions which give rise to disturbances which, for want of a better term, are clinically termed irritation of the bladder. In some of these cases there is no real irritation of the bladder at all, but the term has come to stay and clinically must be considered.

Women frequently complain of having an irritable bladder,

that is, they must pass water often and sometimes with smarting or burning. Such cases are sometimes of a gynæcological nature, but occasionally the urine itself shows the cause. For instance, some women are extremely sensitive to hyperacid, concentrated urine and, as they may happen also to be averse to taking liquids internally, it will come about that at times they suffer from "irritable bladder." Careful collection and preservation of the 24 hours' urine will enable the conscientious analyst to determine the acidity, the sodium chloride percentage, and the indican. If the acidity is relatively high, the irritation may be due to this cause, which may be remedied by inducing the patient to drink more fluid. This is not so easy as it seems for some women object strenuously to water in all forms. If they can be persuaded to drink imported Vichy water, this will, as a rule, be sufficient to diminish the acidity. If not, then various domestic bland waters may be tried until one is obtained which suits the patient. One must be careful, however, in such cases to avoid a water having a high chloride percentage, as a urine rich in sodium chloride or other chloride appears to be irritating to delicate bladders. Sodium citrate in five grain doses or even more may perhaps be tolerated if given in water. If there appears to be a general disturbance of the circulation tending to stasis and concentration of the urine, *Adonis vernalis* may be given in drop doses of the tincture. Its diuretic effect upon some women appears to be favorable.

Irritability of the bladder is complained of by some women who are passing watery urine. In such cases indican (out of proportion to the urea) may be found, and the bladder irritation is in some way related to bowel indigestion. Toren's calomel and salol treatment for indicanuria followed by *Nux vomica* and *Podophyllum* will strike at the root of the trouble if it be in the bowel.

In all cases of irritability of the bladder in women the sodium chloride must be determined by the Luetke or other process (*Urinology*, page 106), for this is the most trustworthy guide we have to the amount of salt eaten by the patient.

In testing for indican the doctor should assure himself that a modern method is pursued and not be content with a report, "Indican negative" (*Urinology*, page 140).

Neurotic women may suffer from retention of urine due to spasm of the bladder. They may even call this "irritation of the bladder," hence care must be taken to ascertain the real condition. Spasm of the bladder is, sometimes, very painful, and also obstinate. In one case which resisted the usual remedies prescribed for this annoying condition, the patient quickly recovered from one dose of Haarlem oil, fifteen drops on a lump of sugar. Whether or not suggestion played any part in the cure is hard to say.

Women with spinal troubles and deficient innervation of the bladder may complain of bad smelling urine, and the condition be such as to cause them great annoyance and mortification. In such cases the urine, being imperfectly voided, decomposes in the bladder with ammoniacal changes and a resulting dung-hill odor. In some cases the freshly voided urine is not particularly offensive but, on exposure to the air, the bacterial changes take place rapidly, and the woman is ashamed of the odor in the chamber or closet, especially when traveling. For relief of the unpleasant features of such cases there is nothing like the urinary antiseptics. One five grain tablet of hexamethyleneamine (Urotropin), morning and evening, is often sufficient to put an end to the bad odor and to win everlasting gratitude of the patient. It must be remembered that hexamethylene does not always liberate its formaldehyde so well in alkaline urine as in acid, and as such bad smelling urine is usually sub-acid a dose or two daily of acid sodium phosphate, fifteen grains, may improve the bactericidal action of the antiseptic. Helmitol and hippol are said to exert their action upon bacteria in alkaline urine, hence may be used in cases where the urotropin is either ineffectual or inconvenient.

We have not found it necessary to use such large doses of urotropin as are recommended by various books and by journal articles. We always use urotropin with caution, as it may cause a hæmorrhagic cystitis in certain cases. Toren's suggestion always to drink a half glass of water before and after taking a urotropin tablet is a good one.

Irritation of the bladder in young women is a condition which demands close attention, as it may be the sole indication of renal tuberculosis. The feature of such cases is the obstinacy of the irritation in spite of attention to the general condition of the pa-

tient. It must be remembered in such cases that a negative finding of tubercle bacilli in the urine does not exclude tuberculosis. A thorough clinical study of the case must be made and the patient kept carefully under observation, the diagnosis of a "neurosis" not being sufficient until all modern methods have been employed with negative results.

In men irritation of the bladder without pus in the urine is usually due to changes in the character of the urine itself, but it must not be forgotten that a gonorrhœal history or the presence in the urine of gonorrhœal threads in abundance suggests that the so-called irritation of the bladder is really due to pus in the prostate which may need to be "milked out," even if pus is absent from the urine at times.

As a rule, however, if pus is absent, the irritation of the bladder is due either to simple hyperacidity of the urine, or to subacidity with deposit of phosphates within the bladder.

Determination of the urinary acidity (*Urinology*, page 22) and the chemical and microscopical tests for the sediment as described in *Urinology* will readily differentiate and lead to proper treatment.

For the hyperacid condition we must remedy any digestive disturbance present. But to relieve the bladder irritation French Vichy water is most satisfactory or the alkalies, as sodium bicarbonate, citrate or magnesium perhydrol. French Vichy water should be tried first in all cases, as it is not only a diluent and a mildly alkaline water but also a good water in the treatment of such digestive troubles as are often present in hyperacidity.

In hyperacid urine we sometimes find a response to certain albumin tests—a "trace of albumin," so-called. If, however, the Purdy salt test (*Urinology*, page 234) be used, it will be found that no serum-albumin is present, the previous reaction found being due to the proteins of mucus. Such a reaction is said to show irritation of the kidneys. At any rate, clinically, we may be able to cause disappearance of the reaction when we decrease the acidity of the urine by treatment.

Deficient acidity and deposit of phosphates often cause much irritation and patients urgently demand relief. Such relief may be obtained by administering acids, as fifteen grains of sodium acid phosphate three times daily, or dilute hydrochloric acid.

But these drugs can not be taken long without complaint on part of the patient that he wants to be "cured." Phosphaturia is a feature which depends upon several bodily conditions which will be considered in another article.

---

### A SURGICAL PAMPHLET AND CONSTIPATION.

The RECORDER's thanks are due to Dr. John A. Weyth for a copy of "International Clinic Week at the New York Polyclinic Medical School and Hospital during the International Surgical Congress, 1914," over 100 pages of surgical wisdom and illustrations. This journal greatly admires the wonderful skill of to-day's surgeons and the almost marvelous things they have done for the relief of deformed or mutilated humanity, but at the same time when reading surgical literature or listening to papers and discussions on the subject the haunting question arises, Could not much of this work be done better by medicine if men understood medicine as well as they do surgery? For just one illustration look at almost any of Burnett's monographs, especially that on *Organ Diseases of Women*, on the liver, tumors and on stunted children. To be sure many men say Burnett was an optimist or a dreamer, but those who know him say he was a very common sense yet learned and also successful physician. Medicine cannot replace surgery when surgery is needed, but has not surgery shouldered out medicine in too many instances? Men to-day are studying drugs by the methods of the laboratory, looking almost solely to their mechanical action and ignoring the weightier matters of the law—the wonderful "organ remedies" of Rademacher, Burnett and others, and the homœopathic action of Hahnemann, which all act as a one—and so they turn almost exclusively to surgery, or to end products, disease waste, *i. e.*, vaccines in their multitudinous forms. However, all of this is aside from the work before us.

Probably the most interesting paper is the first one, by Dr. A. C. Jordan, of London, on "Chronic Intestinal Stasis," or plain old constipation. It would be well, at least so it seems to one who is not a surgeon, for every surgeon to read this paper on account of its diagnostic points, indeed Jordan mentions "the very large number of patients" sent to him who had been oper-



ated on and "they are sent to me because they are not cured." Another point that will interest the general practitioner is the following:

"The rational treatment of stasis is directed to the abolition of the undue retention of the contents of the lower ileum and the large intestine. In slight cases this may be done by the administration of liquid paraffin to accelerate the progress of the fæces through the large intestine, and by a spring support for the lower abdomen, to prevent the dropping of the large intestine and the lower coils of the ileum, and to obviate the evil consequences of an ileal kink if there be one."

The "liquid paraffin" of the English is known in this country under the trade name of Russian Mineral Oil, and sold under different names to the medical profession. This treatment is not curative as is the homœopathic remedy, but it is far ahead of the usual purge which draws on the fluids of the body followed by a reaction that leaves the patient worse than ever. The mineral oil, a refined petroleum, from which certain elements have been removed, etc., mechanically, and according to physicians who are familiar with it, has no effect on the body other than to penetrate the fæces and move it easily but not violently.

---

## BOOK REVIEWS.

---

THE CALL OF THE STARS. A Popular Introduction to a Knowledge of the Starry Skies. By John R. Kippax, M. D., LL. D. Fifty-four illustrations. Cloth. Gilt top. 431 pages, 8vo. \$2.50. G. P. Putnam's Sons, New York, 1914.

The reviewer is not an astronomer nor does he know more about the wonderful starry heavens above us than does the average man of average education, but he feels safe in stating that if any reader wants to lift his mind above the earth, or to interest his children in the mighty, sparkling expanse spread above him every night, this book will enable him to do it. All of our readers who are Institute men will remember John R. Kippax, one time of the faculty "Hahnemann, Chicago," and doubtless many of them are still referring to his book on skin diseases that went through four editions, which is doing exceedingly

well for a "skin book," as the men of to-day term them. Dr. Kippax is the author of several other books needless to name here. He retired from practice about ten years ago, has a beautiful home at Brantford, Ontario, goes to Florida frequently, and apparently amuses himself by writing charming books like "The Call of the Stars." But to return to the work before us.

It gives you the facts known about the stars—names, location, peculiarities, etc., and, also, the lore of the ancients, the mythology, superstitions, romance and all that fascinating sort of thing, and, indeed, it is fascinating to tired readers of novels. We have not space to dwell on the contents so will cite only one point. We have always been interested in the Pleiades—pronounced Plé-ad-ez—of which (quoting from memory) Tennyson wrote, "glittering like a swarm of fire-flies tangled in a silver net." The average eye can see seven, the keen sighted eleven to fourteen. "With an opera glass, thirty more stars may be counted, and with a two-inch telescope about one hundred, the photographic plate reveals twenty-five hundred." The idea of twenty-five hundred suns—perhaps many more—glittering in that apparently small spot makes one realize that our earth is not quite the whole show in the universe. In sooth, astronomy tends to make men modest—an excellent thing in man, as its kin, according to Shakespeare, the soft, low and gentle voice in woman. Finally, this is a good book for a good library.

---

Our *O., O. and L. Journal*, in reviewing Dewey's *Practical Therapeutics*, among others things, says: "This handy book of reference deals entirely with the Homœopathic Therapeutics. The book should be on the shelf or rather the desk of the busy practitioner who, in the ordinary run of his work, has not time to look up the more elaborate repertories. The author's comparison of the vaccines with the nosodes sets forth clearly who were the originals in the application of this form of treatment. He points out, too, the aggravations from the use of the nosodes and compares them with the negative phase observed in administering the vaccines. That the specialist may obtain a first-hand acquaintance with Dr. Dewey's work we have abstracted from pages 108 to 113 verbatim the remedies with their indications recommended for affections of the ear and placed the list in the *Materia Medica* pages of the *Journal*."

# Homœopathic Recorder

PUBLISHED MONTHLY AT LANCASTER, PA.

By BOERICKE & TAFEL

Subscription \$1.00, To Foreign Countries \$1.24, Per Annum

*Address communications, books for review, exchanges, etc.,  
for the editor, to*

E. P. ANSHUTZ, M. D., 1011 Arch Street, Philadelphia, Pa.

---

## EDITORIAL NOTES AND COMMENTS

**Pessimisms.**—Pessimism is based on the general doctrine that the world is bad rather than good; that man ought to be happy but isn't. The pessimist looks for the cause of his unhappiness without himself rather than within himself, and there is where he falls into the pit of error. All of the elements of happiness lie before us. Why we do not avail ourselves of them leads the speculator into unknown regions. Some of us—the human family—are happy with almost nothing, and some, with everything that money can procure, are unhappy, which seems to prove that the cause lies within ourselves but why is it there? We give it up!

**Laboratory Logic.**—Rheumatism is caused by deficient elimination. — — so and so produces elimination. Therefore, so and so will cure rheumatism.

If you do not believe it—Go to!

You are a back number!

**Modern Provings.**—About five pages of *J. A. M. A.*, 2-20, are taken up with details of proving the merits of several advertised "palatable" preparations of cod liver oil and of the oil itself, on rats. As rats are not human beings one cannot see what is demonstrated that is of any value in the treatment of human beings. The rodents cannot speak a language understandable by man, so we do not know but that those who gained in weight would not have preferred to remain as they were.

**U. S. Public Health Service.**—A Chart of this service comes to hand from the Secretary of the Treasury that gives one a pretty good idea of its extent. In the center of the Chart is a large circle bearing the inscription "United States Public Health Service Bureau." Radiating from this center are lines running into other circles and from these again other lines to still other circles, each circle representing a special department, in all numbering 47, with 13 "co-operative activities," or 60 in all. Some organization that! Capable of great good especially if, in addition to the work of prevention, it will add another circle, bearing the inscription "Homœopathy" for the cure of the cases that will develop despite all prevention humanly possible.

**Blue Pus.**—Dr. C. H. Whiteford makes the observation in *Lancet*, 2-6, that with the appearance of a blue tinge in pus "it is safe to predict that the patient is on the road to recovery." This color does not often appear, but during the past few months he had seen seven cases and in each case healthy granulation and convalescence followed.

**Reviving an Old Practice.**—The *Lancet*, 2-6, contains a letter from Dr. E. S. Glover, on the "Tuberculin Treatment of Pulmonary Tuberculosis," which is favorable to that treatment that was sprung on the world years ago as "Koch's Lymph." If any one wants to get all of the best there is in this treatment, which is the father of all of our modern serum and vaccine therapy, let him get a copy of Burnett's *New Cure for Consumption With Its Own Virus*, a book that, though in its fourth edition, is not by any means a new book, even if its substance is as new to most men as the day it was written. Burnett's application of this treatment gives far better results than ever did Koch's, and with none of the very positive dangers that have made the latter a thing of suspicion to all physicians, ever since its first blare. Burnett's system has all of the advantages of Koch's—and far more—with none of the dangers of the latter.

**How to Keep Well.**—The London *Lancet*, 2-6, prints "An Address on Immunity Against Infectious Disease, With Special Reference to Antityphoid Inoculation," by Dr. E. J. McWheeny, Professor of Pathology, University College, Dublin, Ireland.

The burden of the address is that in the first attack the patient has acquired immunity against further onslaughts of the same disease germs." The reason is that the disease leaves a deleterious substance in the blood, an "antigen" that exercises the afore-said "deleterious influence on the germ—may indeed kill it." Vaccination causes this state; consequently if this state is a good one vaccination is a good thing. The address is a long one, but the foregoing is the text expounded. Whether clean blood without the natural, or vaccination antigen, would not be better is a question for medical debating societies.

**The Allopathic Idea.**—A big allopathic journal that comes to this office runs a "funny" column. In a recent issue it prints a letter from a would-be patient sent in by a subscribing physician. The wording is crude (perhaps therein lies the "funny"), but the substance is serious, as follows: The writer wants medicine for his eyes and ears. His eyes water, suppurate and "stick together" in the morning—not an uncommon condition with the afflicted that doctors are presumed to treat. His hearing is defective, there are noises in his ears, which discharge a bad smelling pus, or to quote the "funny" end, "both ears is discharging, smell bad." If the physician receiving this appeal for help had known anything of therapeutics he would have sent this man some *Hepar sulph.* 6x, instead of making a mock of him.

**Typhoid and Paratyphoid.**—The *Lancet*, 2-13, prints a paper by three physicians with titles too long to quote, on the subject of Typhoid and Paratyphoid Infection in Relation to Antityphoid Inoculation." In general they say that "the value of antityphoid inoculation has been fully recognized by the authorities but is still vehemently opposed in certain quarters." They also "urge again the importance of making prophylactic inoculations against certain other bacterial infections," for, they say, that paratyphoid is "occurring with considerable frequency, both in the inoculated and uninoculated individuals." Therefore they urge that inoculation against the other typhoid be made also. So far as we can make out the authorities are not quite sure what paratyphoid is. Wonder how far they would go with the prophylactic bug if given a free hand and no one kicked.



**The Dangerous Surgical Rock.**—Dr. Burton Haseltine writes very approvingly of the newly organized American College of Surgeons, in the *Phi Alpha Gamma Quarterly*. What he writes is true. There is no reason why the surgeons should not have a distinctive organization. The dangerous rock ahead is the possibility of a future tradition that no one should be allowed to practice save one of its members, or an acolyte of its body. That is the rock on which the A. M. A. has gone to pieces—or what the A. M. A. stands for, all over the world. Gone to pieces? Why look at the “cults” growing like mushrooms, while the A. M. A. is, if anything, shrinking. It is not wise for *any* body of men to claim omnipotence, for their fellow sinners know full well that none of them possess it. What the RECORDER doesn't know about surgery would fill many tomes, but there are certain fundamentals that all may know.

**Lydston and “Twilight Sleep.”**—The New York *World* printed an article in which the spicy Dr. G. Frank Lydston is made to endorse twilight sleep, to which that gentleman replies (*International Journal of Surgery*) that he wasn't present at the operation, never expressed an opinion on the subject for publication, and intimated that if he did it would not be in favor of this sensational revival of scopolamine-morphine. As used to be said “before the war” there must be a “nigger in the wood pile” in this matter.

**Wherein They Fall Short.**—From much reading of many modern medical journals it has become apparent that the whole trend of learned medicine to-day is to discover what ails the patient—to use an unlearned term. They seek to ascertain whether it is the stomach, kidneys, liver, heart, or what not, that is at fault, or is harboring the guilty microbe. Suppose this knowledge is carried to the point of being as near an exact science as medicine permits, what then? Does the attending physician know any more of how he is to cure the case than he did before? To be sure the post-mortem sheds an aura of glory on his diagnostic powers, but what about the one on whom the post-mortem was performed? Diagnosis is a great and useful art, but it says nothing of that greater art, Cure! The deeper you delve the mightier looms the greatest thing in medicine, Homœopathy, the art of *curing* disease.

## PERSONAL.

---

If "nothing ails you" as the C. S.'s say what was the cause of your death? A bit Irish, but so is C. S.

"A surgeon should be at home in any part of the human body" is all right, but reads queer.

"The first white woman born in Texas is still living—and now she has a population of 3,000,000."—*Texan Orator*.

D. D.'s preach, while M. D.'s practice; both are cock-sure, but—Oh, well, we're all human.

A newspaper announces the establishment of a maternity hospital at which "no men will be treated."

The weather does not agree with many of our worthy forecasters.

What! "The need of reform in Expert Medical Testimony?" That is what an *ex.* writes!

You will not touch bed-rock until you know what is the cause of the "Germ."

"Superstition." What the other fellow believes and you don't.

"Jule, 'Julius;' Bill, 'Bilious,'" reasoned the once small boy, who is now a great-grandfather.

A man should propose to the girl on his knees or she should get off, remarks *Everybody*.

"I have excised my husband," remarked the lady surgeon divorcee.

"Mostly empties," said the ship captain to the revenue man, of his passengers, after a stormy trip.

Claude told Fresh he was suffering from voluntary inertia and Fresh looked scared.

*Life* thinks a man may be light on his own feet, but heavy enough on those of others.

"Your touch is gentle, doctor," said the patient to the modest bill.

*Fun's Tommy* said that syntax is the tax on whiskey.

When the girl asked Claude if he believed in suggestion he became nervous and soon left. So says Fresh.

One of our valued college exchanges complains that the cost of hay and feed has advanced.

Our old friend, Confucius, late of China, was the original agnostic.

Johnny broke a record and got a spanking. Bill broke the record and got a medal.

You may not think so, but there is a limit to rest.

Old Sour Apple says a woman makes up her face oftener than her mind—the brute!

The same old cuss says that there are many sub-marines prowling under the sea of Matrimony.

"Tartar emetic cures leishmaniosis," says *J. A. M. A.*

# THE HOMŒOPATHIC RECORDER

---

VOL. XXX

LANCASTER, PA., MAY 15, 1915.

No. 5

---

## OFFICIAL.

No offence is meant, we assure you, Uncle! But your circular, "Released for Sunday papers, April 18, 1915," on "Tuberculosis 'Remedies' That Are Worthless," with the additional statement, "No Real Cure Possible From Any of the Patent Preparations Investigated by Government Scientists," is to hand, and we must say that it is food for thought. Let it be premised that neither the RECORDER, its owners, or its editor, has any direct, indirect, or remotely possible interest in any "consumption cure." The RECORDER's skirts are clean—as clean, in this respect, as human skirts can be. We, dear Uncle, will even go further than you do, and assert that neither can any of the "patent preparations" that you condemn cure consumption, or tuberculosis, nor can any of the "ethical," or "regular," prescriptions cure that bugaboo of yourself and others who take the American Medical Association seriously. We know that it, the A. M. A., takes itself very seriously (when before the foot-lights), but has it any grounds for that seriousness? Dear old boy, it seems to us (perhaps too fresh, a nephew) that you have been misled by your rather enthusiastic newspapers, who reverence the letters "A. M. A.," and who, really and honestly, believe that medical wisdom begins and ends in the pale of those letters.

This particular nephew holds to the rather, at first sight, heretical opinion that there are no specific diseases. A dose of arsenic is a specific thing, but it is not a disease, it is but a poisoning. Now, to make disease a specific thing it must be classed with arsenical poisoning, that is to say, with a dose of something akin taken voluntarily or involuntarily. To be sure that is what

the boys with "A. M. A." on their caps say it is when they teach that the "specific cause" of so and so is such and such a "baccilli," but, as was said before, Uncle, you have other nephews who do not hold that medical wisdom begins and ends, as do those, on the whole, very nice nephews, who wear those letters.

You know, or ought to by this time, that their science should be represented by the chameleon, for it is, ever changing, never fixed as real science should be. It has been changing for 2,000 years and will continue to do so if we may reason from the past, as long as it sticks to the broad and easy road it has travelled so long, the road in which it is anathema to question the A. M. A. wisdom.

You know, Uncle, as well as any one else that your nephews and nieces are not built like Ford autos or Waterbury watches, but that every mother's son and daughter are distinct units, and when any one of them gets out of kelter the job of repair must not be after routine methods, as with autos or watches. It should be in the hands of a specialist, not a specialist of a particular part of the human body (though these are all useful for special work requiring manual skill), but of one who is a specialist of the whole human creature. This seems to be a logical conclusion. What the A. M. A. stands for has been on the job from the beginning of recorded time and has made a fizzle of the job, so why not try an open field, Uncle?

The eminent medicine man of the African tribes, whose reputation is well established, has always opposed the intrusion of other medical chiefs, an opposition that is quite human, for to admit a better way would be to damn himself, or, at least, his practice, which, after all, is synonymous, and something no man born of woman will stand for. "Perish all in Valadolid," rather than such an admission! "Well," perhaps, sez you, Uncle, "are you homœopaths so much more virtuous than the allopaths?" Surely not! But our science is science and theirs is not, even though they so dub it in bold, black letters. Both are empirical though both scorn the word, even though they should not, for "empirical" merely means "founded on experience." Back of the homœopaths is a mighty natural law that governs their empiricism, a law that tells them, when they have discovered the action of a natural agent, how to use it; but back of the

A. M. A. is only empiricism. The homœopath experiment on himself, the A. M. A. experiments on mice, rats, frogs, cats, dogs and others of that ilk, apparently assuming that the physiological effect on this small deer will be the same as on man. If a mouse could tell the experimenter what effect an injection of strychnine had on him physically and mentally, it would be of some value in the treatment of the ills of mice. But you know mice are not men.

So it is, Uncle, that we reason to the conclusion that the sooner you open wide the medical doors to the sunlight, even though by so doing you also admit clouds and shadows, the better it will be for your nephews and nieces. You wisely forbid any particular group of doctors of divinity to have a monopoly, so why not extend that rule?

---

## **NORTH AND SOUTH AMERICA SHAKE HANDS.**

(The following is translated from the "Annaes de Medicina Homeopathica" of August, 1914, and describes Dr. Dearborn's recent reception in Rio de Janeiro, Brazil.)

### **Notice.**

For the first time we welcome a special delegate from the American Institute of Homœopathy and have the honor and satisfaction to have as a guest our North American colleague, the distinguished physician, Frederick M. Dearborn, Professor of Dermatology in the New York Homœopathic Medical College. Dr. Dearborn has become very widely known, not only by his vast clinical experience, but also by what he has published in the line of his specialty. His latest book, "Diseases of the Skin," is most up-to-date with many original and beautiful illustrations; it shows him to be a great authority in diagnosis and homœopathic therapeutics. It is a vast repertory of hard work and deep knowledge. Accompanied by his uncle, Mr. Gulick, he arrived in Rio on the last of August and on the evening of September 2d visited the Hahnemannian Institute of Rio and presented the following credentials from the American Institute of Homœopathy.

*To the Hahnemannian Institute of Brazil:*

This is to certify that Dr. F. M. Dearborn, of New



York City, has been duly appointed delegate for the American Institute of Homœopathy to the Hahnemannian Institute of Brazil.

(Signed.) DEWITT G. WILCOX, *President.*

SARAH M. HOBSON, *Secretary.*

July 2, 1914,

Atlantic City, N. J.

After the presentation of the above credentials, Professor Dearborn entertained the gathering of about seventy physicians, pharmacists and students with a description of the Metropolitan and Flower Hospitals in New York City and a brief outline of numerous dermatoses, illustrating both topics with sixty-six lantern slides.

Both before and after this lecture, Dr. Dearborn, accompanied by our first secretary, Dr. Nogueira d Silva, and on special occasions by other members of our Society, visited the various hospitals, institutions, dispensaries and other public enterprises. He especially admired the size, location and cleanliness of the Naval, Military and Penitencia Hospitals. He was more than pleased with the Oswaldo Cruz Institute (pathological and biological) and Assistencia Municipal (public ambulance service) and, in fact, said they compared favorably with anything he had seen in America or Europe. Dr. Dearborn often expressed his enchantment for our beautiful city, regretting that he could not stay longer and see more. During his two weeks' visit, he never failed to express his appreciation of the manifold courtesies shown him.

The Hahnemannian Institute, of Rio de Janeiro, gave Dr. Dearborn a banquet on the 30th of August in the Assyrian Banquet Hall of the Municipal Theatre. At the table, in form of a horseshoe, decorated with flowers and electric lights, resembling a garden in which the United States and Brazilian flags were profusely displayed, sat eighteen members of the Institute, representing the highest intellectuality of Homœopathy in Rio. An orchestra of young ladies played beautiful classic selections during the dinner. There reigned great cordiality, with joviality and jokes after the American style, which created a unique charm, rare on such important occasions. After the toasts had been drunk, Dr. Licinio Cardoso, President of the Brazilian Homœopathic Institute, made the following speech in English:

“GENTLEMEN :—It is now my duty and pleasure to address a few words to our illustrious visitor, Doctor Frederick M. Dearborn. This small, but sincere homage, which we pray you here as representatives of the Hahnemannian Institute of Brazil, is not addressed to the bearer of an unknown name, but to a Dearborn, that is to say, to one of those who represents the homœopathic school of medicine protected by the brave followers of Hahnemann. The name of Dearborn is, indeed, well known and popular amidst the Brazilian homœopathists. The work of your beloved father, Dr. Henry M. Dearborn, is known not only in America, but also in Europe, where it aroused in the journals of medical literature many just appreciations of its value. Your own name, my dear colleague, is also inscribed by your clinical and literary efforts. The name of the eminent professor of the New York Homœopathic Medical College and Flower Hospital is, therefore, well known and that name is yours, Dr. Frederick Dearborn. We bid you welcome, worthy colleague, and receive you with great joy.

“By still another title we are identified with you and that is, we are brothers in philosophical and scientific creed, as we are also brothers in professional practice. We, the followers of Hahnemann, constitute in all the world one brotherhood, whose ideal is the elevation of medicine in the philosophical and scientific co-ordination of its laws and principles and in the useful and worthy realization of its practice. The intellectual and moral tie which unites us, the followers of Hahnemann, in all the world is certainly stronger than the ties of sociability which united the European countries and which have been violently broken, making bankruptcy of order and social progress, in this unhappy conflagration, which, rubbing nations against one another, has destroyed their superficial crust of civilization, to show in its nakedness a Europe, still barbarian. Let us wish that the ties of sociability in America continue as intense as they have been till now; that the people of the old world come and fetch examples of civilization from the new world. Very much above the ties of the sociability of nations is the superior tie that unites us by intelligence and the heart. That is so true that in schools, in hospitals, in homœopathic dispensaries, our teaching

and our practice are always directed by the ideal of science and the elevation of art, and by an ideal still nobler, that of pure professional dignity.

“The Hahnemannian Institute feels proud of the honor accorded by your presence, as official delegate of the great American Institute of Homœopathy, majestic association, which gathers to its bosom nearly a third part of the 15,000 homœopathic physicians of the United States. We are immensely grateful for this visit, and we make you, dear colleague, interpreter of our sentiments before your great Institute. To Drs. Wilcox and Hobson, very worthy President and Secretary of the American Institute of Homœopathy, who subscribed your credentials, please convey our grateful friendship. We, the Brazilian Homœopathists, in the name of our Institute, ask you to receive our fervent homage and transmit it to our brothers in North America.”

Holding a small Brazilian flag in his hand, Dr. Dearborn replied extemporaneously, as follows:—“Dr. Cardoso and Colleagues:—I appreciate the tone of your phrases and with pleasure I will convey the salutations of the Homœopathic Institute of Brazil to the American Institute of Homœopathy. While I am sorry not to be able to answer in Portuguese the warm greetings of Dr. Cardoso, I avail myself of this opportunity to reaffirm the fraternal greetings that I bring from the United States and once more to express my gratitude for your courtesy and good comradeship and believe me I carry from Brazil immense ‘saudades’ (an idiom impossible to translate).”

At half past ten all disbanded after accepting an invitation from Juvenal Murтинho for luncheon at the Palace de Murтинho, Santa Thereza. A full account of the Institute meetings, of the banquet, with a list of diners and abstracts from the speeches and of other festivities, incident to Professor Dearborn’s visit, appeared in the leading Rio daily papers, notably in the “Journal of Commerce” and in the “Official Diary.”

---

*Gratiola* has a sick headache, rush of blood to the head, head feels smaller and tight, eyes are dry and burn.

**CLINICAL TALKS.****By James C. Wood, M. D., F. A. C. S.**

## UTERINE HEMORRHAGE.

This patient is 48 years of age; married; has had two children and two miscarriages. Two years ago she began to lose too much blood at her menstrual periods, the discharge persisting for more than two weeks after the menses were established. She had, at that time, a somewhat badly lacerated cervix with relaxation of the pelvic floor and a rectocele. She consulted a most excellent surgeon who curetted the uterus, did a trachelorrhaphy and a perineorrhaphy by the flap-splitting method. For six months following this work the menses were practically normal, but she was more or less indiscreet, taking violent exercise in the form of long horseback rides in less than two months after her operation. As a result the menorrhagia returned, the flow again persisting for two weeks, there being associated with it a good deal of bearing down pain, some leucorrhœa, intense backache, severe congestive headaches preceding the flow, nervousness, etc. The patient came to me three days ago. I found her with a blood pressure of 140; the cervix still hard, the uterus enlarged and the rectocele quite as bad as it was when I examined her previously to the first operation. She was again suffering from intense congestive headaches, and her general condition quite as bad as it was a year ago. There is a small hemorrhoid on the anterior border of the rectum. Her physician, who is a most up-to-date obstetrician, deems it wise to remove the entire uterus as a precautionary measure notwithstanding that microscope revealed nothing of a suspicious nature at the first operation. This, however, seems to me unnecessary, in view of the fact that the patient is gaining in flesh rather than losing, unless indeed my pathologist, who is ready to make an immediate section, reports that the products of the curettage and a section taken from the cervix are suspicious. I shall therefore proceed to explore the uterus, repeating the curettage in a most thorough manner, open up the angles of the cervix to see whether or not there is any cicatricial tissue left behind which is keeping the uterus

enlarged, heavy and congested, repair the rectocele, remove the hemorrhoid, overcome the adhesions of the clitoris present, and dilate the rectum most thoroughly. It is possible to remove but little fungoid tissue with the curette. There is, however, on the left side a plug of scar tissue in the cervix which extends well into the base of the left broad ligament and is exceedingly hard. My pathologist, Dr. Josephine M. Danforth, reports that there is nothing suspicious in either the curettings or in the plug of tissue removed from the cervix. I shall, therefore, using great care to remove all of the hard cervical tissue, make a double V-shaped incision on either side in such a way as to leave the lips of the cervix after this is removed not unlike the edges of the wound in a fistula operation where the flap splitting method is utilized. This destroys most of the diseased cervical glands. I shall next be exceedingly careful in approximating the angles of the wound so that no scar tissue will reform in the process of healing. I shall overcome the rectocele by removing the excess of tissue, and bring together the divided levator ani muscles, which are already thoroughly well approximated at the vaginal outlet but not sufficiently so high up to overcome the rectocele. I shall remove the hemorrhoids by pulling it down, clamping it, and stitching the raw areas together by carrying around the clamp a catgut suture, after which the clamp is removed and the suture tightened, thus making a quick and practically bloodless operation. Of course, another examination will be made by my pathologist after the tissues are thoroughly hardened. Should she report any suspicion of malignancy, the uterus can later be removed through the abdomen.

*Remarks.* Uterine hemorrhage is different from hemorrhage proceeding from any other organ of the body inasmuch as the uterus is normally subjected to the greatest variations in vascularity. In determining whether or not a woman is bleeding too freely many factors must be taken into consideration—the patient's early menstrual history, her personal habits, the effect of the bleeding upon her system and the character of the blood.

The term "menorrhagia" indicates the menstrual origin of the hemorrhage and signifies excessive menstruation. The term "metrorrhagia" signifies that the hemorrhage occurs either dur-



ing, or is prolonged into the intermenstrual period. For the purpose of study it is more logical to ignore these divisions and study, both menorrhagia and metrorrhagia under the caption of "uterine hemorrhage."

The *cause* of the bleeding may be either constitutional, general or nervous; may be due to malignant lesions or non-malignant lesions; may be accidental; or may be the result of pregnancy (abortion or placenta previa). It not infrequently attends the climaxis, and is looked upon by the majority of the laity as physiological during this period, a doctrine which is exceedingly dangerous, as we shall subsequently see.

Of the *constitutional* causes first of all comes what is known as the hemorrhagic diathesis. This is a term long used to describe patients who bleed readily from any and every part of the body, and every surgeon of experience has learned to dread them. In all other respects the patient is apparently perfectly well but the slightest cut or injury bleeds unduly. The evidence is rapidly accumulating going to show that derangement of the internal secretions play a most important role in the production of the so-called hemorrhagic diathesis. Dr. W. Blair Bell, in the December, 1913, Proceedings of the Royal College of Medicine, under the caption of "The Relation of the Internal Secretions to the Female Characteristics and Functions in Health and Disease" has a most learned and scholarly discussion on this subject. His conclusions are: 1. That the development and integrity of the genital organs and their functions are dependent on all the internal secretions individually and collectively. 2. The removal of any one organ of internal secretion produces changes in the constitution and by this means we get some insight into the nature of the correlations that exist. 3. The patient's metabolism is altered by extirpation of any of these organs. This alteration of the general metabolism affects the genital metabolism.

The foregoing knowledge will explain why menorrhagia in young girls from 15 to 20 years of age is so often unaffected by the application of the curette. I have not often obtained benefit from the administration of the animal extracts without first overcoming the subjective symptoms present by the use of the indicated homœopathic remedy. However, in two

or three striking instances I have found the administration of one or more of these extracts most efficacious. In one case—a girl of 15—who had been twice thoroughly curetted without overcoming the hemorrhage and had been carefully medicated, was relieved within a month with five grain doses of Corpus Luteum, three times a day. In another, a woman married, æt. 28, who had been curetted three times, twice by myself and once by another surgeon, for a metrorrhagia which had almost completely exsanguinated her, stopped bleeding after taking, for six weeks, thyroid extract.

Up to the present time we are not able to tell with any degree of precision which of the internal secretions to prescribe in a given case. Bell has shown that the ovaries are katabolic in regard to the calcium salts. Calcium chlorid has for a long time been used in physiological diseases with advantage in overcoming the hemorrhagic tendency in bleeding from any organ of the body. It is also believed that the thymus produces calcium retention in the tissues and thus assists in building up the bony skeleton. It is not necessary to emphasize the important part played by the calcium salts in the human economy at all periods of life.

The thymus and the ovaries are not the only organs which influence the calcium metabolism for, as in the metabolism of other elements, all the endocrinous organs are concerned, either anabolically or katabolically. Doubtless as time goes on we shall be able to prescribe the internal secretions in altered metabolism with a greater degree of precision than we are able to do at the present time.

*Tuberculosis* and *syphilis* are likewise constitutional causes which so degenerate the blood and the tissues as to permit the blood readily to pass through the lining membrane of the uterus. It is true that tuberculosis is oftener associated with amenorrhea than with menorrhagia. Nevertheless tubercular patients do sometimes flow excessively, and the disease may be precipitated by an exaggerated menstrual discharge which in time reduces the vitality of the patient to such an extent as to make her an easy prey to phthisis—hence where there is a predisposition to the disease it should be the aim of the physician to conserve the patient's strength in every possible way. I have met with sev-

eral cases of menorrhagia where the constitutional evidences of syphilis were wanting (this before the days of Wassermann) which were only relieved by placing the patient under an anti-syphilitic regime.

*Bright's disease* is sometimes associated with excessive loss of blood from the uterus. The diagnosis in Bright's disease must necessarily be based upon careful and repeated analyses of the urine.

Of the *general* causes excessive lactation is first to be noted. There are few women who can, with entire impunity, nurse their children while menstruating. This is especially true if there is a predisposition to one or more of the diathetic troubles already dealt with. Lactation often excites hemorrhage through reflex irritation.

*Malaria* is not infrequently responsible for uterine hemorrhage. In British medical literature it is noted that women who have lived for any time in India are usually victims of menorrhagia. I have had several cases of excessive bleeding in women who have resided for some time in the Philippines.

*Lead poisoning* is another cause, many times insidious in character, responsible for menorrhagia. One of the women provers of Plumbum, a most intelligent lady practitioner, dated her menorrhagia from a proving made ten years previously. Plumbum is one of the most useful remedies we have in controlling uterine hæmorrhage, especially if Bright's disease is a factor.

Uterine hæmorrhage may be also due to disturbances of the heart, liver, lungs and stomach, which create pelvic and uterine congestion. Sedentary habits, sexual excesses and ovarian disturbances must not be lost sight of in looking for causative factors. Nervous influences, especially in young girls, will sometimes produce excessive bleeding from the uterus. Undue emotional excitement should therefore be guarded against in the treatment of uterine hæmorrhage.

*Malignancy* is, of course, to be thought of in hæmorrhage occurring in women during the so-called cancerous age. In the later stages there is but little difficulty in diagnosing malignancy, but at the time of its onset there may be the greatest difficulty in so doing. It is important to remember that hemorrhage is by no means an early symptom in all cases of malignancy.

nancy, nor indeed in the majority. According to the statistics of Dr. West, it is the first symptom only in about 44 per cent. of uterine cancers. When an early symptom it is the result of congestion of the endometrium; later on it is due to ulceration which by invading the vascular structures gives rise to a profuse and occasionally fatal hæmorrhage. It is much more profuse when the fundus is involved, and may or may not be accompanied with pain.

Neumann found in 183 cases of post-climacteric hæmorrhage in which the menopause had occurred at least one year previously the following lesions:

- “Carcinoma of cervix, 100;
- Prolapse of vagina or uterus, 24;
- Carcinoma of uterine body, 18;
- Mucous polypus, 8;
- Senile changes in genitals, 5;
- Myoma uteri, 4;
- Ovarian cyst, 4;
- Doubtful conditions, 20.”

The symptoms of sarcoma do not differ from true carcinoma, except that in forming there is often a free “rice-watery” discharge containing grayish-white shreds, which does not become offensive until after necrosis of the tissue sets in. Not infrequently, especially in cauliflower excrescence, the hemorrhage in malignancy may be induced by sexual congress, walking, coughing, straining at stool, etc.

We have as *non-malignant* lesions causing uterine hemorrhage, fibroma and polypi. These growths produce hæmorrhage because of changes induced by their presence in the endometrium and in the walls of the uterus, though Briggs and Hendry (Proceedings of the Royal Society of Medicine, March, 1914) adduce statistics to prove that endometritis and changes in the endometrium are not as frequently responsible for uncontrollable uterine hemorrhage as is generally believed. In 18 uteri where a microscopic examination was made by them the relation was not observable between the varieties of the endometrium and the severity of the hemorrhage. In other words, according to these writers, the glandular and stromal hyperplasia belong to the normal menstrual cycle and not to either glandular or interstitial

metritis, a view first expressed by Hitschmann and Adler. This will explain why the application of the curette fails in many of these cases to control the hemorrhage. It is not improbable that in applying the curette small polypi are often overlooked.

It is necessary to note under *accidental causes* chronic uterine inversion, hematocele and uterine displacements. Uterine displacements, by interfering with the return flow of blood from the uterus, create a hyperplasia and an endometritis.

Not infrequently in uterine hemorrhage there is a history of abortion some months or even years previously. Hedley removed 17 pieces of fetal bone from the uterus in a woman who was flowing excessively three years after a miscarriage.

It will be seen from the foregoing that menorrhagia, like dysmenorrhœa, is a symptom of innumerable conditions and not a disease per se, and this fact must be taken into consideration in order intelligently to treat the condition.

*Treatment.*—The treatment of uterine hæmorrhage may be conveniently studied under the following heads: (a) General; (b) Conduct of a patient during period; (c) Treatment of local causes; (d) Immediate control of hemorrhage; and (e) Therapeutics.

Under the head of *general treatment* the patient's diet must be selected with reasonable care. The patient just operated upon is plethoric, has a blood pressure of 140 and while she is most active in her habits I deem it wise to restrict her diet, which has been most generous, and proscribe all forms of alcoholic stimulants. On the other hand, if the nutrition is below par, the diet should be generous. Outdoor exercise is of the greatest utility, but it should not be too violent, especially for some time following an operation. Care must be used in prescribing exercise if prostration is a marked symptom. Fresh air and sunshine are, however, always of advantage. The clothing should be suspended from the shoulders to avoid constricting the waist and crowding the abdominal organs into the pelvis. Especial attention should be given to constipation if it be present, for it is an important factor in the production of pelvic congestion. With the constipation there is almost always hepatic sluggishness which should be overcome. In short, whatever the cause of the unnatural discharge, the treatment must



be directed toward it. The recumbent posture should be assumed during menstruation when possible.

In the *immediate* control of hemorrhage we have heat, for the immediate effect upon the blood vessels, and tamponage. Heat is best applied in the form of a hot douche, using water in large quantities—not less than two or three gallons, at a temperature of from 110 to 120 F. The primary action of heat is to dilate the blood vessels, but its secondary is to contract the capillaries—hence its utility in controlling hemorrhage. The primary action of cold, on the other hand, is to contract the blood vessels but its secondary action is that of dilatation, so that in most instances heat is by far the better agent. Another advantage which heat possesses over cold as a hemostatic is that it does not shock the system as does the latter. Nevertheless cold will sometimes succeed in promoting uterine contraction when heat fails, and is therefore to be held in reserve. It may be applied in the form of a vaginal douche or by the aid of an ice bag within the vagina or over the pubes; or by cloths wrung from cold water and applied to the lower abdomen. An ice bag placed over the lower spine is sometimes most effectual.

Where the hemorrhage is active and the uterus is not too much enlarged by pregnancy the most effectual way of immediate control of the bleeding is by the use of the vaginal tampon. When the patient is not losing blood too rapidly a cleansing douche should precede the introduction of the tampon. The best material for tamponing the vagina is iodoform gauze. The vagina should be thoroughly and completely plugged with the gauze, being careful first to distend the upper portion of the vagina by wrapping it, as it were, around the cervix and then carrying into the vagina all that it will hold. I have so many times found a single narrow strip of gauze in the vagina introduced for the purpose of controlling hemorrhage, which is not only entirely useless, but actually harmful, that I desire especially to emphasize the necessity of *thoroughly* plugging the vagina. A pad should be applied over the pubes and counter-pressure exerted by means of a T. binder.

In the very worst cases of uterine hemorrhage, especially when the result of cancer, local astringents may be necessary.

The blood vessels and capillaries in these cases may remain unaffected notwithstanding the application of heat and cold and ordinary stimuli. In these rare instances we have at our command astringents like alum, tannin, hamamelis and iron, which can be used advantageously. Alum in the form of a saturated solution may be injected into the uterine cavity, providing the os is patulous. It is a household remedy and where hemorrhage is feared and the physician not easily accessible the patient or the nurse can be instructed as to its use. No force should be used in its introduction and unless the cervical canal is sufficiently open a reflux catheter is necessary. In short, provision should always be made for the exit of fluid of any kind when thrown into the uterine cavity. The fluid should, of course, always be warm. In hemorrhage of a decided venous character hamamelis 1:20 is a most useful agent. In the more severe forms of hemorrhage the thorough application of the chlorid of iron diluted with twice its bulk of water applied over the entire endometrium may be called for. This heroic method should never be resorted to except when all ordinary measures have failed for it tends to form coagula and coagula left within the uterine cavity are always dangerous. Its use is only justified when the patient's life is threatened by an uncontrollable hæmorrhage. We then use it to avoid a great and pressing danger by running the chances of a lesser one.

The treatment of *local causes* comprehends the removal of fibroids when present if of any considerable size, the overcoming of uterine displacements and the correction of the endometritis and subinvolution when present by both general and local measures; in short, the removal of all causes when this is possible. The curette plays a very important part in overcoming the various lesions giving rise to endometritis. It should be applied in nearly all instances where uterine displacements exist, even when radical measures are undertaken to overcome the displacements and injuries incident to childbirth. When operating for injuries incident to childbirth it is all important that all work should be done most thoroughly and carefully. A plug of tissue such as I have removed in the case just operated perpetuates the hæmorrhage in one of two ways: 1. In a purely mechanical way by interfering with the return flow of

blood from the uterus so that the organ is kept constantly congested and inflamed, thereby inducing metritis and endometritis.

2. By pinching terminal nerve fibres which result in a reflex disturbance of the stomach, intestines, liver, etc., thereby disturbing metabolism. It is therefore of the greatest importance in overcoming these local causes that the work be done most thoroughly. Plastic work upon the female genital organs is ordinarily classified as minor work, whereas all operations within the abdomen are classified as major operations. My own opinion is that it requires many times much more skill and care to do thorough and intelligent plastic surgery within the female pelvis than is required to do an ordinary abdominal operation, which should be made to supplement the plastic work where there exist displacements of the uterus, disease of the appendages, chronic appendicitis, etc. Failure to obtain benefit from the application of the curette is often because of the lack of thoroughness in making such application. Great care should be observed to apply it most thoroughly over the entire endometrium, especially over the endometrium covering the cornua of the uterus. It is in the neighborhood of the cornua that fungoid tissue is oftener found. A small mucous polypus may be entirely overlooked, even though the curette is applied most skillfully. For this reason I make it an invariable rule to carry into the uterine cavity after the application of the curette a small placental forceps, thereby locating and removing any projecting tissue that the curette may have missed. I have more than once, by this procedure, removed small polypi which if left behind would have perpetuated the hæmorrhage.

Finally, we have at our command a class of remedies which have a special and specific action upon the uterine tissues as well as upon the entire organism and which should always be intelligently administered before resorting to the more radical measures referred to. I will enumerate a few of the remedies which have proved especially useful in my hands, giving you some of the indications which led me to apply them.

*Hydrastis canadensis.* Especially useful where there are erosions and excoriation of the cervix with leucorrhœa. There is menorrhagia with pruritus vulvæ. Thick, yellow, ropy secretion from the cervix or from any of the mucous membranes—

throat, stomach, etc. It is more useful in cachectic individuals than in the robust. There is apt to be emaciation and prostration. It is especially useful, too, if there is inactivity of the liver with constipation. There is a sinking feeling in the stomach and a dull headache; after stool a long lasting pain due either to fissure, ulcer or to hæmorrhoids; with the pain there is, not infrequently, contraction or spasm of the sphincter ani. Hydrastis should be prescribed one dram in a glass two-thirds full of water and a teaspoonful given every two hours. The older school use it in larger doses every two or three hours. Aggravation is liable to follow these larger doses, but I have obtained little or no benefit from it when given in the potencies.

The next most useful remedy in my experience is *China*. The hemorrhage is not infrequently due to atony of the uterus. It is especially called for if the patient has lost much blood, with ringing in the ears, faintness, coldness, loss of sight, etc. Menses too early, too profuse and contain black clots; great distension of the abdomen; bloody leucorrhea; there is painful heaviness in the pelvis; pain is worse on the slightest touch; sometimes is worse every other day; is nearly always worse at night and after meals; patient usually feels better in the open air. *China* in these conditions should be given not higher than the 2d decimal dilution.

*Ipecacuanha* is third in importance according to my estimation in dealing with uterine hemorrhage. It is especially called for if the stomach is much disturbed and there is persistent nausea and vomiting. The blood is bright red and occurs with a gush at every effort to vomit; heat about the head and debility; gasping for breath; menses too early and profuse. There is a pain from the navel to the uterus. I never prescribe *Ipecacuanha* lower than the third decimal dilution and my favorite potency is the sixth.

*Hamamelis*. There is a passive hemorrhage with anemia; the blood is dark and there is an absence of uterine pain; there is a tendency to venous congestion with varicose veins, hemorrhoids, etc. There is a bruised soreness of the affected parts; not infrequently there will be found ovarian irritation and congestion; uterine hæmorrhage with bearing down; metrorrhagia occurring midway between the menstrual periods; vagina very

tender; patient is worse in warm, moist air. Personally, I prefer the lower potencies.

*Secale cor.* This is a remedy used in full doses by the physicians of the older school for the purpose of controlling uterine hemorrhage oftener than any other remedy. Ergot is an important agent in nearly all prescriptions of a compound character for uterine hemorrhage. Its utility, of course, cannot be questioned when it is necessary to contract a relaxed uterus in postpartum hæmorrhage after the delivery of the placenta. It has, however, a wide range of action and is especially useful in homeopathic doses where there is passive hemorrhage with very fetid blood in feeble, cachectic persons, particularly when the weakness was not caused by previous loss of blood. It is indicated especially if the patient has frequent labor-like pains with chronic metritis. During the intermenstrual period there is not infrequently a brownish offensive leucorrhœa, or there may be a continuous oozing of watery blood until the next period. In order to obtain the finer action of *Secale cor.*, it should not be used lower than the sixth decimal dilution.

*Belladonna* is to be thought of if the flow is bright red and imparts a sense of heat, and if there is a bearing down as if the organs would protrude from the vulva; congestion of the head with throbbing of the carotids.

*Calcarea carb.* as a constitutional remedy will often prove of the greatest advantage; the menses are too frequent, too profuse and last too long; profuse menstruation during lactation, especially in leucophlegmatic constitutions as manifested by malnutrition, cold hands and cold feet; unnatural perspiration, etc.

*Plumbum metallicum*, as has already been intimated, is to be thought of in menorrhagia when there is Bright's disease; there is a sensation of as a string pulling from the abdomen to the back; there is a hardening of the uterus from sclerotic processes; there is constipation, the stools being hard, black, with urging and spasm of the anus. I usually prescribe plumbum in the higher potencies.

Other remedies especially to be thought of are: Sabina, Platina, Crocus sat., Nitric acid, Trillium, Erigeron and Ferrum phos.



## CONCLUSIONS.

1. An abnormal discharge from the genital tract is but a symptom of some abnormal condition, either local or general. It is the first duty of the physician to determine the *cause* of this symptom.

2. When a continuous or exaggerated discharge of blood is not overcome by ordinary measures, a careful general and local examination becomes imperative.

3. If any symptoms of malignancy of the fundus exist the uterus should be curetted under general anesthesia and the products examined by an expert microscopist; or if the cervix is involved, and proper treatment does not affect the induration, a section should be excised under local anesthesia for microscopic examination.

4. Relying upon the subjective symptoms and the indicated remedy when the loss of blood is at all persistent is most reprehensible. While fully appreciating the value of internal medicine in dealing with menorrhagia and metrorrhagia, in at least a goodly portion of cases something more radical is demanded. When it is remembered that not more than 33 per cent. of the cases of cancer of the uterus are operable when they come to the surgeon, it will be seen that the responsibility of the general practitioner is very great. The physician should always bear in mind that he is dealing with a symptom of *some general or local disease*. Even though the cause be other than malignancy, the prolonged drain upon the system may result in anæmia, hysteria, neurasthenia, impaired nutrition and even death.

Cleveland, Ohio.

---

**READING THE PULSE, EYE AND TONGUE FOR THE INDICATED REMEDY.**

By **Eli G. Jones, M. D., Buffalo, N. Y.**

I often receive letters from physicians in the Southern States asking my advice about the best treatment for malaria, also chills and fever. There is one important fact, that all our physicians should remember. That when the system becomes *saturated* with malaria, the poison paralyzes the hepatic cells. It

primarily irritates them, causing them to secrete an abnormally acrid bile. Then we have a condition known as "biliousness" with its long train of symptoms. Experience teaches us that so long as this "bilious" condition exists, it is impossible to cure the malaria or chills and fever, but as soon as the *tongue cleans off* and the stools become *normal*, the fever is easily subdued, or the paroxysms arrested. I would advise those who have to deal with malaria, intermittent or remittent fever, to begin the treatment of each case with *Euonymin IX*, three tablets once in two hours, until the *tongue cleans off* and the secretions are *normal*. Then you may prescribe the indicated remedy, whether it be *Quinine*, *Natrum mur.*, *Arsenicum* or any of the well known antiperiodics.

In the last stage of cancer we may often find, in reading the tongue, a dark red appearance, the color of beefsteak. I met a physician in consultation in Eastern New York; he had a case of cancer of the breast that seemed to be on the road to recovery (so he thought). In reading the tongue I noticed a dark red color to the tongue. I said, "Doctor, I don't like the color of that woman's tongue, it looks bad to me." In three weeks she was dead. I was called to Beverly, N. J., to see a man who had been operated on for cancer of the bowels. The family was very anxious that I should do something for the patient. This man not only had the "*beefsteak*" tongue, but his pulse was weak and it had a *jerky* feeling to it. The eyes watery, transparent. In his case the eye, the pulse and tongue told the same story, that the man was past any help from medicine. He only lived a week after I saw him. I have seen that appearance of the eye, pulse and tongue in hundreds of cases, and it always means *death* for the patient. I have made careful research of the materia medica of the five schools of medicine to find a remedy that covers that dark red color of the tongue. Fortunately for suffering humanity there *is* one remedy that meets this indication of the tongue. It is *Sulphite magnesia*. It may be given in five-grain doses every three hours.

Remember the dark red color of the tongue, like *beefsteak*, indicates the above remedy. I made a very pretty cure since the new year came in that gave me a great deal of *satisfaction*.

A middle aged lady consulted me about a dark red eruption

on her chest. It was the "*sternal patch*" of Burnett. It occupied all the space between the breasts and extended nearly down to the navel. It itched a good deal, and that first attracted her attention to it. In reading her tongue I noticed that it was coated *white* in the *middle*. That indicated *Carduus Mariae*, the "*sternal patch*" also indicated the same remedy. I gave her Tr. *Carduus Mar.*,  $\zeta$ ii, 10 drops three times a day. In two weeks I examined her chest, and "lo and behold" the eruption had all *faded away* like "dew before the sun."

The great trouble with this so-called "shot gun" practice, it never hits anything; for myself I prefer the rifle practice, that *hits the bullseye* and brings down the game *every* time. It saves lots of worry and sleepless nights, and many a *sting* of regret, for the remedy we gave that *never should have been given*—"The ghosts of the past rise before us tonight."

There are some things "*we cannot forget.*"

I wish that it could be *burnt* into the *brain* of *every* physician in America and engraved upon the walls of *every* Medical College, that "*Theories may change, fads may come and go, but the true indication of a remedy the same yesterday, today and forever. It never changes. We prescribe a remedy because it is the remedy indicated in that particular case. We expect results and we get them. That does away with all uncertainty, and guess work. It reduces the business of prescribing for the sick down to an exact science.* This is what is meant by *Definite Medication*, and is *the* system of therapeutics of the coming years.

A lady came to consult me; on reading her tongue I noticed a yellow-white coating on the tongue, also *transverse* and *perpendicular fissures* on the tongue, and a noxious odor to her breath. I could tell her just how she felt by reading her tongue. I said, "You have a dull pain over your eyes, your back aches and you have wandering pains throughout your body." She admitted all I said was true. Now this appearance of the tongue means *inaction* of the *kidneys*, and the system loaded up with uric acid.

We find that vegetable diuretics, while they increase the *quantity* of this urine, do not increase the *solid* constituents of the urine—but we have one remedy that does, it is Acetate Potash.

Experiments have demonstrated the fact, that this remedy will increase the *solid* constituents of the urine, from 150 to 200 grains in 24 hours. I prescribed Acetate Potash, one-half drachm in half a glass of water, once in three hours.

A lady thinks she has "kidney trouble;" she has had her urine examined by three physicians, now she wants my opinion. I asked her to let me "see her tongue." The tongue had *no* transverse or *perpendicular fissures* on it. I said, "You have no kidney trouble," but she couldn't understand how I could tell the condition of her kidneys by looking at her *tongue*, so she wanted me to examine her urine. I said, "To satisfy you I will examine your urine, but I can tell you right now that it will be *normal*." An examination of her urine confirmed my diagnosis. I have noticed this appearance of the tongue in hundreds of cases and it has never led me astray.

The average physician knows how to *count* the pulse (he has never been taught how to read it); he can tell if the eyes are bloodshot or not. He can tell if the tongue is coated or not. That is generally the extent of his knowledge of *how* to read the eye, pulse and tongue, both as a means of *diagnosis* and to find the *indicated* remedy.

Some of our doctors are like what Mark Twain said about the Sandwich Islanders: "They thanked God every night that He had taken away from them all *desire to know more than their forefathers*." We shall never progress very far unless we learn to *know* more and *do* more than our *forefathers* did.

It would seem that some of our doctors must be governed by a "Code of Ethics," something like the following:

First. Make all the visits the patient will *stand*, run up as big a bill as possible.

Second. Give the patient all the medicine he can stand and *not kill him*.

Third. If you don't know, guess at it.

Fourth. When in doubt operate.

Fifth. If the patient dies, you have done all that medical science can do, and the undertaker *will do the rest*.

Sixth. If the "authorities" of *your* school of medicine say that a certain disease is "*incurable*," don't *try* to cure it for that would be *unethical*, and *you* might be called a Quack!

Many a man and woman has gone down to an *early* grave, simply because some doctor followed *blindly* and *slavishly* the "authorities" of his particular school of medicine. Take the advice of one who has grown "old and gray" in his profession and *use* the *brains* that God has given you, and never depend upon some *other* man's brains to tell you *what to do*. Our God, our country, our profession, our loved ones, *demand* the *best* there is *in* us—and remember "*That what man has done, man may do.*"

---

## CHRONICLES OF THE FARM.

### Dr. Mallard Ducke Gives Free Advice.

By Dr. Blanke.

One day Mrs. Plymouth Rocke, her friends and her big family were enjoying what they thought was a fine bath in the dry, sandy dust. Dr. Mallard Ducke happened along, got to the windward of the dust, which choked him as Mrs. P. R. fluttered her feathers, and contemplated the scene. Finally, he said to Mrs. Plymouth Rocke: "I am surprised that you and your children and intimates indulge in such an unhygienic practice as bathing in that vile dust, when there is a pond of clean water at your disposal. You are a great reformer, Madam, and you should set an example to the races." To this the lady angrily replied: "And you are an old fool."

At this the Doctor moved away, knowing the uselessness of arguing with females. Soon afterwards he saw Sir Thomas Catte sitting on the fence-top washing his face with his paws, which ever an anon he licked. "Don't you know," said Dr. Ducke, "that you are running the danger of autointoxication by that filthy habit?" Sir Thomas paused and looked at the Doctor with unwinking eyes so fixedly that he rather hastily departed.

Further on he saw the police force, Carlo-the-Dog, busily scratching himself; the Doctor paused, but as Carlo did the same and cocked up his ears, he resumed his stroll without comment. Further on he saw Mrs. Durham washing her calf by licking it. Also not far away was Mrs. Catte doing the same to her kittens. "Something ought to be done to stop these unhygienic habits," he said, but to himself.



At last he came to Captain Olde-Horse and Mr. A. Donkey, and related his experience and his theories. The Captain said he had a valet who attended to his toilet and Mr. Donkey remarked that a roll on the ground did the toilet trick for him, and added that he would kick the stuffing out of anyone who came fooling around him to change his habits. At this the good doctor sadly turned away, heading for the pond. On his way he espied old Berkshire sleeping in a mud-hole. "You ought to be ashamed of yourself, Berkshire," said the doctor, "for setting an example!" But old B. merely grunted.

Then little spic and span Bantam Rooster, who knew everything that happened on the plantation, called out: "Hey, Doc! They don't value free advice." Mr. Bantam drew himself up to his diminutive height and the Doctor waddled away.

---

### "WHAT IS HOMŒOPATHY AND WHY ARE WE TO BELIEVE IN IT?"

Editor of the HOMŒOPATHIC RECORDER.

The first question to be asked, and the first question to be answered, would naturally be—what is Homœopathy, and why are we to believe in it? It is a system of medicine whose formula is, *Similia Similibus Curantur*" (Let likes be cured by likes).

I am a strong advocate of the Grand Principle "*Similia Similibus Curantur*." By my long experience, little though it is in the great search after it, I am in a position to say and will say strongly that Homœopathy is the art of healing by medication. This is a great and elaborate system of practice. It has its own definite rules, methods and principles by which all its work is done and its results are carefully tested.

What has made me to believe in Homœopathy?

It is my long and continued study of old returns of hospitals and dispensaries, both of Europe and America, and a number of homœopathic books and pamphlets, which I have in my library, and which are now my vade-mecums.

Gentle readers—for you and for your friends, too, you will find below the names of those books which are my true friends and constant companions and in time of need they help me always:

NAMES OF BOOKS.

Hahnemann—Organon of Medicine.

Hahnemann—Materia Medica Pura, in 2 Vols.

Hahnemann—The Chronic Diseases.

Hull's Jahr (Symptomatology)—A new Manual of Homœopathic Practice.



S. C. BARGOW—L. H. P.

Jousset, Dr. P.—Practice of Medicine.

Lillenthal, Dr. S.—Homœopathic Therapeutics.

Wood, James C.—A Text Book of Gynæcology.

Allen, Dr. T. F.—The Encyclopædia of Pure Materia Medica, in 10 Vols.

Now, I beg you, gentle readers, not to scatter your mind here and there, but patiently study and go deep gradually into these literatures of Homœopathy, whenever you get time. By so doing, I am quite sure, you will gain the ground and the truth will

come to light by itself. Your daily practice for an hour or two at home will pave your ground to go smoothly and fearlessly anywhere you like.

This is not all what I have to say to you here, but something more to the point.

The principle of Homœopathy is the Law of Nature which can never be changed and in the long run, I believe, nay, I am sure, the Votaries of the Shrine of Hahnemann will come out triumphant bearing in their hands the torch of "the healers of human sufferings."

India is not yet prepared to accept its benign truth, but they are coming home to her slowly and myriads of people even now are followers of its great Doctrine.

The Doctrine of similars is the heart of Homœopathy, while the Doctrine of Infinitesimals is but the addenda. We are a minority still here in India, say, like a drop in comparison with the vast ocean of Allopathy that is surging round us all over the country. But we are strong in our principle and do not waver in our beliefs even though the tumultuous waves try to shake our foundations. Words are too meagre to express our thanks to Dr. Hahnemann, who has done so much for the sufferers in relieving their ailments.

In conclusion, I beg to urge before our homœopathic authorities the necessity of mutual help, which is an essential factor in all matters concerning public matters; and as this work is one which concerns the public, I hope I would succeed in getting a warm support and help from all the homœopathic authorities, so that I may be able to render my services to the homœopathic fraternity here and everywhere throughout the world.

This is the outcome of my long experience and a careful perusal of the above few lines will fulfill the purpose for which they have been written.

Any gentleman residing in any part of India and happening to visit Allahabad is cordially invited to call on me in the locality of our Home Office, at No. 235 Bahadurganj, between the hours 6 to 8 in the morning and 4 to 5 in the evening, to satisfy any curiosity or interest he may have in our Grand Principle,

"Similia Similibus Curantur." He will find everything "Wide open" and our welcome warm.

With sincere regards and happy good wishes,

Fraternally yours,

S. C. BARGOW, L. H. P.,

*Doctor in Charge,*

Theosophical Charitable Dispensary,

No. 235 Bahadurganj, Allahabad, U. P.,

Dated, Feby., 1915.

India.

---

### THE CALVES AND THE CORN.

Editor of the HOMŒOPATHIC RECORDER.

In your very live paper, THE HOMŒOPATHIC RECORDER, of February, 1915, under the head of "Personal," there is a question by Freshman as to any occult physiological connection between the Calves and the Corn. The only connection is the ankle that is placed where it is, to prevent the calf coming down and eating the corn.

With all good wishes for your very bright, readable paper.

Faithfully yours,

GEORGE REGINALD JONES,

L. R. C., Lond.: M. R. C. S., Eng.

---

### CONCERNING DOCTOR JONES' "READINGS." HOMŒOPATHIC THERAPEUTICS.

Editor of the HOMŒOPATHIC RECORDER.

We are in receipt of the HOMŒOPATHIC RECORDER for March. We have scanned its pages from cover to cover, as we always do, for it has taught us many things. We are especially interested in an article, entitled "Reading the Pulse, Eye and Tongue" for the indicated remedy, by Eli G. Jones, M. D. Interested especially because of his wonderful therapeutic results and method of diagnosis. We will discuss a few of the cases given:

1. That of a doctor's aunt, who was examined and diagnosed as having cancer of the bowels by physicians of Mt. Sinai Hospital and removal of three feet of intestine advised. Dr. Jones was called in, read the pulse, eye and tongue and found no indication of cancer and examination of the abdomen confirmed

his opinion, but she did have obstruction of the bowels. Could Dr. Jones have been mistaken in his diagnosis? Obstruction of the bowels is rather an indefinite term and we would, of course, interpret it as being a mechanical condition and believe that even Chionanthus would fail.

2. A case of strangulated hernia, and, if we have correctly interpreted the doctor's meaning, cured with Tr. Nux vom. and Tr. Bella., together with the application of wilted green tobacco leaves, locally. We do not believe that a true strangulated hernia can be reduced by such a method, therefore we are again doubtful of the diagnosis.

If you would have us be better homœopaths—help us to prove that homœopathy is the nearest approach to a true science of any system of therapeutics today. For the "Love of Mike" be reasonable.

Fraternally yours,

VOYLE A. PAUL, M. D.,

*Member of the House Staff of Metropolitan Hospital.*

(Dear Doctor Paul and others of the Staff. We think (perhaps, prejudice has something to do with it) that the RECORDER is among the most reasonable of journals. It does not know enough to sit in Jovian judgment so it lets the reader do it for himself. All the RECORDER pretends to do is to keep its pages clean from personalities and back-biting and to judge that the article printed is written in good faith. Our able co-workers, Clifford Mitchell and James C. Wood, runs the scientific end, while we keep the gate of the open road, as Walt Witman puts it.

Yours very truly,

EDITOR H. R.

A boy, six years old, had chronic enlargement of the tonsils, which caused suffocative breathing, especially on lying down. *Baryt. carb.* 200 cured him. The wife of this man refused to accept Homœopathy, and always said: "I know you cured my husband of colic, and I know you cured Jimmy, but I can never believe in Homœopathy, it seems so little! I suppose it's good for children, however."—*Dr. J. S. Linsley.*



## THE SPECIALISTS' DEPARTMENT.

---

EDITED BY CLIFFORD MITCHELL, M. D.

25 East Washington St., Chicago, Ill.

### OUR CONTRIBUTORS.

This month we are pleased to announce a very practical hint on the treatment of discouraged men by Dr. Frank Wieland, of Chicago, who, as medical director of the large plant of Montgomery, Ward & Company, has made a record of which we are all proud. Dr. Wieland, in his usual witty style, tells us what to do when the prostate troubles us.

Dr. Askenstedt, of Louisville, continues his homœopathic verifications.

We excerpt more hints from Dr. C. T. Hood's paper, and also print some practical points from an article sent us by Dr. J. F. Boone, of Chicago, one of our promising young writers.

### THERAPEUTIC NOTES.

**The Trouble-Making Prostate.**—Dr. Frank Wieland, of Chicago, whose contributions to the *RECORDER* have been welcomed by many of our readers and have even been translated into foreign journals, says of the prostate:

The most important organ in the economy of the male, in its capacity to cause trouble, is unquestionably the prostate gland. It expends its fury on two types of men—those who are indiscriminate in their sex relations, and those who are celibate. Naturally the symptoms shown by these two classes of men are different. Take, for example, the tired business man, with whom we are so often called to sympathize. If he has reached the age of forty or forty-five, the chances are that his sex appetites are not quite met, at home, for obvious reasons. If he is of moral tendencies, he has, added to the usual worries that attend business, the nagging of unsatisfied sex desires. He will complain of lassitude, irritability, and a sense of pressure at the base of the brain. With this chain of symptoms goes an indefinable fear, of nothing

in particular—just an apprehension. If a tonic is given such a person, nothing is accomplished but stimulation, which only makes matters worse. An examination of the prostate will show it to be filled to bursting, and sensitive to touch. Stripping the prostate will clear up the disagreeable symptoms. So pronounced has been the improvement in one case, that whenever friend husband gets too impossible, his wife says, "Sam, you must be sure to have your prostate massaged on your way home tonight." It insures a pleasant dinner hour. Chief among the sufferers are theological students—men of strong moral tendency, but virile and well sexed. Many cases of nerve prostration can thus be prevented, or benefitted.

In young adults, who are "rounders," we have always the possibility of infected prostates. The early use of astringent injections lies back of this unfortunate complication. As long as gonorrhœa remains confined to the urethral mucous membrane, it is manageable. But no one can tell just what the outcome will be of a deep infection. If we physicians can only be content to be conservative in our care of gonorrhœa, what we lose in gallery play we shall gain in end results.

Few infected prostates will need to be opened and drained, possibly not more than five per cent. Rest in bed, hot sitz baths, and pulsatilla in appreciable doses will tend to restore the discharge, and relieve tension. Under proper care, sterility should not result.

**Practical Points in Homœopathic Therapeutics.**—Dr. F. C. Askenstedt suggests the use of homœopathic remedies in the following conditions:

*Euphrasia* most effective in acute coryza, with red eyes, but throat not inflamed.

*Pulsatilla* when menstruation is delayed, or suppressed from cold.

*Lachesis* for hot flashes and palpitation appearing after rising mornings.

*Cocculus* in dizziness of nervous origin, with or without nausea.

*Baryta mur.* in arterio-sclerosis, with high blood-pressure, vertigo, constipation and dyspnœa.

*Secale cor.* in arterio-sclerosis, especially of spinal cord, with

coldness of the extremities, impaired locomotion, numbness and tingling.

(To be continued.)

---

**A Common Cause of Pneumonia.**—Dr. J. A. Toren has directed our attention to a common cause of pneumonia during an epidemic of colds. He regards the hot bath so often taken by those who have colds as pernicious when the nose is obstructed, and has seen several cases where pneumonia resulted from taking a hot tub at this time. By some the occurrence of pneumonia in such cases is attributed to the patient being chilled after the bath, but Toren thinks the bath congests the lungs owing to the air of the bathroom being surcharged with steam.

**Roentgenological Signs of Gastro-Intestinal Diseases.**—J. F. Boone, of Chicago, in a pamphlet sent us, sums up the signs of gastro-intestinal diseases as shown by the x-ray as follows:

1. The signs of gastric carcinoma are :
  1. A filling defect.
  2. Dislocation and lessened mobility of the stomach.
  3. Six-hour residue without marked dilatation, or if the carcinoma merely infiltrates and stiffens the pylorus, a quick emptying.
  4. A break in the normal peristaltic waves when they reach the area of infiltration.
  5. A palpable tumor corresponding to the filling defect.
2. The indications of gastric ulcer are :
  1. Nitch or spasm of circular muscular fibres.
  2. Increased peristalsis.
  3. Filled crater of callous ulcer or diverticulum of perforating ulcer.
  4. Six-hour residue, where the ulcer causes obstruction, with resulting dilatation of stomach.
  5. Delayed emptying with a spastic condition of the pylorus.
3. The indications of duodenal ulcer are :
  1. Early opening of the pylorus with quick emptying.
  2. Increased peristalsis.
  3. Dilatation of duodenal bulb with a residue of barium.
  4. Diverticulum of perforating ulcer.

5. Pressure tender points over duodenum.

Dr. Boone uses barium sulphate for both opaque meals and enema.

**The Treatment of Mitral Regurgitation.**—Dr. C. T. Hood, of Chicago, has the following to say regarding the treatment of mitral regurgitation:

If, however, the case is 55 or older, the feet and legs are œdematous if there is inability to lie down, dyspnœa and cough, pulse soft, small and irregular, the impulse under the hand wavy but at all times distinct, the apex only slightly downward and to the left of the nipple line, the murmur soft and blowing in character, the pulmonic second distinct but not accentuated, the case is one of **mitral regurgitation**, due to chronic endocarditis or endocarditis and myocarditis. The management of such cases is not very satisfactory and the mortality rate is high. The liver and bowels should be relieved by Podophyllum or by elaterium in 1/20 grain doses, care being taken not to exhaust the patient; whiskey in liberal quantities, nitro-glycerine 1/250 of a grain every 4 to 6 hours, strychnia 1/60 of a grain combined with it. The best remedy for the greater number of these cases is cratægus tincture, giving from 10 to 20 drops every 2 to 4 hours. If it fails to give results, digitalis may be tried (the infusion being the better preparation). It should be used with extreme care. The general nutrition in these cases is always poor and must receive special care. Insomnia is one of the most troublesome symptoms and must be met in some way; codeine or morphine as has been advised at bed time. The urine often contains a plain trace of albumin, but no casts, no kidney lesion is present, the albuminuria being due to the passive congestion of the kidneys, and the deficient alcalinity of the blood and should receive no special attention.

The management of mitral regurgitation and mitral stenosis in children is often a hard proposition, owing to the difficulty of obtaining absolute rest.

## CLINICAL URINOLOGY AND RENAL DISEASES.

CLIFFORD MITCHELL, M. D.

**The Relation of Blood Pressure to Kidney Disease.**—Not long after the sphygmomanometer came into general use the state-

ment gained currency that a high systolic blood pressure meant kidney disease. Much error resulted from the almost universal acceptance of this half-baked dictum as has already been pointed out in this department of the *RECORDER*. We were the first or among the first to take exceptions to the broadness of the statement, our experience in renal diseases not being such as to make it possible for us to endorse such a sweeping assertion.

Further study has shown the error of the claim that all cases of high blood pressure are due to renal diseases. At the same time the frequency of renal disease in such cases of high blood pressure is universally and correctly recognized. In the writer's experience about three-quarters of the cases of very high systolic blood pressure show some evidence or other of renal disease, but there are many cases in which the blood pressure is extremely high, 200 or upward, and no signs of kidney disease can be found in the urine even on repeated examination. To argue that these cases are renal is, in the writer's opinion, assuming too much.

Again it is wrong to argue that, because a person has a normal or low blood pressure, kidney disease is absent. The writer has seen several cases of well pronounced chronic parenchymatous nephritis in which the blood pressure was not above 140 systolic. Many cases of this disease show less than 200 systolic.

It is likely, however, that, when a patient suffering with renal disease becomes affected by some toxemia, as, for example, intestinal or hepatic, the blood pressure then will run high. Hence in chronic parenchymatous nephritis, in which we do not, as a rule, expect a high blood pressure, finding such a pressure will aid us in the treatment of the toxemia aggravating the kidney disease and this should always be borne in mind.

The writer has pointed out that low blood pressures are common in youths with essential albuminuria. This observation we are continually verifying, blood pressures as low as 90 systolic having been encountered in this interesting condition. Whether essential albuminuria is related in any way to pre-tubercular conditions will be worth studying in connection with the low blood pressures found by the writer.

Much attention is now being paid to the diastolic blood pressure from the viewpoint of prognosis. It is held that a high



diastolic blood pressure, as, for example, over 100, is of bad prognostic significance and that cases where it is 120 are liable to cerebral apoplexy.

At the same time the comparative insignificance of a fairly high systolic alone has come to be recognized. For example, a systolic of from 160 to 180 may not necessarily be of serious significance. Especially is this the case in hearty eaters of sedentary habits. Such persons should be advised to join golf clubs, to eat less, to avoid alcohol and tobacco and to follow the comedian Williams' advice about "late hours."

**Urine Tests for Cancer.**—From time to time a number of tests have been proposed for the detection of cancer by the urine. Of these the so-called **colloidal nitrogen** is the principal one. This test is performed as follows:—The urine is first freed from protein, if any be present, by boiling and addition of acetic acid, as usual, and to 100 c.c. of the filtered protein-free liquid is added zinc sulphate in amount sufficient to saturate it. The liquid is allowed to stand 24 hours, filtered through an ashless filter paper, and the precipitate washed half a dozen times with saturated zinc sulphate solution. The paper and precipitate are then placed in a Kjeldahl flask and the quantity of nitrogen determined by the Kjeldahl method. The nitrogen in 5 c.c. of the urine is also determined and the ratio of that in the precipitate to that in the urine computed. Normally the amount of the nitrogen in the precipitate is but 2.2 per cent. of the total nitrogen, while in cancerous conditions it rises as high as 4.00 per cent.

A number of observers report favorably upon this test, others say it is by no means pathognomonic.

**The oxyproteid test** is complicated and cannot be described here.

**The neutral sulphur test** is as follows: 150 c.c. of urine are freed from albumin in the usual way by boiling with addition of a little dilute acetic acid and, after filtering, 150 c.c. are diluted with 100 c.c. of distilled water. A mixture of 100 c.c. of barium hydroxide solution (saturated) and 50 c.c. of saturated barium chloride are added, the mixture is filtered, and the filtrate tested with barium to see if the precipitation is complete. In order to remove the ethereal sulphates, 300 c.c. of the filtrate are made

acid with 30 c.c. of hydrochloric acid, boiled for fifteen minutes in a 500 c.c. Erlenmeyer flask, using a funnel condenser. After this the flask is placed on a water bath for 24 hours. The mixture is filtered and 200 c.c. of the clear filtrate are mixed with 3 c.c. of hydrogen peroxide solution, and boiled for fifteen minutes with funnel condenser. After boiling the liquid is allowed to stand in a conical glass, where, at the end of six hours, the amount of brown precipitate is estimated. Certain drugs in the urine interfere with this test, as antipyrin and creosote.

The neutral sulphur test has received considerable attention, but on the whole, has not been commended as pathognomonic.

We have already commented on the **methylene blue test** in a previous number of the RECORDER. Like ourselves, others have been unable to verify the claims of the originator.

The "**urochrome**" test is another candidate for favor in the detection of cancer and is performed as follows: to 100 c.c. of urine add 10 c.c. of hydrochloric acid and heat to boiling. Let cool and add 30 c.c. of ether with repeated shaking. Let stand 12 hours and pipette off or decant off the ether, which is allowed to evaporate spontaneously in a clean white dish. If the ether is colored pink and leaves a reddish residue, the condition is one of malignancy.

This urochrome test is the simplest of all barring the methylene blue, but, unfortunately, is not pathognomonic. (The "urochrome" test was first called hema-urochrome by Davis, who originated it.)

**Test for Urobilinogen.**—"This aldehyde test is one of the greatest aids in the diagnosis of complicated kidney, liver and heart diseases accompanied by ascites. If these three organs are in question, we administer digitalis. If urobilinogen and albumin diminish in the urine, that is, if the liver and kidney conditions improve, the primary trouble is indicated in the heart. If the urobilinogen remains unaltered in quantity and the albumin becomes less, the liver is indicated as the principal causative agent. If the urobilinogen diminishes and the albumin and casts are unaltered, the kidney is probably primarily diseased. This principle, while in practice sometimes obscured, offers in many instances invaluable assistance in diagnosis." (*Hahnemannian.*)

(The urobilinogen test is described in *Modern Urinology.*)

**A New Cure for Nephritis.**—Glycogen, prepared from young mussels, is said to yield good results in the treatment of chronic interstitial nephritis.

**Headache in Nephritis.**—One of the most difficult things to treat in the course of nephritis is headache, which sometimes is most agonizing. In our experience sweating gives the most sure relief, but in some cases even this is but shortlived in its palliative effect. *The Virginia Medical Monthly*, for quick relief, advises small doses of acetphenetidin, guarded by aromatic spirit of ammonia, to prevent depressing action on the heart. For lowering the blood pressure when it is high in such headaches nitroglycerine, aconite, belladonna, chloral hydrate, or potassium iodide may be used.

Guarana is a remedy which has been overlooked in such cases. Gelsemium is also recommended for the headaches of nephritis. In a case of dull persistent headache in **chronic nephritis** the writer has used oxgall with nux and pancreatin successfully in one case in which hepatic toxemia was suspected.

**Acid Phosphate of Sodium.**—Occasionally it is necessary, for clinical purposes, to render the urine temporarily acid. This can be done most easily and without danger by use of acid phosphate of sodium. But as this term is an old one physicians should specify sodium phosphate, monobasic, in order to obtain the salt which has an acid reaction when dissolved in water. Fifteen grains may be given as a dose several times daily.

**Relation of Cystinuria to the Liver.**—Evidence is accumulating that the obscure condition known as cystinuria (*Urinology*, page 422) is in some way related to glandular disturbances, as, for example, of the liver and that treatment of it by opotherapy offers the best solution of the problem so far baffling to therapeutists. (See article by Benoist in the *American Journal of Urology*, February, 1915.)

**The Coefficient of Ambard.**—In answer to a letter asking us what we meant by our allusion to this coefficient in a previous issue of the RECORDER we will say that there is a constant relationship between the quantity of urea in the blood and that in the urine.

This relation is expressed by a coefficient discovered by Ambard, which normally varies from 0.065 to 0.085. The estima-

tion of the urea in the blood and in the urine is made simultaneously, the urine for half an hour being collected and the vein being punctured in that interval also.

The coefficient is available mostly for surgical cases. Activity of renal function is shown by a decrease in the coefficient and vice versa. Naturally, if the amount of urea in the blood increase while at the same time the amount in the urine decreases, impairment of renal function is shown. The coefficient cannot be used for the separate determination of function, but must be applied to cases where the function of the kidneys is taken together, unless one kidney is entirely excluded as in congenital absence, hypernephroma, hydro- or pyo-nephrosis. The coefficient can, however, be used in cases of unilateral renal fistula, renal ectopy, and in all cases where a number 8 ureteral sound can be passed. (*American Journal of Urology.*)

**Dysuria.**—Dr. J. C. Wood's able paper on Dysuria in the March RECORDER has been of service to many of us already. We notice also a paper on the subject written by Cary, of Brooklyn, who alludes to the peculiar interest attaching to the condition. Cary agrees with our own observation that over-acid urine due to insufficient water-intake is sometimes a cause, as has been shown in the last RECORDER in this department. Trigonitis is, according to Cary, the most common lesion and this responds to instillations of silver nitrate and the two way catheter. (*A. J. of U.*)

**Pyelitis.**—McGrath, in the *American Journal of Urology*, discusses the treatment of pyelitis. On the whole, he decides, that a permanent cure is hardly to be expected unless removal of the focus of infection can be undertaken. **Removal of the infected kidney does not necessarily insure the other kidney from infection.** The focus of infection in 75 per cent. of the cases is the intestinal canal.

Infected ovaries and tubes are also a source of infection of the kidneys.

---

*Berberis* takes the kidney tract,  
With pain and lameness in the back.

—STACEY JONES' *Mnemonic Similiad.*

## HOMŒOPATHIC THERAPEUTICS.

Dr. Douglas Calkins, of Summit Hill, Tenn. (*Med. Century*), writes that *Gelsemium*, in one drop doses of the tincture, will abort, or greatly mitigate, incipient cases of remittent fever, including typhoid. Frequency not stated. By this means "you will save your patient from weeks of suffering and from danger of death." Also same writer extols *Arsenicum alb.* for facial neuralgia; use it in conjunction with *Cinchona*.

If writers for homœopathic journals know the number of inquiries that come in after a paper is printed concerning the strength and frequency of the dosage, they would surely always give it in their reports.

*Elaps cor.* has, emphasized, "fear of rain." Surely a peculiar symptom and it may be never met with.

If the patient is troubled with difficult urination and nothing seems to give relief it might be well to put him on *Stigmata maydis*  $\theta$ , 10 to 50 drops—it is a tincture of corn-silk—about three times a day. It has often given relief.

In typhoid it is well to keep in mind Burnett's favorite remedy, *Pyrogenium* 6. He thought it was very close to a specific. Every two hours about 4 tablets until relief.

If the patient has boils, just one or many, and they keep on coming, put him or her on *Echinacea*  $\theta$ , 5 drops or 10 drops, twice a day. Has cured many cases.

---

## BOOK REVIEWS.

### A New Homœopathic Practice.

While Dr. Mills has been connected with our homœopathic journals for over twenty years, during which time he contributed many valuable papers to their pages, this is his first appearance in book form, if we may so put it. This book (*Practice of Medicine*. By Walter Sands Mills. 705 pages. 8vo. Buskram binding. Gilt Top. \$5.00. Boericke & Tafel. 1915), is the result of a varied and ripe experience. The doctor (to give an outline of the man) went through a course at Harvard, took a



B. A. at Columbia and was medically born an M. D. at the New York Homœopathic Medical College in 1889. After this followed eighteen months at Ward's Island Homœopathic Hospital, and twelve months at the Brooklyn Cumberland Street Hospital, as interne. Then several years' practice in Connecticut, where he also was Secretary and Treasurer of the State Society. Afterwards about two years in New Mexico on account of health, and then with health restored he returned to New York in 1897, where he has ever since led an active life, for in addition to his practice he has, at various times, served as Medical Inspector of Health Department, Medical Examiner for N. Y. State Hospital for Incipient Tuberculosis, has been on the Metropolitan Hospital Staff since 1897—obstetric, dermatology, nervous, tuberculosis and general medical at various times—has been connected with the N. Y. Homœopathic Medical College and Flower Hospital in various capacities, at present being Professor of Medicine, and, finally, has been on the Staff of *The North American Journal of Homœopathy* for about eighteen years.

From this outline of our author's career it will be seen that he has not been in a hurry to rush into the task of book-making—won his spurs first.

The book is divided into fourteen sections, covering infections, diseases common to man and animal, intestinal parasites, constitutional, poisonings, blood, heart and blood vessels, respiratory, digestive, kidneys and bladder, skin, ductless glands, mental, and, lastly, nervous, diseases. In covering this big area the author does not make the mistake committed by so many writers of giving you more than you want, but he gives you what, on the average, you need when you consult a book on practice—he tells you how to distinguish the disease, what to do, what may be reasonably expected and what to prescribe. In short, he gives you a sane consultation by an experienced man.

Naturally, in a book covering the ground this one does you can find points to which you will object—at least some of you, like the reviewer, for instance. When the author tells us of Hafkine's serum for the plague, or for the cholera, we meet it with a shrug of the shoulders, because this individual "we" does not have even a little bit of faith in serums either curative or

prophylactic. However, it is possible that this is an idiosyncrasy of the reviewer and, doubtless, there are others who want the information on these points that Dr. Mills gives them.

In conclusion, it may be said that the book is a fine, modern, scientific homœopathic practice, one that will aid our "regular" brothers who dip into its pages as much as it will the "homœo" brother—it will aid everyone who has the care of the sick—with apologies to our English brothers for the use of the word "sick."

While we are about it perhaps we cannot do better in an effort to give the readers a true idea of the book than to quote Scudder's *Eclectic Medical Journal* concerning this book. Here it is:

"This work is a marvel of condensation and rich in material gathered from the author's experience. The subjects are considered in short epigrammatic paragraphs, and the whole work is especially readable and refreshing. No one can read this practice without grasping the subject matter with ease, and so interesting is it that he will retain much more of it than he will from reading the ordinary style of books on the practice of medicine. The hand of the teacher and the ripe experience of the veteran practitioner are in evidence on every page. The author and the profession are to be congratulated."

---

*The Beginnings of Homœopathy in Detroit* is the title of an elegant 31 page, paper covered pamphlet, by Dr. Clarence H. Burton, of Detroit, Mich. It contains the pictures of many of the pioneers, among them Dr. John H. Ellis, with whom the writer had many a scrap in bye gone days over communion wine, Dr. C. S. Burton, a genuine homœopathic pioneer, Dr. F. X. Spranger, an old subscriber, Dr. Francis Woodruff, Dr. C. C. Miller, Dr. H. L. Obetz, and also pictures of early scenes in Detroit. It is a pamphlet that every Michigan man ought to get a copy for his archives.

# Homœopathic Recorder

PUBLISHED MONTHLY AT LANCASTER, PA.

By BOERICKE & TAFEL

Subscription \$1.00, To Foreign Countries \$1.24, Per Annum

Address communications, books for review, exchanges, etc.,  
for the editor, to

E. P. ANSHUTZ, M. D., 1011 Arch Street, Philadelphia, Pa.

---

## EDITORIAL NOTES AND COMMENTS.

A "Crime."—Our learned and widely circulated contemporary, the *Medical World*, quotes Dr. John B. Murphy, one-time president of the A. M. A., as follows: "Tuberculosis is indifferently and outrageously neglected in its treatment; in fact, this borders on a crime." Perhaps he is rather too severe on his brother practitioners, for their therapy is founded on empiricism—rats, mice, cats and dogs—and the best of them seem to realize that it is folly. When an honest practitioner has given the canned advice about fresh air, suitable clothing, fresh milk, raw eggs and gentle exercise what else is left to him is left to him if he knows not Homœopathy.

**The Limit.**—From Maine to Oregon and south to the Gulf the woods are full of wild eyed persons bent on compelling the rest of the world to be good, in pursuit of which they ride rough shod over those they seek to better. It seems that the Buffalo, N. Y., Health Board is making a tentative move against tobacco, which is just a little more an agent of the devil than "rum," for it is declared that tobacco leads to "arson, theft, murder, insanity, sexual depravity and perversion." Commenting on this the *Buffalo Medical and Surgical Journal*, among other things, says: "And, it should be realized that we are just about at the limit of tolerance of intolerance in this country. What we most need is a new commandment 'Thou shalt not say shalt not to thy neighbor.'" Welcome, brother, to the ranks of those who be-

lieve that even sinners and the public have some rights that health boards, inspectors and reformers ought to respect, but do not.

**Why They Die.**—Possibly the reason so many homœopathic journals die or become moribund is that so many of them toddle along after allopathic therapeutics, which homœopaths do not want and allopaths get better at first hand. Possibly.

**"Therapeutics."**—"H. S." contributes an editorial to Cincinnati *Medical News* under this title, which seems to show that "H. S." is not so far from homœopathic philosophy: "We note also that pneumonia is accompanied by fever. We, therefore, use antipyretics. If the fever is beneficent we use antipyretics, if the contrary we also use antipyretics; that is, we play safe. Fever is fever and should be suppressed. If it is an expression of defense we suppress it because—well, it is fever."

**The Modern Argonauts.**—Our most estimable contemporary, *The Pacific Coast Journal of Homœopathy*, gives us a list of homœopaths who have been licensed to practice in the Golden State since August, 1914. Counting up the number we find it to be fifty-four. Surely California is the lode-stone that draws all professions and all peoples. Perhaps in time Frisco will become the New York, or what that term stands for today, of the unconquered and screaming, American Eagle. Did not Horace Greeley, O New Yorker! exclaim in his heyday, "Go West, Young Man, Go West!" However "east" and "west" are indefinite terms today. With Frisco the "East" the old time "East," China, will become the live and booming "West." Ye Gods! Time works wonders.

**The Cause?**—One of our exchanges credits the *Medical Record* (a journal we do not often see) with the following: "Twenty of the doctors, nurses, and employees of the Sloane Maternity Hospital in this city have suffered typhoid fever since the beginning of the year. None of the patients has been attacked and the origin of the outbreak has not been ascertained; no typhoid carrier has been discovered among the kitchen and dining-room staffs." Our learned friends will have to overhaul

their science or go back to older theories, like that which prevailed in the beginning of man's records, that disease is caused by demons. Really one theory has about as much of a scientific foundation as another.

**A Problem.**—One of our valued exchanges opens a paper with the assertion that "Vesectomy is rapidly gaining favor in the minds of those who seek a means of lessening the number of children of criminals" and more to the same effect. Naturally one wonders if these seekers after good have ever considered the somewhat grave responsibility they take upon themselves of extinguishing human life? The son of a "criminal" has been known to grow up a very decent and orderly man and it has been known, in times past, at least, that the son of a highly respectable gentleman has sunk to the lowest depths. If eugenical science has developed to the point where its priests can decide on the character of possible unborn children it should have a niche in the modern Pantheon. But, we have our doubts!

**Medicine in Germany.**—*Medical Freedom* prints a letter from our old friend, Dr. William E. Leonard, of Minneapolis, addressed to the Legislature of Minnesota, protesting against a proposed Medical Act now before it. This letter contains a paragraph that will be news to many. Here it is:

Germany has gone the limit in these matters, but after a generation of increasingly rigid laws concerning medicine, in 1907 abrogated all medical restrictions, and is now the freest country on earth in which to practice medicine. Recently the German Reichstag also repealed laws of compulsory vaccination, as has also England to a degree, after seeing its futility in preventing the spread of small-pox, and even laid down the principles that the State is liable for the evil results of the vaccination upon the individual.

This reminds us that about two years ago we met a German professional man (opera) at a dinner and in the course of the conversation he asserted that no citizen had to be vaccinated in Germany who did not want the operation.

**The Old Doctor.**—Under the heading, "The Passing of the Physician of the Old School," Dr. T. E. Wannamaker, Jr., of Clurow, S. C., in part, writes:



“Actions speak louder than words and so their lives stand out to those who have known them like the pyramids of Egypt when Napoleon told his men, ‘Yonder centuries look down upon you.’ Just so these men represent the medical knowledge of centuries, and these look down upon you today. Honor, respect and emulate them for the profession they have handed down to you. There are few of them left and they are passing away one by one, a type of man from whom the flush of life is departing.”

It is kismet that the young man of today will be the old man of tomorrow, if he lives, and then the “has been,” and then—nepenthe. No one is taught wisdom in college, he is only fitted out with a, more or less, good set of tools, and wisdom comes, if it ever comes, when he uses them, or tries to and, too often, fails, for there is wisdom even in failure.

**Tetanus.**—A contributor to *Berliner Klinische Wochenschrift*, 2-8, says that there have been many deaths from tetanus in the German army, and that even the antitetanic serum seems to fail as do other means. If these men would use a good homœopathic tincture, or potency, of *Hypericum*, “the arnica of the nerves.” they would have much better success, both in prevention and in the care of the ill.

**Wholesale Butchery.**—The Governor of Illinois and the General Assembly recently had a discussion on the foot and mouth disease, in which the medical experts, editors of agricultural papers and others took part. The conclusion reached was that the only way to conquer the disease is to kill the cattle. “At that time.” says the report, “more than 500 herds had been killed.” The average number in the herds was not stated. From the general nature of the disease it looks as if homœopathic remedies ought to cure it easily—*Aconite*, *Rhus tox.*, or *Arsenicum*. However, it is, perhaps, hopeless to expect those in charge to even give Homœopathy a trial; they can do nothing and will not permit those who can to take their places.

**Legislative Therapeutics.**—The Milwaukee *Press* prints a warning from Commissioner of Health Ruhland against too great a trust in antitoxin. It seems that Milwaukee has few diphtheria cases, but the mortality is unusually high. Reading

between the lines it is seen that while antitoxin may apparently cure some cases it is not a specific. For that matter neither is official diphtheria a specific disease, even if the law says it is. Back of all disease is the dyscrasia of the patient and it is there that the real scientific physician directs his curative agents. By the real scientific physician we mean the man who knows the scope of Homœopathy, and the meaning of Hahnemann's *Chronic Diseases*. Every man who has to do with cases of diphtheria knows that Johnny, Billy, Sammy and others may have a disease officially dubbed "diphtheria," and that in some it goes on to death, in others to grave complications, while in others it is "light." It is officially the same disease in each case, but practically it is a different one in each patient. H. C. Allen points out this fact in his book, the "Therapeutics of Fever." Each case of fever may be officially the same, yet each may require a different remedy. There is no real science in curative medicine but Homœopathy.

**Knocking the Surgeons.**—The following is clipped from a paper in the *Journal of the A. M. A.*, 3-20, by William J. Mayo, of Rochester, Minn., himself not unknown to surgical fame:

At present, in our clinic, necropsies are secured in more than 90 per cent. of all deaths. Either the operating surgeon or the first assistant is present at the necropsy. Thus we secure an enormous amount of information, much of it humiliating to the surgeon and much of it concerning failure of hemostasis. People die from very real things. When I hear of some surgical fatality explained in some abstruse theoretic manner, I suspect that a post-mortem was not made or, if made, that it was done by a pathologist not competent to judge of the conditions present.

Some optimists say that man is reaching higher levels, but possibly the surgeon may be doubtful, based on what he sees. The surgeon is mortal and therefore liable to error as are all mortals, especially in such a guess-work thing as diagnosis. It would be well for humanity if every surgeon had a skilled prescriber of Homœopathy on his staff who could handle the case for a reasonable time. It might save many an operation and thus accomplish the altruistic end of medicine. At best cutting is but palliative in disease and though necessary, at times, is not the highest form of the medical art.

**Homœopathy the Only Scientific Medicine.**—Dr. Soldin, writing of an outbreak of dysentery (*Deutsche medicinische Wochenschrift*, as translated by the *British Medical Journal*, 3/27), among other things, says:

Considerable difficulty was experienced in distinguishing between dysentery and typhoid fever, many cases of which were admitted to the dysentery wards. The greatest difficulty was experienced when there were no clinical symptoms of typhoid fever, and the course of the temperature was characteristic of neither typhoid fever nor dysentery. In such cases the differential diagnosis was not made for weeks, and the existence of typhoid fever was not established till Widal's reaction was found to be positive, or the bacillus of typhoid fever was cultivated from the blood. In some cases patients were admitted with every symptom of dysentery. They had improved much at the end of a week, when they developed typhoid fever, Widal's reaction being positive for both diseases.

If the physicians in charge had been men who comprehended Homœopathy, while they might have tried to diagnose the cases, and probably made the same mistakes, would not have been bothered very much by the error, for they would have treated the patient according to the conditions presented. The "regular" was at sea until he had his name for the disease, just as though it was something the same in every man, and this established he could fall back on routine treatment for the name. Surely such a system of medicine does not merit the appellation of scientific, because it is not in any sense scientific, being merely an attempt to exorcise devils or, according to their terminology, bacilli. What a lot that sect has to learn about curative medicine.

**What is a Cure?**—Kent Nelson and E. F. Haines, Surgeons in the U. S. Military Prison, Fort Leavenworth, Kansas, contribute a highly technical paper on the results of the *Salvarsan* treatment of syphilis, to the *A. M. A.*, Dec. 26. Here are the "conclusions" in full:

"1. Four injections of *Salvarsan*, combined with intensive *Mercurial* treatment, have given nearly twice as many negative serum reactions as did five injections of *Neo-Salvarsan* with *Mercurial* treatment.

"2. The best authorities state that with our present methods

of treating syphilis we cannot expect to obtain over 70 or 80 per cent. of negative Wassermann reactions. *Salvarsan* has given us 64 per cent. of negative serum reactions, whereas *Neo-Salvarsan* gave 33.3 per cent. in nine months.

"3. The drug should be used which will bring about the best results in the shortest possible time. We believe that our work with *Neo-Salvarsan* and *Salvarsan* will clearly demonstrate that *Salvarsan* is the drug.

"4. A greater number of reactions should not follow the use of *Salvarsan*.

"5. The complement fixation is of the greatest value in diagnosis, or as an indicator to the results of treatment.

"6. We believe that the results reported in this paper are of such a character as not to warrant the further use of *Neo-Salvarsan* in the military service; and to all others who desire to give their patients the best possible results in the shortest possible time."

This is all very interesting from the medically scientific point of view, but does a "negative" or "positive" reaction constitute a restoration to health or evidence of the contrary?

**Doing Right.**—Our scientific contemporary, the *Jour. A. M. A.*, quotes Gladstone: "It is the duty of the Government so to legislate as to make it easy to do right and difficult to do wrong." Gladstone was wise when he said that, but why does *Jama* quote it? Has not the *A. M. A.* had laws passed, and is it not working with might and main to have others passed (to protect the *A. M. A.*, alias "public") that make it inevitable that a man is more apt to do wrong (according to the *A. M. A.* laws) than to do right? For instance (Harrison law), an "old doc" of the *A. M. A.*, after March 1 may be liable to \$2,000.00 fine and imprisonment for doing that which he has been legally doing all his life.

## PERSONAL.

---

"To avoid taking cold lead the physiological life," says a learned exchange. Now we all know what to do!

It is fake humility to fall back so you can lift your boot on the fellow who is in front and land him one.

"In spite of Homœopathy man is still mortal."—*Neatby, B. H. J.* What else could he be, brother?

When one says that "God will do" this or that, one wonders at the cheek of some mortals.

Three years ago Uncle Josh said, "There'l be trouble!" Look at the war! Isn't Josh a prophet? Sure!

A "lost" temper is a verbal freak for at that time it is very much in evidence.

"Salvarsan is now being made in Canada." Blasted hopes! We thought some good to humanity might accrue from the war.

A vigorous laying on of hands sometimes cures a child, according to Solomon.

"Suggestion" doesn't pay a note.

"But vaccines are not a panacea," writes a homœopathic doctor. Right O!

You must not write "contents," but "content" to be in the medical literary swim.

U. S. Reports say appendicitis is much more prevalent among whites than blacks. Naturally.

"Some of us, no doubt, will get old some day"—remarks our esteemed *Medical Summary*.

"I can be as impersonal, as 'respectable,' and as dull as any editor in America."—*W. J. R. alias Critic and Guide*.

Jitney Busses, otherwise 5 cent kisses, at the church fair, according to the *Louisville Courier Journal*.

"If we must part let us part together," said the sentimental one.

"He lost nothing but his life," wrote the reporter of the murdered man.

He married his cook did that Chicago man, and she soon left him as cooks do.

A Kansas City kid said that "Watchful waiting" is a Christian hymn.

Calling a man a "liar" is merely one way of committing suicide in some regions.

The modern dances may not be right, but you are left if you do not know them, remarks Claude.

Binks remarks that every water-wagon in times becomes very dry—which is enigmatical in B.

Doc. Wiley says many ills originate in the mouth. That's what the parrot said after fighting the pup.

"Food, fingers and flies are the sources of disease."—*Wis. Med. Recorder*. Prohibit 'em!



# THE HOMŒOPATHIC RECORDER

---

VOL. XXX

LANCASTER, PA., JUNE 15, 1915.

No. 6

---

## A PROBLEM IN LOGIC.

When a homœopathic physician reports the curing of several cases with a given remedy our very good "regular" friends say it is a *post hoc* argument. One of them, *The Pacific Medical Journal*, has an editorial on Mary Mallon, otherwise "Typhoid Mary," who was cook in several places where typhoid broke out. The argument is that, therefore, Mary was the cause. Isn't this as much *post hoc* as the other?

Aside from this, the argument is that Mary carries the Eberth bacillus in her intestinal canal. In answer to the question as to how these bacilli get into their victims the *Journal* tells us to examine the hands and finger-nails of our cooks and waiters. It is an alarming proposition to squeamish persons, but when one has had a varied experience in life from the roughest to the most fastidious and has seen disease in all ranks, he is apt to think that the "regulars" are more given to the *post hoc* than any others. They see a peculiar microscopic form of tissue in a certain disease, see it repeatedly, and conclude that it is the cause of the disease. They see the same tissue form in healthy persons, but instead of doubting their theory they exclaim, Behold a Menace! It is a tenuous basis for science, yet on it is "regular" medicine complacently roosting. Many an orthodox, germ fearing man who has led the antiseptic life goes down to an early grave, while many others, hardened hygienic sinners, take life as it comes, eat their "peck of dirt" and live to a most disreputable old age. Sometimes one is inclined to think that the whole of the scientific hullabaloo could be compassed by simple, old fashioned soap and water and decent cleanliness. It is a long way to the Tipperary where the real cause of disease will be made known. Possibly the psychologist will get there before the bacteriologist.

**MENTAL THERAPEUTICS.**

By T. H. Hudson, M. D.

(Read before Kansas State Homœopathic Association, May 5, 1915.)

Perhaps no great violence will be done to the subject under consideration if psychological therapeutics be substituted for mental therapeutics. The purpose of the paper being to make a comparison between the physiological action and the dynamic energy of drugs—the word psychological seems to lend itself more readily to such purpose.

The popular conception of a medicinal drug effect (made popular by several thousand years of practice and an overwhelming majority of practitioners) is a physiological effect, which physiological effect is a pathological effect, which pathological effect is a drug effect. A less popular and later conception, endorsed by a comparatively small minority of practitioners is a psychological effect, which psychological effect induces no direct physiological or pathological result, such result being indeed most desirable to avoid. Physiological practitioners do not believe in, in fact do not conceive of, an impression outside of or beyond material force. Psychological practitioners do conceive of and admit material force, do not believe in the necessity of its employment, do not believe in its remedial efficacy, and do believe in the efficacy of the immaterial vital energy which every material agent contains.

The trend of modern therapeutics in the physiological school is toward very minute dosage of material drugs. The position of the psychological school is based not upon dose, but potency; not upon the material of which drugs are composed but upon the life principle which they contain. The therapeutics of the old school has shifted and changed, ebbed and flowed, waxed and waned, since time immemorial, been constant in nothing except the introduction and exploitation of new and untried drugs, coal tar products yesterday, serum therapy to-day, and has not improved in so far as rule or method in selection of remedies is concerned, nor in law or guiding principle for their administration. The therapeutics of the new school, being gov-

erned by natural law, is fixed and changeless, the only difference wrought by a hundred years being a wider application of law in the testing and adoption of remedies hitherto unknown, because unproven. To cite by way of illustration a concrete example of the two methods, let us take a single remedy prominent in the therapeutics of both. Forty or more years ago a celebrated physician of the old school found himself in the midst of an epidemic fever for which he happened to give *Aconite*. *Aconite* was the epidemic remedy, and the favorable results of its administration were so pronounced that, shouting Eureka! the physician published broadcast the statement that he had discovered the remedy for fever. Immediately throughout the length and breadth of the land old school physicians began to give *Aconite* for fever regardless of characteristics, and bye and bye witnessing no marvelous results, began to report unfavorably, when *Aconite* fell into desuetude, until reintroduced twenty years later by another celebrated physician under similar conditions. A year after this revival, *Aconite* was being administered in Bellevue Hospital for typhoid, when, you know, I know, *we all* know, that it is not, never was, never can be, a remedy for typhoid. Impossible! because it has not the creeping, crawling, slow sinister movement of typhoid in its pathogenesis, but on the contrary comes with cyclonic force and fury, comes crashing, dashing, thrashing through, and the mischief done in its passage, the damage left in its wake must be repaired, not by *Aconite*, but by some other agent or agents.

What is true of *Aconite* is true of all remedies—to appreciate their restorative power we must understand their destructive force. To the other school this is a dead letter. Notwithstanding the fact that constantly, continuously and invariably the administration of the physiological doses produces pathological results, such results teach no lesson to the administrators, who, while talking learnedly, aye and wisely, of the pathogenesis of disease, know nothing, think nothing, care nothing of or for the pathogenesis of drugs.

The old school believes that the cause of disease is of physical origin, and is not, therefore, inconsistent when it administers physiological doses of material drugs for its removal.

The new school believes the cause of disease to be of psychical

origin, and is, therefore, consistent when it employs the psychical power of remedies for its removal.

While admitting the consistency of the old school practice with old school theory, we consider its premises wrong, its conclusions, therefore, necessarily wrong.

As an argument in favor of new school theory practice, promises and conclusions, we might cite thousands of comparative statistical results in public and private practice, but forbear by reason of time and space limitations, and by further reason that these statistical evidences are open books accessible to all.

Let us rather for our own edification seek to understand how spirit answers to spirit, when life meets life in its own sphere and upon its own place. If as averred by Hahnemann, and accepted by his followers, the immaterial vital principle resident within the body of man animates, protects, guides, controls, directs and preserves in harmony and order all the intricate machinery of the body; or leaving it, leaves it useless, senseless, inanimate, dead, it follows that whatever disturbs this guiding, controlling principle must result in disorder, inharmony and disease.

It also follows that since the vital principle being immaterial the causes affecting it for better or worse, for weal or woe, must also be immaterial. True, the body may be injured by accident, overwhelmed by violence, destroyed by force, but these are results, and back of results is cause, and cause is immaterial. Arriving at this conclusion by a perfectly logical process of reasoning we are prepared for other conclusions equally legitimate, namely and for example, if the body of man, the highest type of animal, be thus builded, protected and preserved, other animal bodies, and if other, then all other animal bodies must be similarly preserved by similar endowment, and that endowment the vital principal which we know as *Life*.

Life, then, we recognize as not only the controlling and preserving force of the animal world but the creative energy of all worlds, vegetable and mineral no less than animal, for without this energy existence is impossible. The worlds, then, or kingdoms beneath the animal which for distinction we term inanimate, are instinct with life and life in mineral and vegetable differs from life in animal not in kind, but only in degree. Not only is this true but the relationship between Nature's king-

doms is intimate, and the exchange between them, the migration from one to other continuous, the higher lifting the lower into its own realm to serve a higher and still higher purpose until arriving at the body of man furnishes him with his material and means of expression and finding there its culmination serves there its highest purpose until by attrition of time, disintegration of years, casualty or catastrophe which renders the tenement unfit or undesirable, it leaves and the dusty tenement, returning to dust, falls back into the mother bosom to be received into the elements of which it was composed, while Life moves on into some higher realm. During Life's sojourn on earth it uses earth material to build its temporal habitation. For this purpose earth places at Life's disposal products rich in building material, golden grain, succulent fruits, edible plants, fish, flesh and fowl, and these in proper proportion are ordinarily sufficient to preserve the body in order and harmony. But sometimes Life, the supervisor, gets out of tune with his environment; the food which heretofore has been quite sufficient will not now suffice. Hitherto the director has been able to select from the usual material the inorganic elements necessary, organize them to best advantage and dispense them as needed. But now notwithstanding the abundance of material he seems to have lost the art of proportion, or the faculty of distribution, he has forgotten how to prepare or spread the feast or has spread the same repast in the same way so often and so long that it becomes monotonous and palls upon his erstwhile well fed and willing servitors. It is here that he needs assistance outside the ordinary. It is here that some condiment must be introduced to spice the viand or sharpen the appetite, or perhaps some suggestion made or reprimand given to slothful servants in one or more of many departments.

Leaving metaphor and figure of speech, let us say that food must be prepared for its office of nourishment and sustenance within the body. It must there be macerated, chymified, chyli-fied, kept at even temperature and in a condition sufficiently soluble for purposes of absorption and assimilation.

Medicine for its purposes of prevention or cure must be prepared for these purposes outside of and before entering the body. It must be triturated, comminuted, subdivided until its coarsest particles are finer than the smallest cells of the body. Nay, more,



it must be potentized and dynamized until its potentiality and dynamic energy are developed; until its life force is liberated; until the psychic intelligence contained within the physical body imparting form, color and distinguishing characteristics is set free. This force set free within a menstruum vivifies such menstruum until inert milk sugar becomes potent with life of mineral or plant and capable of assisting life in the body of man. Whether this be true philosophy or idle speculation matters little or nothing. What does matter is that a law of healing which you and I and every one who, having by practice proved, knows to be true, should be so exploited that all who would serve as healers should have opportunity to understand and apply. An effort is being made to establish here in the very heart of America a great school of medicine and allied sciences, a university that shall be equipped with the latest and best appliances for teaching and manned by a faculty whose individual members shall be masters in their departments. This faculty shall be competent to teach and shall teach everything that doctors should know, all things that science reveals relative to the art and science of medicine and surgery. If the friends of Homœopathy in this section of our country do but a tithe of their duty within the next fifty days we shall have the support of the great American Institute which represents the strength of Homœopathy in every State in the Union. This Institute which has but now awakened to a sense of its obligation and duty to a cause which needs and deserves the assistance which only such an organization can give, has selected Kansas City as the strategic place for one of the great colleges of our great country. I need not dwell upon the wisdom of the choice. Where if not here? Here where the great States of Kansas and Missouri join hands in the building of twin cities which, in the coming time and soon, shall be the admiration of the world; here where the long, strong iron arms of commerce gather treasure from north, south, east and west and distribute wealth throughout the length and breadth of the longest and widest area of fertile soil beneath the sun. Now is the time, this the opportunity, here the place. Here in this mighty city, where poverty furnishes clinical material, shall receive adequate compensation in medical care and medicine free. Here where wealth abounds and generous hearts and willing hands will aid in the

erection of a great hospital, fit and necessary accompaniment to a great medical college.

Doctors of Kansas, brothers of ours, closest of neighbors and nearest of kin, we call upon you to join us in this great enterprise which shall perpetuate our name and vindicate our cause. Join us in this endeavor to proclaim truth, diffuse light and benefit not only the present generation but a posterity which shall arise and bless the day in which we have lived and labored for love of humanity.

---

### A PROVING OF *BELLIS PERENNIS*.

Conducted by Department of Materia Medica, College of  
Homœopathic Medicine, Ohio State University,  
Columbus.

By **Albert E. Hinsdale, A. B., M. D.**

NATURAL ORDER.—Compositæ.

SYNONYMS.—*English*, English Daisy, Garden Daisy, Hen and Chickens; *French*, La Paquerette; *German*, Maslieben.

DESCRIPTION.—“A perennial herbaceous plant, stemless, scape naked, single headed. Leaves obovate, crenated. Flowers are white. Heads many flowered, radiate, the rays numerous and pistulate. Scales on the involucre herbaceous. Flowers March to August.”—“Homœopathic Pharmacopœia of the United States,” 1914.

HABITAT.—Europe, mostly in Great Britain.

HISTORY.—*Bellis perennis* was first mentioned in homœopathic literature by Dr. Henry Thomas, *British Journal of Homœopathy*, Vol. 16. Other references to the drug are to be found in Allen's “Encyclopedia,” *Homœopathic World*, Vol. 19; *Hahnemannian Monthly*, Vol. 19, and in a few other homœopathic journals of several years ago. *Bellis perennis* is described both as regards its symptomatology and therapeutic applications in Clark's “Dictionary of the Materia Medica.” This work quotes largely from Dr. Burnett, of London, who used the drug considerably. It is mentioned in Dewey's “Essentials of Homœopathic Materia Medica,” and occasional reference to it as a medicine is to be found in the periodical literature of the homœopathic school.

PART USED.—The whole fresh plant. The tincture used in this proving was supplied by Boericke & Tafel.

FORM IN WHICH THE DRUG WAS GIVEN TO THE PROVERS.—*Bellis perennis* was taken by the provers, they being six in number, four men and two women, in the form of the tincture only. No attempt was made to obtain symptoms by giving any of the different attenuations of the remedy; this at first sight might appear to render the proving incomplete, but in view of the fact that *Bellis* is not a very active medicine, and that symptoms were only obtainable from large doses of the tincture, renders it very probable that no symptoms would have been obtained from any of the dilutions had they been given.

PHYSICAL CONDITION AND OTHER FACTORS CONCERNING THE PROVERS PREVIOUS TO THE ADMINISTRATION OF THE DRUG.—The following is an outline of the examination to which each prover was subjected:

Age.

Blood pressure.

Blood by Wright's stain.

Hemoglobin.

Urine:

Total amount for 24 hours.

Color.

Specific gravity.

Albumin.

Sugar.

Urea.

Reaction.

Condition of the heart.

Condition of the lungs.

Condition of the liver.

Condition of the skin.

Habits:

Is the prover a smoker?

Does the prover drink coffee?

Does the prover drink tea?

Condition of pulse.

Temperature.

Is there a craving for any particular article of diet?

Is there an aversion to any particular article of diet?

Condition of sleep.

Is the prover subject to headache?

Is the prover subject to dreams?

Temperament.

Condition of bowels.

The ages of the provers were 29, 24, 22, 22, 22 and 43 years, respectively; the first three ages being those of the men. Every prover was found to be practically normal both in regard to his physical condition and activity of his organs. A very few physical and functional defects were noted, but their deviation from the normal was almost within the limits of physiological variation. It would be difficult to select six better specimens of physical and functional development than were the provers.

#### SYMPTOMATOLOGY.

SKIN.—(The number given after any symptom represents the number of the provers who experienced the symptom.) Itching on the back and along the flexor surfaces of the thighs (3); this symptom made its appearance on the seventh day of the proving and lasted until the drug was discontinued, and it was unattended by an eruption. The modality of this symptom was worse from hot bath and from the warmth of the bed, and relief from cold (3). A previous acne became worse (1).

Itching around hairy margin of scalp and over the back, not noticed in the day time; worse from hot bath and warmth of the bed and relief from cold (1). One prover experienced absolutely no symptoms at all, either upon the skin or elsewhere.

Four or five boils appeared on the face on the twelfth day and lasted one week (2).

STOOL.—Five provers experienced intestinal symptoms characterized by diarrhoea, as follows: Yellow (5), foul odored (5), watery (3), semi-solid (2), painless (5), and attended by little urging (2), or no urging (3), some gas expelled with the stools (2), and worse at night (5).

SEXUAL ORGANS.—(The following symptoms were shown by one of the women provers; the other prover had a hysterectomy performed some years ago and consequently no symptoms peculiar to disturbances of the sexual organs or menses could be obtained): Started taking the drug the day before menstruation and the proving ran over two menstrual periods. The uterus seemed sore as

if squeezed; this symptom was more or less constant through the entire menstrual period each time. No change in the character of the flow could be detected. Accompanying symptoms were dizziness and vertigo, worse upon rising and relieved by lying down. Pain down the anterior surface of the thighs was noticed each time of the menses.

EXTREMITIES.—Owing to the variety of the rheumatic symptoms elicited, each prover's symptoms are recorded separately.

Prover No. 1.—Soreness in both elbow joints, which felt as though hit with a club; this symptom lasted two days after which both knees and right ankles were similarly affected. There was a deep soreness with strained feeling which lasted until the proving was completed (23 days). No modalities.

Prover No. 2.—Soreness of left knee joint with a feeling as though the tendons were drawn; worse from motion. Both thumb joints also affected. Soreness over region of the ribs and axillary space on both sides with a sensation of squeezing, which was worse at night.

Prover No. 3.—Stitching pains in the right hip and shoulder, intermittent in type, lasting about two minutes; worse at night with no modality as to motion.

Prover No. 4.—Rheumatic pains all over the body, worse in the morning and better from motion. Soreness in the muscles.

Provers Nos. 5 and 6 experienced no symptoms in the extremities.

DOSES EMPLOYED.—All doses were taken three times daily and no symptoms were obtained until a half drachm was taken at a dose, this being on the seventh day of the proving. The dose was gradually increased until one drachm was taken. The proving lasted over a period of 23 days.

NEW SYMPTOMS AND THERAPEUTIC APPLICATIONS AS DEDUCED FROM THE PROVING.—What is supposed to be a reliable symptomatology of this drug (and it is not the intention here to assume that such record is not reliable) gives no mention of any diarrhoeic symptoms. In this respect the symptomatology of *Bellis perennis* has been amplified. Neither have any female symptoms of this drug been recorded with the writer's knowledge. Owing to the fact that female symptoms were elicited from only one woman prover, as stated before, it was impossible to obtain



female symptoms in the other female prover (because of a previous operation) too great dependence should not be placed upon the findings in this particular case. The findings are suggestive, however, of what might be obtained in case the drug was proved by several women.

It thus appears that *Bellis* should be a useful remedy in diarrhœas of a yellow color, painless, of a foul odor and worse at night. In this respect the drug resembles somewhat *Podophyllum*, *China* and *Phosphoric acid*, yet there are decided points of differentiation between *Bellis* and these drugs, and it appears that the remedy may come to occupy a very distinct place in the therapeutics of diarrhœic conditions.

In diseases peculiar to women *Bellis perennis* may prove to be of service in certain uterine affections characterized by squeezing pains in the uterus; pains down the anterior surface of the thighs accompanied by dizziness. Some of these symptoms are seen under *Lilium tigrinum*, *Cactus* and *Xanthoxylum*.

Some new skin symptoms were developed in this proving which have not appeared in any former pathogenesis. Dermal irritations characterized by itching, without an eruption, especially upon the flexor surfaces of the thighs, aggravated by heat and relieved by cold, will probably be benefited by the remedy. In some respects these symptoms of *Bellis* resemble the skin symptoms of *Dolichos*.

VERIFICATIONS WHICH THIS PROVING HAS FURNISHED OF THE FORMER SYMPTOMATOLOGY OF THE DRUG.—A former symptomatology credits the remedy with producing boils. Boils were produced in this proving, consequently it is reasonable to believe that the power of the drug to produce this condition is firmly established.

Former records of the effects of *Bellis* show that a variety of rheumatic symptoms are produced by it. These effects have also received verification by this proving. In general, the therapeutic range of *Bellis* in rheumatic conditions is as follows: Soreness of the joints; strained, bruised feeling characterized by no especial modality; generalized muscular soreness. The writer has frequently and successfully used this remedy in the treatment of such conditions with the most gratifying results. In so-called rheumatic cases, lacking the modalities of *Bryonia* and *Rhus tox*.

*Bellis* is indicated. In general, the drug may be classed as a vulnerary, and its external application, in the form of the tincture, might with increased benefit accompany its internal administration. For bruised conditions, muscular soreness, resulting either from exposure or from too vigorous physical exercise the herb with which this test has been made is very useful and, in the opinion of the writer, who has given the remedy many trials in these conditions, it far surpasses *Arnica*.

*Bellis perennis* does not appear to vitiate the secretions of the body nor does it cause pathological tissue changes. The remedy is not therefore a "deep acting" drug and it is important to note that the dose may be as high as a half drachm of the tincture and still be sub-physiological, therefore Homœopathic.

---

### CLINICAL TALKS.

By James C. Wood, M. D., F. A. C. S.

#### VAGINAL DISCHARGE—LEUCORRHEA.

The one symptom which has brought this patient to me is an exceedingly excoriating leucorrhœa, which makes the parts raw and has caused such a degree of dyspareunia that she has associated with it a vaginismus making her sexual relations almost impossible. She first came to me four years ago with the following history: She was exceedingly neurotic, apprehensive, anemic with a more or less constant loss of blood and an offensive discharge from the vagina, which, from the very first, was irritating and excoriating. While she says she has the sexual desire, she is afraid to indulge in intercourse because of the local pain and distress induced, and because of the fact that for three or four days after the attempt her nervous condition is much worse. There is a constant pain in the left side, and she has flowed excessively for a long time. She has been married for twenty years and has never been pregnant, although nothing was ever done to prevent pregnancy. The parts were so sensitive at that time that I could not make anything like a satisfactory bimanual because of the rigidity of the abdominal walls and because of the contraction of the vagina. As near as I could tell, however, the uterus was abnormally large and was retroflexed. There was a marked tenderness in the left side. She returned home

for local and general treatment at that time, and has been to see me once or twice since. She has gradually grown worse until now she is very sallow; the discharge is even more persistent and excoriating than it was at first and she is chlorotic looking. She has a great deal of trouble with soreness of the mouth and throat (aptha), and the local condition is worse than when I first saw her four years ago. She is troubled with indigestion with constipation and mucous stools. She is becoming more and more melancholic because of the fact that she cannot indulge in sexual relations, and she is fearful that her husband, because of this fact, will go elsewhere for gratification. In fact she is becoming more and more nervous as time goes on, and I am apprehensive that unless she gets relief she will become a complete mental wreck. It therefore seemed best to insist upon an examination under anesthesia, which I am now ready to make, being prepared to do any surgical work that may be necessary.

I first find the vulva and vagina red and excoriated, as you see. I find the uterus large, heavy and retroflexed with what seems to be an enlarged ovary under the fundus. I find a little hard, indurated mass corresponding to the left ovary. I shall therefore proceed first to give her a thorough dilatation and a curettage, apply iodine and pack the uterus, hoping thereby to so modify the endometritis as to control the discharge. I shall thoroughly dilate the rectum for the purpose of overcoming the constipation and improving the metabolic processes. I shall overcome the adhesions of the clitoris which are present, for clitoral adhesions are quite as important in the production of nervous symptoms in women as are preputal adhesions in the production of nervous symptoms in men. I shall then proceed to open the abdomen, finding, as you see, the right ovary at least three times its normal size and a mere shell with both tubes thickened and congested. I find the left ovary also adherent in the cul-de-sac of Douglas and as hard as cartilage, having undergone cirrhotic degeneration. I find a long, atrophied, anemic looking appendix, which has undergone almost complete obliteration (appendicitis obliterans), because of the chronic appendicitis which has existed for a long time. I shall accordingly remove both ovaries and tubes, as a matter of precaution remove the appendix as well, and inasmuch as the patient cannot become pregnant, I shall

suspend the uterus by the Kelly method in order to hold it well up in the abdomen, thereby hoping to lessen the dyspareunia. I shall finally close the abdomen with two layers of catgut, silk wormgut tension sutures and a continuous mattress suture for the skin.

*Remarks.*—Leucorrhœa like amenorrhœa, dysmenorrhœa and menorrhagia is but a symptom of something wrong elsewhere, and when the patient comes to the physician with an unnatural discharge from the vagina it is his duty, if the condition is at all distressing, to do something more than prescribe a douche and the internal remedy. I say if the condition is at all serious, for the reason that in the milder forms of leucorrhœa those slight discharges that obtain immediately before or after the menstrual period, or are the result of undue exercise, require ordinarily nothing more than a cleansing douche and a little care to correct the condition. I would not think of subjecting a young girl, or even a married woman, to a physical examination for so insignificant a symptom as a slight, non-irritating discharge from the genital tract of but a few days' duration.

. Normally, the mucous membranes of the genital tract extending from the ostium vaginae to the fimbriated extremities of the Fallopian tubes secrete only enough fluid to lubricate the opposed surfaces. The vulvo-vaginal glands and numerous muciparous follicles are located at the side of the vaginal aperture from which is poured a viscid mucus, which is increased during labor and during the sexual orgasm. Over the inner surface of the labia, the clitoris and the nymphæ are sebaceous follicles which secrete matter containing butyric acid. The arbor vitæ of the cervix contain many glands of the racemose type, dilated at their extremities and extending deeply into the connective tissue. These are exceedingly numerous and from them is poured a tenacious viscid secretion of an alkaline reaction. In one of my patients this was so tenacious and so profuse that a rope of it as thick as the finger would not infrequently project from the vaginal orifice. Microscopically, this discharge contains epithelium of the columnar variety and mucous corpuscles. The cervical discharge rarely preserves its characteristic appearance when it escapes from the vagina; after the secretion from the cervix and the vagina commingle the effect is a white, soapy or creamy fluid.

The foregoing physiological facts will enable us better to appreciate what constitutes a pathological discharge. While it is utterly impossible to give a perfect division of the discharges from the vagina based upon the physical character of the same, for rarely is the discharge from the vagina derived from one source, we may for the convenience of study make the following classifications: (1) mucous; (2) purulent; (3) watery; (4) sanious; (5) offensive; (6) hemorrhagic.

If the discharge is largely *mucus*, it is probable, as we have seen, that it comes from the cervix. A mucous discharge may, however, proceed from the uterine cavity, or, rarely, from the Fallopian tubes. It may be nothing more than a mere exaggeration of the normal secretion after menstruation or during pregnancy. It may be a manifestation of the early stages of inflammation, either specific or non-specific. It may be of constitutional origin, the result either of anemia, chlorosis or Bright's disease and is not infrequently, when proceeding from the cervix, the cause of sterility because of the plugging of the cervical canal resulting from the same. It perhaps is more often due to cystic degeneration of the cervix than to any other cause. If from the vagina it usually represents a chronic state of vaginitis, which is either specific or non-specific.

When *purulent* in character it may be either thick or thin, profuse or scanty, fetid or odorless, sanious, yellow or greenish in color. The **purulent discharge** may proceed from any portion of the genital tract; from the Fallopian tubes (rarely), from the uterine cavity, from the cervix, from the vagina, or from a suppurating cyst or pelvic abscess opened either into the uterus or the vagina. It is probably oftener due to a specific condition than to any other one cause. It may, however, be caused by a pyosalpinx or a chronic endometritis, by retained membranes after abortion or by malignant ulceration.

When of a *watery* character the quantity is most variable. In rare instances it is due to a hydatidiform mole portions of which are often expelled with the fluid; if so there is a history of rapid enlargement of the uterus with an absence of the usual symptoms of pregnancy. If the discharge is of a dirty yellow or pale yellow color, it may be due to tuberculosis of the cervix, a rather rare condition. It is entirely possible for the contents of an



ovarian cyst after ulceration and perforation to find their way into the vagina. When it has a **urinous** odor it is more than probable that there is some communication between the vagina and the bladder; or it may be due to incontinence of urine, the patient keeping herself constantly wet because of the frequent involuntary discharge of urine while laughing, coughing or sneezing.

When distinctly *sanious* in character it may come from either the uterine cavity or the cervix and is not infrequently associated with menorrhagia, polypi, fibromata and malignancy.

When exceedingly *offensive* in character it is often due to the retained products of conception or to some malignant degeneration. If from retained products of conception, there will be a history of pregnancy. In sarcoma of the uterus it does not become offensive until necrosis of the tissue occurs. Then there is a peculiar discharge resembling the washings of fresh meat. In true carcinoma there is a peculiarly characteristic odor, which cannot be described and must be experienced to be appreciated. Sometimes the leucorrhœa for want of proper cleanliness is offensive because of retained menstrual products.

I make it an invariable rule when a patient comes to me for the first time for an examination, if there is a discharge that is in any way suspicious of specific infection, to have an examination made by an expert microscopist. It should be obtained from the urethra, vulvo-vaginal glands and external genitals, the vagina or the cervix, according to the seat of the most active inflammation. A cotton applicator is used in securing the discharge, when it is spread upon a microscope slide. It must not be forgotten that in chronic gonorrhœa the urethritis is not infrequently perpetuated by a chronic infection of Skene's glands, and some of the pus from these should be obtained. Such an examination was made in the case before you but no gonococci were found. This does not mean that the primary infection was not specific for the reason that as time goes on the gonococci not infrequently disappear from the discharge. The patient was, however, for four years under the care of a most excellent prescriber, who also gave her local treatments without the slightest benefit. This because of the fact that the discharge was perpetuated by the imperfect drainage of the retroflexed uterus, by the disease of the ovaries

and tubes, by the indigestion, autointoxication and constitutional conditions resulting from the same, as manifested by her anemia, her chlorosis and the aphthous ulceration of her mouth and throat. In short, she was continuously poisoned by the autointoxication induced which in turn affected her genital organs and their secretions, these again being absorbed into the general system, so that there was a vicious circle established which made it impossible to cure the patient until that vicious circle was in some way broken. I believe now that we have by our surgical work made such a break, and that by applying proper local and general treatment we can now get the patient well.

#### THE CHRONICITY OF GONORRHEA.

Wertheim\* in 1894, in order to test the question whether in chronic gonorrhoea the lessening of the virulence of the germ is brought about, employed the following experiment: He made a pure culture from an urethra with gonorrhoea of two years' standing in which the discharge had ceased, and although he repeatedly attempted to inoculate the same urethra, he was unsuccessful. But with this same culture he obtained a typical gonorrhoea in another patient lasting seven weeks, showing the gonococci had not lost their virulence. Then to explain the causes of a fresh lighting up of a chronic gonorrhoea in a man after marriage, which is often observed, he reasons that it is not, as is generally explained, on account of abnormal irritation of the mucous membrane from renewed sexual intercourse, but to the fact that the wife being infected from the husband, reinfects him. In proof of this he employed pure cultures from the urethra of the wife which had produced acute gonorrhoea and reinoculated the original urethra which had been proof against two old cultures and successfully produced an acute attack lasting five or six weeks. I cite this experiment for the reason that it shows most emphatically the necessity of thorough and radical treatment in the case of women with gonorrhoea and resorting to the same test before discharging them as cured we apply to determine the presence or absence of gonococci in men. The experiment is also interesting because it places especial emphasis upon the medico-

---

\**Vide* the Author's paper, "The Tragedy of the Gonococcus."—*N. A. J. Homœopathy*, September, 1909.

legal aspect of this question, inasmuch as the husband might be unjustly charged with reinfesting his wife because of extra-marital intercourse; or, conversely, the wife might, with equal injustice be charged with impure relations in the event that the husband became secondarily infected. They show conclusively, too, that gonorrhoea in married people can only be successfully treated when both husband and wife undergo treatment at the same time, and during treatment cease all sexual relations.

#### TREATMENT.

It is hardly necessary after what has been said to emphasize the importance of treating the *cause* of leucorrhoea when the symptom is in any way persistent. This, of course, implies a thorough physical examination. After the cause is determined the treatment should be directed accordingly. A carefully selected constitutional remedy is of first importance, together with the correction of the patient's habits. In this particular case I prescribed Arsenicum, which I believe, now that the causes are removed, will play a very important part in restoring the patient to health. It is indicated by her malnutrition, by the type of her indigestion and by the aphthous inflammation of the mouth and throat, as well as by the excoriating character of the vaginal discharge.

In 1901 I published in the *American Journal of Obstetrics* (Vol. XLIII, No. 3) a paper entitled "The Use of the Spray in the Local Treatment of Gynecological Diseases." While I have received many letters expressing appreciation of this paper, I am led to believe that comparatively few general practitioners are using the spray for this purpose, notwithstanding that there is a pretty general concensus of opinion that the local treatment of the catarrhal and inflammatory diseases of the female genital tract is both unsatisfactory and unscientific. The continued use of the vaginal douche, supplemented by medicated tampons of suitable material, will many times afford marked relief, and if persisted in long enough will accomplish a cure when the disease is not too deep seated. However, the time required in the average case to bring about a cure by this method is exasperatingly long, and there are few women who possess sufficient patience to persevere until all discharge ceases and the mucous membrane assumes a normal condition.

Before proceeding to describe what I believe to be a better way I desire to emphasize that in my opinion much of the routine local treatment of gynecological diseases by whatever method is both useless and harmful. As I have already said, in the larger per cent. of catarrhal affections causes exist which unless removed will perpetuate the leucorrhœa until the day of judgment. Such causes are uterine displacements, periuterine and appendicular diseases, cervical lacerations with ectropium, relaxation of the pelvic floor, constipation with disordered circulation, malnutrition, etc. It is, too, impossible to overcome the discharge so long as certain exciting causes remain operative; of these the various expedients used to prevent conception are especially to be mentioned. When any or all of the lesions enumerated are present the case is surgical and not medical, providing, of course, the interests of the patient are of first importance rather than those of the attending physician. I have known physicians to treat cases of leucorrhœa for twenty years when the discharge could have been stopped at once with a series of minor operations comprehending curettage, trachelorrhaphy and reparation of the pelvic floor. As time progresses these cases become discouraged, not infrequently hysterical and almost always extremely introspective.

Over and above the class of cases associated with one or more of the foregoing lesions, there are a large number of women suffering from leucorrhœa who seek relief. Whether specific or non-specific they expect relief without surgical interference. If specific, proper and timely treatment will prevent the disease extending through the uterus into the pelvis; if non-specific, after constitutional dyscrasias have been overcome, proper local treatment will cure the discharge. With many other physicians I had long become dissatisfied with the ordinary swabbing and tamponing treatment. I think it was the late Dr. Skene who first suggested the use of the hand spray in gonorrhœal vaginitis, and acting upon his suggestion I recommended this treatment in the first edition of my Text Book, published in 1894. In 1901 I removed my office to the building at present occupied by me where I found each office supplied with compressed air pipes of thirty pounds pressure. I therefore determined to experiment in a systematic way with the spray in the local treatment of the

diseases of women. I am now ready, after fourteen years, to say most emphatically and without hesitation that I should hate to practice the specialty of gynecology without the use of the spray in treating the catarrhal diseases of women.

Given then a case of "leucorrhea" I proceed as follows: If gonorrhœa is suspected the discharge is examined for the specific bacillus. Whether the case is one of specific or simple origin, the parts are first thoroughly sprayed through a fenestrated speculum with a fifty per cent. solution of one of the numerous antiseptics now on the market under the name of glycothymoline, alkolol, listerine, etc. These preparations nearly all contain varying proportions of boric acid, thymol, sodæ boras, oil of pine, eucalyptol, oil of gaultheria, oil of peppermint, with alcohol and glycerin as a base. I began my experiments by using for this purpose a 50 per cent. solution of peroxid of hydrogen but I found that this left an unpleasant sensation in the vagina after its use and so discontinued it. The bichlorid of mercury, even in the weaker solutions, is too irritating when used as a spray, and is not as effective as are solutions containing eucalyptol, thymol, boric acid, etc. Should there be hanging from the cervix a tenacious, white of egg discharge which is hard to dislodge by ordinary methods, an alkaline spray such as is used by the nose and throat men (Dobell's solution is one of the best) will quickly dislodge it and clear the cervix in a most thorough manner. In the event of endocervicitis I usually apply, by means of an applicator, the compound tincture of iodine to the cervical endometrium.

Thus far the treatment is routine. If now the catarrh is specific, it is followed by a spray of a 10 per cent. solution of protargol, care being taken to apply the spray over the entire vaginal and cervical mucous membrane, as well as to let it play upon the external os and into the cervical canal. With the pressure at my command the spray will penetrate, unless the os is very small, the entire cervical tract. In order to reach all of the vaginal mucous membrane a fenestrated speculum is at least a great convenience. It should be withdrawn and reintroduced in a slightly different position, so that no part of the vaginal mucosa will escape the spray. The same end can be accomplished by means of a bivalve rectal speculum controlled by an assistant.



Should the urethra be implicated, both the cleansing and the medicated sprays are forced into the meatus, pressure being made with the finger upon the bladder end of the canal, in order to prevent vesical infection. If Skene's glands are involved these are treated in like manner. The vaginal walls are now kept apart by a good sized lamb's wool tampon medicated with a ten per cent. glycerin solution of ichthyol. The patient is instructed to remove the tampon and take a 1:5000 bichloride douche before again presenting herself for treatment. The treatments are made from two to seven times a week according to the acuity and intensity of symptoms, and are persisted in until all discharge ceases and all gonococci disappear, which will require from two to eight weeks. Should the disease have invaded the uterine cavity, curettage is, of course, often called for. Cases are occasionally met with in which, at the onset, the symptoms are too intense to justify any local treatment other than the douche, sitz bath, etc. I have entirely discarded, since using the spray, the so-called "dry treatment" of vaginitis.

In non-specific catarrhal affection greater latitude, after the parts have been prepared by the antiseptic sprays, should be indulged in in the selection of the local medicament. If the discharge is purulent and the cervix abraded, there is nothing better than *Calendula officinalis*, forced into the tissues in the form of a fifty per cent. glycerin solution, and followed by a tampon saturated in the same preparation. If the leucorrhœa is profuse, stringy and tenacious, and especially if the glands of the cervix are involved, the aqueous extract of *Hydrastis Canadensis* should be substituted for the *Calendula*, prepared and applied in exactly the same way, the distended cervical glands being first punctured. If the periuterine tenderness is marked and there are inflammatory deposits with hyperplasia, iodine has proved most serviceable in my hands. This may be advantageously supplemented by a lamb's wool tampon medicated in the following solution:

Ichthyol .....	ʒiiss.
Tincture of iodine .....	ʒi.
Liq. hydrastis (glycerite) .....	ʒiv.
Acid carbohc .....	gtt. x.
Boroglycerite (25 per cent.) .....	aa ʒiv.

My object is not so much to give the medicaments used by me as to call attention to the method of applying them. The treatment of each individual case will, of course, vary according to the indications, and each physician can select his favorite remedies and apply them with infinitely more satisfaction than is possible without the spray. I am curing these unnatural discharges in less than half the time required under the older regime. When one takes into consideration the glandular structure of the tissues involved, and realizes the force by which the spray under a pressure of thirty pounds is delivered, it is not difficult to understand why this is so. My only wonder is that the spray has not been generally utilized for this purpose, especially in view of the fact that the nose and throat men have for years found it so useful in the treatment of the catarrhal affections of the respiratory tract. The ordinary hand spray is of but little value because of its limited air pressure. Air tanks, such as the nose and throat men use, can now be had at comparatively small expense and will answer every purpose. I have a series of Davidson atomizers and find them very satisfactory for gynecological work. For solutions used but rarely it is well to have a small metal atomizer, so that a small amount of the medicament can be quickly brought into action when required. Cocaine can be most effectually applied to the mucous surfaces by this method. I also use the spray in the treatment of rectal and sigmoidal diseases, applying it through the Kelly proctoscope with the patient in the knee chest position. One can, by means of reflected light, get a perfectly clear view of the mucosa of the sigmoid and descending colon, and in chronic sigmoiditis the greatest possible benefit will often follow local spraying of the gut.

Where the vaginal douche is used and there is inflammation to overcome it should be in large quantities in order to obtain the thermic action of the water. It is, however, entirely possible to overdo the matter of hot douches. If there is much relaxation of tissues, the water should be tepid, and in certain instances cold. It may be medicated as the indications require. If the discharge is of a tenacious character, the Aqueous Extract of Hydrastis is a most useful remedy. If it is purulent the Aqueous Extract of Calendula is indicated. If the external genitalia are irritated by the discharge, the parts should be protected by applying to them

some of the cerates ordinarily used for pruritus vulvæ. If the discharge is offensive, the water may be medicated with permanganate of potash, carbolic acid, creolin or thymol. One of the following formulas may be used if indicated:

℞.—Creolin . . . . .gtt. xxx.

Ex. Hydrastis Canadensis . . . . .fʒiiss. M.

Sig.—Dilute in one pint of water and inject at night. (When the discharge is tenacious and offensive.)

℞.—Acid boracic . . . . .ʒvi.

Aq. ferventes . . . . .Oj. M.

Sig.—Use at one injection. (When discharge is irritating.)

℞.—Acid tannic . . . . .ʒiv.

Glycerinæ . . . . .fʒxvi. M.

Sig.—A tablespoonful to a quart of tepid water and inject. (When there is much relaxation of tissue.)

℞.—Zinci sulphatis.

Aluminis sulphatis . . . . .ʒiss.

Glycerinæ . . . . .fʒvi. M.

Sig.—A tablespoonful to a quart of hot water, as an injection. (In chronic gonorrhœa.)

The internal remedy should be directed toward the constitutional conditions whatever they may be—anemia, chlorosis, plethora, malaria and general debility. The bowels should be kept open and the diet and exercise carefully regulated. While as a rule outdoor exercise is beneficial, it should never be violent. Running the sewing machine is pernicious, as is standing for too long a time behind the counter. Leucorrhœa is very common among sewing and shop girls.

#### THERAPEUTICS.

One of the most useful of all the constitutional remedies for leucorrhœa is *Calcareæ Carbonica*. It is, in the language of William Boericke, "the great Hahnemannian anti-psoric constitutional remedy *par excellence*." It is especially useful where there is swelling of the glands with scrofulous and rachitic conditions generally. There is increased local and general perspiration;

leucorrhœa is like mucus or like milk; too early and too profuse menstruation. There is paleness of the face; weak feeling in the chest, and cold damp feet. The patient is worse in the cold air, from exercise, and during moist, wet weather. In women particularly nervous; *Calcarea Phosphoricum* is the preferable form of lime to give, especially if there is anemia with a tendency to chronic wasting.

*Arsenicum*, like *Calcarea Carbonica*, is a remedy which acts most profoundly. The constitutional dyscrasia is manifested by debility, exhaustion and restlessness. The pains are burning pains; the leucorrhœa is burning and corroding. The patient's constitutional symptoms are usually better from heat and worse from cold, cold drinks, etc. If the discharge is especially excoriating, I prefer *Arzenic* in the form of iodid and usually give it in the third decimal trituration. The discharge irritates the membranes from which it flows and over which it flows. The mucous membrane of the vagina is red, angry, swollen and there is a good deal of itching about the vulva.

*Hydrastis Canadensis* is especially indicated if the leucorrhœa is of a very tenacious character, when it can be advantageously used locally as well as internally. There are not infrequently erosions and superficial ulcerations of the cervix and vagina. There is indigestion with great sinking and prostration in the epigastrium with prolonged and continued palpitation of the heart.

*Alumina*.—Leucorrhœa occurring especially before or after the menses, which is acrid and is relieved by washing; profuse, transparent and mucous leucorrhœa; discharge of blood between periods and after every little accident, suggesting an ulcerated condition of either the cervix or the vagina. The mucous membranes other than those of the genital organs, are dry.

*Sepia*.—There is a sense of pressure and bearing down in the pelvic organs. The *Sepia* patient is usually weak and the complexion yellow. There is a frequent desire to urinate with itching of the genital organs. It is a remedy to be thought of particularly during the climaxis and pregnancy.

*Helonias*.—General atony, anemia and torpid condition of the system; leucorrhœa with pain in the lower part of the back; soreness and tenderness of breasts and nipples, particularly at the catamenial period.

## CONCLUSIONS.

1. Leucorrhœa, like amenorrhœa, dysmenorrhœa and menorrhagia, is but a symptom of some abnormal condition, either local or general, and the first duty of the physician is to determine its cause and remove it if possible.

2. Except in the milder forms of leucorrhœa which give rise to no serious inconvenience either locally or generally, careful physical examination should always be made. This comprehends a bacteriological examination of the discharge.

3. The old routine method of treating leucorrhœa is both unsatisfactory and unscientific. The unnatural discharge can be much more quickly controlled by the use of the medicated spray than by any other method or methods, and the spray should therefore be installed in the office of every physician who has to care for gynecological cases. When the cause is specific the silver salts thus applied are of the greatest utility.

4. The constitutional bias so often responsible for an unnatural vaginal discharge should ever be kept in mind and when present should receive especial attention in the way of prescribing the proper diet, proper dress, proper exercise, and the properly selected internal remedy.

Cleveland, O.

---

## READING THE EYE, PULSE AND TONGUE FOR THE INDICATED REMEDY.

By Eli G. Jones, M. D., Buffalo, N. Y.

A very fine physician of the regular school asked me to prescribe for his wife. She had chronic cystitis; had been operated on. The principal symptoms she complained of were *rawness* and *soreness* of the part affected. This symptom indicated *Causticum*, and she got the 3d x, three tablets once in three hours with good results.

A physician treated a child for tuberculous glands; he succeeded in reducing the size of the glands, but one symptom remained in her case that bothered him. Her eyes were very *sensitive* to the light. She would scream with pain if bandage was removed from her eyes. The doctor asked me to prescribe for her. I said, "Give her *Magnesia phos.* 3d x, three tablets once



in two hours." In a week she was out on the street playing with other children and without her eyes being covered.

Dr. C. C. Waggoner, Corry, Pa., one of the best prescribers of the homœopathic school in Pennsylvania, had a lady patient come to consult him from New York State. She had been sick for six months with chronic diarrhœa. Her husband was a regular physician, and he had four physicians of that school prescribe for her, but they did not help her any. The principal symptom she had was *burning* in the abdomen and great *prostration* after each discharge from the bowels; *Arsenicum* was the remedy indicated, and it *cured* her. When she returned home her husband took the first train for Corry, Pa., to interview Dr. Waggoner. He said, "What medicine did you give my wife?" Dr. Waggoner said, "I gave her *Arsenicum*." "Why did you give it?" The doctor gave him the indication for it. "Well, it was a great cure. Now I want to know where I can get books to study up on these remedies you use." The doctor advised him to get Jones' "Definite Medication" and study it, and he did. A very fine physician of the regular school had lost all faith in medicine and became a medical nihilist. He was advised to get a copy of the above book and study it.

Before he prescribed for any patient he studied the book until he had mastered it. Then he began to prescribe from the remedies in the book. In a year he had all the practice that he could attend to. This book is now used as a book of daily reference by physicians of all schools of medicine in every state in the union and in twenty foreign countries. It has been the means of bringing more old school doctors out of darkness into *light* than any book that has ever been published.

One morning a man came into my office to consult me. As he dropped down in the chair his right arm hung down by his side almost useless. I never saw a man look so *completely* discouraged as he did. He said, "Doctor, can you do anything for me?" I took hold of the wrist of the *affected* arm and began to read his pulse. I found a *weakness* with slight tension to the pulse. I said, "Your pulse tells me that you have *over-strained* the muscles and nerves of your arm, probably by lifting some heavy weight." Then he told me that he "worked in an iron foundry, and his place was near the furnace; he had to lift very *heavy* iron bars."

There came a time when his arm became so *weak* he could not lift anything with it. When the "nerve power" is weak, which is the "man behind the gun" (the heart) it will show itself in the pulsations at the wrist, just as it did in this man. The first thing to do is to raise the nerve power by *Sulph. strychnia*. There is *no* remedy in *any* materia medica that will build up the *vitality* of a person at or past the middle age so rapidly as *Strychnia*. I gave this patient *Sulph. strychnia* gr. 1/40, before each meal, and for the *tension* and *irritability* of the pulse and nerves I prescribed *Magnesia phos.* 3d x, three tablets once in two hours. He was to report to me in four days, but I was *much* surprised to see him walk in my office one morning, when he had only taken the medicine two days. His eyes looked clear and bright, and he had such a cheerful expression on his face. He was a new man. In ten days he was back at his work in the foundry with *perfect use* of his arm. I have used the "Tissue Remedies" in my practice for twenty-five years, and for six years I used them *exclusively* in my practice in order to *test* them to my own satisfaction at the bedside of the sick. I found them invaluable in the treatment of the sick. I regard "Boericke and Dewey's *The Twelve Tissue Remedies of Schüssler*" as the standard work on these remedies, and have recommended the book to all my students and friends. Dr. Schüssler was one of the *great teachers* in medicine. "All honor to him!"

A lady at the menopause came to me for examination. In reading her pulse it was soft, *compressible*, the pulse of *Kali carb.* She says she has "backache, her legs feel as if they must *give out*." With the backache she has *sweat* and *weakness*. This also indicates *Kali carb.* I prescribed *Kali carb.* 3d x, three tablets once in three hours, with *good* results.

A physician asks my advice about a case of rheumatism that he has under treatment. The patient says that he is "always *worse* before a storm comes, but when the storm *breaks* he feels much *relief*." That indicates *Rhus tox.* Give 2d x dilution, 10 drops once in two hours. Remember the pulse indicating *Rhus tox.* has a *sharp stroke* to it, the tongue has small *red points* on *tip* of it. This also indicates *Rhus tox.*

Many years ago when I practiced in Vermont I was called to Norwich, in that State, to see a woman who had "obstruction of

the bowels." (That was years before the old school had discovered appendicitis, the *gold mine*.) In the above case there had been a consultation of three doctors, various remedies had been tried but they failed to produce any movement of the bowels. When I went into the patient's room I found her lying on the bed trying to vomit; her bowels seemed *full* of impacted fæces. The husband said, "Doctor, I wish you would try to do something for my wife. The other physicians can't help her any." I found that she seemed in great distress, groaning about every breath. I found her tongue had a *yellowish white* coating on the *back* of it, indicating *Nux vomica*. I gave her *Tr. nux vomica*, three drops in half a cup of water, teaspoonful once an hour, also a mustard paste on her stomach to settle her stomach. I then applied bags of salt, as *hot* as she could bear them, over her abdomen. This gave her more relief than anything she had done for her. After two hours her nausea was much better; then began active treatment to get some movement of the bowels. I prepared an injection of saturated *Tr. lobelia*, four ounces in three quarts of *warm water*. With a syringe (with long tube) I injected some of this liquid as far up in her bowels as I could get it. Then massaged her bowels, especially over the colon, with vibratory motion like the hands of a watch. A napkin was applied to the anus to retain the injection. The injection produced a *relaxation* of the obstruction in the bowels; she started to vomit, and said she felt something "give way" in her bowels. It was the intestine slipping back in its normal position after invagination I left her out of danger, and she finally recovered. I always did *love* to do something the *other* fellow couldn't do, it always gave me an *immense* amount of *satisfaction*. Now, in the "sere and yellow leaf," I *love* to hear of some *good* cure, of some *life* saved by the treatment of one of my students. I say, "Thank God another life saved!"

879 West Ferry St.

---

### EVERY DAY MATERIA MEDICA.

By A. H. Seibert, M. D., 709-10 Stark Bldg., Louisville, Ky

First of all I want to make clear that it is not my intention in writing this paper to belittle the totality of symptoms, as I believe that to be the scientific way to treat all cases, but the aver-

age practitioner of to-day has neither time nor does he receive compensation great enough to justify the expenditure of time necessary in reaching the totality; for this reason I have collected a few points which might be of interest to all under the heading, Every Day Materia Medica, or possibly better things as we meet them.

We are called to the bedside of a patient, possibly a new family or an influential old family. We face a different proposition than books, quiz or society. We are facing a life and death situation. Under these circumstances it would be extremely hard to choose a remedy by totality, relying entirely on memory.

I can call to mind cases in which I thought half our materia medica was indicated according to symptoms given, and then, by chance, some leader would present itself and lead to the correct prescription.

For this reason I believe we should always keep leaders first in our memory, even at the expense of totalities.

The average practitioner will use some 150 to 200 remedies in his practice, and, I believe, with few exceptions, it is impossible to keep a totality of all these remedies in mind, but, on the other hand, we might be able to keep a leader for each.

Let us take a few of our remedies, for example. Patient has flushed face, bright eyes and throbbing pains—we immediately think of *Belladonna*, *Glonoine*.

Again, he complains of dryness of all parts with excessive thirst, stitching pains, *Bryonia*, *Kali carb*.

Chilly, pale and waxy appearance, *Arsenicum alb.* or *Phosphorus*.

Gaseous distention, difficult breathing, *Carbo veg.*, if in stomach; *Lycopodium*, if in lower bowel.

Four o'clock aggravations, *Lycopodium* or *Pulsatilla*.

Suppurative conditions, *Hepar sulph.* or *Sulphur*, if in softer parts; *Silicea*, in bone.

Headaches, throbbing, *Belladonna*; sensations of nail in head, *Ignatia*; ovarian, *Cimicifuga*; headache following course of sun, *Spigelia*; sick headache, *Iris versicolor*.

Constitutional make-up offers leaders also, such as a hemorrhagic, extremely nervous patient, indicates *Phosphorus*; scrofulous patient indicates *Sulphur* or *Silicea*.

Women with dark skin and hair, saddle across nose and menstrual disorders need *Sepia*.

And so on I might name any number of leaders that we might tie to and get results when far from our library.

I feel that the lesser of two evils is the better, namely, being reasonably sure of leaders is far better than a guessing knowledge of your totality.

Furthermore, let us have our patients uppermost in our minds at all times. Give him what he needs regardless of sect or pathy.

A man may be theoretically perfect and practically a failure. Let us be practical. For instance, if you have a case of constipation that has resisted all your remedies, give him a tablespoonful of blackberry cordial each night. You can't find this in your books, but it does the work.

Likewise the use of raw eggs and sugar to check diarrhœa on which your remedies have no effect. Take one or two eggs, beat them up with enough sugar to make a paste.

When you have tried everything without results in intestinal hæmorrhage, give him a teaspoonful of turpentine. Heroic dosage: yes, but we have saved our patient, and that is our one aim, or, at least, should be.

In prescribing for a patient I like to feel his condition, then things suggest themselves to me, the origin of which I am not able to say; but my prescriptions range from c. m. to tablespoonful doses, just as the case presents its demands to me.

I might go on and elaborate on this subject, but I feel that these few points have set forth my ideas of every day materia medica as I see it.

---

## A CLINICAL CASE OF HYSTERIA.

By J. M. S. Chessir, Little River, Kan.

Miss S. during her infancy was seriously sick for some time, and the attending physician—who was a “booze fighter”—was fast losing his grip on the case, when his wife informed the parents that if they wanted to save their little girl they would have to change doctors. Another doctor was called, and after a long time the girl recovered, with the exception of a valvular



lesion of the heart. This lesion may have existed before this sickness—as to that I do not know—but I am told that it dated from it.

Her parents and grandparents were duly impressed with the seriousness of the lesion—which, in their case, was a very easy matter—and fearing that she was doomed to an early death, they babied and petted her until she became a *very* spoiled girl. This condition prevailed until she was about fifteen or sixteen years old, when she was the master of the house and the others were slaves to her.

About this time she developed a pseudo-appendicitis. One day she would feel fairly well and probably the next the appendix would be so sensitive that she would hardly permit anyone to walk across the floor for fear the jar would hurt her.

The chief asset of her attending physician at this time was *Oleum lingua*, and he was very careful to use it only to *attract* and *hold* patients.

The patient had got to the point where she was like the Irishman's pig, "getting no better fast," when an operation was advised, and the father refused to permit it unless I would concur in the diagnosis.

When I called I found her in bed, and so sensitive to pain that she could hardly move, and the family had to be very careful how they moved about the house.

After talking to her awhile to get her mind off of her condition I requested her to move near the front of the bed where I could better examine her. She readily moved without any indication of pain. I then told her a burlesque story about a doctor—in the meantime carefully palpating the region of the appendix—and while she was laughing about the story I made hard pressure over the appendix and failed to elicit any soreness or tenderness.

The patient lived in a small town where news travels fast and far, and I had previously gotten a *very* complete history of the case. I determined to make use of this knowledge in trying to awaken her to a realization of her true condition.

With kindness, but firmness, I emphasized the fact that she was a *very badly spoiled* girl. That she was a source of annoyance to her family and friends. That her classmates at school

were rejoicing because she was not in school. That the gossips were ridiculing her and saying all sorts of unpleasant things about her. In short, I gave her a talk "straight from the shoulder," and emphasized the fact that she could do more towards bringing about her recovery than any physician. I also told her that she wanted people to use "soft soap" in dealing with her, but that she needed "brass tacks."

I expected her to be so mad that she would order me to leave the house, but instead of doing that she asked me to take charge of her case, but I declined.

The operation was postponed indefinitely, and the next day she was up and apparently all right. She has been a different girl ever since.

(Read before the Kansas State Homœopathic Medical Society, May 6, 1915.)

---

### A LETTER FROM THE FRONT.

(The following is an extract of a letter from Dr. E. Petrie Hoyle, written from the Anglo-French-American Hospital at Neuilly-Sur-Seine. The letter was partly on business, but that quoted is of general interest. Accompanying the letter and inclosed was a picture postal addressed and written to the "Editor *Daily Mirror*, London, England," which apparently had gone the rounds of the mails and been returned. It shows the house staff of the homœopathic hospital. The man with the jaunty cap and marked with a cross in the front row will be recognized by many who met him at the Atlantic City meeting of the A. I. H. as Dr. Hoyle.—*Editor of the HOMŒOPATHIC RECORDER.*)

Since February I have been at this place, except for being "lent" to a hospital nearer the front for a week or ten days.

I like the rougher places nearer the front than this as this is too luxurious for war time, and we do not get the extremely urgent cases that tell for so much; in fact, we are getting too many light cases here that could be nursed by anybody.

I had some very good work at Chateau d'Auxiliaire—where I was for ten days, as most of the surgical cases also needed "homœopathic repairs," and *Calendula*, *Silicea*, *Hypericum*, *Symphytum*, and also *Gelsemium* (for diarrhœa from fright) were very often required.

That was in an old school hospital, but they all saw what the value of these remedies was. I have had to suppress the name, as the chateau belongs to one of the most prominent people in France.

The diarrhœa from fright was of over eight weeks' standing, and after two shots I gave *Gelsemium*, not thinking of any fright



in the case, but simply from the indications I had not obtained before, namely, head bound up, very dizzy when moving about, red, suffused face, and very dull in answering any questions. I gave the *Gels.* at 6 P. M., and *that night* was the *first* night without a stool for over eight weeks. The stools were black, carrion like and great pain and gaseous rumbling all the time, and had run from four to eight in the twenty-four hours. He got the mother tincture in about drop doses, and next two days he had perfectly formed and natural smelling stools, two in the two hours, which was not bad. Arguing backwards, I could only suppose that there had been some fright as a primary cause.

Sincerely,

E. PETRIE HOYLE.

## DEAD SEA WATER.

By E. P. Anshutz, M. D.

In May I attended the funeral of an old friend and relative in West Virginia. He had been American Consul to one of the European cities for a number of years, and was a great traveler. One evening some time after the funeral I fell to expounding the principle of Homœopathy to a number of persons present, and also spoke of the many curious things, unknown to "regular" pharmacy, that were used by Homœopaths. Then I remarked that there was one substance I had often speculated about, namely, the water of the Dead Sea, in Palestine, which I said might have very peculiar medicinal qualities. At this the lady of the house said that she had a bottle of that water, procured by her husband when they visited the holy land. He had gone in bathing in the Dead Sea and had filled a bottle with the water as far from the shore as he could go. She also said their visit was during the dry season, when the whole region seemed to be "parched and burning." She gave me about half a pint from a cut-glass bottle in which it was kept, and also warned against taking a sip of it. Still I put a drop on my hand and put it to my tongue, which was quite enough. The sensation was stinging, bitter and burning almost like a hot acid—would not care to swallow even a few drops. It is very different from the water of the ocean.

The Dead Sea is about 46 miles long, three to five miles wide, and has an extreme depth of 1,300 feet. Its surface is, according to measurement, 1,292 feet below the surface of the ocean, and naturally has no outlet. It is the lowest place on the earth's surface. There is evidence of volcanic action all about it, in lava beds, volcanic slag, pumice and something akin to warm springs. According to tradition this region was the site of Sodom and Gomorrah, the "cities of the plain," destroyed for their wickedness.

What, if any, medicinal virtues this water has is unknown, so far as I know, but according to the old doctrine of signatures, or, at least, of spiritual signatures—if there be such a thing—it ought to be indicated in degeneracy, or "original sin." The water was given to Boericke & Tafel, who have triturated some of it to dry-

ness in milk sugar up to the 3x and also made potencies of it. If any one will undertake to make a proving of it and report results to the RECORDER a supply of the 3x trituration or dilution will be supplied for that purpose. We have in it at least, the possibility of a great remedy if we can discover its indications. This, of course, is only a possibility and may end in but Dead Sea Apples.

---

## THE FUTURE OF OUR COLLEGE.

By T. H. Hudson, M. D.

Toast at Alumni Banquet, Hahnemann College, K. C. Mo., May 21, 1915.

If, while assigning this topic the Committee on Program had bestowed upon the speaker the gift of prophecy, his task had been less difficult. Difficult as it is, it is, at least, less irksome than that of the Historian, who must confine himself to facts however much he may deplore them or embellish them. He must erect a building, but must perforce make use of used over material, so that his house when completed is, at best, but second hand. Not so the prophet; his material is immaterial, his edifice unsubstantial, his limitations of space and time, infinity and eternity. He may spread the wings of fancy, soar into imaginary realms, and revel in ravishing vision and dream; and if his flight stretch far enough, who shall say that his dream may not come true? It is not the purpose of the present prognosticator to indulge in unrealizable dreams or unreasonable fancies, but to sanely predict that which may reasonably occur, and yet never was enterprise launched, temple erected, picture painted, or angel evolved from marble or stone, which had not first been some dreamer's dream.

A dreamer once dreamed that the sheaves of the field did obeisance to his particular sheaf, and the Stars of Heaven bowed before his particular star. He lived to realize the fulfillment of his metaphorical dream, and he realized such fulfillment because of an ideal of youth, towards which his manhood strove persistently.

It is well to sleep and dream good dreams; better to wake and make the dreams come true. We have had our sleep. We of the medical profession have had a long, long nap. We who believe



so little in soporifics that the drug law does not apply to, or effect us, have slept; not sound, but long. Conscience has pricked us and we have slept fitfully; yet we have slept and dreamed, and, our dream has been a nightmare, a horrible vision of a hideous monster, striving for a strangle hold.

The night has been long and dark, but the morning is dawning, the day is breaking, and between sleeping and waking there comes to us the solace of a morning nap, and a seraphic dream; a dream of angels,—angels with brooms and brushes and mops and soap and suds, and clean hands and pure hearts, and the accumulated dust and dirt of years, is flying like chaff before the wind, and foul odors are giving place to perfumes of Araby, and the old dilapidated college building is smiling like a widow in second mourning; and sanitation, sweet daughter of Science, is being installed; and discouraged students are looking hopefully forward to the brighter, happier session of 1916; and pessimistic professors are turning summersaults towards the band wagon, and the faithful are singing, "Praise God From Whom All Blessings Flow." All this and more; and *all*, but a foretaste of greater, grander, things to come; for back of the angels of broom and brush are men; strong men and true; men resourceful and influential; business men; men who have made Kansas City great! Friends of ours and of our cause. Back of these is the Great American Institute, representative of our nation's strength. This, too, has slept serenely and long; but with the dawn of the morning has awakened like a giant refreshed, ready and willing to support our efforts and maintain our cause with a giant's strength. Dear friends of the faith in Kansas City upon us depends the issue of all this preparation. We are the vanguard of this mighty array. We are in the lime light; the eyes of the nation from Gulf to Lake, from Atlantic to Pacific, are turned towards this, the geographical center of America. The American Institute—the exponent of the only law of healing in the world, declares this to be the logical place for the establishment of a great scientific school of medicine, for the teaching of all things that all doctors of medicine should know:—a place where doctors of any school and of all schools may take special work along any line where inclination or interest leads; a fountain where students of medicine and allied sciences may drink deep and long.

The plans contemplate extensive grounds and spacious buildings, furnished with teaching equipment, the latest and best that science and art can provide, and manned by a faculty of trained teachers,—masters each in his special department. The plans further contemplate the possible necessity of adding to the scientific curriculum, a two years' literary college course, thus affording every convenience for students who would conform to the legal requirements necessary to entrance into a class (A) scientific school of medicine. It is hoped that among literary studies the study of sacred literature shall occupy a prominent place, and that the oldest, the truest, the best book in the world, now so conspicuously absent in our public schools, shall be conspicuously present here. This book of books contains the most reliable history, the best system of morality, the wisest laws, the sublimest poetry, the profoundest philosophy, and a biography of the only infallible physician the world has ever known. Founded upon the word of the Living God as its chief corner-stone; controlled by Christian men, influenced by the love of the Lord Jesus Christ and the welfare of humanity, this Foundation will become a school of Universal Knowledge, which attracts the strong and virile, the intelligent and intellectual youth of our own and other countries, and with such an alumni scientific healing shall take the high place to which it aspires and which its importance demands. It goes without saying that a necessary appendage to a great Medical School is an ample hospital where the halt and lame, the blind and maimed, the afflicted and unfortunate, shall find help and hope and health, through the instrumentality of those *more* fortunate, who, with generous hearts and willing hands and long purses distribute the bounties that Nature has provided for all, even for her unfortunate children. No medical college or hospital is complete without the adjunct of a Training School for Nurses. Here, after probation and preparation, the whilom angels of brush and broom are transformed into angels of mercy, and when equipped with finer and fitter implements they emerge from probation to enter the good nurses paradise, they bring Heaven closer to earth.

Then when bruised and broken bodies turn tear filled eyes toward Madonna faces and see Heaven bending above them to sooth their sufferings and heal their wounds, they shall realize that "Earth hath no sorrow which Heaven cannot heal."

A word to the alumni present and I wish it could reach the four hundred scattered hither and thither in this and other lands.

Your Alma Mater dies tonight! The lingering rays of today's declining sun kissed for the last time her dear, dying face! But her children live, and as they return her ashes to ashes, her dust to dust, they mourn, not as those who have no hope, but smiling through tears they rejoice in faith and confidence that her sleep is but for a night; that with the morning she shall awake with a new body, a new name, a renewed spirit; upon her head a crown, within her hand a scepter, and upon her lips the proclamation. "The Sting of Death is mortal, the victory of Resurrection Immortality." Friends! our dream is ended. Shall it be only a dream, or shall we awake, arise and make our dream come true?

---

## THE CHRONICLES OF THE FARM.

### A Scientific Discussion.

By Dr. Blanke.

There was tremendous excitement among the plantation races the day the little brown man with ear-rings came along leading a creature that Capt. Olde Horse afterwards identified as Mr. Black Bear. The police force, Carlo, nimbly put the fence between himself and the stranger, and gave orders through the bars. Mrs. Plymouth Rocke and her tribe sought refuge under the barn, while the Guineas flew to the roof, whence they cursed the intruder volubly in language that caused Mrs. P. R. to say it was "scandalous." Dr. Mallard Ducke, Professor Graye Goose and Judge Turkey were caught in a corner and, as they were too fat to fly, they stood their ground, the Judge and Professor, however, edging in behind the Doctor, who wasn't so easily scared.

In the meantime the little brown man tied Mr. Bear to a post near where Old Berkshire was sleeping, and went into the prohibited regions, the Mansion, notwithstanding the fierce remonstrance of the police force. In the meantime, and as Mr. Bear settled down to rest, old Berkshire, who was not a bit perturbed, grunted out: "Where did you come from?" "From far off," was the reply. "That's a lie—there is no such place. There's

no place but here." "Mebbe," replied Mr. Bear. Then they both went to sleep. In time the little brown man came out accompanied by several dusky maids, with teeth as white as his. He loosed Mr. Bear, spoke to him and he at once reared up on his hind legs; the brown man tossed him a pole, which was shouldered, some tricks done, and then the two marched off down the long lane over the plantation that led to the main open road, and thus went their way.

When all was once more normal the Professor began to speak. "That which we have just witnessed, Doctor," said he, "incredible as it seems, conclusively proves my great anthropological, evolutionary theory, that we have come up from protoplasm, the most primitive form known, namely, the featherless and furless, sometimes known as 'man;' the servant who works for us, who yet is a primitive savage, as is shown by the fact that he sometimes kills the higher races, proving, according to my theory, that he is an elemental Force from which the higher in process of time are evolved. What is your opinion, Judge?"

"I shall have to hold the matter under advisement," was the dignified reply.

"What is the highest form of your evolution?" asked the Doctor.

"The Goose family," replied the Professor, "for, as is well known, it is the biggest and wisest; it can live in the air, in water and on land. There is nothing more advanced. It is the acme of evolution."

"Where does the Duck family come in?" asked the nettled Doctor.

"Evolution," calmly replied the Professor, "has come to the tentative conclusion that your family is one that has been side-tracked in the upward march; that it is, as it were, the misfit of the highest attainment of Evolution. You cannot dispute facts."

At this point the discussion became obscure to the Reporter, Bantam, who could only catch the words from the irate Doctor, "You old long-necked paranoic, you megalomaniac wind-bag." After this and more, the Professor reached for him, but the plucky Doctor made a dash and fastened on the Professor's shank with such force that he let go his hold on the Doctor and

used his wings with such force as to bowl that individual over, though he was instantly on his feet again fuller of fight than ever.

"Go it, Doc.!" shouted little Bantam Rooster, who had viewed the affair from the top rail of the fence. "You can lick that fat lobster! Two to one on Doc.!"

But at this point the Judge interposed with, "Tut! Tut! Really! Really! Gentlemen! Gentlemen!" while Game Cocke, who loved a fight, came running down towards the scene of conflict, and the police looked through the fence and nobly remonstrated. After a moment's pause for breath, the honest but plucky Doctor said, "Perhaps I used unprofessional language in the heat of the moment."

"I accept the apology," replied the Professor, as he rather hastily, for him, moved away.

"My apology!" shouted the still wrathful Doctor.

"It's a hard job to make 'em do right, isn't it, Doc.?" said Bantam.

"It is a strange pathological mentality." was the reply.

## THE PATHOGENETIC LABORATORY, COLLEGE OF HOMŒOPATHIC MEDICINE, OHIO STATE UNIVERSITY.

By **Albert E. Hinsdale, A. B., M. D., Prof. Materia Medica  
and Therapeutics.**

As a result of the generosity of certain friends of this college who are interested in the advancement of medical science, especially as it relates to drug action from a homœopathic standpoint, a fund has been raised to establish a Pathogenetic Laboratory. The university has very kindly set aside a large room in the Horticultural building to be used for this purpose. About \$1,000.00 has been expended in equipment, and the university has appropriated \$1,200 a year for assistants and maintenance. The laboratory is now in operation and is fully equipped with all the apparatus necessary for the study of drugs as they affect the different tissues, secretions and excretions of the body; furthermore, a special study is made of drugs as they affect the blood, blood pressure, opsonic index, leucocytosis, etc.

The purposes of this laboratory are three-fold: First, to give actual instruction to the first and second year students in ho-



mœopathic pharmacy, the making of the more commonly used pharmaceutical preparations of the homœopathic pharmacopœia, and, perhaps, more important than all, to demonstrate the physiological effects of drugs upon humans and animals with the idea that such demonstrations will give the student a ground work upon which he can later on add the finer shades of drug symptomatology. The antedotal relationships of a chemical and physiological nature which exist between drugs and the dynamic action of medicine will receive especial emphasis and demonstration. The second function of the laboratory is to conduct provings along strictly modern lines, upon men and women, such provings to be supplemented by corresponding experiments upon animals. Homœopathic therapeutics is the best method of treatment which the present affords, and all experimental works, provings and research investigation are conducted solely to demonstrate the truth of this law of cure and to extend its usefulness by the introduction of new remedies and by advancing our knowledge of the older ones. The third function which this laboratory will serve is to give opportunity for research work in drug action, especially as in regard to the effects of drugs upon the opsonic index, blood changes in general, and the pathological tissue changes which medicines exert upon their tissue proclivities.

The professor of materia medica and his assistants are full paid men (a statement which also applies to all other members of the college faculty), and devote practically all of their time to instruction in materia medica, both by the usual didactic methods, and by use of this laboratory.

---

### IN MEMORIAM.

On April 5, 1915, there passed away, at Halifax, N. S., the late Dr. Herbert H. Read, after fifty-four years of medical practice.

Dr. Read was born in Nova Scotia in 1840. He took his first medical course at McGill's University, graduating in 1860; but as he was only twenty years old then, his degree was withheld till 1861. He followed this with a course at Edinburgh University, and here received the degree of L. R. C. S. Then he took short courses at Glasgow, London and Paris.

He returned to Nova Scotia and started in practicing at Windsor, N. S., in 1861, achieving considerable reputation.

After nine years of work he investigated Homœopathy and then took a course at Hahnemann Medical College, Philadelphia.

Soon after his return to Nova Scotia he removed to Halifax, and took the practice of Dr. Wesselhœft, the latter moving to Cambridge, Mass. Here he practiced Homœopathy forty-five years till his death early this month.

In surgery his work was of the highest order, and he was ranked with the best in his province, and his medical work was of the same high standard. He practiced pure Homœopathy, and met with the greatest of success. He enjoyed an exceptionally large practice during his life in Halifax, and a host of friends mourned the loss of an honest friend and a great physician. His oldest patients were his best friends, and he will be especially missed because he was a pioneer in his city, the only homœopath then in Halifax.

He is survived by a wife, Jessie MacGregor Read, four daughters, Mrs. Ramsay, of Sydney; Edith, of Branksome Hall, Toronto; Winnie and Emily at Halifax, and two sons, John E., one of Canada's Rhodes scholars, a lawyer of Halifax, now lieutenant in the Canadian field artillery in England, and W. Welton, a McGill medical student and house doctor at the homœopathic hospital of Montreal.

---

### A SULPHUR NOTE.

To the readers of the HOMŒOPATHIC RECORDER:

In all cases of chronic suppurative otitis media think of *Sulphur* high; yes, and do more, use it. Of course, do not overlook cleanliness and drainage. *Sulphur* high will cure more cases of chronic diarrhœa than all other remedies.

M. J. BUCK, M. D.

Pittsburgh, Pa.

---

### A CONSTIPATION REMEDY.

Editor of the HOMŒOPATHIC RECORDER.

A little over forty-two years ago I began using bran mash, the coarser part, for constipation, and find it the best remedy I have ever employed to permanently cure constipation. It should be taken at supper time before eating anything else. I direct to pour boiling hot water on the bran and salt it a little, and then

pour off the water and put in milk, which may be sweetened or not as individual taste decides. One to three or more tablespoonfuls is usually taken at a time, once a day, and the amount varied to secure an easy movement once a day only, after breakfast. In time the amount taken may be very gradually diminished, until finally, none is used at all, and the patient has only to religiously maintain the habit, and let nothing interfere with this rule. We are beings of habit. So I tell them to "get the habit." The two greatest things in life are to keep the conscience clear and the bowels regular.

A. L. GARDNER, M. D.

Painesville, O., April 17.

---

## **NEW JERSEY STATE HOMŒOPATHIC MEDICAL SOCIETY.**

### **Sixty-Second Annual Meeting.**

The sixty-second annual meeting of the New Jersey State Homœopathic Medical Society was held at the North End Hotel in Ocean Grove, on May 13th, 14th and 15th. Under the able and painstaking leadership of the president, Dr. C. Herbert Church, of Newark, and with the hearty co-operation of the several committees and bureaux chairmen, the meeting proved to be one of the most enjoyable and profitable in the history of the society. The local committee of arrangements, consisting of the members of the Monmouth County Homœopathic Medical Society under the indefatigable captaincy of Dr. Joseph H. Bryan, deserves and has received the warm praise of the members of the State Society. Their labors, resulting in a smoothly working program throughout, once more emphasize the importance of securing enthusiastic and willing workers to prepare for medical conventions. To Dr. C. F. Hadley, of Camden, credit is due for the publicity given the meeting in the local Asbury Park paper, as well as in the Newark and Camden press. The doctor is a general favorite with the members, and will undoubtedly grace the presidential chair in 1917.

The papers presented for discussion were of a high order of merit and reflected much credit on the bureaux chairmen. There were few absentees, and free discussion of all papers was the rule. Among the essayists, Dr. Lewis Gregory Cole, of New York,

deserves particular mention for his scientific, interesting and highly instructive cinemetographic exhibition and lantern slides in illustration of his lecture, "Positive and Negative Diagnosis of Surgical Lesions of the Gastro-intestinal Tract." It is plainly evident that, as a result of his original investigations in this fascinating field of scientific research, the physiology of digestion will require re-writing in our modern text books. To one who has just packed snugly away one of mine host Yarnall's North End dinners, Cole's "stomach movies" rival in interest the funniest angular actions of the mercurial Charlie Chaplin.

A series of excellent skiagrams were shown by Dr. Horace B. Dean, of Audubon, N. J., illustrating various kinds of bone fracture, and the "syphilitic movies" of Dr. Sprague Carleton, of New York, were the object of close attention as well as of considerable comment concerning their instructive value. Dr. Edward Hill Baldwin, of Newark, gave numerous eye hints for the general practitioner, a subject much appreciated by his audience, who dearly love to be gently chided in Baldwin's own inimitable way. Other subjects presented by the specialists were "Tuberculosis of the Nose and Throat," by Dr. W. D. Rowland, of Asbury Park; "Ear, Nose and Throat Hints," by Otis D. Stickney, M. D., of Atlantic City; "The Sub-mucous Operation and Some Indications for It," by Dr. Howard Ivins, of Trenton; "Carcinoma of the Skin," by Dr. Edward M. Gramm, of Philadelphia, a paper, by the way, showing great care and study in its preparation. All of these essays were thoroughly discussed. Dr. Jos. H. Bryan presented an interesting case of complete anuria of six days' duration, following a laceration of the left kidney due to a severe fall, death occurring after operation, and autopsy disclosing a congenitally absent right kidney. Dr. McKinstry, of Washington, N. J., read an account of a case of diabetes insipidus. *Mercurius cynatus* verifications in diphtheria were presented by Dr. W. G. Mead, of Arlington, N. J., and discussed by Drs. Wallace McGeorge and R. F. Rabe. The former read his paper on "Kali Phos., Kali Mur. and Kali Sulph.;" the latter, in the Bureau of Homœopathic Philosophy, presented "Observations Upon the Action of the Homœopathic Remedy Relative to Diagnosis and Prognosis." Dr. A. S. Ironside, a staunch follower of Hahnemann, presented "Necessity of Knowing the Philosophy of Ho-



mœopathy." All three of these papers aroused animated discussion. Dr. George F. Cannon, of Jersey City, told of "Arsenicum Album in Post-scarlatinal Nephritis," and recited several cases in verification.

"Malnutrition of Infancy, Causes and Treatment," by Dr. I. N. Griscom, of Ocean City, occupied the time and attention of the Bureau of Pædology. In the Bureau of Obstetrics Dr. Leon S. Loizeaux (he's a bird) gave a most exhaustive though informal talk on twilight sleep, which was followed by "Twilight Sleep vs. or Plus Easy Labor," by the veteran C. A. Church, father of the president of the State Society.

Dr. Elizabeth H. Muncie delivered her lecture on "Physical Causes for Sexual Immorality," and made an earnest plea for the more frequent employment of circumcision and other orificial methods. Her lecture was very attentively listened to and well discussed. Dr. C. F. Adams, of Hackensack, an ex-president of the Alumni Association of the New York Homœopathic Medical College and Flower Hospital, read one of his usual well-written papers, entitled "Some Applications of the High Frequency Currents in Gynæcology."

In the Bureau of Surgery Dr. John H. Young, of Montclair, read a paper on "Surgical Relief of Cardiac Conditions." Dr. B. H. Garrison, of Red Bank, presented "Acute Suppurative Osteomyelitis, With Report of a Case." In the Bureau of Gynæcology Dr. E. G. Tuttle, of New York, read an exhaustive paper on the subject of "The Surgical Treatment of Anterior Displacements of the Uterus, Accompanied by Irritation of the Bladder, Dysmenorrhœa and Sterility," and Dr. August Strasser, of Arlington, a surgeon of the dominant school, read a classical paper, which showed much thought and study, entitled "Prolapsus Uteri."

On the evening of the 14th the customary banquet was held with Dr. Jos. H. Bryan as the silver-tongued toastmaster of the occasion. After a few witty jibes at her expense, Dr. Florence J. Voorhees, of Newark, responded in her customary happy vein, giving back with interest all that she had received. Dean Pierson, of Hahnemann College of Philadelphia, looking as youthful and energetic as a boy out of school, introduced himself to many who had never had the pleasure of meeting him before. The im-



pression he created was most favorable and pleasing, and Hahnemann College is to be congratulated upon her possession of a dean so evidently sincere, earnest, enthusiastic and capable. May his tenure of office be long and prosperous.

To say that W. W. Speakman, of Philadelphia, was called upon to respond to the toast, "The Ladies," is to indicate that his response was in his usual humorous and droll way, all that could be wished for. The ladies, God bless 'em, he captivated them all!

Last, but far from least, Dean Copeland was at his best, and held his audience in close attention while he spoke of medical practice and licensure. He sounded a warning of what is to come to all homœopathic colleges, and urged upon them the wisdom of thoughtful preparation to meet the demands of the near future. He counselled the alumni to rally around their respective colleges, giving such moral and financial support as may lie within their power. May the custodians of our homœopathic colleges and hospitals heed his timely advice!

Altogether the meeting was a decided success, the attendance was excellent, some seventy-five members and about twenty visitors being present. The discussions were thorough and able, the best of good nature prevailed and everyone was satisfied and happy. Successful meetings are customary with the Jerseyites, and the sixty-second annual meeting was no exception. All that pertains to the great field of medicine was touched upon; but the keystone of the society's existence, Homœopathy, was always in evidence.

The officers elected for the coming year are as follows:

President, Dr. F. P. McKinstry, Washington.

Vice-President, Dr. C. F. Hadley, Camden.

Treasurer, Dr. C. C. Straughn,, Matawan.

Secretary, Dr. C. H. Church, Newark.

Corresponding Secretary, Dr. R. F. Rabe, New York.

R. F. RABE, *Cor. Sec'y.*

## THE SPECIALISTS' DEPARTMENT.

EDITED BY CLIFFORD MITCHELL, M. D.

25 East Washington St., Chicago, Ill.

### OUR CONTRIBUTORS.

This month we continue the series of homœopathic hints in practice, by Dr. Fritz Askenstedt, of Louisville, and by Dr. C. T. Hood, of Chicago.

### THERAPEUTIC HINTS.

Dr. D. F. C. Askenstedt, of Louisville, advises the use of the following homœopathic remedies :

*Ferrum met.* in chlorosis.

*Podophyllum* in painless morning diarrhœa.

*Ipecac.* in nausea and vomiting without apparent pathological cause.

*Antim. tart.* and *Ipecac.*, alternately, for capillary bronchitis (lobular pneumonia) of children and of the aged.

*Mercurius cor.* in dysentery, with aggravation at night.

*Cantharidis* in acute or subacute cystitis.

*Urtica urens* in urticaria with much itching.

*Lycopus 1x* in association with rest in bed and general galvanization, for exophthalmic goitre.

*Drosera* and *Bellad.*, alternately, for whooping cough.

*Rhus tox.* in chronic rheumatism, with morning aggravation and amelioration from exercise.

*Gelsemium* for syndrome of slow pulse, tired feeling, mental apathy, sleepiness.

*Phloridzin 2x* in diabetes mellitus.

*Erigeron* or *Trillium* in menorrhagia, especially during climacteric, with bright red blood. Theoretically, *Erigeron* is a constitutional remedy, while *Trillium* has a more local affinity for the uterus, but clinically, I have not been able to make this differentiation.

**The Diagnosis of Typhoid Fever.**—Dr. C. T. Hood, of Chicago, has this to say about the diagnosis of typhoid:

If one will keep in mind the fact that the diagnosis of typhoid fever, except in rare cases, can seldom be made with any degree of certainty before the end of the first week, and often not before the middle of the second week, and every suspected case treated as typhoid, the mortality rate of thirty-four and eight-tenths per cent. will be materially reduced.

Without going into an extensive differential diagnosis of the diseases, let us describe some of the more common affections from which it must be differentiated and, perhaps, one or two rare conditions.

First. The intestinal form of la grippe. We have all seen many cases of la grippe which, by the end of the first week, presented an almost typical picture of typhoid fever. The laboratory findings show the diazo reaction as negative, the Widal reaction not positive, but some clumping of the bacilli are seen; or, perhaps the technique has been faulty and a negative report obtained. Still the clinical picture is so much like typhoid fever that we are loth to abandon our diagnosis. If by the end of the second week the temperature touches the normal in the morning and the skin has remained more or less moist during the course of the disease, the case is one of acute intestinal grippe; but if the temperature persists after the second week, even if the skin is moist, and the diazo reaction absent and the Widal not positive, a diagnosis of typhoid fever is, in all probability, correct, for it should be borne in mind that la grippe and typhoid are often co-existing in the same patient. We do not wish to be misunderstood; we expect to find the Widal reaction present in typical typhoid, but our experience has been that in the exceptional case it is not, and while we appreciate the value of the laboratory findings not only in this disease, but in many others, yet we believe that the laboratory findings must fit the clinical picture to be confirmatory evidence. In other words, we hold that in the greater number of the cases laboratory findings should be confirmatory evidence rather than diagnostic.

It has been our privilege to see, during the past four years, in consultation, four cases, and one in our own practice of what proved to be appendicular abscess mistaken for typhoid fever.

In three of these five cases the Widal was reported not positive, but suspicious; in two it was reported as positive. In four of these cases no leukocyte count was made until after three, four and six weeks had elapsed. In the remaining case the white count was made within the first week. It has also been our privilege to see, within the past four years, two cases which had been treated as typhoid fever and perforation was supposed to have occurred one case was posted and a large appendicular abscess found; the other operated upon for perforation and a large appendicular abscess that had ruptured into the general peritoneal cavity found, drained and recovery occurred.

The results of these experiences have taught us that if a case presents any of the ear-marks of typhoid fever and the diazo is absent, the Widal negative or not positive, a white blood count must be made.

We have also seen two cases of acute trichinosis within the last four years, diagnosed and treated as typhoid fever for several weeks. Aside from the fact that the spleen is rarely enlarged in trichinosis, and the muscular pains are, as a rule, more pronounced, the two diseases might often be confounded. At present the evidence seems to show that in trichinosis the esinopheles are largely increased.

**Itching of the Skin.**—In a case of diabetes mellitus seen by the writer troublesome itching of the skin was relieved by Dr. T. Howard Plank, of Chicago, by, first, local applications of one per cent. *Creolin* solution, and later, by solution of *Magnesium sulphate*, five per cent. Dr. Plank advises *Creolin* instead of *Carbolic acid* for the reason of its comparatively harmless nature. *Carbolic acid* relieves itching, but is a dangerous remedy to have about the house.

## CLINICAL URINOLOGY AND RENAL THERAPEUTICS.

CLIFFORD MITCHELL, M. D.

**Another Case of Bladder Tumor.**—That bladder tumors can be recognized merely by examination of the urine we have repeatedly shown, and within a week have seen another case of this kind. The patient was a man of good general health, aged 79, and with no clinical findings worthy of note save a painless and symptom-

less hematuria. In a man of this age we are likely to dismiss such a hematuria with the thought that it is merely incidental to the prostatic enlargements of the time of life. But in prostatic conditions where we find blood the latter is usually small in amount and occurs at the end of urination or catheterization. In this case, however, the blood was considerable in amount sufficient to produce in the Esbach tube an amount of albumin indicated by one-half of the first mark, that is, one-twentieth of one per cent. by weight. Again, in prostatic trouble sufficient to cause hæmorrhage we find pus in more or less quantity in the urine while in this case there was no pus.

Sedimenting the urine we found blood cells almost normal in size without shadows or rings so-called, in urine having an acidity of 32 degrees. There were numerous small connective tissue shreds, a few leucocytes, and a relative abundance of the large round epithelial cells from the middle layers of the bladder, such as were described in a previous case of this kind reported to this department. There were also a few aggregations of these cells but not so many or so characteristic as in the previous case.

The bleeding had been noticed for about a year and had ceased entirely at times.

We made a diagnosis of papilloma or cancer, our own opinion leaning toward papilloma; in order to be sure which it was we ordered cystoscopic examination. This showed a large papilloma. Treatment by electric fulguration is now being considered in the case.

**The Source of Blood in Urine.**—Formerly we disliked to assert with positiveness the source of blood in urine, but of late years our experience has been so often confirmed by the cystoscope that we are much bolder in giving a positive opinion. The urine must, however, for this purpose be strictly fresh, and it is best that it be examined as soon as voided by the patient. The more normal the appearance of the blood corpuscles under the microscope the more likely the blood is not from the kidneys. Blood from the kidneys is, as a rule, smaller in the size of its corpuscles than that from the lower urinary tract. Then again, the habit we have formed of diluting the urine with two or three parts water or even more if much blood is present and centrifuging the diluted urine as well as the undiluted, has been of great help



to us in detecting other elements of the sediment which might escape notice in the undiluted urine. Within the last year we have made diagnoses of three bladder tumors correctly, two of renal calculus, and one of genito-urinary tuberculosis by following up this system of examination carefully.

**Kidney Diseases and Tonsils.**—An instance of the aid of urine examination in general practice came under our observation this month when, after finding evidence of chronic diffuse nephritis in the urine of a child, which we had never seen, we advised the attending physician that the tonsils were likely the focus of infection whence started the kidney trouble. In a letter we have received from him he states that examination of the tonsils has confirmed our belief.

**High Specific Gravity of Urine.**—A case was referred to us in which sugar had been found from time to time, but even when by diet the sugar was removed the specific gravity remained 1025 and 1030. This fact worried the patient who had innumerable analyses (so-called) made as he traveled about the country. No one of the various analysts took the trouble to make a volumetric determination of the chlorides. On obtaining the entire 24 hours' urine from him we found that he had one and one-half per cent. of chlorides as well as the same per cent. of urea, the diet he pursued to avoid sugar being such as to bring in enough salt to keep the specific gravity high.

In another case where the high specific gravity without sugar worried the doctor in charge, we found that sodium bicarb., taken in great quantity, was responsible for the urine condition.

If the routine examination of the 24 hours' urine be conscientiously carried out these puzzling conditions will often be found to be of very little clinical importance.

**Edema in Women.**—We have seen not a few cases of so-called oedema in women in which no evidence of kidney trouble can be found in the urine. Women frequently complain that they have swollen limbs, feet, and even face without any conditions in the urine which justify the diagnosis of nephritis.

**The Mental Condition in Diabetic Women.**—Not enough attention has been paid, we think, to the mental condition of diabetic women. In some cases of diabetes in women worry is a persistent and obstinate feature, which seems to create a vicious circle. If

we could remove the sugar we could get rid of the worry, but as long as the worry continues we can not always influence the sugar by dieting. At present we have under observation a patient who shows six per cent. of sugar on a diet which should not furnish more than one per cent. at the most. But this patient is worrying over family matters, illness of others, etc. Psychotherapy is obviously the indicated remedy in such cases, followed by the usual dietetic restrictions. But the great trouble with psychotherapy is that it is likely to be adopted as the sum and substance of all treatment. Of all pernicious doctrines that of the influence of mind over matter is one of the worst, as it creates a feeling analogous to the ostrich-like security which the traveling public experiences when hiding its head comfortably in the bush of assurance of the "unsinkable" nature of ships!

**A Great Year for Optimists!**—If we may be allowed to digress slightly from our subject we feel that we are warranted in making the sarcastic statement that this is a great year for optimists. Such sarcasm not only applies to those who blindly close their eyes to diseased conditions which afflict their bodies but also to those who delude the public and themselves with optimistic theories which are sooner or later responsible for calamity and destruction.

Let us all get out of the ostrich class and face conditions fairly and squarely. As physicians let us employ all known methods for the diagnosis and cure of disease, and not flatter ourselves that we are the "whole thing" because we happen to be merely a part of it.

**The Electric Pad in Renal Colic.**—One of our patients, a traveling man, reports much comfort from the use of an electric pad in attacks of renal colic from which he suffers. The advantage of the pad is that it can be carried by those traveling and can be used when hot water is difficult to obtain, as for example, in a sleeping car.

## BOOK REVIEWS.

KEYNOTES OF THE HOMŒOPATHIC MATERIA MEDICA. By Dr. Adolph von Lippe. Edited by Donald Macfarlan, M. D., with an Introduction by William B. Griggs, M. D. 163 pages. Cloth, \$1.00, *net*. Philadelphia. Boericke & Tafel. 1915.

According to our count this little book gives the keynotes of 118 of the most used homœopathic remedies. The manuscript was given to Dr. Macfarlan by Mrs. Lippe and it was deemed worthy of book form, being the work of one of the old masters in Homœopathy. It contains the keynotes or landmarks of the drugs as Lippe saw them from his long experience. The publishers have, very wisely, we think, let each drug begin at the top of a page. Some of them, like *Belladonna*, take nearly two pages, while the shortest, *Cinnamon*, take up but three lines, the result is that there is more or less blank space after each drug that can be used by the doctor who owns a copy for writing in any marked symptoms or comments that may be experienced and which he may deem worthy of preservation. Looking through these pages one is struck by the fact that the keynotes are Lippe's own, being the points that he selected concerning the different remedies to serve as guides. Under some the reader may be surprised at not finding a symptom which he has always regarded as the central keynote. For one example: Under *Croton tig.* will not be found that gushing hydrant like stool, but notes on a certain headache, burning on the skin and nausea. Back in Lippe's day men, as a rule, looked at the various drugs through their own eyes because the materia medica was about all they had and the remedies had not yet assumed the distinctive forms they have since taken. It is also to be feared that some of the landmark symptoms that pass current today in many books are open to question, at least the reviewer can call to mind comments by experienced men who said they could never verify certain accepted symptoms. These comments are made to explain why, perhaps, certain symptoms that pass as keynotes are not to be found in this collection—they are Lippe's keynotes and not copies from other men, a fact which gives the book peculiar value. We fancy this little book of original Homœopathy will find a permanent place in our literature.

HOW TO USE THE REPERTORY. With a Practical Analysis of Forty Homœopathic Remedies. By Glen Irving Bidwell, M. D. 156 pages. Cloth, \$1.00, *net*. Philadelphia. Boericke & Tafel. 1915.

A good many men have bought repertories and then asked for something that would teach them "how to use the repertory." This does not apply to the numerous small and special repertories which are but labor-saving and convenient indexes, but to the big repertories that cover the whole field and which, while also indexes are, in fact, something more, a good deal more, marshalling, as they do, or should, the whole materia medica into an orderly form and really, as it were, teaching the true spirit of materia medica. The true repertory is the means by which the homœopath is able to so surely select his "arms of precision." It must be confessed that to learn how to use a repertory of this nature is not an easy task, but one requiring close study, but those who have mastered it say that when once mastered it, like everything else men understand, is easy and stands out clear.

Dr. Bidwell might be termed a repertory specialist and in his book not only explains the practical workings of the art and its philosophy, but in Part II. gives an analysis of a number of remedies, the principles of which, when once mastered, can be applied to all other remedies, and are a part of true repertory work. Dr. Bidwell has delivered several lectures on this general subject, which might be headed, "How to Practice Homœopathy," and from these and several articles the book is compacted. Anyone will get many valuable pointers from its pages even if he does not go in for a complete mastery of the Art and Philosophy of the Repertory.

---

THE CASE FOR HOMŒOPATHY. By C. E. Wheeler, M. D., B. Sc. 98 pages. 40 cents. London. The British Homœopathic Association (Inco.), 43 Russell Square, W. C. 1914.

This book is divided into five chapters that proceed with the logical march of a judicial decision, without any of the heat often shown in this class of books. It runs a parallel between the latest things in current medicine and Homœopathy, "which latter claims to be a law of general application of the field of

"medicine," but is only concerned with the use of drugs in curing or preventing disease. Besides curing acute disease, or epidemics, "the men who have tried Homœopathy believe that they can influence chronic diseases and latent defects of constitution in a way hardly dreamed of as yet by their brethren of the dominant school." The whole is calm, well reasoned brief for Homœopathy, and one that ought to be very useful for all inquirers.

---

APPENDICITIS CURABLE BY MEDICINE. By P. C. Majumdar, M. D., Graduate of Medical College, Calcutta, India; Corresponding Member of the American Institute of Homœopathy, etc. 75 pages. Paper binding, 25 cents, *net*. Calcutta: Das Dupla & Co., Publishers. 1915. (On sale, Boericke & Tafel.)

This monograph is an effort on part of Dr. Majumdar to further the treatment of appendicitis by homœopathic medicine. The work contains a general review of the disease in which various authorities are quoted, followed by a materia medica of the drugs that may be indicated, therapeutics, eight clinical cases, opinions of some eminent surgeons, men of both schools, the whole concluded by a repertory quoted from Dr. W. A. Yingling. Dr. Majumdar has gathered a lot of very useful matter into his pages in addition to his own. The price "puts it within reach of all."

---

Messrs. Boericke & Tafel announce that they have the manuscript for a compact work on "Homœopathic Therapeutics on Ophthalmology," by Dr. John L. Moffat, that will be given to the compositors very soon. It will be a useful little book.



# Homœopathic Recorder

PUBLISHED MONTHLY AT LANCASTER, PA.

By BOERICKE & TAFEL

Subscription \$1.00, To Foreign Countries \$1.24, Per Annum

Address communications, books for review, exchanges, etc.,  
for the editor, to

E. P. ANSHUTZ, M. D., 1011 Arch Street, Philadelphia, Pa.

---

## EDITORIAL NOTES AND COMMENTS

**Albuminuria.**—Albumin in the urine is always a foreboding to the doctor, and to the patient if he gets an inkling of the fact. Knowing this it seemed that when we ran across the following in Fernie's *Herbal Simples*, that it might be well to pass it along, for, indeed, there is much valuable therapy that is unknown to the faculty. Fernie writes: "Dr. Burnett has lately taught (1895) that a too free use of cloves will bring on albuminuria; and that when this disease has supervened from other causes, the dilute tincture of cloves (*i. e.*, the *Caryophyllus*  $\theta$ ) third decimal strength, will frequently do much to lessen the quantity of albumin excreted by the kidneys. Five or ten drops of this tincture should be given with water three times a day." The "tincture" here referred to is the 3x, or higher, dilution. All of this is curious and may be therapeutically useful, but some care should be exercised to ascertain that your patient is not in the habit of chewing cloves every time he takes a drink, in which instance the treatment by *Caryophyllus* 3x would be useless. We have not run across this in any of Burnett's books. Probably it appeared in the *Homœopathic World* when he was editor of that journal.

**"Feeble-mindedness."**—A New York man asks the *Journal of the A. M. A.* for a definition of this word. The editor makes a brave attempt to give it. He divides the feeble minded into "idiots," "imbeciles" and "morons." The last is a scientific handful of dust and really means "don't know," as it includes all who are not in first two classes, but yet are not normal, which would

take in "genius," "poets" and great ones generally. "Idiot" and "imbecile" are flexible terms, and many are included in them by their friends who are unaware of the fact, and indeed, are quite sure that they are very brilliant. Feeble-mindedness cannot be classified or described, for it depends on your point of view.

**Foot and Mouth Disease.**—According to the figures given out by the Agricultural Department (quoted here from the *Journal of the A. M. A.*, 5-15) 124,141 animals were slaughtered on account of the foot and mouth disease between October, 1914, and March 25, 1915. Much is written about the great strides made in medicine, but this looks like a return to the primeval. Hardly that, either, for before the coming of the present medical rule they let the cattle alone and nearly all recovered. When germophobia gets hold of a scientist there is no telling what he will do.

**Therapeutics of Neck-wear.**—Dr. Walter C. Walford (*B. M. J.*, 3-27) writes of the "effects of the neck-wear on the heart." It is rather striking. For instance, a lady with a weak heart and tight neck-fittings was induced to loosen up half an inch, and her health improved, but her neck soon filled out and she sought other advice. In time she returned to Dr. Walford, and in addition had "kidney mischief," shown by puffed eyelids and weak pulse. This time she consented to complete relaxation of her neck dressings, and promptly regained her health. Other cases are related, including men with tight collars. All improved by loose neck fittings. It was the philosopher Kant, if we remember, who opposed the wearing of garters by men, and for the same reason that Dr. Walford objects to tight neck-wear, namely, that they checked free circulation. Perhaps every male reader of this wears garters. When you undress to-night see if there is not a decided ring-like indentation around your leg where the garter binds. Why not hold your socks with small safety pins to your drawers?

**Blue Pus.**—Apropos of blue pus, already mentioned in the RECORDER in connection with the great war, the following, boiled down from the *Lancet*, 3-6, is interesting? An army cyclist delivered his message and was lying on the grass when a shell

exploded and covered him with small wounds which were dressed at a field hospital, where he remained until the next day, when he was taken to a cattle car, where he again stayed without much attention until the next day, when, after an all night journey, he reached a hospital. Without going into details, he was more or less pus, blue pus, horribly offensive, yet he recovered, though the reading of the report is, "Extensive cellulitis necessitating 54 inches of incisions." That "blue pus" seems to be a great diagnostic sign indicating recovery.

**Scientific Comment.**—Mr. Walter, in the *British Medical Journal*, comments on Neisser concerning the treatment of syphilis, the editor of *The Therapeutic Gazette* comments on both, and now the RECORDER adds its comment on the following from the *Gazette*: "The whole world is now drenched with Salvarsan, given mostly in heroic doses, and a reaction has set in." The point we make is that in Salvarsan the medical world was supposed to have reached the highest peak of scientific medicine, yet a reaction has set in which seems to prove that that world is honest even if very gullible.

**Legal.**—A woman in Maine sued a health and accident company on her policy because she was afflicted with a cystic tumor on one of her ovaries. The company resisted payment on the ground that the policy contained the clause that only diseases common to both sexes were covered. Experts for the woman testified that this disease was common to both sexes, while those for the company said it was not. The jury went against the company and the Supreme Court refused a new trial.

**Notice.**—Owing to the press of copy we have added an extra sixteen pages to this number of the RECORDER—and have considerable copy, at that, crowded out that ought to have gone in. But do not let this fact stop you from sending in your papers, letters, to the editor and comments, for we can take care of them all. From every section comes in appreciative letters concerning this journal, so if you want your papers to go beyond your own State send them in, good homœopathic, practical papers or items that will help your brethren.

**"Twilight Sleep."**—Its catchy name seems to be the best thing about it. It came by way of the popular magazines; it caught the fancy of woman; they demanded it and they got it. In an address Prof. C. W. Edmonds, of Ann Arbor, said the "sleep" did not take away pain but memory; that padded rooms were used at Freiberg where the treatment is given; that delirium often follows; that it is apt to prolong labor and require the use of forceps; that it is always a danger to the child, death having been traced directly to it, but not to the mother. This is condensed from *Bulletin of Pharmacy*.

**Improving the Human Body.**—Our learned contemporary, *The International Journal of Surgery*, writing of appendicitis, after stating that the appendix is an ill equipped, rudimentary organ, goes on: "For even after making due allowance for the greater number of cases that are nowadays recognized owing to greater accuracy in diagnosis, the fact remains that appendicitis is of more frequent occurrence than in former years, and particularly in the larger cities." We know of a doctor who was recently operated on for appendicitis. When that organ was reached it was found to be normal, but was taken out just the same, presumably because it was one of the mistakes of creation. It may be all right to cut out a healthy appendix when the opportunity offers, but some think it has its uses even if rudimentary.

**Wants the Time Reduced.**—In a letter to *Lancet*, 4-10, Dr. William Bruce, late member of the General Medical Council, urges a return to the four years' course for medical students. What with the war and the long course physicians are getting scarce in England. Bruce also intimates that the extra time over four years has notoriously failed of its purpose.

**Yet They Kill Colleges.**—The following is taken from a paper by Henry S. Pritchett, Ph. D., on The Classification of Medical Schools (*J. A. M. A.*, 3-20):

Institutions as they develop become more complex, and hence more difficult to divide into classes. These difficulties increase as one seeks to take into account intellectual and moral qualities. For this reason it has been

almost impossible to classify colleges. It would be easy enough, indeed, to separate colleges into groups according to some simple condition, for example, those having more than five hundred students, or more than a million dollars endowment, or those teaching Hebrew; but such groupings would have little significance. The moment one takes into account intellectual qualities and educational facilities, the groups fade into each other by imperceptible gradations so as to wipe out the lines of demarcation.

Though it is almost impossible to classify colleges, yet the thing has been attempted, and several hundred of them killed. One wonders what the number of students, or the amount of money available, have to do with the "intellectual and moral qualities" that really make a college?

**J. A. M. A. and The Courier on Vaccination.**—The *Journal A. M. A.* comments as follows:

"The *New Haven Courier*, while not condemning vaccination or upholding the antivaccinationists, criticizes the working in New Haven of the compulsory vaccination law, which caused a reputable citizen to be imprisoned because he refused to have his child vaccinated in order to enter the public schools. The *Courier* believes that such laws 'savor of an earlier generation.' Vaccination itself the *Courier* does not discuss, because confessedly it knows little of the subject."

The *A. M. A.* organ has nothing to say about the act of sending a man to jail for not bowing to the dictates of the local health board, whose acts do more to hurt the true physician than anything else he has to contend with. The *Courier* is wise in not discussing vaccination, for no one, not even the collective numbers of the *A. M. A.*, know anything about it or even what they use. Public sentiment is against the practice of compulsion, and it is unwise for a physician, even if he believes in vaccination, to range himself with those who send men to jail who will not submit.

**An Examining Board Question.**—Perhaps it would be truer to put it "request." At any rate here it is: "Write a prescription for a cough." This is taken from a published list of questions put to those up for examination as to their fitness to practice medicine. This proposition of the examining board ought to be followed by another: "Prescribe for a patient."



**Prohibition in England.**—In an editorial on this subject the *Lancet*, 4-10, among other things, says that “experience goes to show that complete prohibition cannot be made a reality without the support of united public opinion; and when it is not a reality it means, as a rule, an increased use of the stronger and more injurious alcoholic liquors, and the development of an illegal traffic which corrupts public morality.” From this one might reason that where the public is united against liquor there is no need of prohibition, while where it is not the law “corrupts public morality.” Apropos of this the Indian Letter in the same issue says that though the Government prohibited the importation of cocaine and its sale to the public the stuff came in just the same, profits were bigger, and, of course, unlawful. If a man is not morally clean laws will not make him so; if he is of such a nature that his passions drive him hellward *via* the physical gratification route laws won't change his nature, which will find a way for gratifying the lust that is in him.

**More Trouble.**—At a meeting to consider the affairs of the New York Homceopathic Medical College, reported in the *Chironian*, Dean Copeland, among other things, said: “They,” the A. M. A., “are about to increase the demands along clinical lines. The A. M. A. is about to demand that any college to be in good standing must have 200 beds available for clinical material.” As the A. M. A. has no governmental power, no more than the A. I. H. or the I. H. A., how is it that they can dictate in things over which they have no legal jurisdiction? They have “raised” the standard until a man must be brave indeed to study a profession that carries him well on to middle age before, hat in hand, he comes up before a board of examiners to learn from them whether the best part of his life had been wasted. If the A. M. A.'s “raising” taught men how to cure disease better there could be no kick, but it doesn't, it merely leads to medical nihilism.

A man who had taken in the full university course and then a subsequent course at a certain medical Mecca told us that while there the great man would look over a patient remark, for instance, “That is a beautiful case of typical malaria.” When our informant asked the great one what to do for it he was told to put it to bed and give some gentian tincture to make the sick

man believe there was something being done for him. By what method is it that these nihilists have acquired so much dictatorial power? They have banned the old word "cure;" they cannot cure, and, to the limit of their power, shoulder out all those who can. They are great on diagnosis, as post-mortems show that they hit it in about half their cases. Some day this country will have to follow the lead of Germany, which some years ago swept away the foolish tangle of medical laws and gave the people back their freedom, and, behold, no distaster followed, nor was the death-rate raised.

If the men who go through the cumbersome educational mill of the A. M. A. can prove by deeds that they can cure human ills better than others the world will make a path to their door, but they cannot make that path themselves and force the people to travel it by a tangle of laws.

**Getting Ready.**—Rather curiously the *Journal A. M. A.* (4-17) quotes about a column from *Puck*, with approval, a column that is not in the least jocular. It is said of the physician "until he is past 35 his career is one constant painstaking *preparation*"—the *italics* are *Puck's*. This at a minimum costs him \$8,000,00, which is a decided minimum for the age of 35 in the opinion of some. The age of 35 is over half the average age, which is about 40. *Puck* asks if it is fair to allow the cults like Christian Science and the like to compete with these men who have spent the biggest part of their life in preparation? On the other hand, it may be asked if it is fair to compel men to spend all of these years getting ready for a career. None of the great ones of medicine, past or present, did it. Are the recent graduates better men than Osler, Murphy, Morris and a host of others? Finally, if they do not teach medical truth in the modern allopathic college, of what avail would be even 70 years of study? The truth? Are they not shifting the whole matter every year? Is not the "science" of five years ago "out of date?" Is there any clinical proof that to-day's science is any better?

**Something of a Poser.**—The following is quoted from a recent paper published in a good homœopathic journal:

"Inspected—Hogs."

"Protected—Forests."

"Neglected—Children."

It seems rather forcible at first, but a little reflection puts another phase on the matter. Hogs are inspected, it may be assumed, but to what avail? The last epidemic of foot and mouth disease that has cost the country millions started, it is said, from serum presumably used by the inspectors. In the matter of forests good work has been done—excellent work. What about “Neglected—Children?” Would you like to have an inspector to enter your house willy-nilly? Would you like to have one of them bossing the families under your care? If nothing better came of the inspector’s inspection of neglected children than came of the inspection of hogs, we rather incline to the belief that the children would be better off if left to the old, out-of-date care of the mother, father and family physician. Really there is considerable bunk in this world masquerading as a Lofty Thing.

**Etiology.**—Among the editorial notes of the *Southern California Medical Journal* is this one:

The Canadian troops in training for the European war at Salisbury Plain, England, are suffering from a terrible epidemic of cerebro-spinal meningitis with a very high mortality. The naval forces in barracks at the Crystal Palace, London, are also suffering from a malignant type of the same disease.

As no army, even under much worse conditions, ever suffered so before, and as no army before ever was subjected to so many inoculations as this one has undergone, the question was asked in Parliament as to whether it might not be due to the inoculations, but the question was smothered in words, but not answered. If typhoid, plus small-pox, plus therapeutic and prophylactic inoculations, vaccinations, injections and hypodermics prevail there is small doubt but that “anaphylaxis” must follow. “Anaphylaxis” is a polite word for the devilry caused by these modern methods of monkeying with the sick.

**The New Practice.**—Dr. Walter Sands Mills’ new “practice” seems to be a book that must be tried out to be appreciated. It covers so much ground in so comparatively small a space. True. But Dr. Mills has had a vast experience and gives what is essential. It is a book that will live.

## PERSONAL.

---

Every little law must have some money of its own, to make it good.

When a man has no bad habits to be stopped the doctor is often stumped for general advice.

"Votes for women" are cheaper than new hats at any rate.

"We are just beginning to fight," said the Health Board, as it asked for another million plunks.

"Epicondylitis," dear reader, means "tennis elbow." Maybe you can spring it on the players.

"The number of new ways of getting a man into jail is startling."—Chicago *Tribune* on medical matters.

"The worst epidemic Chattanooga has to contend with is an epidemic of liars," says Dr. H. C. Evans.

"Diseases come in the dark and get cured in the sun," say the Italians.

There can be no difference of opinion between the drawing power of a base ball game and a symphony concert.

"Fresh took the 1:30 and was arrested." This is one of Claude's effervescent old things.

Nay, Mary, when Claude told you he was exalted out of the poker game don't believe that he has reformed.

There ain't no such word as "ain't," but there ought to be.

A man may be full of sorrow, joy, conceit, ambition or just "full."

When you cannot lick the other fellow, interne.

Binks says the best way to keep the spirits up is to put them down.

Binks also remarks that Jack Johnson took his defeat like a white man should.

We hear "the truth about" many things, but rarely the truth of the things.

Running expenses stop only at the grave.

"Like the potato, all that was good about him is underground," remarked Overbury of a defunct man.

"I take off my hat to your town," said the orator, and then he passed it around.

Mexico has become a great consumer of presidential timber.

The not caught fish is as good and seemingly wiser than his caught brother.

To contemplate a tour of the world is at least cheap.

Truth is stranger than fiction to some men.

The entomologists ought to seek the bug that causes loss of memory.

A cynical sinner said that the recipe for a good reputation is, "Don't get found out."

Many a man wears a crown, on a tooth.

# THE HOMŒOPATHIC RECORDER

---

---

VOL. XXX

LANCASTER, PA., JULY 15, 1915.

No. 7

---

---

## THE AMERICAN INSTITUTE OF HOMŒOPATHY IN CHICAGO, 1915.

The clans of Homœopathy as represented by the great Institute began to gather on Sunday night, June 27th, for the preliminary session at the big Hotel Sherman of the big, generous city of Chicago. It was the customary memorial service in memory of those brothers who had gone over the "great divide" during the past year. There were 35 names of the departed in the printed list. Among them may be noted Dr. Arthur F. Bissell, who became a member in the year 1853. As the Institute was founded in the year 1846 it will be seen that Dr. Bissell was one of the patriarchs—as we all will be if we live long enough, and continue our membership as we should. It was surely an honorable record. Among the others was Dr. James B. Bell, the author of that homœopathic classic commonly known as "Bell's *Diarrhœa*;" Dr. A. P. Bowie, of the famous Bowie family, of "Bowie knife" fame; Dr. Wm. L. Breyfogle, so well known, especially among the older members, as the author of "Breyfogle's *Epitome*;" Dr. Henry R. Stout, of Florida, who held up the banner of Similia in that far Southern State for so many years; Dr. Bukk G. Carleton so well known by his books and his skill in genito-urinary diseases; Dr. A. Worrall Palmer, for many years connected with our well known *O., O. and L. Journal*; Dr. Edward Harper, who fought valiantly at Atlantic City last year to have the Institute meet at New Orleans, besides many others—there are 35 of them as mentioned before. Dr. Elmer E. Vaughn, Chairman of the Local Committee, made the opening address, followed by the Report of the Necrologist, Dr. Mary Elizabeth Hanks, and the Memorial Address by Dr. O. S. Runnels. All with appropriate music.



Monday dawned bright and continued all day just cool enough to be an ideal day, just the day to welcome the cohorts of Homœopathy to our great American London—for that is what this big city is destined to be from all appearances.

Dr. Byron G. Miller, the well known surgeon of Portland, Ore., and also President of the Institute this year, opened the business session on Monday morning—you will find his excellent address in the official *Journal of the A. I. H.* (of which you should become a member); but of these matters the present reporter can make no mention, as he only seeks to give little items of interest of the doings and sayings that came under his cognizance.

One thing that struck the reporter was Dr. Miller's Anglo-Saxon way of putting motions. He would say, "All in favor will say *yes*, contrary *no*." At first they, the assembled members, hesitated and some would say "yes" but after a time the conventional "Ay" prevailed. Why not "Yes?"

Dr. Scott Parsons, who had charge of the "press bureau," made a point worthy of note concerning the *Journal* and the press reports. It was, in effect, that if the members criticised the output they were the ones to blame, for they should furnish good stuff in their papers and discussions to be reported. In short, the reporters report only that they hear.

Jumping from the opening session, we met Dr. A. L. Blackwood, author of a series of good text books, and he told of his experience in Hahnemann College Hospital with the new phase in medicine, "blood pressure." His talk was not about the high pressure caused by the diseased kidneys, calcareous blood vessels, etc., but that occurring in apparently normal men. For this condition he had found *Baryta mur.* to be the best remedy, reducing many high pressures to normal. Asked the question as to dose, he replied that when he gave the 3x the patients often complained that they "could not stand that medicine," but the 6x seemed to work admirably.

That new department of the Ohio University, the Homœopathic, into which, after various mutations, the Cleveland college and Pulte, of Cincinnati, were merged, seems to promise great success. The first degree of "Doctor of Medicine" ever conferred by the State of Ohio, according to Dr. C. A. Burrett,

Dean of the new department, who was our informant, was conferred on a homœopath. He also informed us that the advertisements were out for the first unit of a hospital building for the new department. He seemed rather gratified by all this, as well he might be, but then it should be remembered that Ohio is a brainy State, and knows a good thing—which it has in this new Department added to its great University. Burrett and Hinsdale are two "live wires" for the new college.

Our old friend, Dr. Loizeaux, of Des Moines, Iowa, gave a pointer that is worthy of note. The patient was himself. He suffers from hay fever, but said that his last attack was nipped off by a few doses of *Arundo Mauritanica* 3. The late Dr. John V. Allen, of Frankford, Philadelphia, gave this hint to the reporter on the road home from the last meeting of the Institute at Boston. Hence the belief that these random notes of the meeting are not all in vain.

As this is the "cancer number" of the RECORDER we sounded some men as to their opinion as to the curability of that great terror of modern times. One prominent man who wears the red badge ("Senior"), who refused to be quoted, made the Delphic reply, in effect, that if a case was cured it was not cancer, if not it was. Dr. T. H. Carmichael, of Germantown, Philadelphia (ex-president of the Institute), was more optimistic, though not overly so. He had a case that he treated after the methods advocated by Dr. Eli G. Jones, whose papers on "Reading the Pulse," etc., have been running in the RECORDER for some months, and "apparently" cured it. Will not go into details, as Dr. Carmichael said that if he could find the time he would write it up for the many readers of this journal.

Tuesday opened up and proved to be a fair day. The attendance at the opening business meeting, with which the sessions always begin, that greeted President Miller was three times as large as that on Monday, showing a large influx of members.

Among the newcomers was Dr. Albert E. Hinsdale, Professor of Materia Medica at the new Homœopathic Department at Columbus, Ohio. He had with him a copy of the new journal they are issuing under the title of *The Polychrest*. He had no extra copies, so we are unable to do more than announce the latest birth in homœopathic journalism, which no doubt will

prove to be a lusty infant. And speaking, or writing, of births, reminds us that we met Dr. W. A. Humphries, late of Toledo, Ohio, who has removed to Columbus, to take the Professorship of Gynæcology and Obstetrics in the new homœopathic institution at that city.

Among the letters read at the morning session was one from the Institute veteran, Dr. J. B. Gregg Custis, of Washington, D. C., in which among other things he said, or intimated that the standard of education had been raised so high that the chief thing to be feared now was the unlicensed practitioner. That is a point that has been mentioned several times in this journal. The medical powers that be have raised the "standards" of medical colleges so "high" (?) that very many of them have closed their doors, and those still "recognized" have not to any marked extent increased the number of their students, yet the population of the country is rapidly increasing. The queer thing about it is that the men who have been responsible for this state of affairs were mostly graduated from the colleges that have been contemptuously swept away. No man who has gone through the long grind of the modern "scientific" mill can afford to settle down in any one of the thousands of little country towns, so what are those towns to do? Babies are born, the people get ill, bones are broken and medical assistance needed in them all, yet no modern graduate can afford to go to them. What will be the end? Possibly a popular revolt such as occurred in Germany.

Dr. A. A. Ogle, President of the Indiana State Homœopathic Society, related an incident to us that illustrates the short-comings of the allopaths. A friend of his, of that school, once asked him what he would give in a certain case. The symptoms of the patient clearly pointed to *Aconite*. The result was "wonderful," according to the allopath, who at once grew enthusiastic about that drug, as is usual with those therapeutically unlearned men—the latter is our own. Some time later the two met and the allopath said, "Your *Aconite* isn't worth a ——." Inquiry was made as to the case in which it failed, and then reply was made by Dr. Ogle, "Why that was not an *Aconite* case but one calling for *Belladonna*." But the "regular" had no time for such fine distinctions and returned to his search for a "specific" for a "specific" disease, just as though the impossible was a scientific possibility.

Just here it may be stated that the RECORDER received many kind words from physicians from all parts of the country. One remarked that it was his favorite journal and always read with interest, but added, "I don't quite accept all that is published." To this the reply was made, in effect, that neither did the management, but that the journal was a forum in which all sorts of opinions were given a chance to be heard, provided they were within the bounds of decency and were evidently honest, that no one can sit in judgment on the great world's opinions unless he has an absurd idea of his own ability; that to allow nothing to appear but what squared with one's own beliefs would be to invite journalistic disaster; that if the editor believes a thing is blue and the contributor thinks it is some other color there is no reason why the contributor should not be allowed to say so, even if the editor thinks he is wrong in saying it is not blue, and that there is also the possibility that the reader may think both editor and contributor are wrong. However, our old friend, "the concensus of opinion," was that the journal is interesting and, with certain and much varied exceptions—what one praised another criticised—"was doing good work." You may remember Anderson's story of the father, his son and the donkey. They wanted to please every one. The father rode, the son rode, they both rode, and finally they carried the donkey. Each procedure met with approbation and criticism, yet, probably, all regarded them collectively as quite a decent bunch. So it was that all who mentioned the matter regarded the RECORDER as, on the whole, "a mighty good journal." Quite a number even spoke in more flattering terms.

Talking with Dr. W. A. Dewey of a case of enlarged tonsils with adenoids that was saved from an operation by the use of *Calcareo phos 6x*, the hint being given in the last edition of his *Practical Therapeutics*, the author said that in his opinion every baby and growing child ought to receive an occasional dose of this tissue element to give it sound bones and teeth, and to better its constitution generally.

President Miller in his Bureau Address strongly urged the establishment of separate Homœopathic Examining Boards in every State. "Let us stand squarely on our own feet." Also in his formal address: "Christ said that man cannot serve two

masters. Some of the members of our homœopathic societies have allied themselves with old school societies. Can medical men and women be thoroughly loyal to two associations absolutely antagonistic to each other? They are not loyal to two such organizations in any other field of endeavor, but it is possible that medical practitioners are an exception to the universal rule. It is a difficult matter to ride two horses going in opposite directions, but such feats of horsemanship are being attempted by some of our members. To carry water on both shoulders means that some water will be spilled and lost. The job of being all things to all men is a difficult one, and usually ends in disaster for the man who essays it. Loyalty to the American Institute of Homœopathy, absolute loyalty without any old school strings tied to us, is the one essential to place this association of scientific men and women on the high plane where it belongs."

Dr. Royal S. Copeland in his address as Chairman of the Bureau of Homœopathy, said that money may be the root of evil, but for all that the lack of money was the root of all the ills that befall medical colleges. Given the funds any college can get in Class A.

In his report Dr. James C. Wood, whose excellent "Clinical Talks" are a feature of this journal, said that there are now 120 homœopaths who are members of the "American College of Surgeons." Also that the College was a very broad and liberal body making efficiency in surgery its basis for admission. It struck us that fine as the surgery might be it would be better if the surgeon had a knowledge of *Aconite*, *Hypericum*, *Arnica*, *Calendula*, and some other efficient aids that might be mentioned. Dr. Wood, by the way, was tendered a fine dinner and reception on Thursday evening, which was a brilliant affair, as the doctor stands high in the surgical and gynæcological medical world.

Here is a "story" told us by one of the red badge (Seniors) members. To be sure a "story" is rather out of place in this report, but we will try it on. In brief: A certain well known Secretary not long ago visited an asylum for the peculiar. He asked an inmate what he was in for. "Religious mania," was the reply. "What are you in for?" "Grape juice," said the Secretary. "Oh," replied the inmate, "you will get over that." Some may be shocked at this.



We scraped acquaintance with Dr. J. N. Reynolds, of Grand Haven, Mich., a good old homœopath. Being quizzed on cancer he expressed the belief that real cancer could not be cured. Said he had taken several patients to surgeons for operations "but they all died in a year or two." Then he added, that not every cancer operated on was surely cancer, as the surgeons rarely submitted what was cut out to a pathologist. Somewhat pessimistic, but submitted for what it is worth. It seemed to us that those who say they have cured cancer were generally regarded as enthusiasts. But for all that, when we recall the paper of the late Dr. T. F. Allen once sent to the RECORDER, we cannot help thinking that the old "indicated remedy," if it can be found, will cure these cases, or at least prevent their return after an operation, which may be necessary. Just here we add something run across in this line though not at the Institute. The doctor interviewed was Dr. E. B. Rossiter, of Pottstown, Pa., who had a good deal to do with starting that fine little hospital up that way.

"Doctor, what do you know about treating cancer homœopathically?"

"I never cured a case," said he, and then, after a pause, he added, "but I have had a rather curious experience with *Heckla lava*." To condense matters, he had three cases. Two were elderly women, one with a blackish, warty growth at the root of her nose, which in turn cracked and would bleed, be inflamed at times, and, in short, was a cancerous growth. The other had practically the same growth on her cheek. The third one had a malignant mole-like growth on the jaw bone—outside, of course. None were cancerous, but several men said they would become so and advised cutting them out. The women would not consent to this, so at various times they individually applied to Dr. Rossiter, and he, knowing the history of the case, gave them *Hekla* (or *Heckla*) *lava* 30th. The result was that in each case the malignant growths disappeared. Dr. W. H. Holcombe, author and physician (Jefferson, Phila., and afterwards homœopath), wrote, in brief, that the effect of the volcanic ash of this mountain was to produce "immense exostosis of the jaws" in sheep, cattle and horses who fed on the grass where it had fallen. Lumpy jaws, bluish looking flesh when butchered, brittle-

like intestines, spongy bones, etc. A natural proving! Now here is a general condition that may approach the cancerous—and here is the remedy *but in potency*.

Hahnemann Medical College of Chicago, had a fine exhibit in two cool, airy rooms at the end of the exhibitors' corridor under charge of Dr. Harpel, of that seat of learning. It embraced physiological, histological, biological and anatomical specimens. Dr. Harpel was justly proud of his "chamber of horrors," as one put it. We should also have added to our list bacteriological, for there was a regular battery of high powered microscopes through which you could gaze on the aristocracy of the "bug" world. One bone specimen had a very peculiar jog in it. "Some surgeon's mistake" was the dry comment.

The Sherman House is said to have been the first hotel in Chicago. On its site was a log cabin which entertained the guests of that day when the stockade named Fort Dearborn was in existence. To-day it is a huge place with everything known in modern hotels in evidence and some that no others possess, as, for instance, the "College Inn," a cabaret where they have, in the center of the big room, a good sized ice skating rink, where professional skaters, men and women, disport themselves while the diners eat and drink at numerous small tables. The ice is made by numerous pipes beneath the water which freezes it as solid as ice in mid-winter. The Institute met in one large hall on the second floor around which were several smaller halls. The exhibitors were arranged around corridors that ran around three sides of these halls, and in rooms opening off them towards the street. At times these corridors resembled the aisles of a department store when there was a bargain sale on, so numerous were the doctors looking at the exhibits or talking with each other.

The result of the ballot for officers was the election of Dr. H. C. Aldrich, of Minneapolis, for president, and Dr. T. C. Costain, of Chicago, for vice-president. Needless to add Dr. Sarah M. Hobson was continued as secretary and editor of the official *Journal*. Long may it wave!

This meeting, under the Presidency of Dr. Miller, was a very successful one, with a large attendance. Did not get the exact number, as we left on Thursday night, but heard it would be

500, a little more or less. One thing was sure, namely, that on Thursday there were more present than at any other of the previous days, and they were still coming.

The definition of the word "Homœopathy" still continues to bother the Institute, as whenever the matter comes up there is a clash of opinion. Dr. Krause, who has a definition which is not accepted, in a warm speech said, in effect, that the Institute was a scientific body that couldn't or wouldn't define the word standing for its science. Others argued that there was no need of defining it in the Constitution, the amendments to which caused this and other warm debates. The reporter would modestly suggest that after all is said and done that Carroll Dunham's definition, in his, the reporter's, opinion, is the best ever given.

*Homœopathy is THE Science of Therapeutics.*

There is no other that is logical. Every cure by medicine ever made, whether by herbalist, eclectic, allopath, homœopath, or by any other "method," was made under the natural law governing the action of medicine on the human body. Nature, by which is meant all in this world of matter, is governed by eternal Law that changeth not. Likes to likes is a mighty and universal law. If you think a minute you will find it prevails in all affairs of mankind. The homely old saying, "Birds of a feather flock together," is really an expression of it. All disease is evil, so are our great drugs. You get the "similar," or, as Dr. C. J. Hempel put it, "the same," for he argued that the drug and the disease were identical in fundamentals. Consequently they "flock together" and depart from the patient. How? That is beyond mortal and scientific ken, but every homœopath knows that such is the case. (Please excuse this little departure from our gossip.)

The Chicagoans furnished numerous entertainments to their guests, including a boat ride on the really noble Lake Michigan. Everybody and his wife and sweetheart were photographed on the roof of the big "Sherman." The ladies, and there were many of them, very charming, too, had their own entertainments, but what they did among themselves is as great a mystery to the reporter as are the workings of the very latest kink in scientific medicine.

A practical joke was perpetrated by some one, or perhaps by

that bunch of hardened sinners who attend the exhibits, though after all they are not really sinners above the average. The big hotels have boys who, when a guest is called by some one, goes through the haunts of the guests calling out his name. Now the *Chicago Tribune* runs a series of "funnies," the principal character of which is a "Doctor Yak," who has whiskers and horns. The joke consisted in some one starting the boys calling out "Dr. Yak! Dr. Yak!" until some one told them they would find the doctor at the *Tribune's* office.

A doctor—not being personal, will not mention name—told us of going to his State Legislature to oppose a vaccination bill. One man, a client, exclaimed, "What in h—— do you mean by opposing this bill? You vaccinated me and I have never felt well since." "That is the reason I am opposing it," was the reply. The bill was defeated.

A reporter, hunting "live" matter, got hold of some points from a learned paper on diet, telling how much protein, carbohydrates, and so on, should be eaten. This reporter saw an old lady and explained it to her, and asked her opinion. "Bah!" said she, "I'm 86 and have always eaten what I liked and as much of it as I wanted." All of which is respectfully submitted as a bit of local "color"—which is about what these notes amount to.

We had the pleasure of meeting Dr. A. M. Linn, of Des Moines, the man who fought for the recognition of "homœopathic vaccination" by *Variolinum*, and won out. He said he did not realize the consequences, namely, he had letters from all parts of the world, by the hundreds, that he had to answer. Nevertheless, Dr. Linn did a great work for the good of mankind.

We met many, very many, interesting men from all parts of the country, but space is limited—and so is the reporter's ability, so we will close with the remark that you ought to join this great Institute and attend the next meeting which, so we heard, may be held at Baltimore, of course, subject to the decision of the Institute powers that be.

E. P. A.

**NIAGARA MEETING OF THE I. H. A.**

The thirty-sixth annual meeting of the International Hahnemannian Association was held at the Prospect House, Niagara Falls, June 22, 23, 24 and 25. A large number of members were present from Chicago and Canada who are not often seen at the gatherings.

Some sixty papers were presented by various members, and the discussion was active and interesting throughout. The papers largely pertained to the Philosophy of Homœopathy and the application of the homœopathic materia medica to a wide range of diseased states.

Important verifications were brought out in many papers.

A strikingly interesting proving of Scopolamine hydrobromide was presented by Dr. Royal E. S. Hayes, of Waterbury, Connecticut.

Dr. C. M. Boger, of Parkersburg, West Virginia, presented an important contribution to materia medica in the form of synoptic key, an original arrangement of materia medica adapted especially to the use of students and practitioners who desire to get at a quick glance the genius and scope of each remedy. It is accompanied by a brief and graphic repertory, the whole making an unusually complete book for bedside or desk use.

Dr. Harry B. Baker, of Richmond, Virginia, presented a number of confirmations of *Ornithogalum umbelatum*, a remedy little used in this country in recent years.

Several papers dealt with recent provings and verifications of Radium bromide, some of which form a distinct addition to the literature of this remedy.

Officers chosen:

President, Dr. Henry Becker, Toronto, Canada.

Vice-President, Dr. Henry L. Houghton, Boston, Massachusetts.

Treasurer, Dr. William R. Powel, Philadelphia, Pennsylvania.

Secretary, Dr. Frank W. Patch, Framingham, Massachusetts.

It was unanimously voted to meet in Philadelphia in 1916.



## THE NEW HAMPSHIRE HOMŒOPATHIC MEDICAL SOCIETY.

The sixty-second annual meeting of the New Hampshire Homœopathic Medical Society was held at the Laconia Tavern, Laconia, on Wednesday, June 16, 1915.

A large number was present and the meeting was full of interest and helpfulness.

The most important matter coming before the meeting was the ratification of the Governor's appointment of two members of this society upon the newly organized State Board of Medical Examiners. Dr. H. M. Wiggins, of Whitefield, and Dr. Charles W. Adams, of Franklin, were chosen to represent the cause of Homœopathy, and a unanimous vote of congratulation was extended to both physicians on behalf of the society.

Resolutions were adopted upon the death of Dr. Tristram Rogers, of Plymouth, the oldest member of the society. Dr. Rogers was a skillful physician, a gentleman of the old school, an ardent homœopathist, and one of the pioneers of Homœopathy in New Hampshire.

Dr. H. E. Nadig, of Stamford, Conn., and Dr. F. S. Eveleth, of Concord, were appointed delegates to the American Institute of Homœopathy. Dr. Eveleth and Dr. E. D. Stevens, of Francis-town, were chosen to represent the Massachusetts Homœopathic Medical Society, and Dr. H. C. Woodbury, of Portsmouth, was elected a delegate to the Maine Homœopathic Medical Society.

Dr. H. E. Whitaker, of Gloucester, Mass., was elected to membership.

The meeting was then devoted to the reading and discussion of an interesting paper by Dr. N. W. Nowell, of Boston, on cancer research and a practical paper on "Twilight Sleep," by Dr. Edwin W. Smith, of the Massachusetts Homœopathic Hospital.

Dr. Nowell believes that cancer is a specific constitutional disease originating within the organism, consequently its successful treatment must be directed first of all toward the determination of its etiological factors, and secondly, toward its individual symptomatology. He reviewed briefly his experiments with an immunizing serum and his present use of a sterilized dilution of

carcinoma toxin administered hypodermatically. Dr. Nowell looks hopefully forward to the final determination of the constant disease producing factor in cancer production. It is his opinion that only by careful scientific study that we shall arrive at definite knowledge of the cause or causes of cancer, and only by scientific application of such knowledge can we hope to arrive at definite results in its cure.

Dr. Smith demonstrated through carefully tabulated charts and bedside records the results of the scopolamin-narcophin anæsthesia in the production of painless child-birth. Dr. Smith emphasized the fact that the expression painless labor is a misnomer, as no labor if successful is ever devoid of pain, but the essential point in the use of this method is that labor goes on in practically the normal manner, the patient being conscious of her pains, but owing to the action of the drug, has no recollection of them. Contrary to the generally conceived opinion, this method does not require absolute quiet or even semi-darkness for its successful termination. On the contrary, it can be carried out in both hospital and private practice, provided the operator is willing to devote sufficient personal time and patience for its safe conduct.

Dr. Smith prefers the small dose method originally recommended by Krönig and Gauss, in preference to the large doses advocated by later investigators. With care and close observation as to time of administration, time of repetition, and proper attention to condition of both mother and child, this method has given a degree of satisfaction that warrants its continued usage and further investigation.

Cancer and the production of painless child-birth offer the physician two of the most interesting and profitable fields of research known to present day medical science. Care in diet and hygiene will undoubtedly modify, if not entirely eradicate, many if not all of the pathological and physiological difficulties attendant upon parturition. Cancer research has up to the present time not definitely determined the causative factors in the production of malignancy, consequently the value of dietetic and hygienic measures in its prevention have not been satisfactorily established. The varying effects of different diets, both from the racial and individual standpoints have yet to be estimated. It is to be hoped that in the near future the scientific world will have arrived at

some definite conclusions regarding the proper measures for its alleviation and possible prevention.

The board of officers was re-elected for the ensuing year.

A banquet followed at 6 P. M., to which about twenty members remained. It was voted to hold the next annual meeting at the Laconia Tavern on the first Wednesday in June, 1916.

B. C. WOODBURY, M. D., *Secretary.*

---

### ALFALFA.

This is an abstract of the paper read by Dr. A. L. Blackwood, of Chicago, at the recent meeting of the American Institute of Homœopathy at Chicago, which caused considerable comment from the newspapers all over the country and brought Dr. Blackwood a deluge of letters.

As an "aside" from the paper it may be mentioned that its writer said that *Alfalfa* is strongly indicated in the young who suffer from a deficiency of earth-salts in their bony structure and also for elderly men with bladder and prostate troubles, especially those who, in addition, have sensitive joints, arthritis or uric acid constitutions and poor elimination.

As is generally known *Alfalfa* is one of the most nutritious forage plants and apparently without any poisonous properties.

During the past year observations were made of the action of *Alfalfa* on seventeen persons, most of whom were students in the Hahnemann Medical College of Chicago. In the proving the drug was used from tincture to 30x. No definite symptoms were developed, however, above the 3x. It was noted that several provers complained of severe abdominal distress when more than five drops of the tincture was administered every three hours. Although two took as high as twenty drops every three hours, they had no symptoms apart from an increased appetite and an increase in the quantity of urine. All of the provers except one noted three things in particular, an increased appetite so they could not wait for the regular meals, an increase in the amount of urine and urea, and a general sense of well-being. Clinically, in small doses, five drops of the tincture, it controlled polyuria with loss of appetite, caused an increase in weight, and allayed the irritation from an enlarged prostate.

## PATHOGENESIS.

**MIND.**—Clear and bright; good for the blues which it seems to prevent while taking it. Makes one rejoice to be alive. All bodily functions seem to be stimulated. Under large doses the provers feel sluggish, drowsy, dull, stupid, irritable, worse during the evening.

**HEAD.**—Pain in the left side of head. Dull heavy feeling comes on about 2 P. M., and gradually increases till 6 P. M., starts at the occiput and becomes severe.

**EYES.**—Aching in and above the eyes.

**EARS.**—Eustachian tubes feel closed at night but clear in the morning.

**FACE.**—Flushed.

**APPETITE.**—The appetite is greatly increased, and the prover appears to digest the food well. Desire for sweets. Hungry all the time, eating much more heartily than at other times. Sensation of hunger at all times. Appetite is increased. Sometimes ravenous; must stop and have something to eat in the middle of the morning. One prover says: "I regularly eat a light breakfast, but have been able to eat more for breakfast than usual. A similar increase in appetite for other meals. Digestion is very good. Although more food is eaten it is all digested nicely and causes no distress. Normally, if I overeat for two or three meals I feel filled up and stuffy and lose my appetite and only care for bread and lemonade for a meal or two. But under this remedy I eat extra bread at every meal." Another prover seems to have a little wind colic occasionally. There were sharp pains which would come and go, generally about three hours after a meal. Did not have belching of gas up or down, however.

**ABDOMEN.**—Abdomen distended with flatus in the intestines, pain in the line of the colon. This was recorded by seven provers.

**STOOLS.**—Diarrhœa, painless, yellow, accompanied with flatus and attended with burning. Stools loose and more frequent than usual. Two or three times daily. I am usually constipated.

**URINE.**—Marked increase in the quantity. Indican increased by large doses. Phosphates increased.

One prover says: "I took the specific gravity and urea percentage every day while taking the medicine. For several days the

specific gravity was 10.10 or 10.08, and the urea 15 grams per liter. These figures gradually increased until after taking it for about ten days the specific gravity was 10.20, and the urea 25 grams per liter. These figures were sustained for several days and then dropped to about 10.15 specific gravity and 20 grams per liter of urea. I was taking increasing quantities of the medicine when these figures were lowered. Whenever previously examined my urine has been very low in total solid content, and these figures show the largest renal elimination I have ever had."

FEMALE.—Increased desire. Menstrual period came exactly 28 days. Had been coming three and four days a head of time for past six months. Did not notice any difference in the flow.

SLEEP.—Sleep very good. Better than usual in early part of night.

#### CLINICAL CASES.

Mr. D., aged 41, a chief clerk in the general offices of one of our railroad companies, had complained for several months of losing flesh. His appetite was poor, he did not relish his food. There was present an abnormal thirst, a loss of flesh and polyuria. The quantity of urine for twenty-four hours was eighty ounces, specific gravity 1.008. Nothing abnormal apart from an excess of indican. The prostate was enlarged and sensitive to pressure. He complained of some irritation upon urination. Five drops of the tincture was prescribed four times a day. After two weeks he sent a messenger for a supply, stating it had greatly benefited him. He called at the end of two months having gained ten pounds, the urine at this time was practically normal in quantity, the appetite was fine and he considered himself in a normal condition.

Mr. G., aged twenty-nine, complained of a loss of weight and appetite, excessive thirst, polyuria and mental depression. This syndrome had been gradually developing for the past year. Physical examination showed a man of medium size, emaciated, heart's action weakened, blood pressure lowered, stomach slightly dilated, prostatic portion of the urethra hypersensitive. The urine was greatly increased in quantity and of low specific gravity. Free from casts and albumin; the phosphates were increased. Five drops of the tincture before each meal and on retiring gradually



relieved the condition so that in three months he considered himself well.

I am indebted to Dr. Finley Ellingwood for the following excerpts:

A physician having observed the active influence which this exercised on the kidneys, occasionally dug roots and made a strong tincture which he administered for diuretic purposes. In his experiments he increased the dose from a few drops until he obtained a diuretic influence. Prescribing it in a case where there was dropsical effusion of the extremities with kidneys inactive and skin dry, he obtained good results. Administered for old men, he found it relieved the irritation and frequent inclination to urinate.

Dr. Houts gathered the fresh leaves preferably, but obtained good results from the use of dried leaves which still retain a green color. Of these he made an infusion and gave freely to patients suffering from backaches, especially if they were passing but a small quantity of water while suffering from rheumatic symptoms or backache with muscular aching, with an excessive quantity of uric acid and urates secreted.

Dr. Ben. Bradley, of Hamlet, Ohio, believes that *Alfalfa* is one of our coming drugs. He reported a case where a woman had seven children born apparently strong and well, but when they reached the age of eighteen years they wasted away and died. When the last girl was taken with the symptoms of which the others had died, Dr. Bradley made a saturated tincture of *Alfalfa* seed concentrated, fully saturated, and gave her ten drops four or five times a day. This is reported to have increased her weight from 99 to 133 pounds. She recovered good health.

Dr. Houser, of Lincoln, Ill., tried the same preparation on two or three very thin female patients to see if their weight could be increased but without results.

The late Dr. Fearn, of Oakland, wrote that its action was very soothing upon the kidneys and urinary apparatus. He believed that it could be prepared for human food to as good, if not better advantage than for animal food. A concentrated tincture should exercise an influence similar to that of *Avena sativa*, which has a direct nutritional value in its influence upon the brain and spinal

cord. There is without doubt an important field open for this agent.

An infusion used in three cases produced the same results as the alcoholic preparations.

---

## CLINICAL TALKS.

By James C. Wood, M. D., F. A. C. S.

### CANCER.

CASE I.—COLONIC CANCER.—This patient is 64 years of age. Nine months ago a surgeon in a neighboring city made an anastomosis between the ileum and the sigmoid for a complete bowel obstruction due to a malignant growth in the splenic flexure of the colon. The patient had been for 48 hours vomiting fecal matter and this operation was a purely emergency operation and relieved him for the time being. He got up and about and felt very much better for three or four months. Then there began to develop excruciating abdominal pains with a feeling of distention and frequent attacks of watery diarrhea. While he gained in weight and was able to eat almost anything he desired, these attacks became so severe that he came to me for relief.

You will note that the abdomen is very much distended and that the area extending from the right inguinal region upward and across the transverse colon is dull. I shall make my incision in the left semilunar space extending from the rib margin to well below a transverse line corresponding to the umbilicus. I find, as you see, an enormous distention of the colon above the left splenic flexure and a practically collapsed gut below. I find a hard indurated mass in the region of the splenic flexure which completely obstructs the bowel. I find that the distention implicates the lower portion of the ileum. I have every reason to feel that the opening existing between the ileum and sigmoid is sufficiently large to assure patency of the intestinal canal. Evidently the fecal matter has dammed back into the unused portion of the colon, so that the distention is enormous. It seems to me therefore that the only way to give the patient anything like permanent relief is to remove the entire colon to a

point above the anastomosis already made, together with a portion of the ileum. This I shall proceed to do by first clamping the colon with two clamps immediately above the anastomosis and cut across the intestine between the two clamps. I shall next clamp the mesenteric arteries in large forceps, the vessels, as you see, being greatly exaggerated, and cut away the entire colon and the ileum at a point ten inches above the ilio-cecal valve. I shall next crush the open end of the cecum, as well as that of the ileum, with strong crushing forceps, whip them over with Pagenstecker and invert them into the bowel. I shall next close the open spaces left in the folds of the mesentery by whipping them over with catgut, securing all bleeding points in the mesentery with catgut. I shall next irrigate the abdomen with the normal salt solution, leaving a litre of it behind and carry a long cigarette drain into the lower part of the pelvis. I shall finally close the abdominal wound in the usual way. The operation has been long and hard and tedious, but the patient is removed from the table in fairly good shape. I shall place him in the Taylor position and if necessary use hypodermoclysis with 10 minims of adrenalin. The mass removed weighs 21 pounds and is, as you see, for the greater part of its length seven inches in diameter.

CASE 2.—UTERINE CANCER.—The next patient is 40 years of age. She is a large, fleshy woman and has had two children. She is married the second time. Once before when she was pregnant she vomited persistently for three months when she miscarried. She began to vomit first eight weeks ago immediately following the first missed period and has vomited so persistently since that in spite of every effort in the way of careful dieting, full doses of bicarbonate of soda by rectum and under the skin, there being acetonuria, that she is becoming so exhausted it seems best after proper consultation to empty the uterus. However, when I come to operate, I find a condition of the cervix which I believe to be malignant without question and therefore shall remove the entire uterus with the cervix. I shall then close the cervix from below by means of four interrupted Pagenstecker sutures, sterilize the vagina and open the abdomen. I shall remove the entire uterus, the ovaries and tubes, and broad ligaments and at least the upper third of the vagina. I shall tie

off all pedicles with catgut, carrying a small gauze drain into the vagina through the vaginal opening. I shall cover all raw areas as completely as possible with peritoneum. The appendix is thickened and I shall therefore remove it in the usual way.

CASE 3.—BREAST CANCER.—This patient is 26 years of age; one child three years old; family history negative so far as cancer is concerned. She is four months pregnant for the second time. She noticed a lump in the right breast two years ago following a blow, and it is now growing rapidly. Notwithstanding the fact that she is pregnant, I deem it best to remove the breast according to the most radical method. I shall, however, before doing this have my pathologist make an immediate section. He reports "malignant adenoma" so that I shall proceed with the operation. After doing the Halstead operation, cutting away both the pectoralis major and minor muscles and thoroughly emptying the axillary and subclavicular spaces, I have removed so much of the skin area that it will be necessary to cover the wound by skin grafting. This I shall do by the Thiersch method.\*

CASE 4.—RECTAL CANCER.—The fourth case I have to show you is one operated upon four years ago at the Warren, Ohio, hospital, and was referred to me by Dr. B. G. McCurly, of Cortland, Ohio. I was also assisted by Dr. C. S. Ward, of Warren. There was an epithelial growth of the rectum as large as the fist, ulcerated and exceedingly offensive. The patient was extremely emaciated. There was no apparent involvement of the inguinal glands. I made a free excision of the entire rectum, including both sphincters, removed all cellular tissue from the iliac fossæ, separated the rectum from the vagina with perfect ease, and freed the rectum as far as the peritoneum around its entire circumference exposing the cervix. The gut was then cut off, after clamping with forceps, and iodoform gauze passed into the rectum to prevent soiling of the wound. The proximal

---

\*The disease recurred in the axillary area and a second operation was done on October 8th, eight months following the first operation and four months following the delivery of a normal healthy child. It later recurred in the mediastinum involving the lungs. Death occurred one year from the first operation. A peculiar feature of this case was that the entire lower half of the body corresponding to the side operated upon became covered with a heavy growth of hair.

end of the gut was then brought down, twisted and stitched to the skin area with mattress tension sutures and a catgut button-hole suture.

I am showing you the results of this case for the purpose of emphasizing the fact that even in what seems to be a perfectly hopeless rectal cancer, the patient can be made fairly comfortable. By a little watching of the bowel, emptying it every morning at a certain time, she has no particular trouble in the way of soiling herself. She, of course, has but little or no control of the gases. She tells me that she is entirely comfortable and suffers no pain. There is no evidence of a recurrence of the growth, although the operation was done four years ago.

CASE 5.—STOMACH CANCER.—I am presenting this case to you for the purpose of showing what can be done in the way of operation upon stomach cancer. I think that you will agree with me that this patient is a pretty strong, husky looking chap. In 1908 I was called to see him in consultation because of bleeding from a peptic ulcer which came very near carrying him off. He had, under proper treatment, apparently recovered from this attack but eight weeks later was seized with a second attack with the pain in the region of the appendix. He again recovered and was apparently in fairly good health when he had a third attack, ten days previously to the time I first operated. There were some things peculiar about this last attack which were misleading. The pain extended down into the testicle and bladder, and as there was oxaluria I more than suspected renal calculus. There was no circumscribed tenderness over the region of the appendix. There was but little vomiting. The temperature at one time reached 102° F. He was obstinately constipated. He, however, after the bowels had moved freely got better from this attack, although there remained a good deal of pain in the abdomen and in the region of the bladder.

On November 18, 1909, I attempted to remove the appendix through a short incision near the anterior superior spinous process. I found, however, on exploration that no intestine of any kind could be reached in this locality with the patient in the flat dorsal position. After enlarging this incision a mass was felt resembling an inflamed appendix to the left of the median line between the rectum and the bladder. I therefore closed the



lateral incision, made a median one above the pubes and after a good deal of difficulty lifted into the wound the cecum together with the appendix, which was post-cecal. The appendix, while not gangrenous, was so soft and rotten that it tore when grasped with forceps. It was with a good deal of difficulty that I succeeded in freeing the appendix from its adhesions. I could not invert the stump because of the thick and inflammatory condition. I therefore circumcised the appendix, stripped the peritoneum, tied it off and covered the stump with peritoneum, and then tied over the entire raw area the stump of the mesentery. The patient convalesced ideally from this operation and was very much better for about nine months when he began to experience suffering in the region of the gall bladder, resembling very closely biliary colic. It was, however, difficult to determine the exact cause of these attacks, so after their repeated occurrence I opened the abdomen from above through a right semilunar incision. I explored carefully the gall-bladder and its ducts to find these structures apparently normal. I also explored the right kidney but could find no evidences of stone in the kidney or in the ureter. I did, however, find just above and involving the pylorus a hard indurated mass which subsequently proved to be malignant. I removed the lower third of the stomach, cutting away with it two inches of the duodenum, the distal end of which I crushed and inverted and then did a posterior gastro-enterostomy. The patient again convalesced ideally from this operation and has since been able to eat almost anything that he desires to eat, although he has had from time to time attacks of melancholia associated with exaluria. He weighs however over two hundred pounds and is, except for varicosis of the veins of the legs, in perfect health.

CASE 6.—RECTAL AND VAGINAL CANCER.—I want to also show you another case of cancer of the rectum and the vagina operated upon for the first time in March, 1912. There was a hard, nodular growth in the left gluteal fossa involving the lower portion of the rectum, extending well into the inguinal region of the corresponding side, and into the right gluteal region. In operating this case both gluteal fossæ were cleaned out most thoroughly. At least four inches of the rectum were removed and a portion of the vagina. Hemorrhage was very profuse. The

large cavities in the gluteal fossæ were partially closed with superimposed layers of catgut. The rectum was stitched to the skin area with superficial stitches, being supplemented by deep mattress sutures. The rectum was also twisted upon itself slightly, for the purpose of giving the patient better control of the bowel, before it was stitched to the skin area. Both sphincters were entirely cut away. The patient returned home and was in good health, enjoying life in every way for two years when she returned with a growth in the right gluteal region, with apparent involvement of the corresponding inguinal region as well. Three months ago I operated for the second time cutting a still larger portion of the vagina away, and turning her over to my Roentgologist for x-ray work. Now the enlarged glands in the inguinal region have disappeared, the patient is again comfortable and although she is 70 years of age, which is in her favor so far as recurrence is concerned, ought yet to have several years of comfort and freedom from disease.

REMARKS.—The cases which I have presented to you were all rather desperate ones and I have selected them for your consideration for the purpose of showing you that it is entirely possible, in reasonably favorable cases, to prolong life through surgical means even though carcinoma be well advanced, no matter what part of the body surface or what internal abdominal and pelvic viscera may be implicated in the malignant process. Case I was a most desperate one, as I think you can readily believe after witnessing the operation. I am inclined to believe that the surgeon who did the anastomosis handled the case just right in doing what he did as a preliminary procedure, for I do not believe from what the patient tells me that he could have stood at the time of that operation resection of the bowel. It undoubtedly would have been better had the resection of the bowel been made as soon as conditions warranted so radical an operation. The long and extreme distention of the colon with fecal matter has surcharged his system with toxins and has caused him untold agony because of the tenesmus excited. His condition is, of course, now desperate and naturally I shall be most apprehensive regarding his recovery. There is, however, one feature of his case that I desire especially to emphasize. In the October, 1912, number of *Surgery, Gynecology and Obstetrics*,

Dr. B. F. McGrath of the Mayo staff has a most scholarly dissertation on what has been termed "Colonic Diverticulitis." In that article McGrath shows the extreme difficulty of sometimes differentiating this condition from cancer. Dr. James W. Ward has also recently written (*New England Med. Gazette*, June, 1915) on "Diverticulitis of the Sigmoid Colon," citing two clinical cases. Ward believes that carcinoma is not an uncommon sequel of chronic diverticulitis. I have now under observation a prominent professional man who was sent home to die with what was supposed to be an inoperable cancer of the splenic flexure of the colon. His surgeon is a man of broad experience in abdominal surgery, a most able diagnostician and a man of ability in every respect. This patient five years following the prognosis given is not only alive, but apparently perfectly well. Unquestionably this was a case of diverticulitis.

In Case 2 I believe the microscope will prove beyond peradventure that this is an epithelial growth. Although I performed the seventh vaginal hysterectomy ever reported in the United States, and the first in Michigan, I now rarely operate through the vagina alone for uterine cancer, preferring in most instances the combined vagino-abdominal method.

The history of mammary traumatism in Case 3 is most significant. In a very large per cent. of breast cancers such a history is obtainable. This is the first time that I ever removed a breast for cancer during pregnancy. This patient had for some time following the operation the application of the Roentgen rays to the right breast and axillary areas. Pregnancy, in both breast and uterine cancers, usually hastens their development.

Case 4 shows what can be done in cancer of the rectum even though the conditions appear most hopeless.

Case 5 had a history of a bleeding peptic ulcer which so frequently precedes cancer. It goes to show that there is an element of danger in the exclusive medical treatment of peptic ulcers of the stomach and duodenum over and above the recurrence of the hemorrhage which I fear is too often overlooked by the internist. There is a preceding history of stomach or duodenal ulcers in a very large per cent. of stomach and duodenal cancer. This patient is in the hospital at the present time for the purpose of having a nasty varicose ulcer located over the anterior tibial

area of his left leg cared for. He suffered from varicose veins long before he had any of his abdominal trouble. After long and unavailing palliative treatment I tied off and severed the long saphenous vein above and circumcised the leg below the ulcer, cutting off the entire superficial venous supply, resected the ulcer and skin grafted. You will see that the grafts caught nicely and I think that we are going to have ideal results.

In Case 6 the enlarged inguinal glands disappeared after the removal of the growth. This was possibly due to the xray's treatment. I am more inclined, however, to believe that it was due to the removal of the recurring septic mass which was draining itself into the inguinal glands. This is frequently observed in operating for cancer where neighboring glands are enlarged. It does not necessarily mean that they are enlarged because of carcinomatous infiltration. It is, however, better always to remove them if possible when enlarged. In this particular case they were thoroughly removed at the first operation and I believe that I was justified in turning the case over after the radical work on the vagina and rectum to the Roentgenologist.

#### THE ORIGIN AND NATURE OF CANCER.

Cancer or carcinoma is, according to the dicta of pathologists, a malignant tumor having its origin in the epithelium. In the animal economy epithelium plays two great parts: First, it is secretory when found in glands; and second, protective when found in skin. One of the simplest classifications of cancer therefore is "squamous-cell cancer" when it has its origin in the protective epithelium, and "glandular cancer" when it has its origin in the epithelium of the glands. Because of its insidious onset, its painlessness during its early stages, its destructiveness, the manner in which it affects lymph glands, the involvement of different organs through dissemination, the terrible suffering incident to its full development, and its hopelessness when it passes beyond a certain stage, its importance cannot be overestimated. Notwithstanding the fact that the destructive character of cancer has been known since the earliest dawn of medicine, we are today yet in ignorance regarding its cause. Men of large experience and wide reputation not infrequently make mistakes regarding the early diagnosis of cancer.

As to its causation the embryonic theory of Conheim was for a long time upheld by many. According to this theory all tumor formations have their origin in a matrix of embryonic cells; without these cells, according to Conheim, there can be no true tumor, either innocent or malignant, even though intrinsic and exciting causes exist. Conheim teaches that these cells are always of congenital origin and can be traced back to embryological formation; that in the growth of the embryo they are displaced or arrested in their development and remain latent until favorable conditions exist for their proliferation, which is the beginning of all true tumors. Senn, while believing that the tumor matrix is always composed of embryonic cells, taught that the embryonic cells may be of post-natal origin. Thus, in the healing of a fresh wound or a fracture, certain cells, instead of undergoing transformation into tissue of a higher type, remain in a latent or inactive state for an indefinite period of time. Under the influence of either hereditary or acquired causes they may form the essential starting point of a tumor implying on the part of the organism a diminution of physiological resistance. The local causes on the other hand may diminish the physiological resistance of the tissues in the immediate vicinity of the tumor matrix only.

Warbasse observes that the greatest obstacle to the acceptance of Conheim's theory is the fact that "these hypothetic separated cells cannot be discovered and experiments have done little to support the theory." The theory, however, indicated a line of inquiry which seems to afford a solution to several difficult problems.

Pathologists of to-day speak of *vestiges* and *rests*. By vestiges is meant the remnants of organs functional in vertebrates lower than man; organs that are of importance to the embryo but useless to the adult; organs that were utilized in one sex but were useless in the other. All organs that are of known use to the vertebrates now living were doubtless of importance to their ancestors, *e. g.*, the parovarium, Gartner's duct, the vitello-intestinal duct, the urachus, the central canal of the cord, the mesonephros, etc.

The detached fragments of glands and isolated portions of epithelium are known as *rests*. There is scarcely a cyst known to which pathologists cannot ascribe an origin in some pre-existing



duct, tube gland or vestige. Sarcomata belong to the connective tissue type of tumors.

In 1887 Scheuerlen reported a cancer bacillus which had been obtained by culture. Experiments were made with cultures from these bacilli on lower animals but the results were negative. The parasitic theory has, however, since 1887 had its warm advocates and many who are closely acquainted with the clinical and pathological features of carcinoma feel strongly that this disease should be defined as a chronic infective disease due to a micro-parasite which selects an epithelial cell. The facts which support this theory are as follows: First, it is purely local at its beginning, gradually spreading to the adjacent tissues and at the same time infecting lymph glands, which receive the lymphatics from the affected area, and finally ending in general infection of the body through dissemination. Secondly, the cachexia from toxemia is often out of all proportion to the extent of the disease. As in syphilis and other chronic infectious diseases, cancers not infrequently have a period of quiescence and then enter upon a period of recrudescence. Third, the infectiousness and vitality of cancer cells is a strong argument for those who are seeking for a parasite as the cause of the growth.

In order, however, to fully satisfy scientific skepticism, Koch put forth the following postulates:

1. The micro-organism must be present in all cases of the disease.
2. It must be capable of being cultivated apart from the animal.
3. It must reproduce the disease when inoculated into a healthy animal.

It will hardly be claimed by the most enthusiastic believers in the parasitic theory that the foregoing postulates have as yet been satisfied.

Those who teach that cancer is of parasitic origin maintain that the part played by heredity has been greatly overestimated in the past. Indeed, some of the advocates of this theory would entirely remove cancer from the domain of heredity and place it among the infectious diseases. It cannot be denied that certain evidence tends to prove the infectiousness of cancer. Thus Shattuck cites an instances where four patients living under a common

roof, and unrelated by blood, were attacked by cancer within a period of thirteen years. Chapman has placed on record three successive cases of cancer of the rectum, also unrelated by blood, who were occupants of the same house. A still more striking instance is that recorded by Powers. Three housekeepers, unrelated, slept in succession in the same bedroom for several years. All were in good health at the time of their installment. The first died of cancer of the stomach; the second of cancer of the liver; and the third of cancer of the breast. Feissinger reports four cases of cancer coming under his observation which were traced to dressings from a scirrhus of the breast. I myself have had several instances where in operating for abdominal cancers the disease returned in the suture wounds and in the abdominal scar.

Unfortunately nothing is said in the records of any of the foregoing cases as to the existence or absence of heredity. While undoubtedly the importance of hereditary influence has been overestimated in the past, no one who has had much to do with cancer will I think ignore it *in toto*.

I think, then, in view of what has been said that we are justified in the following conclusions:

1. That Conheim's embryonic theory as modified by Senn has much to commend itself to the practical clinician in explaining the origin of tumors, both malignant and non-malignant, even though not generally accepted by modern pathologists.

2. While the infectiousness of cancer through germs has not yet been proved beyond peradventure, with the evidence in our possession the possibility of inoculation from one human being to another, or from one locality to another, does not seem improbable.

3. These two theories (the embryonic and the parasitic) are not incompatible, inasmuch as the embryonic matrix may be the essential nidus for the reception of the microscopic parasites which are supposed by many to be the primal cause of cancer.

Von Hansemann (*Jour. A. M. A.*, September 5, 1914) divides all history of cancer research into a number of periods. The first is the histological morphologic period. This, according to von Hansemann, was the beginning of exact investigation by scientific methods. By studying the anatomic structure of can-

cer a number of characters were learned which distinguished it from healthy tissues and from pathological changes of other sorts. This knowledge enables the surgeon to operate early with a prospect of completely eradicating the disease.

The second period is the so-called "etiologic period," during which time the theory of irritation was developed. This teaches that the origin of a cancerous tumor depends upon some sort of irritation but in such a way that irritants of various kinds may produce the same sort of a tumor, or that irritants of the same sort in different individuals may produce different kinds of tumors. It is, for instance, well known that the irritation produced by the Roentgen rays may cause cancer, or according to Fibiger, of Copenhagen, such irritation may also be produced by parasites, not in the sense that parasites cause cancer in the same way as the comma bacillus causes cholera, but that the presence of the parasites produces an irritation that in one case may have no consequences; in another case a slight inflammation may set up; in a third a benign growth; and in the fourth genuine cancer may develop.

The third period is "the experimental cancer research period." On a single occasion it was found possible to transmit genuine cancer from one rat to another and a tumor was found in mice with which experiments were conducted for years almost exclusively. But no results of practical importance for cancer in man have been realized, for this tumor of the mice differs in important respect from the cancer of man and the observations made on it cannot as a rule, be transferred to human cancer.

The fourth period is the so-called "therapeutic period" which will be referred to under the head of treatment.

#### THE ETIOLOGY OF CANCER OF THE UTERUS.

Thirty-three per cent. of all cancers in women occur in the uterus, and in at least ninety per cent. of uterine cancers the disease begins in the cervix. It is well known that the involution of the blastodermic layers is more irregular at the natural orifices of the body; and that the squamous epithelium of the sinus urogenitalis blends with the cylindrical epithelium of Müller's ducts at the internal os. Embryonal cells are found in excess at this point and not infrequently they are displaced. These two varieties

of epithelial of different embryonal origin and of different shape create a tendency to plastic paramorphism. Here then we have, if there is anything in the theory of Conheim to tie to, the essential tissues in abundance for the production of cancer. Less than five per cent. of uterine cancer occur in nullipara, and according to Winckle's statistics the average number of children in multiparous women victims of cancer was something over eight. These facts speak volumes and at once direct attention to child-bearing as a causative factor and emphasizes the importance of the so-called irritation theory. Personally, I have met with but one case of cancer of the uterus in a virgin; and in a very large per cent. of cases occurring in nulliparæ it is probable that the cervix has been in some way injured, or has been everted by inflammation. In cervical lacerations an effort is made on the part of nature to heal the rent and in the majority of instances a low type of tissue is formed which contains many embryonic cells of post-natal origin. In the surrounding tissues are numerous embryonic cells of fetal origin. The cicatricial plug almost constantly present in cervical tears interferes with the circulation of the uterus and constant congestion is maintained. There is usually eversion attending the laceration, when the cervical mucous membrane is at all times irritated by friction. The entire organism is more or less unfavorably impressed by the local disease, and altogether there is induced a condition which diminishes both general and local physiological resistance, and which encourages the embryonic cells to take on vicious action; or possibly permits of the entrance of specific organisms, if such there be, into the tissues.

The important part played by irritation and traumatism in the production of cancer is shown by the predilection which the disease has for those organs and structures most exposed to irritation and traumatism. The gall bladder, the pylorus, the mammary glands, the lips, the rectum and the scrotum are all subject to special forms of irritation and injury, and we find these several organs especially prone to cancer. What then concerns the physician most in cancer of the uterus is that it occurs with overwhelming frequency in women who have borne children; that the larger number of cases are met with after devolution of the sexual organs is inaugurated (35), at which time the physiological

resistance is on the wane; that it is associated with various diseases which perpetuate undue congestion of the pelvic organs; and finally that it can be prevented in the larger number of instances by correcting the several conditions which have been enumerated as exciting factors.

I have in another place\* recorded five cases of cancer of the uterus associated with infectious lesions (gonorrhœa) of the ovaries and tubes. Since recording those cases I have met with several more uterine cancers associated with disease of the appendages.

Let me then, before proceeding to discuss the treatment of cancer, call your attention to some of the most distinguishing features of the disease.

1. In the majority of cancers there will be found a precancerous condition which if cared for would undoubtedly have prevented the development of the disease. Constant irritation of the lips, tongue, cheeks, glans penis, scrotus, anus, vulva, stomach, gall bladder, vagina, cervix, etc., is liable to produce cancer. Chronic ulcers of the skin and esophagus and specific chronic syphilitic ulcer of the tongue may become the seats of cancer. Malignant disease of the thyroid gland is very common, according to John Bland Sutton, in districts where goitre is endemic, and an excessively rare affection where goitre occurs sporadically. According to the same author, primary carcinoma of the gall-bladder is three times more common in women than in men and this evidence indicates that if gall stones do not actually predispose to or cause cancer of the gall bladder there are some closely allied conditions favorable to the occurrence of each.

2. Squamous-celled cancer, wherever found, destroys life rapidly. It ulcerates quickly and overcomes all resistance, and not infrequently opening large blood vessels, should any lie in its way; death from hemorrhage is frequent. When the disease involves either the labia, vagina, uterus or bladder it usually induces death from the hindrance it offers to the escape of the urine.

3. The most distinguishing feature as between cancer and innocent tumor is the fact that the primary lesion in cancer is not circumscribed. Even when the periphery of a cancer is sub-

---

\*Author's Text Book of Gynecology, Second Edition, page 608.



jected to microscopic scrutiny, the histologist is unable to discern with accuracy the limitations of the cancerous territory—hence the importance of early, broad and thorough dissection.

Handley has shown how a cancer of the breast, if the patient lives long enough, may permeate the deep fascia throughout the entire body.

4. All of the surfaces of the body, whether skin or mucous membrane, are rich in lymphatics. These lymphatics convey the cancer area to the associated lymph glands which may in turn become so surcharged as to burst their capsules. Occasionally lymph channels are so stuffed with cancerous material that they may be dissected from the connective tissue and traced to the lymph glands. Another distinguishing feature of cancer is that minute detached portions of the diseased tissue possess an astonishing vitality and a power of independent growth. For instance, a secondary cancerous deposit in the humerus has been found with all the characters of the gland nodules; that peculiar form of hepatic cancer which arises in the biliary ducts has been found in the lungs; a multitude of secondary nodules has been found in the skin with the structural features of gastric glands. In other words it has been demonstrated beyond all question that carcinoma wherever found takes its type of epithelium from the secretory glands in which it arises.

#### TREATMENT OF CANCER.

If it be true that carcinoma is at its beginning a local affection becoming general only as it extends by continuity of tissue, or by broken down debris being carried into the blood and lymph streams, *the possibility of curing the disease depends entirely upon an early diagnosis and early operative interference.* This applies to carcinoma wherever located, but emphatically so to carcinoma of the uterus because with no other removable organ of the body is it more difficult to reach beyond the parts primarily affected. That the disease does in the beginning localize itself in the uterus is I think clearly proved by the large number of operated cases now on record and by the observations of Russell made as long ago as 1896. In 37 cases of cancer of the uterus observed by Russell in the Johns Hopkins Hospital which were operated, 38 per cent. died with recurrence, in none of which

could a distinct history of metastasis to other organs be elicited. In ten autopsies or inoperable cases made in John Hopkins Hospital metastasis beyond the pelvic and retro-peritoneal lymph glands was found in but one. In four the pelvic and retro-peritoneal lymph glands were implicated. It is, nevertheless, a reflection upon the diagnostic acumen of the medical profession that at least fifty per cent. of all cases of cancer of the uterus will have passed beyond the operative stage before coming under the observation of the specialist; and what is true of uterine cancer is true to a large degree of cancer of other organs. The treatment then naturally resolves itself into—

- (a) Prophylactic;
- (b) Palliative;
- (c) Curative.

PROPHYLAXIS.—In view of what has been said regarding the etiology of cancer it is evident that a very large percentage of all cancers could be cured by directing attention to the precancerous conditions which in nearly all instances give rise to local irritation. Therefore all women who have cervical lacerations which produce ectropium and perpetuate an endocervicitis should have such injuries repaired. Lesions of the appendages when they exist should receive attention. Gall stones should be removed when present. Papillomatous growths giving rise to the slightest irritation, no matter in what part of the body they may be found, should be removed. Careful attention should be paid to gastric and duodenal ulcers. Rectal fistulæ, fissures and ulcers should be overcome. The patient's metabolism should be carefully looked after, for when the bodily functions are in perfect order and the opsonic index normal, there is infinitely less danger of any infective organism doing serious harm. Non-malignant lesions (fibromata, lipomata, chondromata, endotheliomata, neuromata, etc.) whenever they interfere with function and are operative should be removed, for there is abundant evidence going to show that transformation of innocent into malignant growths is not uncommon. Women who are victims of badly lacerated cervixes, and who will not or cannot undergo an operation, should submit to local examination at least every six months.

PALLIATIVE TREATMENT IN UTERINE CANCER.—This includes

the management of the *hemorrhage*, the *pain* and the *leucorrhœal discharge*.

The hemorrhage can be favorably affected in most cases by internal medication. If from the cervix and great enough to exhaust life, the patient must be tamponed. Local medicaments such as a saturated solution of alum, a weak solution of perchloride of iron, adrenalin, etc., may be placed against the bleeding orifice. If the fetor is marked, iodoform gauze may be used for tampon material. After infiltration of tissue takes place, pain becomes a most prominent and distressing symptom. The pain can many times be controlled by the local use of anesthetic and narcotic agents. I am inclined to believe that iodoform is not only a powerful disinfectant, but that it is also a local anesthetic of much value. Opium, either in the form of suppositories or applied direct to the ulcerated surface, is beneficial. Ichthyol in a 10 per cent. glycerin solution is also a useful application. The internal homœopathic remedy is also invaluable in nearly all cases of cancer. I am, however, compelled to admit that during the later stages of the disease I am unable to control the almost intolerable suffering incident to it without resorting to some of the forms of opium. This drug should nevertheless not be used until it is absolutely necessary, as it quickly exhausts itself and has to be repeated in ever increasing doses until the amount required is sometimes enormous. It is best administered hypodermatically. The leucorrhœal discharge is to be contended against by the frequent use of antiseptic and disinfecting agents such as have been recommended in the preceding chapter devoted to leucorrhœa. After the parts are cleansed with an antiseptic solution, a two grain iodoform suppository may be introduced into the vagina. Lysol and Creolin are also most useful antiseptic agents. The application of the actual cautery and sharp curette are likewise to be considered as palliative measures.

CURATIVE TREATMENT.—Of first importance in considering the curative treatment is early and radical surgical work. Especial emphasis should be placed upon the words *early* and *radical*. In order that the surgeon may obtain his cases during this favorable period it is incumbent upon the general practitioner to watch for the early signs of malignancy, or indeed to watch for the symptoms which have been studied under the head of the precancerous

period, and refer his cases to the surgeon before general dissemination occurs.

Von Hansemann considers radium and the Roentgen rays as surgical rather than medicinal, inasmuch as both destroy the tumor, although they do not actually cure the disease. He believes that it will never be possible to find a specific remedy for cancer. Bier on the other hand has accomplished with the Roentgen therapy most remarkable results, at least for the time being. At a recent meeting of the Berlin Surgical Society he showed a patient who had been repeatedly operated upon for cancer of the throat and still the tumor had grown anew and of greater extent. The pictures which Bier showed from the time previous to the treatment made it clear to everyone present at that meeting that the case was very severe. A deep radiation with the Roentgen rays was applied to the tumor, while at weekly intervals from 8 to 10 gm. of blood of healthy hogs was injected. No trace of the cancerous tumor could be detected when the patient was examined. Bier did not venture to say how permanent the result would be or what would be the future fate of the patient and others treated in the same manner, and he would not state even his presumptions.

I have seen some striking effects of Roentgen therapy, and I now make it a rule whenever it is possible in the post-operative treatment of surface cancers, or cancers of the orifices of the body, to have a series of applications of the Roentgen rays made.

Bumm speaks most highly of the radio-active substances in the treatment of cancer. Bumm affirms that a curative effect cannot be obtained at a greater depth than 2 or 3 cm. from the surface without injury to the neighboring tissues, but in the case of superficial cancerous growths a quick and apparently permanent cure is obtained. In advanced cases in which infiltration in the neighborhood of the primary focus has formed a cure of the superficial cancerous growth is obtained, but under the cicatrix in the depths of the tissues the carcinoma continues to grow, and physicians who see the patient six months or a year later find a healed primary focus with fresh nodules in the deeper tissues. Dieffenbach and Bailey of our own school speak most enthusiastically of Radium as a curative agent in cancer.

Toxins and serums have been or are being experimented with

in the treatment of cancer. Coley in 1901 reported a case of inoperable cancer and sarcoma cured with the toxins of erysipelas and the bacillus prodigiosus. I have tried the mixed toxins in several cases of carcinoma and in three of sarcoma. All were inoperable. In one of the carcinomas (cancer of the breast) the progress of the disease was unquestionably interrupted and the patient benefited. It, however, resumed its former course after remaining quiescent for three months. In two cases of carcinoma of the uterus the results were nil, although the injections excited a high fever and profound reactionary symptoms. In one case of carcinoma of the jaw occurring in a lad of 10, which I referred to Dr. Coley for personal treatment, the progress of the disease was stayed and the boy now 22 years of age, while his face is much deformed, is apparently in perfect health.

Dr. Howard W. Nowell, of Boston, has more recently given to the profession a new cancer serum. I visited Dr. Nowell's clinic and saw cases which were seemingly markedly benefited by the treatment and some apparently cured. In two cases of my own, treated by Dr. Nowell, neither was benefited. It is but fair to say that both of these cases were far advanced before Dr. Nowell's treatment was inaugurated.

There is a disposition on the part of the homœopathic profession to assert that the serums which have been exploited for the cure of cancer are homœopathic in their action. Indeed, there are many things to be said on the positive side of this assertion. If this be true, so far as I am personally concerned, the fact means nothing more to me than that it confirms the claims made by the older therapeutists of our school that cancers have been cured by the indicated remedy. I have arrived at a point in my professional career where it no longer matters to me whether a means to an end is homœopathic or not, if the patient is benefited by the treatment applied.

All sorts and kinds of internal remedies have in the past been exploited as "cure-alls" in the treatment of cancer. One of the oldest of the vaunted specifics is Chian turpentine. Another is Condurango; still another is parenchymatous injections of salicylic acid; still another is the hypodermic use of absolute alcohol alone; and still another is Pyoktanin used subcutaneously. So far as the indicated homœopathic remedy is concerned, I want to



assert that in view of the difficulty of making an early diagnosis I believe it possible to so favorably impress the tissues involved, and the metabolism of the patient, by remedies having a specific action on these tissues as to make that remedy useful in the prevention of cancer. I believe, too, that in post-operative treatment of cancer, and for the same reason, the specific remedy to be of great value. But I have no faith in any internal remedy during the disease after it is once established. Years ago I went into this subject most carefully and I was unable to find one single authentic case where the disease had been properly diagnosed and properly observed that had been cured by any sort of internal medication. I shall nevertheless give you the indications for a few remedies which are reputed to have cured cancer. You will note that in all instances they are remedies capable, when given to persons in health, of impressing the system most profoundly. In the palliative treatment of cancer they are often of the greatest utility.

#### HOMOEOPATHIC THERAPEUTICS.

**ARSENICUM.**—The pain is burning, agonizing, the secretion fetid, brown or blackish ichor; faintness; the burning pains are so intense that they are felt even while the patient is sleeping. In cancer of the uterus there is an acrid and corroding leucorrhœa; there is emaciation with excessive debility; great restlessness. Useful for overcoming the septicemia present. In cancer of the stomach the pains are burning; there is persistent nausea and great thirst for small quantities of water which is almost immediately ejected. Dr. Hughes, in discussing Arsenic, says: "I prescribe Arsenic especially for carcinomatous ulceration. In the glandular tumors of this disease I prefer Hydrastis and in fungoid and bleeding growths Phosphorus; but in epithelial cancer of the lip, face and tongue Arsenic has unquestionably proved curative and that not seldom." Bartholow of the older school recognizes its power here, though he doubts its efficacy as to other forms of cancer. Arsenic will, however, do much to relieve the lancinating pains of many forms of cancer and counteract the resorption of the broken down debris. If there is extensive glandular involvement Iodide of Arsenic is the preferable form to give.

**HYDRASTIS CANADENSIS.**—Especially useful where there is

ulceration of the cervix and vagina and where the discharge is tenacious, thick and ropy; very often there is marked pruritus vulvæ. There is decided cachexia with great debility, emaciation and prostration. Its action on the liver is marked and it is especially suited to so-called "scrofulous constitutions." There is always implication of the digestive organs. The late Dr. Pope, of London, reports the following case:

A woman with a small, hard, adherent nodule in the breast, the nipple being retracted, presented herself for treatment. The usual pain of carcinoma was present and the case left no doubt in his mind as to its nature. He advised her to see Sir James Paget and get his opinion as to the expediency of its removal, because it was then that removal would do good if it ever would. The patient could not make up her mind to do this but said that she would think about it. He accordingly prescribed Hydrastis for her to take at once. In about a month or five weeks she came to him again and all appearances of the "carcinoma" had gone. He had never heard of the patient since and that was more than 20 years ago. Personally I do not believe that this was carcinoma. Certainly its cure, if carcinoma it was, does not conform to the postulates of modern science. It is more than probable that it was a simple non-malignant glandular involvement.

CONIUM MACULATUM.—There is hardness of the uterus and the breast with intolerable lancinating pains through the pelvis or through the mammary glands; acrid burning leucorrhœa preceded by pinching pains in the abdomen; carcinoma following inflammation and induration of the various glands of the body; general feeling as if bruised by a blow; weakness of body and mind, trembling and palpitation; enlarged glands.

Hughes says: "Conium has had great repute of old in scirrhus cancers. The term scirrhus was applied to all tumors hard enough to merit the name. Caspar recommends it in the forming stages of fibrous tumors of the uterus and two cases are mentioned treated by him in the Leopoldstadt Hospital in Vienna, the tumor in one disappearing and in the other becoming greatly diminished in size. But Homœopathy preserves to some extent the Storckian tradition of its efficiency in true malignant scirrhus, and there appears no doubt of its having checked if not cured, cancer of the breast, lips and stomach when small doses were employed."

PHYTOLACCA.—Phytolacca is pre-eminently a glandular rem-

edy. It also has a specific action on fibrous and osseous tissues. It has long been a favorite homœopathic remedy in chronic mastitis where the mammæ are hard and very sensitive. It is especially useful both locally and internally if there are cracks and small ulcers about the nipple; irritable breasts before and during menses; menses too frequent and too copious.

BOVISTA.—Bovista has a marked effect on the skin, producing eruption like eczema, also upon the circulation; predisposition to hemorrhage; marked languor and lassitude; leucorrhœa acrid, thick, tough and greenish, following menses. Our erstwhile English confrere, Doctor Clifton, reports the following case:

“A patient had been under a dozen medical men for years, always ill. One man thought he was suffering from one thing and another from another, and at last a tumor appeared. He (Dr. Clifton) did not think it cancer at first, but ultimately he sent the patient to Sir James Paget, who sent him to Sir Prescott Hewett. He had a letter from that gentleman saying that ‘this bears unmistakably all the microscopical characteristics of epithelioma and we advise operation.’ The gentleman did not agree to that and put himself under his (Dr. Clifton’s) treatment. Just at that time he had been reading up the provings of Bovista; it had no relation to the epithelioma, but it had all the characteristic symptoms which the patient had been suffering from for years, and which symptoms had subsided after the tumor appeared. He therefore gave him Bovista, which did the patient a great deal of good generally and arrested the growth. He then put him on *Phytolacca*, not because it produced anything like the symptoms—he did not believe they had any medicine which would produce symptoms like cancer—but the patient had other symptoms which *Phytolacca* removed. The symptoms came on again after some time but *Phytolacca* again removed them.”

THUJA.—Cauliflower excrescence of the cervix; erosions of the uterus. Thuja has long been a favorite remedy with the homœopathic profession, both as a local agent and internally, in the treatment of wart-like excrescences upon mucous and cutaneous surfaces—fig warts and condylomata. Dr. Hughes says: “Dr. Quin has recorded a case of cauliflower excrescence of the os uteri in which the medicine was strikingly beneficial; it has served me equally well in completely curing a bleeding fungus of the breast after Phosphorus had brought its activity to a stand-

still. It also cured a celebrated case of Radetsky's in which a fungus tumor in the orbit seemed to disappear under its use. Suffice it to say that whatever you may be led to think of the sycosis theory of Hahnemann (which I should mention Dr. Jousset also holds, calling the condition a diathèse epithéiæ), the presence of excrescences on the skin or mucous membrane may always suggest to you the use of Thuja.

The foregoing are the remedies with which actual cures of cancer have been reported in our homœopathic literature. Schüssler reports a case cured with Kali sulphuricum. Other remedies reported to have cured cancer are Kali bichromicum, Graphites, Creosotum, Lachesis, Calcium sulphate and Phosphorus. I mention them merely to make my clinical talk on cancer complete, and not because I have any especial faith in their efficacy although quite as much as I have in the more heroic ones recommended for the same purpose in the literature of the older school.

#### CONCLUSIONS.

1. Cancer, because of its frequency and because of the fact that when seen during its early invasion is an entirely removable disease, becoming absolutely hopeless during its later stages, deserves most careful and conscientious consideration on the part of all medical men.

2. While there is much to be desired in our knowledge regarding the causation of cancer, there is no question regarding the influence of constant and persistent irritation in its production.

3. In our efforts to prevent cancer we should therefore remove all removable sources of irritation, at all times placing the patient in the best possible condition to resist infections of all kinds.

4. While there are most hopeful indications that in time there will be evolved a specific serum in the treatment of cancer which will prove curative without the use of the knife, it must be acknowledged that up to the present time no such treatment will justify the neglect of early and radical surgical work. In all instances therefore where a diagnosis of cancer is made radical surgical work is called for, which should later be supplemented by the use of some of the serums or vaccines now in vogue, or by the use of the Roentgen rays and Radium, as well as by proper internal medication.

Cleveland, O.

## THE SUCCESSFUL TREATMENT OF CANCER BY MEDICINE.

By Eli G. Jones, M. D., Buffalo, N. Y., Author "Cancer; Its Causes, Symptoms and Treatment," "Definite Medication," Etc.

Instead of the usual article this month on "Reading the Pulse," etc., the editor has requested me to write an article on "The Treatment of Cancer." He says he wants "a statement of *facts* of actual cases *cured* and the remedies used in each case"—articles on cancer will appear in eighty medical journals this month. Doubtless many of them will be theoretical, but I propose to tell the reader what *has* been done, and *is* being done to *cure* cancer by medicine. From the materia medica of the *five* schools of medicine I have *tested* 75 remedies, and found them *curative* in cancer. Each remedy has a *clear cut* indication. A physician in order to *cure* cancer *must* be able to *adapt* his remedies to the disease *wherever* he finds it in the human body. *No* remedy or combination of remedies has ever been or will *ever* be found to cure *all* forms of cancer.

Such a thing is an *impossibility*. It is the very worst form of *quackery* to pretend to have such a remedy.

In 1906 I was consulted by a physician in Ohio about his wife. Her case had been diagnosed as cancer of the stomach. He wrote me a very clear statement of her case, so that I could prescribe intelligently for her. I told him to apply *Acetic acid* 1st x dilution on a compress, kept constantly applied over the region of her stomach. Give her the same remedy, 1st x dil., 5 drops, once in four hours in alternation with *Tr. hydrastis* 20 drops once in four hours. A year from that time I received a letter from the doctor as follows: "Thanks to you for the information given me, and to you alone I owe my wife's existence, as I am satisfied she would have died." There has never been any return of the disease.

Last year a gentleman and his wife called to see me. In the course of the conversation the gentleman called my attention to the fact that I "*cured* his father of cancer of the stomach in 1886." After 28 years there had been no return of the disease;



he is now 73, a rugged, healthy farmer, works every day. The treatment of his case was the same as the first case.

In October, 1910, a gentleman came under my treatment for cancer of the stomach; he had gone down in weight from 215 to 140 pounds; he had the pulse of cancer, *pearly* tint white of eye, vomiting *sour*, dark looking liquid, *burning* pain in stomach. There was a growth in the region of the pylorus about two inches in diameter and nearly an inch high. He had been examined by three doctors in Buffalo, N. Y., and was examined by three old experienced physicians in my office. They *all* agreed on the diagnosis of cancer of the stomach. In addition to the *Acetic acid* 1st x dil. locally and internally, and *Tr. hydrastis* 5 drops every four hours, I gave him Fowler's solution arsenic, 3 drops once in three hours, for the *burning* in the stomach. At times the gas in the stomach would cause *lancinating* pains, shooting down from the stomach to the bowels. For this symptom I gave him *Tr. colocynth* 5 drops in four ounces of water, one teaspoonful once in an hour. I met him four years later in 1914, and there had been no return of the disease.

I have had reports made to me from physicians in different parts of the United States of four cases of cancer of stomach at pylorus *cured* by the *above* treatment as given in my cancer books AFTER the cases had been *operated* on! This is a wonderful *advance* in medical science and far *surpasses* anything that has been accomplished in medicine in the new century, also three cases of cancer of the intestines cured with practically the same treatment as above.

All cases of cancer of the stomach are not just *alike*. There are complications that have to be met and we must be prepared to meet them. It may be diarrhoea, constipation, piles, etc. A prominent physician wrote me several years ago: "I understand that you have a *specific* for cancer." I said in reply that "I had never had a specific for *any* disease from ingrowing toe nail to cancer." A specific means "a remedy for a *particular* disease." To *be* a *specific* the remedy must cover *all* the symptoms of *that* particular disease. Such a thing is *impossible!*

In 1908 a lady came from Florida to consult me about a cancer she had in her right breast. It began four years previously. She said she was reaching up on a high shelf when she felt some-

thing "give way" and *pain* her in the arm near the axilla. A sore formed at inner border of axilla near the breast. It became indurated and extended down into the breast until the whole gland was involved in the cancer. The nipple of that breast was drawn up towards the axilla. It was a very *peculiar* case, and one that very *many* doctors will not see in a lifetime. In reading her pulse it was the pulse of cancer; "a *weak, discouraged* feeling to it and more *rapid* than normal." It indicates *Strychnia*. I gave her gr. 1/40 before each meal. Her tongue was cracked (*Calc. fluorica*), the breast felt quite hard, a knotty feeling to it. I gave her *Calc. fluorica* 6th x three tablets once in three hours. Locally, ℞. Iodide cadmium ʒii to Cosmoline ʒiv. Mix. Sig. Rub well into the breast night and morning. As the breast seemed *harder* after a month's treatment, I gave her *Iodide baryta* 3d x three tablets once in three hours instead of the *Calc. fluorica*. The lumps in breast grew gradually *smaller*, and near the end of the treatment abscesses formed in the axilla. That is always a *favorable* symptom in my experience. I treated her for the abscess, *Calc. sulph.* 2d x, three tablets once in two hours. This remedy broke up the "abscess habit." I conquered the disease; after it was *cured* several physicians examined her breast, and pronounced it a very *interesting* case and a *wonderful cure!* *Five* years have passed away and there is *no symptom* of a return of the disease.

In October, 1888, I had a case of cancer of the uterus from New York State come under my treatment. It was of the scirrhous form. Countenance sallow, pearly tint white of the eye, ulcerated uterus, a feeling or *rigidity* in the uterus, bloody, watery, *foul* swelling discharge from vagina. I applied locally, ℞. Saturated sol. chloride zinc and Sol. carbolic acid, 25 per cent. equal parts, to be applied through a speculum to *all* parts of the diseased surface once a day for six days. Then poultice it with slippery elm mixed with warm water enclosed in a bag made from mosquito netting, about as big as an ordinary hen's egg. Tie a string to it and push it up against the os uteri. Change it every twelve hours. When all the diseased mass sloughs off examine it with a speculum and see if it is a clean, healthy sore. If any of the sore looks unhealthy it must be treated again as above. To heal up the sore I like Boroglycerine locally. Internally I

gave *Tr. phytolacca* and *Tr. helonias* aa  $\bar{3}$ , ten drops once in three hours; *Ferrum* 1st x three tablets after meals. The above treatment cured her several years afterward. I heard from the lady and there had been no return of the disease.

In February, 1906, I received a letter from a doctor in a small town in Iowa; he said he had a case of cancer of uterus (scirrhous) that he was *very anxious to cure*. He wanted me to tell him *how* to cure her, and I did. The treatment was practically the same as in the above case. He carried out my course of treatment and *cured* her. Four years later he wrote me as follows: "The case of carcinoma of uterus diagnosed *microscopically* is still living and *perfectly* well, and I did that work four years ago without the knife or chloroform, *thanks to your advice*."

In 1909 a physician in North Carolina had his wife taken to the hospital and at a consultation of doctors they diagnosed her case as cancer of the uterus (scirrhous) and advised an operation. One of the physicians present had read something in a medical journal from my pen about cancer, and he advised the husband to consult me about the case before any operation. He wrote me a clear statement of the case. I wrote him that she could be *cured*, and gave him in detail just *how* to treat her. He kept in close correspondence with me, and treated it very much as the above case, only now and then meeting complications as they arose. At the end of a year he wrote me as follows: "How is my wife? Well, you just ought to see her. Her health is better than it has been for years. She has gained 75 pounds, goes where she pleases and does all her own work." Still later I heard that she was still well and free from the disease.

A doctor in Cleveland, Ohio, wrote me about a wealthy patient that he was *very* anxious to cure. He treated her according to the treatment in my cancer book, and cured her. A year after this he wrote me: "The case of cancer of uterus I asked your advice about is well. Thanks to your advice." The reader must remember that the above doctors were "*regular*" physicians; they had *never* cured a case of cancer of the uterus and *never* heard of a case being cured. Their *faith* in a cure was *weak*; they "were from Missouri, they had to be *shown*!"

I have had twelve cases of scirrhous cancer of the uterus reported to me as cured by the treatment as given in my cancer

book. In 1911 I gave to the world my book on "The Causes, Symptoms and Treatment of Cancer." It contains 75 remedies in it that are *curative* in cancer and *indications* for each remedy. Also a record of 100 cases of cancer *permanently cured* and the treatment for each case. It was the *first* book EVER published in *any* country on the *medical* treatment of internal and external cancer. The book was presented to a jury of twelve eminent physicians from the eclectic, regular and homœopathic schools of medicine. They were to judge the book *solely* upon its *merits*. Their verdict was *unanimous* in *favor* of the book. Copies of the book were presented to the rulers of foreign countries as well as our President. From them I have received some very *kind* letters, showing their *appreciation* of the grand work I am doing for the profession and for humanity. I realize that this is a *great* honor to an American physician and author. I have only space for *one* of these letters, but I know many of your readers would be interested to read them all. I *prize* them very highly.

"THANKS FROM THE CZAR OF RUSSIA."

St. Petersburg, Russia,

March 16, 1912.

*Chancellor's Office of the Minister of the Imperial Court of Russia.*

No. 2717.

Mons. Eli G. Jones, M. D.

By order of his excellency, the Minister of the Imperial Court, the Chancellor's office has the honor to inform you that the book sent by you to be presented to His Majesty the Emperor on "Cancer; Its Causes, Symptoms and Treatment," has been forwarded to its high destination, and His Majesty has been pleased to command that thanks be sent you for this gift.

MOSSOLOFF,

*Chief of Chancellor's Office.*

Translation and copy.

I have tried for many years to raise the treatment of cancer out of the mire of quackery and lift it up to the dignity of a specialty. I feel that I have succeeded for at the present time intelligent educated men of *all* schools of medicine in all parts of the United States and across the Atlantic are taking up this work, with a heartfelt, *earnest* desire to help these victims from

cancer. In the early years of my practice I was *abused* and persecuted because I *dared* to claim to *cure* cancer by *medicine!* Now, after forty-five years I have by repeated *cures* of *genuine* cancer, diagnosed as such by prominent physicians, shown the profession that I *can* CURE cancer. In other words, I have *proved my case*, as one eminent regular physician in New York City wrote me: "We recognize *you* as an authority on cancer."

Sir Robert Bell, M. D., London, England, who is an *authority* on cancer in Great Britain, and who is doing such *splendid* work in that country in the medical treatment of cancer, wrote me as follows about my "cancer book:—" "I have read your book with great interest and profit, and I am delighted to see that you and I so cordially agree."

879 West Ferry St.

---

## CHRONICLES OF THE FARM—UPLIFTING THE RACES.

By Dr. A. Blanke.

The Best Citizens of the farm, or plantation, concluded that the Manners, Morals and Customs of the Races ought to be reformed. That they were the Best Citizens was evident by the fact that they held a meeting and appointed themselves on a Committee to consider the matter of making their fellow citizens better. Mrs. Plymouth Rocke, Dr. Mallard Ducke and Professor Graye Goose made up that body. Long and seriously they discussed matters, each having distinct ideas of what the betterment should consist. Finally Mrs. Plymouth Rocke suggested that they consult with Captain Olde Horse, who had seen much of the world. They found him standing in the shade of his old mansion, The Stables, dozing and switching off the flies. He patiently listened to the philosophical views of Professor Graye Goose, the Practical presentations by Dr. Ducke, and to the impassioned Appeal of Mrs. Plymouth Rocke for Purity. When they had talked themselves out, which took a long time, the Captain spoke. He said: "Efforts for a better life are good. I have heard it said that all of us are born free and equal, but I think it should have been added, 'different.' From this it seems that the best thing you can do is to reform yourselves. For one thing, it seems to me, you all talk too much."



"That is what I tell them," broke in Mrs. Plymouth Rocke, " 'reform yourself,' say I, and then you can reform the others. But, my dear Captain, how can we, the Committee, reform the others if we do not talk?"

"You cannot," was the enigmatical reply of the old Captain, as he wearily closed his eyes. At which the Committee looked pleased and departed, all three talking at once.

After a few minutes Mr. A. Donkey, who had solemnly listened, spoke up and said: "I think Mrs. Plymouth Rocke is right. How can you reform others unless you talk?"

"You cannot," came the reply again. Then, "Brother, I think you are the proper one to head this Movement, for you have a powerful voice and are a famous kicker."

"That's so!" exclaimed Donkey, and he started full tilt after the Committee to claim his right, while Bantam said, "Old Hoss you are A Bird."

"Thank you, Brother," replied the Captain, whereat Bantam actually regarded him with gravity for a moment and then hastened off to where the Committee were holding an unusually hot session.

---

## FOR WHAT IS IT ALL WHEN ALL IS DONE.

Editor of the HOMŒOPATHIC RECORDER.

I read several medical journals regularly and every now and then (in fact, quite frequently) see something, even in homœopathic journals, that puzzles me. There is nothing personal in the note so no one need think I am knocking him—if I may use a very modern phrase. What bothers me is to know how the specific gravity of the urine, the reaction, albumin, sugar, sediment, uric acid, calcium oxylates, pus, epithelia, the blood count, the leucocytes, neurophiles, lymphocytes, mononuclears, and many other things, has to do with the selection of the curative homœopathic remedy? Suppose any of the foregoing things are present, or absent, or are more or less in evidence, does the fact lead to the remedy save from allopathic principles? Are not allopathic principles notoriously inefficient? If anyone combats the things already named he is but fighting effects, while the real disease is undisturbed. If a man fights certain bacilli, trying to

kill them, he is but struggling against the effects of the cause of the bacilli. In short, he is fighting the smoke and not the fire. It is the same if he fights albumen, sugar or any other effect of the cause.

It looks to me as if what is known as modern medicine spent its whole efforts in fighting the smoke and paid no attention to the cause of the smoke, namely, the fire. The symptomatology of Homœopathy directs its efforts straight to the fire—if Hahnemann's cautions about looking for the cause is heeded—and there is no comparison between its curative power and that of modern medicine, for the latter is really leaving the cure to nature, which too often is seriously handicapped by the efforts directed to putting down the smoke.

Even Homœopathy itself may be run off the main line by too close and mechanical adhesions to symptoms—at least so it seems to the writer. Look to the origin of the disease if possible before considering its symptoms. If the patient's ills started with exposure to cold and dampness *Rhus tox.* is probably his remedy regardless of his symptoms; and so with a vast number of other ills—look to their causes. This, in effect, was largely the line on which H. C. Allen and other noted men worked. Find the old fashioned dyscrasia (very "out-of-date") behind the severity of a generally "self-limited" disease, and treat it, for there is no other means of combatting it. Genuine medicine has a much higher range than the study of pathological secretions and excretions.

Mr. Editor, as this letter is concerned only with principles and is absolutely impersonal I, with your permission, sign myself

IMPERSONAL.

---

## OBITUARY.

### Dr. Benjamin C. Woodbury.

On Tuesday, June 8, 1915, Dr. Benjamin C. Woodbury, of Patten, Maine, died at St. Petersburg, Florida, where he had passed the last four winters for the benefit of his health. Dr. Woodbury was born in Buckfield, Maine, September 16, 1836. He was the son of Collins and Pamela (Andrews) Woodbury, and the eighth in descent from John Woodbury, who came to

Massachusetts from Somersetshire, England, in 1624, and later settled a large part of what is now Salem, Mass. His immediate ancestors removed from Beverly to Paris, Maine, where the majority of them are now buried. His schooling was meagre, owing to the early loss of both parents, consequently his career in the world may be said to date from his matriculation as a medical student.

His conversion to Homœopathy came about through his treatment during an attack of typhoid fever, by the late J. H. Payne, M. D., then of Bangor, Maine. After the latter's removal from Bangor, he became the student of Dr. J. H. P. Frost, who afterward became Professor of Physiology at the Hahnemann Medical College of Philadelphia, formally the Hahnemann Medical College of Pennsylvania. He graduated from the Hahnemann Medical College in 1866, in a class made illustrious through such names as W. L. Breyfogle, Edward P. Small, Constantine Lippe and J. Heber Smith.

After serving an internship in the Philadelphia Homœopathic Hospital under the tutelage of Dr. H. N. Guernsey, he returned to his native state, practicing for the first five or six years in Bradford, where he married Miss Hannah Hill, daughter of George F. Hill. While living here he numbered among his intimate friends Hon. Lewis Barker, of Bangor, and his brother David, who has immortalized the doings of "The Barkers and the Hills" in his famous poems. To this union three children were born, one of whom, Dr. G. F. Woodbury, of Patten, still survives.

During the Civil War, not being of sufficiently robust physique to enter active service, he organized a company at Bradford, which rendered loyal service to the nation. After the death of his wife he practiced for a short time in Bangor, and at the close of the war he settled in Patten where the most active years of his professional life were spent. Shortly after settling here he married Miss Matilda Knowles, and to this household four children were born, all of whom are still living.

Being for a number of years the only active practicing physician in the town and for a large surrounding area, he was often forced to drive for more than sixty miles to the many lumber camps deep in the great forests of northern Maine. Though making no pretension to the practice of surgery, he was often called

upon to perform many difficult surgical and obstetrical operations. One of the most interesting and daring was the cure of a strangulated inguinal hernia, which, in the days of healing by suppuration, was not only difficult but rather remarkable.

His active practice continued here for a period of 35 years, when, in 1906, with his younger son, Dr. B. C. Woodbury, Jr., now of Portsmouth, N. H., he removed to Lewiston. After about three years, however, he relinquished active work and has since resided in Florida.

Throughout his long career Dr. Woodbury was a deep student of the Book of Life, a close follower of the progress of psychic research, and a firm believer in the soul's survival of bodily death.

His tastes in life were of the simplest order. He possessed a ready wit and as a story teller was renowned far and wide. He was simple-hearted, generous and a gentleman of innate good breeding. His favorite author was Pope, and being possessed of an excellent mind and a most retentive memory, he could readily recite page after page of his favorite poet's lines. He was extremely fond of hunting and fishing, and many interesting and amusing incidents are told of these exploits.

In his medical practice he was a strict follower of the teachings of Hahnemann, and his skill as a prescriber was widely known and appreciated. He never failed to delight in the memory of his student days at the old Philadelphia Medical College. Among his instructors were Dr. Constantine Hering, Dr. Henry N. Guernsey, Dr. Charles G. Raue, Dr. Adolph Lippe, Dr. Pusey Wilson, Dr. J. H. P. Frost, and others, whose names are numbered among the immortals in homœopathic history. While making very little pretense toward literary pursuits, he was an occasional contributor to the medical journals, and was engaged during the last few weeks of his life in writing some reminiscences of Dr. Hering.

In politics he was a strong Republican, and served frequently as delegate to county Republican conventions. He was a member of the board of United States pension examiners on which he served as both president and secretary. He was a member of the Maine Homœopathic Medical Society, of which he was made an honorary member in 1907. He was a Mason and an Odd Fellow, and for many years affiliated with the A. O. U. W.

He is survived by his wife and five children: Dr. G. F. Woodbury, of Patten, Maine; Dr. B. C. Woodbury, of Portsmouth, N. H.; Mrs. E. I. Waddell, of Presque Isel, Maine, and Miss Gertrude Woodbury and Eugene S. Woodbury, of St. Petersburg, Fla.

His remains will be brought to Maine for burial.

---

### HYPERICUM.

A sargeant wrote a letter to Mr. J. A. Campbell, England. The writer is at the front, where men are shot nearly every moment. The letter was published in the *Homœopathic World*, July. The tenor is that *Hypericum*, pellets, given internally, is about the best thing a man who has been shot can receive. "To see a man badly wounded and in terrible pain to be transformed to laugh and joke and lark with the men by these little pellets is something wonderful." The RECORDER, following the homœopathic law, has always argued that *Hypericum*  $\theta$ , 3d, 30th or 200th, is the remedy for gun shot wounds, and to prevent and cure, tetanus. The European army that first adopts the homœopathic treatment is the one that will, we won't say win, but the one that will have the mildest sick and wounded lists. What a pity it is that the surgeons, both in army and civil practice, will not master the few remedies needed for the quick and sure recovery of their patients! *Aconite* for the fever, *Hypericum* for the punctured (bullet) wounds and to prevent lockjaw. *Calendula* for the torn flesh, to promote rapid healing and prevent suppuration. *Arnica* for the effects of concussion. *Rhus tox.* for the rheumatism of the wet condition. *Bryonia* for pneumonic and pleuritic conditions and so on with many other drugs that might be named—for the above is but a sketchy outline.



## THE SPECIALISTS' DEPARTMENT.

---

EDITED BY CLIFFORD MITCHELL, M. D.

25 East Washington St., Chicago, Ill.

### OUR CONTRIBUTORS.

In this issue we deal entirely with the subject of malignancy in our department of specialists and have articles or notes from Dr. B. A. McBurney, professor of gynæcology, Hahnemann Medical College, Chicago; Dr. Alfred Lewy, Chicago, specialist in diseases of the ear, nose and throat; Dr. Nelson A. Lowry, specialist in the X-ray, Chicago, and Dr. Guy M. Cushing, of Englewood, Chicago, surgeon.

### COMBINED ACTUAL CAUTERY AND RADIUM TREATMENT FOR INOPERABLE UTERINE CARCINOMA.

B. A. MCBURNEY, M. D., F. A. C. S.

During the last six years I have treated what seemed to me, as well as to other physicians who saw them, nine cases of **inoperable uterine cancer**, both of the cervix and body.

They were considered inoperable because of the extension of the disease to the vagina, parametria and neighboring glands. Of the nine one is apparently cured after four and one-half years. One was apparently cured after six years, at which time she died of pneumonia as so many cases of uterine cancer do. One is apparently cured of the local condition, but has developed a gluteal abscess which is draining at the present time, the patient doing well.

CASE I.—Miss M., school teacher, aged 36 (referred by Dr. C. T. Hood, of Chicago), came with a history of bad smelling leucorrhœal discharge over a period of several months. This was followed by a continuous bloody discharge which also had a disagreeable odor. She had been losing weight and strength for past six months; there was bladder irritation as shown by frequent desire to urinate both day time and at night.

Examination revealed a cancer involving a large part of the

portio, the cervix was almost destroyed, there was a septic endometritis, as there is in most of these cases due to retention of pus and toxins. The parametria were thickened to such an extent that radical operation was considered out of the question. The actual cautery was used and the entire portio and cervix were burned away, the cauterization extending well up into the cavity of the uterine body so as to insure good drainage.

The entire cavity was packed with iodoform gauze covered with vaseline and sprinkled with calomel, and this dressing changed every other day beginning the fourth day after the operation. She went home apparently well after the sixteenth week and died six years later of pneumonia.

CASE 2.—Mrs. W. (referred by Dr. Mary E. Hanks, Chicago) came to Hahnemann Hospital complaining of constant bad smelling bloody discharge, severe sacral backache, loss of flesh and strength.

Examination disclosed the portio and cervix both nearly destroyed by ulcerative process. The probe would sink into the necrotic tissue like into so much liver, leaving a bleeding spot when withdrawn. Specimen was sent to Dr. W. H. Wilson, pathologist for Hahnemann Hospital, who returned a diagnosis of cancer. The case was also seen by Drs. Chislett and Hanks, and we all agreed that it was a case of cancer.

While the case looked to be a hopeless one we decided to give her the benefit of the doubt and the Wertheim operation was decided upon. Upon opening the abdomen we found two or three grayish-white nodules the size of a split hazelnut upon the posterior surface of the uterus, both parametria were thickened to such an extent that we decided that anything radical was out of the question. The abdomen was closed and the portio, cervix and most of the body of the uterus burned away by the actual cautery after the method of Percy, leaving only a shell.

The cavity was packed with iodoform gauze sprinkled with calomel; this packing was left in place four days. The after treatment was to wipe out the uterine cavity carefully and then insert a radium capsule every other day. (These capsules were purchased from the American Radium Pharmaceutical Co., of Chicago.) The capsule was held in place by a small tampon. This treatment was kept up for over a year, the patient coming to

the hospital for them. She has been back at work clerking in one of the large retail stores of Chicago for the last two and a half years; says she is entirely well, and certainly looks it. When asked recently to come in for examination she thought it too much trouble, although she had been a charity patient.

CASE 3.—Mrs. B., age 60 (referred by Dr. W. L. Ruggles, of Oak Park, Ill.). About ten years ago this patient was operated upon by a prominent Chicago surgeon for multiple lipomata of the right arm, at which time enlarged axillary glands were removed. There is no record of any microscopic diagnosis of these specimens. Following this there was soreness, stiffness and limited use of the arm.

She remained apparently well until early in 1914 when she came to Dr. Ruggles complaining of backache, vesical irritation and uterine hæmorrhage. Upon examination we found the portio and cervix destroyed, the parametria thickened and bladder adherent to the uterus. We decided that the disease was too far advanced for radical operation so did a thorough cauterization. This was followed by radium capsules every other day locally and radium tablets internally. As a result the hæmorrhage stopped and the odor and pain became very slight, until shortly before her death in March, 1915, when the pain was increased. A utero-vesical fistula developed toward the last. Dr. Ruggles reports that the treatment was perfectly satisfactory. A microscopic diagnosis of cancer of the cervix was made by Dr. J. A. Toren, of Chicago.

CASE 5.—Mrs. B., age 63 (referred by Dr. A. P. Hedges, Chicago). This patient gave a history of a bad smelling, bloody discharge for the last six months, at the end of which time she called Dr. Hedges to see her. He immediately referred the case to me. Examination disclosed the portio to be very nodular and the cervix one-third destroyed. The parametria were not extensively involved, the uterus was freely movable, there was no loss of weight or strength and no cachexia. This was one of the border-line cases where I would have performed the radical operation, but inasmuch as she had been operated nine times for frontal sinus, antrum and mastoid infections she would not give her consent to any more operations. She did, however, allow us to do a thorough cauterization, and she is having the

radium capsules inserted every other day, and also taking the radium tablets internally. Dr. Hedges tells me that the odor and bloody discharge are seventy-five per cent. improved seven weeks later, the operation having been performed May 6, 1915.

CASE 6.—Mrs. M., age 63 (referred by Dr. C. T. Hood, Chicago). History of a bad smelling, watery discharge for over a year. During most of this time there was more or less constant bleeding, with slight loss of flesh and strength. Examination disclosed the portio and cervix to be almost entirely destroyed, the parametria were very much thickened, the uterus quite fixed and there were enlarged inguinal glands. Dr. Hood had a microscopical examination made of the tissue, the diagnosis being cancer. I am unable to give the name of the pathologist.

The patient was taken to the Garfield Park Hospital, September 5, 1914, and a thorough cauterization made, the after treatment being the same as in the other cases with the radium capsules every other day. She also wore a radium pad over the hypogastrium. She seemed to be getting along very well until two months ago, at which time she developed a large abscess over the left hip. This was opened and a culture made of the pus showed it to be a low grade streptococcus infection. The abscess has almost entirely stopped draining, her appetite is good, her strength is increasing, and she is improving every day. The uterus has contracted to one-third its normal size, is quite movable, there is no bleeding or discharge, and she is apparently well so far as the primary condition is concerned.

I have observed in all these cases that the first thing to be relieved is the backache, then the odor, and last the bleeding. They then improve in color, take on flesh, and are in better spirits.

Now please do not misunderstand me in this paper. It is not the treatment advised for those cases that come to you early where the radical operation is indicated but in those apparently **hopeless cases** where the patient must have relief from the bleeding and the odor.

The results are not startling, but if we can make the lives of these patients the least bit easier while they do live, I think that we have accomplished a good bit. Besides, the results in these nine cases show an apparent cure of one of them or eleven

and one-ninth per cent. I am indebted to the physicians named for the reports on these cases and wish to take this opportunity of thanking them. I was promised the report on case No. 4 but have not received it. Cases seven, eight and nine were clinic cases treated in the same manner, but moved away and did not continue the treatment after leaving the hospital. The letters to them were returned unclaimed.

**Cancer of the Ear.**—Dr. Alfred Lewy, of Chicago, relates his experience with a case of cancer of the ear; the condition when first seen appeared to be merely a chronic suppuration of the middle ear with tendency to polyp formation. The polyps recurred with great rapidity after removal, which fact led to suspicion of malignancy. Examination of the tissue by a pathologist revealed fact of cancer. The growth extended to the mastoid, involved the brain and caused death in about a year from time diagnosis was made.

## THE EARLIEST SYMPTOMS OF CARCINOMA OF THE COLON.

G. M. CUSHING, M. D., CHICAGO, ILL.

The greatest handicap to the successful treatment of cancer of the large bowel is a lack of knowledge of the initial symptoms. The presence of a tumor large enough to be felt through the abdominal wall or the occurrence of acute obstruction are both evidence of ancient intestinal disease.

These intestinal growths are usually slow in their development, though not always so, and an acute obstruction comes only as a terminal manifestation of a chronic intestinal disorder.

Cancer here, as elsewhere, is at first a local disease, and because it is local and while local it is amenable to complete eradication. It is, therefore, of the utmost importance that the very earliest disturbance of health due to cancer be recognized. Among the first, if in fact not the very first symptom of this disorder, is the insidious onset of intestinal irregularity: there is now slight constipation and then slight diarrhoea.

**Another very early manifestation is a spasm slight and transient in a part of the large intestine.** The patient tells us that there is a frequent sensation of "gripping," "clutching" in a certain



very limited area of the abdomen and he always points to the same spot. At the same time borborygmi are heard and their onset is found to be synchronous with the onset of spasmodic pain at one and the same spot.

There is no disease having its origin within the abdomen which the patient can so accurately locate as carcinoma of the large bowel.

The presence of mucus or occult blood in the stools is probably to be expected in the early stages also.

When, therefore, any or all of these points are to be elicited in a patient past middle age, and when loss of weight, indifference to food or complete repugnance to it, or the deliberate avoidance of the more substantial foods are together observed there is every probability that serious organic disease is present in the large intestine.

## THE TREATMENT OF MALIGNANCY.

NELSON H. LOWRY, M. D.

X-ray therapy combined with surgical removal gives the best results in the treatment of malignancy. Surgery to remove the local mass or gross lesions. X-rays to destroy the small lesions and prevent metastasis.

Technic recommended: vigorous preliminary x-ray treatment, using filter method and massive doses. Tumor almost invariably reduces in size and becomes more freely movable and for the time relatively non-malignant. Operation should then be performed, removing only the tissue affected. A vigorous x-ray treatment should be given at the time of operation with the wound held open. Post-operative x-ray treatments are then given, covering a period of from one to six months. Several cases of carcinoma of the breast have been treated with this technic without a single return. It is our belief that the common tendency is to give x-ray in too small quantity to be of benefit. Small doses may stimulate the growth of carcinoma cells while large doses destroy them. Microscopical study of tumors, both carcinoma and sarcoma, under x-ray treatment indicate an actual destruction of malignant cells which are replaced by fibrous tissue. For example, a case of secondary sarcoma of the breast,

after breast amputation with glands in the axilla, was given vigorous x-ray treatment two months. The original return in the breast was removed under local anæsthesia. The mass was essentially a fibroma with large islands of sarcoma cells. After two more months of x-ray treatments, the glands of the axilla were removed. On section, the glands showed normal glandular tissue and large areas of fibrous tissue, with a few small areas of atypical sarcoma cells.

The combined method of x-ray therapy and surgical removal can be applied to tumors in almost any situation in the body.

In superficial epithelioma x-rays alone will produce a cure, although in some locations it is advisable to combine it with surgical operation.

25 EAST WASHINGTON STREET, CHICAGO.

## MALIGNANCY IN THE URINARY TRACT.

CLIFFORD MITCHELL, M. D.

**The Signs of Malignancy.**—The signs of malignancy in or about the kidneys may be summarized as follows: the tumor if present is unilateral, non-fluctuant, of irregular form, shows no variation in size, the pain if present is constant and severe, there is frequently recurring hematuria, the fluid accumulation of the growth tends to push forward, the urine shows no intermittency in flow, eventually there is well-marked cachexia, loss of flesh and anæmia; ascites and œdema of the lower extremities take place when there is pressure on the abdominal veins.

In general it may be said that persistent violent pain in the region of the kidneys which can not be otherwise accounted for, with progressive cachexia, warrants the gravest suspicion of malignant disease, even though other features are absent.

The position of the tumor, its limited mobility, its relation to the colon, the age of the patient (child or old person), and the occurrence of unaccountable hematuria in an old person are features in the diagnosis.

In the writer's experience hematuria in elderly persons is the earliest sign, and may precede the recognition of the tumor by physical examination.

When the tumor is present it is behind the colon. In the case

of a growth of the left kidney the colon is pushed forward by the tumor and lies up against the abdominal wall. The tumor does not move with respiration. In some cases enough fluid is present to show fluctuation.

If the tumor presses on abdominal viscera there may be vomiting, anorexia, icterus and irregular bowel movements.

Malignant renal disease is fairly common in children under four years of age and should not be forgotten. Sarcoma is the common type at this age.

Another matter not to be overlooked is the fact that renal calculi seem to favor development of carcinoma.

**The recognition of renal malignancy by the urine** depends chiefly upon the detection of renal blood. If there are no red cells in the urine the other features in the case must be considered.

When red cells are found in the urine, the fact that they are mostly or even partly **blood-shadows**, rings, or "ghosts," determines the renal origin. If pus is absent, the presumption is that the condition is one of malignancy, excluding, of course, nephritis. Nephritis may be excluded by the absence of casts, by the history and clinical features other than shown by the urine.

In the absence then of nephritis and of pyuria, urine containing blood-shadows is assumed by the writer to indicate malignancy of the kidney. The easiest source of confusion is renal calculus. In calculus if there is blood there is always more or less pus. Blood-shadows in the urine without a considerable number of leucocytes are not likely to be found, if the case is one of calculus.

On the other hand the occurrence of blood in the urine at times **without pus** and without much pain is suspicious especially if the bleeding bears no relation to movement. Such hæmorrhages occur in the case of elderly persons, and **if blood-shadows and no casts** are found, the case is most likely malignant.

It must not be forgotten, however, that a slight coincident nephritis may exist along with the malignancy and a few tube casts be found in the urine. These casts, however, are likely to be rust colored, or yellowish in most part. **Presence of ascites or œdema from pressure and presence of tube casts in the urine** may lead to an incorrect diagnosis of nephritis when the case is really one of malignancy.

**Signs of Malignancy in the Bladder.**—Pain and irritability of the bladder followed by hematuria with relief of pain after an attack of bleeding are classical symptoms of malignancy in the bladder. The distinction between a benign and a malignant growth may often be made by the history; hematuria is noticed before pain occurs in benign growths, but follows pain in malignant ones. But it must not be forgotten that a benign papilloma may become malignant in time. The cases seem to be common, relatively, in middle life. Workers in aniline dyes are said to be subject to the condition.

The bleeding, as a rule, is not increased by exercise. It tends to be intermittent but finally or occasionally is continuous.

Frequency of urination is no more noticeable at night than during the day. In making the diagnosis by the urine the following must be considered: blood-shadows are either absent or very few, the blood cells are almost normal in size in the freshly voided urine, pus is absent, but a noticeable feature is the **large number of epithelia from the middle layers of the bladder**. In the writer's experience these large round cells, several times as large as blood cells or pus cells and pictured on page 453 of *Urinology*, are one of the most valuable signs we possess of the presence of malignant growths in the bladder.

In any case where we find blood corpuscles in the urine without much pus or blood-shadows, accompanied by a large number of these bladder cells, especially in the male, there is strong suspicion of malignant growth in the bladder and cystoscopy should be resorted to. Confusion is possible in the case of women with vaginitis who may happen to be menstruating. Women with vaginitis void urine containing a large number of these large round cells, and if they happen to be menstruating at the same time the urine is examined, the presence of red cells of almost normal size should not lead to the suspicion of malignancy of the bladder. Absence of other clinical features will, however, eliminate confusion.

Confusion is also possible in the case of gonorrhœal cystitis or inflammation of the vesical neck, but here there is so much pus that the presence of the large bladder cells is accounted for. The history of the case will also eliminate trouble.

Several cases of bladder growth have been described in full in previous issues of the RECORDER in this department.

Finally it may be said that when there is so much blood in the urine that other constituents of the sediment can not be found, diluting the urine with three or more parts of water and centrifuging will enable the epithelia, shreds, etc., to be recognized. Staining the sediment with one part Lugol's solution to five or ten of water will show the bladder epithelia well.

In all considerations affecting malignancy the identification of blood-shadows in the absence of pus and casts is a point of prime importance in locating the seat of the disease. The identification of blood-shadows is most carefully considered in *Modern Urinology*, page 431.

The objects in urine which may resemble red cells have been commented on in previous issues of the RECORDER, which see.

Several cases illustrating the clinical and urinary features of bladder growths have been described in previous issues of the RECORDER.

The treatment of the benign papilloma by fulguration is now practiced with claimed success and should be resorted to before the growth becomes malignant. Hence the practical importance of urinary examinations leading us to the suspicion of a growth and the use of cystoscopy for confirmation of the suspicion.

---

On May 21st, at 7:30 P. M., the exercises of the 27th Annual Commencement of the Kansas City Hahnemann Medical College were held in connection with the Annual Business Meeting and the 27th Annual Banquet of the Alumni Association of the Associated Homœopathic Medical Colleges of Kansas City, Mo., at the Hotel Belmont.

The following officers were elected to serve the Alumni Association for the ensuing year:

Dr. H. H. Thym, of Kansas City, Mo., President.

Dr. Clay E. Coburn, of Kansas City, Kan., Vice-President.

Dr. A. H. Starcke, of Kansas City, Mo., Secretary-Treasurer.



# Homœopathic Recorder

PUBLISHED MONTHLY AT LANCASTER, PA.

By BOERICKE & TAFEL

Subscription \$1.00, To Foreign Countries \$1.24, Per Annum

*Address communications, books for review, exchanges, etc.,  
for the editor, to*

E. P. ANSHUTZ, M. D., 1011 Arch Street, Philadelphia, Pa.

---

## EDITORIAL NOTES AND COMMENTS.

**The July Recorder.**—We were compelled to add sixteen extra pages to the June RECORDER, and, again, to the July number, which is our Institute, and also, "Cancer" number. It is hoped to run the remainder of the year without this infliction, but there is no telling what may happen. This issue was made, partly at least, a "cancer number" at the request of the Medical Society of Pennsylvania. About eighty other journals will do the same, but we will put the papers in this issue against any of them for all-round value.

**A Possible Remedy.**—All text-books and reports agree that in typhoid fever the spleen is enlarged. Assuming this to be true, why should not *Ceanothus Americana*, the "organ remedy" of the spleen, be of great value in the treatment of this disease? It is worth the trial especially as it would not hurt the patient in the least, and might save him from worse—vaccines, for instance.

**Scientific.**—This is a sentence from an editorial in the *New England Medical Gazette* for June: "From a truly scientific standpoint the Ehrlich theory is more firmly established than the homœopathic theory." This raises the query: Isn't the scientific standpoint (in the language of the unregenerate) bunk? The scientific standpoint changes with the seasons. The sciences concerning gravitation, the revolution of the earth on its axes and around the sun, the circulation of the blood, and other things that might be mentioned, do not change. Neither does Homœopathy.

The editorial concludes, "Let us who follow the homœopathic system familiarize ourselves better with the 'facts' upon which our theory is based." Amen! Learn Homœopathy, O scientific brother, and then Ehrlich's "side chain theory," his trade-mark "salvarsan" and other ephemeral things like them, will cease from troubling and you will have scientific rest.

**An Aconite Poisoning.**—The case is related by Dr. John Livingston in *British Medical Journal*, May 20, 15. A man ate a dinner of beef, cabbage and potatoes, with horse radish on the side; but it seems the latter was about four parts of Aconite roots to one of the horse radish, having been gathered from a neighbor's garden, the Aconite roots being mistaken for horse radish. The effect demonstrated the accuracy of the homœopathic materia medica—tingling over the whole body, giddy, restlessness *very* marked, cold, clammy skin, heart 144 and irregular, pulse 70, "pupils equal and medium;" later, after injections, he fell asleep, but awoke in a fit with pupils widely dilated. Recovery rapid. The patient's mother, who took a little of the Aconite, passed a restless and sleepless night, experienced the same tingling but was otherwise unaffected.

**A Question of Cause.**—In a letter to the *Lancet* Dr. R. Ackerly writes about "The Bacterial Infections of Projectile Wounds," the assumption being that the projectiles carried the bacteria. May it not be that the "infection" comes from within, as Hahnemann teaches us in his great, but misunderstood, book, *The Chronic Diseases*? Why is it that the wounds from one shell may cause all sorts of pus (bacteria) in one man and little or none in another? Was it that one fragment of the shell was infected and the other not? This is a real "problem," O scientist! Bill and Jim, "buddies," are hit by fragments of the same shell: Bill has one sort of coccus, or "bug," and Jim another. Why and Whence?

**Swinging Back.**—Recently we called on a friend, one member of whose family was being treated by one of the best known "regular" physicians of Philadelphia. A very able man. The patient is in a very serious state. Being curious to know the treat-

ment we led the talk in that direction. This led up to a remark made by our friend, namely, "Dr. ——— told me that the profession is fast getting back to the old drugs and away from the newer treatments." This was called out by a remark of ours expressing a little surprise at a medicine that had been prescribed, though in material doses, that was really homœopathic to at least the most marked symptom of the patient. This is a real advance, even though it be an about face. The more hypodermics the more Christian Science.

**Still Another Salvarsan.**—From the editorial pages of the *British Medical Journal* we learn that a new "salvarsan" is on the market. Like its two or three predecessors it is perfect. It seems to be 1206 instead of 606. The one emphasized thing about it apparently, is that it is atoxic, otherwise non-poisonous—so far as known, as were its forebears. It is noted by the presence of "hyraldit," an unknown word to all save the esoteric proprietary men. Presumably it too will have its day as did the other members of the salvarsan family, and then be heard no more. In the meantime if any one wants to treat syphilis with the end of helping the man let him do it on the lines of Homœopathy.

**Cometh Up as a Flower.**—Abderhalden Test has been a part of medical science for some time, yet here is Frederick Howard Falls, S. B., M. D., of Chicago, writing in the *Journal of the A. M. A.*, that the Abderhalden Test is not a specific and infallible for the diagnosis of pregnancy, carcinoma or any other condition. The chief fault with the science of our "regular" friends is that it cometh up as a flower and is withered; that it goes to the limbo of things that have been, but never should have been; that, in short, it isn't science. Some day our "regular" friends will learn the very plain fact that human beings are not stable chemicals responding exactly to "tests." Profitable to test makers but otherwise doubtful.

**The Protean Microbe.**—No sooner has the earnest scientist discovered the "cause" of a disease than it changes its form and mocks him by mutation. The *Journal A. M. A.* thus concludes an editorial on this subject:

The particular mutation noted, therefore, seems to be due, in the words of Jordan, to the intracellular or molecular changes brought about by non-specific influences and not to a direct adaptation to particular environmental conditions. All who are interested in questions of bacterial identification will appreciate the significance of such contentions. The distinction between an innate capability for certain types of reaction and a true fundamental mutation is not always easy to discover. In relation to the possible pathogenicity of organisms, this comparatively new domain of research calls for special critique and discriminating reserve of judgment. New micro-organisms are sometimes merely old ones in a new guise.

From this Bunsian delivery one may not unreasonably conclude that this Science is really but an "agglutination" of individual guesses and, perhaps, sometimes, bluffs. If microbes get the intercellular change habit then chaos has come again!

**Tetanus Carriers.**—That journal of wonderful science, the *A. M. A.*, tells its readers of tetanus carriers akin to typhoid carriers. If these two "bug" diseases have their carriers it follows that all other diseases with bacilli origin—and that includes all diseases according to the "regular" Hoyle—must have their carriers. Thus a tremendously big field is opened for inspectors and general bossing of the public. While it is true that to a greater or lesser extent these "germs" may be present in a given disease no one has proved that they are the cause of the disease, save to the very credulous. Epidemics come and go, no one knows whence or whither, yet, according to this queer theory, an epidemic should never depart for the more victims the more bacilli. Look to the "soil," gentlemen, and correct it, so that your bacilli will not thrive. You must look to Homœopathy for the means of correction.

**Allopathy vs. Pneumonia.**—A correspondent asks the *Journal A. M. A.* concerning the use of Aconite in pneumonia. The canny gentleman who replies to such questions says that at one time the theory concerning pneumonia was such and such, later something else, and now the theory is that it is the work of invading bugs, consequently, it seems, that no treatment is of any use, which, doubtless, is wise advice to those who know nothing but scientific allopathy. If the bacilli are the cause, and if they

multiply as rapidly as we are told they do, how is it that any one ever recovers? Also if all disease is caused by bacilli of what use are doctors and medicines? The learned gentlemen are striving hard to prove that only nurses (or surgeons) are of any use in the sick-room. They sit on a limb of the great tree and try to chop it off between themselves and the trunk.

**The Fly.**—Bulletin No. 118 of the U. S. Agricultural Department is concerned with "Experiments in the Destruction of Fly Larvæ in Horse Manure." The war is on against the fly because he is a "disease carrier." According to the premises the manure that breeds the fly must also breed the disease he is said to carry. Whenever there is healthy animal life—man or beast—there must be what is broadly known as "manure." The argument runs that manure breeds disease, and flies also who carry it. To prohibit manure would mean the ceasing of animal life. Are not the present day scientists dippy on the subject of the origin of disease? Or, at least, illogical? The fly is a pest to physical comfort, but that he is a "menace" to health is not proved. Indeed, there is an old superstition that in summers where there are no flies there is pestilence. Perhaps the fly mitigates malignancy rather than spreads disease. Screen him out by all means, but do not blame him for all our disease ills.

**Concerning That Which Is Termed Modern Medical Science.**—Our esteemed *Medical Pickwick* has this to say of the latest allopathic books: "For modern medical books have a faculty of getting themselves dispossessed of their value in a manner which is altogether disconcerting. They have their value, of course, and one must have them to keep *au courant*. But scarcely do they adorn our shelves when a new discovery makes them antiquated and they lose seven-eighths of their value over night." Reasoning from the past the "new discovery" of to-day that puts yesterday's books in the literary bone-yard will go that way to-morrow itself, and its books. So it ever has been and ever will be, until medicine becomes scientific, which is but a synonym for homœopathic. Buy sound *homœopathic* books and they will not go stale on your shelves, as does the printed stuff that today is "science" and to-morrow superanimated bunk.



**Modern Tuberculosis.**—Our very esteemed and official contemporary, *Public Health Reports*, quotes Governor Craig's Messages, Governor Craig being Governor of the State of North Carolina, to the effect that tuberculosis "is an ever present plague that stalks abroad at noonday" and that the State Sanitorium "is utterly incapable of dealing effectively with the situation." The Governor hit the nail squarely on the head, probably harder than he dreamed of.

Tuberculosis not only stalks abroad at noonday, as the Governor said, but also at morning, evening and midnight. Health boards may be able to control typhoid and other filth diseases by removing the filth, but tuberculosis is beyond their power, and apparently beyond their ken. It is the outgrowth of psychic conditions, is not the result of conditions such as produce typhoid and so is not amenable by acts of the Legislature or the police even though it goes about at noonday. Some may kick at the word "psychic," but though you kill every tubercle bacillus the disease will persist as long as people are over-worked, under-fed, suffer from the cold and damp of winter, or the smothering summer of the slums. The very place of the sanitoriums proves this to be true. Rescuing a few victims by fresh air, good food and rest at a sanitorium is no *Cure* for the condition producing the disease, as, we fancy, Governor Craig and our esteemed and official contemporary will admit—even though it knocks the life out of the germ theory.

"Yea," replies some one, "but are there not strong men and women and children in the slums?" Surely, but follow them for three generations, a short span in human history. Will their posterity remain so in such environments? The cure? Well, there is just as much psychic diabolism in the slums as among its employers. Ask your minister, preacher or priest. The doctor may aid, physically, but he cannot cure conditions as all of them know.

## PERSONAL.

---

After all, a place in the sun must be a hot one.

The law makers are steadily increasing the number of our sins at every session.

Truth is stranger than fiction to quite a number of us.

"Cases of pneumonia have been diagnosed as appendicitis."—Learned *Ex.* "I'm strong on fits."

"A man hath joy in the answer of his mouth," saith Solomon—even though no one else hath.

"A cheerful heart is a good medicine."—*Solomon.*

Untold wealth is that which dodges taxes.

Many an architect of his own fortune is lucky that there were no inspectors about while he was building it.

The latest long-haired and wild-eyed "day" proposed is a "disease prevention day."

"Is water necessary to an infant?" asks Dr. C. E. Brown in *P. C. J. of H.* Answer, Yes, while infants.

The *Ledger*, of Philadelphia, ungratefully remarks, "A convalescent is a patient who is yet alive"

An able cat looks on a mouse-trap as a personal insult.

*Punch's* little girl wanted to be an angel so she could drop bombs on the Germans.

Cincinnati *Enquirer* says the old dime-novel has gone—to a dollar and a half.

Man and guinea pigs must be identical, because (scientifically) what holds true of the pigs *must* hold true of man.

A popular European general kissed a pretty girl. Remember Hobson!

Curious, but really no one can take the biggest half.

Girls, you *all* know that your faints are but feints.

Get away from the notion that the fate of the world rests on your shoulders. It doesn't.

"Eat, Drink and Live Long," says our friend, Dr. Richberg. Then why do we die?

"Did the D. O. do you good?" "He sure did me good!"

"I am, etc.," is a vague insult at the end of a letter.

Nix! Nix! Mary, old girl, the vice-president, officially at least, has naught to do with vice.

"No man is perfect, Judge," said the hobo sent up for the tenth time.

"Excuse the liberty," as the convict remarked as he skipped.

# THE HOMŒOPATHIC RECORDER

---

VOL. XXX

LANCASTER, PA., AUGUST 15, 1915.

No. 8

---

## REFORMING THE WORLD.

Almost as regularly as the phases of the moon this good old world goes dippy over some moral or physical remedy that promises to do the impossible, *i. e.*, regenerate and reform the world. Some of these ebullitions are world-wide, but, fortunately, the most of them are local. Brown-Sequard once discovered the secret of perpetual youth, but it wouldn't work. Koch discovered something that was to do away with psora—phthisis—consumption—tuberculosis, as you please, but it didn't work. Metchnikoff discovered a means of prolonging life by shortening the intestines, but it didn't work. Erlich discovered something that was to sweep away syphilis, moralists protested because it would make illicit venery safe, but it didn't work. All of these were more or less world-wide. Locally at every session of the law-makers we have a host of legal quack-remedies proposed; some of them pass and become "law," but they don't work.

Just now there is a remedy for the ills of the world that from being local has spread from California to Siberia, namely, Prohibition, but it doesn't work. The motive of all these things, rather the purpose aimed at, is good, but people confuse the end with the means. The abolishment of consumption is a good end, but Koch's means was but an aggravation of the trouble.

A dignitary of the Church once said of Prohibition: "I would rather see England free than sober." That is the keynote of the reason why all these things fail? No man or nation can be reformed by compulsion. When a man is compelled he resents it even though he may like to compel others in some matter that doesn't interfere with himself. The world loves the theatrical,

even as did the leper, Naaman, the Syrian, who resented the Prophet's simple cure, and wanted him to call on his God and do something sensational. There is only one man who can reform you and that is yourself. Outside of this a good police force is about the best means of keeping the world in an orderly state.

This same line of reasoning applies to all the bills the allopaths go up and down the land urging on the law-makers; the ostensible end is good, but the means won't work, they involve compulsion and the allopaths are to be the compellers.

After all, the reformation of the world is a very simple matter. It is to be found in the law and the Prophets summarized in the words, "do unto others as ye would that they should do unto you." this, backed by an efficient police force to prevent the *doing* of the neighbor, is about the only universal reform open to all.

So in medicine. The new "strides" and the ten thousand heart-breaking, jaw-breaking and philology-breaking new words do not add to any one's ability to *cure*. The art of physical cure, like that of moral cure, is very simple. You find it in plain Homœopathy. But it isn't theatrical, gives no opening for domineering over your neighbors and consequently is of slow growth—necessarily not being a rank weed that lasts but a short season and then returns to muck.

A good, honest homœopathic physician can do more towards reforming humanity than all the professional reformers put together, for he can, very often, especially in the young, cure their hereditary "miasms," which, if not cured, lead to drunkenness, debauchery and many evils. The sound mind must inhabit a sound body, according to the Romans, and all the laws passed since the days of the stern Spartans will not give a sound body. Cure the world and then it will be in position to reform itself without the aid of the police.

**FORMIC ACID AS A POLYCHREST.****By John H. Clarke, M. D., London, Eng.**

In the year 1909 I received from a correspondent, personally unknown to me, Mr. R. Wallace Ellison, of 35 Selwyn avenue, Richmond, S. W., three letters, which I here produce. I did not keep copies of my replies, but that is of no consequence, as they were chiefly intended to elicit the further information which Mr. Ellison's second and third letters supply:

## LETTER I.

28 Jany., 1909.

*Sir*:—As you appear to be the only medical man who has made any study at all of the important subject of formic acid, I thought I would detail my experience with it. About two years and nine months ago I added to my daily diet from one to two grains of this substance with the result that it has produced the following results in my body: Polypi and fibrous matter absorbed from my nose.

Nose, tongue, lips and some other parts greatly reduced in *thickness*.

Chronic catarrh of nose, throat and intestines practically cured.

Stiff joints throughout the whole body have become loose.

Short sight diminished by 50 per cent. Eyes have changed in color from light slate grey to a darker shade.

Varicose veins in left leg and others at base of neck now of no consequence.

Facial and bodily appearance so altered that even my own mother is puzzled and I can meet and converse with people who formerly knew me very intimately without my identity being discovered.

I started this treatment on a sort of vague conjecture that formic acid might be as necessary (or partially so) as I found it to be to many tropical and other creatures. For example it figures very largely in the diet of all insect eating creatures and the frugivori. Even bears are known, at certain seasons, to eat large quantities of red ants, which they search for on decayed branches of trees, etc., and thus to produce certain alterations



in their tissues which make their flesh practically worthless for eating purposes. It is true that in the case of rabbits and chickens to whom I have given formic acid I have not noticed this to be the case, but then the quantity supplied was small. I have also tried its effects upon a sickly and scabby pony and found it quickly restore the animal to health as well as giving it a beautiful, healthy crop of hair. (Anyone who cares can produce this result in the case of an old pony.)

As far back as two years ago I wrote to the Cancer Hospital, at Fulham, suggesting that they should try formic acid, but at that time only some of the foregoing changes had taken place and I was not so certain of the truth of the theory as I am now. Just recently, however, a well known cancer specialist has informed me that he is trying the effects of it by dosage, local application and other means which I recommend. I have some fears that not being able to properly grasp the theory of the thing he may bring discredit upon it, for formic acid is a natural and proper substance to be in human food and not a substance to be administered in terrific doses for short periods (unless for some special purpose, *if at all*). Taken for lengthy periods it has the effect of altering somewhat the consistency of the blood and gives one the "thin" blood of the tropical animal, a circumstance not perhaps entirely without its disadvantages. Also it lowers the temperature of the body. I have also taken a good deal of citric acid. My age is 31. I was diseased from childhood and the only part of my life that has been *entirely* free from suffering is the last twelve months. The method will be followed up till the day of my death. Of course, I am not suggesting that all and sundry should incorporate formic acid in their food, as I am fully aware that in its crude state it is an irritant poison. I will even go so far as to say that if they will take daily fruits, honey and possibly lime juice and so forth they will be reasonably certain of getting so much of formic acid as the body requires.

I have some fear that you may regard the writing of this letter as a most presumptuous performance on the part of an unknown man, but I know that a *truly* scientific man will draw information from any and every available source, and will not pause to enquire—Is this man's name upon the medical register?

Of course, I do not expect you to enter into any correspondence with me to acknowledge the receipt of this letter. If, as the result of reading it, some of your future investigations should happen to deal with the subject and the theory stated above, no doubt I, in common with the rest of humanity, would be benefited and this is all that I require. I have not yet, I confess, succeeded in getting many scientific men to agree with me when I say that *formic acid is essential to the life of many creatures and highly beneficial to most*, but I may say that the only man of known and recognized standing who has actually investigated the subject agrees with me absolutely in toto.

Yours respectfully,

R. WALLACE ELLISON.

J. H. CLARKE, ESQ., M. D.

LETTER II.

5th Feby., 1909.

*Dear Sir:*—I am exceedingly obliged for your very kind letter and the interesting information contained in it. I hasten to add what I would have mentioned before, only for fear of making too long a story of it, that the quantity taken during the last two years was not much over 1 gr. daily. I found that 2 grs. daily was too much for regular use, though it served the purpose. If my theory be correct, perhaps 1 gr. daily would be the proper thing and best to be taken in the form of honey, raw juice of sugar cane, etc. Owing to having no fixed base it escapes the observation of the chemist, but there are reasons which to me are satisfactory that it is to be found in the above substances as well as a whole host of others. Apart from this, people living in tropical countries are infested by insects. It lowers the temperature and according to my view produces changes in the blood which are absolutely necessary to take place if a European is to live and survive in a tropical country. I know certain people think that this causes malaria, but I look on it as a wise provision of nature and I do not think that malaria germs would thrive on the bodies of mosquitoes, seeing that the latter are heavily charged with formic acid. I believe that lactic acid for old age is another mirage and that it is no better than a poor substitute for formic acid (the natural thing). I do

not know if anyone has ever noticed that no case of cancer has ever been known among the natives of Jamaica. I have very good reasons for thinking that there is more or less formic acid in the food they eat. *F. A.* is an all pervading sort of thing in many of these places.

Thanking you for the interest you have taken in the matter,  
Yours faithfully,

R. WALLACE ELLISON.

JOHN H. CLARKE, ESQ., M. D.

LETTER III.

5 Feby., 1909.

*Dear Sir:*—In reply to yours of the 4th inst., I am not sure that *absolute* formic acid is a liquid, but I think it would be deliquescent—anyhow there is none of it to be had, as far as I know. I get ordinary commercial form. ac.; Sp. gr. 1.062. It is 25 per cent. I mix it with 11 parts of water and take about 1 teaspoonful of this after breakfast. When I first commenced I used to drink about a pint of water with it, but now I just put the teaspoonful of acid into a very small quantity of water and drink it. It has a pleasant, “fruity” sort of taste. Sometimes I add a little citric acid and sugar to it and I believe this improves the effect. Nature seems to be fond of supplying it along with carbonaceous materials and perhaps the question of Chlorophyll is bound up with it in some mysterious way which I cannot find out. Anyhow it produces the effects and the last 12 months of my life are the only ones I can remember as being entirely free from suffering. I may add that my father died of ulcerous gastritis after being ill most of his life, I am told. The last three of his family turned out “wrong uns,” my elder brother having been operated upon a number of times for tuberculosis and the younger one being supposed to have it also at the time he died. I have also been supposed to have been tuberculous myself, but a well known cancer specialist, who went closely into the matter recently for other purposes, told me incidentally that in his view all my complaints were perhaps caused by some sort of gout. Anyhow I have seen my relations losing their lives in very painful ways from diseases which I now know to be completely curable. For example, my

father's sister died a few weeks ago from a tumor, after having suffered from stiff joints most of her life. I believe that with enlightened treatment in the proper time the unfortunate creature might have lived another 20 years! I was formerly obliged to take great care of myself in order to survive at all. Now I smoke incessantly, I "drink" if I want to, I keep late hours and do all the things that are injurious. But I feel no ill effects whatever and I know that 12 months from now I shall have fewer physical defects than I have now. I find, for instance, I can now make out the time by some public clocks. Twelve months ago I could not. Moreover instead of living upon milk, macaroni and such like stuff, which I had to do, owing to gastritis, I eat any mortal thing that is produced and never feel any discomfort. These are simple facts and people who know me well know that which I have stated is true. If medical men don't care to investigate the subject of form. ac. and allied substances then they themselves will have to pay the penalty (as well as the unfortunate public). With best wishes,

Yours respectfully,

R. WALLACE ELLISON.

JOHN H. CLARKE, ESQ., M. D.

---

I think the importance of this clinical observation will be apparent to all readers. I have followed it up in a certain measure myself, but not so extensively as I could wish, so I now make it public that others may have the opportunity.

The place of *Formic acid* in medicine and chemistry is a great and growing one. In the form of tincture of ants—*Formica rufa*—it has a distinct place in homœopathic practice. But Mr. Ellison's experience is something over and above this and capable of wide application. Apis and other insects contain *Formic acid*, also *Urtica* and many other plants—among which, I suspect, is *Lemna*.

In the *Homœopathic World* of April, 1902, Dr. Dudgeon gave an account of the work of Dr. Edward Krull, of Güstrow, who was led to think of *Formic acid* as a remedy from its constant occurrence in the internal organs and soft parts of the body. He found it constantly present in the sweat of healthy persons, but very much diminished in or entirely absent from the sweat of

persons affected with phthisis. He thought to supply the defect in phthisical subjects by introducing it into the system in material doses. But he found no benefit when he gave considerable doses by the mouth. So he had recourse to hypodermic injections of the watery solution. After two years of experiments he found, to his surprise, that the more dilute his injections were the more powerful the effects, and he ended by giving injections of a dilution which corresponds to our 3d or 4th centesimal, and waiting five or six months before repeating the injection.

"He treated, in this way, with success," I am quoting Dudgeon, "external and internal tuberculosis, chronic nephritis and malignant tumors. It was necessary for the success of the treatment that the nutrition of the body should be well maintained. In cachetic states the treatment is contraindicated. It will be remembered that Hering mentions the case of an anæmic woman who died from the effects of an ant-vapour bath."

"The general effects which were observed in all the cases treated by Krull's method were: Immediate increase of nutrition, the appetite improved, the weight increased; all this without any material change in the diet. In all the patients during the first months, sometimes every two or three days, sometimes at an interval of weeks, there occurred slight transient attacks of pain in the abdomen, on the right and left of the umbilicus, sometimes accompanied by urging to stool. If several copious fecal evacuations occurred, this had no bad effect on the patient, they seemed to have a critical character. After the injection the menses came on earlier and were more copious; all diseased organs and parts showed greater activity."

In the first and second stages of tuberculosis cure is the rule. In the third stage the treatment only does harm, rapidly diminishing the strength.

The action is most remarkable in *lupus*. During the first days after the injection the affected part commences to grow vividly red, rises up somewhat and discharges moderately, and is the seat of shooting pains occasionally. Curative action usually begins in the third week.

"In chronic nephritis, so long as there has been no shrinking of the renal parenchyma and no heart complication, the action of the *Formic acid* injection is beneficial."



[I may say I am acquainted with one case of this kind in a young man whom Krull treated with perfect success.—J. H. C.]

“In carcinoma of the breast and stomach, the tumor first increases in size and becomes very sensitive and the skin over it feels warmer. The shorter the term the tumor has existed and the stronger the constitution, the sooner does reaction occur and the consequent cure of the disease.”

In the concluding words of Dudgeon’s article: “Tuberculosis, chronic nephritis and carcinoma are not diseases in which we can claim a great amount of success. . . . So where other remedies fail or cannot be discovered we may take Solomon’s advice and—

“Go to the ant !”

\* \* \* \* \*

In the *Homœopathic World*, Sept., 1906, I quoted from the *British Medical Journal* an article by Dr. L. B. Couch, who thus formulates his conclusions as to the nature of rheumatism:

(1) All rheumatism, acute or chronic, muscular or arthritic, is due to self-generated systemic poison.

(2) It is not bacterial.

(3) It is chemical.

(4) It is an acid and a suboxidation product.

(5) It is not uric acid.

(6) Uric acid is a product, not the cause of rheumatic conditions.

(7) It is produced by starchy indigestion alone.

(8) It is produced by fermentation.

(9) It is produced by carbonic acid gas generated in the bowels and is due to drinking at meals and washing the food into the stomach without proper mastication and mixing with the proper ferments designed to digest such foods.

“Dr. Couch was led to study the action of Formic acid in the treatment of rheumatic disorders by the experience of a farmer who was cured of it after being stung by bees. The remedy was found to be of the greatest value (says the *Brit. Medical Journal*, epitomizing Dr. Couch’s article in *Medical Record* of June 24th), and the histories are given of several cases in which remarkable results were obtained.”

The author, who is, of course, an allopath, uses the hypodermic

method and gives the following directions: "(1) Always cleanse the parts thoroughly before injecting formic acid solution. (2) Never use a stronger solution than 3 per cent.; a 2½ per cent. is better. (3) Never use it without using 5 to 8 drops of a 1 per cent. solution of cocaine, or other local anæsthetic, as a preliminary. (4) Always choose exterior or outer parts for exhibiting the remedy and inject it just beneath the skin. (5) Never use more than 8 drops in any place of either cocaine solution or formic acid solution. (6) If larger doses of formic acid are used, painful lumps are formed which are slow of absorption and painful; whereas if smaller doses are used no destruction of tissue results. (7) The author makes the injections not less than 2 inches apart and he has never used more than thirty injections at a time (!), and it is far better to use only twelve and repeat the following day in another place. Injections may be given every day or every other day, till all the pain has ceased."

This ends the extract from the *British Medical Journal*. The writer was evidently obsessed with the necessity to imitate the bees as exactly as possible. But Dr. Krull's experience proves that it is not necessary to imitate Dr. Couch. But the experience is valuable, nevertheless, and although the dosage need not be copied—indeed Dr. Couch himself discovered that the less he gave the better—it is quite possible that the hypodermic method has some advantages.

Formic acid is known to the homœopathic materia medica only in the preparation of *Formica*, a tincture being made of the insects, which contains the acid. An account of this may be found in Allen, Hering and my own *dictionary*. The range of its action may perhaps be best gathered from the CLINICAL section under *Formica* in the last named work:

"CLINICAL.—Apoplexy. Brain, affections of. Bruises. Chorea. Cough. Diarrhœa. Dislocations. Dropsies. Eyes, affections of. Facial paralysis. Foot-sweat; checked, consequence of. Gout. Hair, falling out. Headaches. Nodes. Overlifting, complaints from. Paralysis. Rheumatism. Sight, affections of. Spine, affections of. Spleen, pain in. Throat, sore."

8 Bolton St., London, W.

June 28, 1915.

## VERIFICATIONS OF MERCURY.\*

Daniel E. S. Coleman, Ph. B., M. D., Professor of Materia Medica in the New York Homœopathic Medical College and Flower Hospital.

The chief interest *Mercury* possesses for our friends of the "old school" comes from its influence in syphilis. The question enters the mind of the true artist-scientist in therapeutics, the homœopathic physician, as to the *modus operandi* in this dread disease.

The provings of Hahnemann and others, together with the toxicology, prove it to be homœopathic to the stage of syphilis which it is capable of controlling. It is the so-called secondary symptoms upon which this method exerts its beneficent influence. All the symptoms of secondary syphilis, excepting iritis, are found in the pathogenesis of *Mercury*: Dejection of spirits, falling of the hair, enlarged lymph nodes, sore throat, pains in the long bones < at night, gray patches on the mucous membranes, and skin lesions.

In the beautiful illustrations found in Jacobi's "Dermochromes" one is unable to distinguish the syphilitic eruption from that produced by *Mercury*.

The following appears in Allen's "Handbook:" "The long bones are attacked rather than the flat ones (opposite to syphilis). The iris is never affected." The flat bones are attacked in the so-called tertiary stage in which *Mercury* does little or no good. Other remedies like *Aur. met.*, *Arg. nit.*, *Ars. iod.*, *Asaf.*, *Fluor. ac.*, *Iod.*, *Mez.*, *Phytol.*, *Plat. mur.*, *Staph.*, *Stillingia*, *Sulph.*, etc., will do more at this time.

Some years ago I cured a man suffering from deep syphilitic ulcers of the knee with *Nux vom.* 6x in which all routine treatment had failed for two years. I was led to this remedy by the general symptoms.

In the secondary stage the pains are in the long bones similar to *Mercury*.

That *Mercury* does not produce iritis is small argument

---

\*Read before the I. H. A., Niagara Falls, June, 1915.

against its homœopathicity. Iritis is not a constant symptom of syphilis, and if such were the case, it would be absurd to place one single missing symptom against the vast number of similar ones.

*Mercury* is not homœopathic to the primary stage of syphilis and therefore has no influence on the chancre. The *Mercury* ulcer is superficial and spreads at the periphery, resembling the chancroid, to which it is ideally homœopathic, a fact I have verified on many occasions.

*Mercury* acts beneficially only when the existing symptoms are similar. They are similar in the secondary stage. If it were the so-called "specific," why does it not produce results in all stages? The chancre finds a remedy in *Conium*, *Coral. rub.*, *Nit. ac.*, *Sep.*, *Sil.*, *Thuya*, etc.

Occasionally the symptoms of secondary syphilis point to some drug other than *Mercury*, among which are *Arg. nit.*, *Ars. iod.*, *Aur.*, *Asaf.*, *Carbo veg.*, *Caust.*, *Calatropis*, *Cordyialis*, *Curdurango*, *Hep. sul.*, *Kali iod.*, *Lach.*, *Lycop.*, *Mez.*, *Nat. ars.*, *Nat. mur.*, *Nitric ac.*, *Pet.*, *Phytol.*, *Sep.*, *Sil.*, *Staph.*, *Still.*, *Sulph.* and *Thuya*. In fact, any remedy may be indicated in which the symptoms resemble an individual case being treated. *Mercury, or one of its combinations, is the great "sheet-anchor" in our treatment of syphilis, however.*

Some years ago I had a patient whose chief expression of the disease consisted of numerous buccal and pharyngeal mucous patches, associated with marked cervical adenitis. He could not remember any skin eruption or chancre. Several specialists treated him for gonorrhœa, and he was finally discharged as "cured," and told he could marry. I think he had an urethral chancre. After telling him to cease matrimonial relations with his wife, I prescribed *Mercurius dulcis* on the indication given by the late Dr. Henry M. Dearborn: "If the mucous membranes are attacked out of proportion to the skin eruption." The pathogenesis of this remedy proves the homœopathicity. My results were most satisfactory. Later the symptoms resembled more closely *Merc. cor.* and this remedy was substituted. He never developed skin lesions, and the mucous patches of his mouth and throat entirely disappeared. Unfortunately, he had infected his poor wife, who developed the worst case of syph-

ilis I have ever seen. I told her she had eczema. She replied that eczema was an awful disease or that I was "a darn poor eczematous doctor." Thus our reputations must suffer by the sins of the careless whom we try to protect from domestic scandal.

I had considerable difficulty in checking the disease in this patient. My first prescription was *Merc. pro. iod.* based upon the following symptoms: Right sided sore throat, skin lesion of modern depth, yellow coating at base of tongue. Later, the left side of the throat became affected and the cutaneous lesions involved the skin more deeply. I then gave *Merc. bin. iod.* The symptoms of *Merc. pro. iod.* approach those of *Mercury*, while in *Merc. bin. iod.* the symptoms resemble more closely those of *Iodine*. Therefore, the former is more apt to be indicated earlier in the disease.

*Cinnabar* is indicated when the symptoms take on a similarity to *Sulphur*. "Pain above the eye, extending from internal to external canthus, or runs around the eye, < at night," is a characteristic I have observed a few times.

I prescribe *Mercury* or its combinations in the lower triturations often repeated in this disease, because I believe that in syphilis it is ordinarily more efficacious when given that way. I had an interesting experience with one dose of *Merc. pro. iod.* 1000th while serving as interne at the Metropolitan Hospital. Woman, æt. about 30. Secondary syphilis; maculo-papular skin eruption, ulceration of the throat < right side, characterized by intense pain, which made deglutition almost impossible, moist papules about the vulva and excoriating vaginal discharge. The treatment prescribed by her former physician, including medicated gargles and vaginal douches, proved absolutely futile. After receiving *Merc. pro. iod.* 1000th she suffered hardly any pain, could swallow much more easily, and the vaginal symptoms were ameliorated. To think that this dose had any more than a slight effect upon the disease would be to use the refrain from Gilbert and Sullivan's opera, *Patience*,—"preposterous! ridiculous! preposterous! ridiculous!" It takes years of constant medication with rather low attenuations to produce any degree of lasting benefit in this horrible scourge to mankind. The Wassermann reaction has added to our reluctance to pro-



nounce a case absolutely cured, and the introduction of *Salvarsan* does not stimulate confidence in permanent results. While it is true that it will destroy the spirochætæ and palliate symptoms, acting in a similar manner to *Quinine* in malaria, relapses occur dispelling confidence in ultimate achievement.

My personal observations of patients in the late stages of the disease who have received *Salvarsan* injections are not encouraging; in fact, I have seen cases grow worse after such treatment.

We have a better way:—prescribe a remedy whose pathogenesis resembles the symptoms of the individual case we are treating. *Mercury*, or one of its combinations, is the similar remedy in the great majority of cases of secondary syphilis.

The mouth symptoms of *Mercury* are very characteristic: Swollen, spongy, receding bleeding gums, swollen flabby tongue taking the imprints of the teeth, tongue coated at base, salivation and offensive odor. These “leaders” I have verified many times. Alveolar abscess, characterized by aggravation at night, has often yielded to its magic influence in my hands. Great thirst with moist mouth is a peculiar “keynote,” the value of which I have proved.

The throat symptoms are of the utmost importance: Dryness, pain on swallowing, salivation, enlarged lymph nodes, dark red color of the mucous membranes and superficial spreading ulceration. We all know what *Mercury* can do in tonsilitis and quinsy. If given early in a high potency, it will abort the formation of pus, but if pus has already formed suppuration and evacuation will be hastened by the administration of a low trituration.

Coryza, characterized by thin mucous excoriating discharge, later becoming thick and more bland; creeping chilliness; profuse perspiration aggravating all the symptoms; diarrhœa or dysentery with persistent tenesmus or a “never get done” feeling; eye symptoms < from light of fire; stitches through lower lobe of right lung to back, < lying on right side; trembling of extremities, especially hands; aggravation of all symptoms at night, especially from the heat of the bed, are a few of the oft repeated verified characteristics. Time does not permit of my dwelling upon them individually or adding more.

The wide experience in the treatment of ulcers obtainable at the Metropolitan Hospital proved to me the great superiority of the homœopathic remedy in these often rebellious lesions. *Mercury* played an important therapeutic part. The *Mercury* ulcer is superficial and spreads at the periphery. I remember prescribing this remedy in the 30th potency for an old lady who was suffering from such an ulcer on her arm. She had contracted erysipelas through the denuded surface. The erysipelas was promptly cured and the ulcer rapidly healed.

I have had five cases of *Bichloride of Mercury* poisoning upon my ward at the Flower Hospital, two during my last service and three this month. All recovered promptly. *Hepar sulph.* was prescribed for the two cases on my former service.

Following is a short description of the three cases this month:

Case I. June 7th. Woman, æt. 28. Took 15 grs. dissolved in water, at 2 P. M. Did not vomit for an hour. It was therefore absorbed. Admitted to hospital at 5:45. Dr. Edwin Goodman, the house physician, prescribed *Hepar sulph.* 2x and ordered elimination treatment. The symptoms at that time were as follows: Severe abdominal pain, extreme nausea, vomiting of blood-streaked mucus, frequent small blood streaked stools, very weak. The retching and vomiting became very severe towards night. Urinary examination on day of admission: Reaction acid. Albumin, very faint trace. Color, light yellow, cloudy. Urea, 2.9 per cent. Sugar, negative. Epithelium, few from kidney and ureter. Pus corpuscles, present. Mucus, small amount. Salts, large amount of urate of soda.

June 8th. In the afternoon Dr. Goodman prescribed *Phos.* 15 q.l.h., later not so often, on the following symptoms: Extreme burning in the stomach, with retching and frequent vomiting of bloody mucus, tenesmus and diarrhœa of bloody mucus. Urine, high colored and scanty. Reaction, neutral. Albumin, marked trace. Color, reddish brown. Casts, granular. Epithelia, kidney and pelvis. Pus corpuscles, present. Mucus, present. Salts, much oxalate of lime. All symptoms aggravated towards evening.

June 15th. Patient sat up in bed, no gastro-intestinal symptoms, but slight soreness in abdomen. Condition very good, patient very bright. Urinary examination. Reaction, alkaline.

Albumin, very faint trace. Color, light yellow. Cast, absent. Epithelia, very few from kidney and pelvis. Pus corpuscles, few.

June 18th. Cured, condition excellent.

Case II. Female, æt. 19. Took two  $7\frac{1}{2}$  gr. tablets. Vomited one in fifteen minutes. *Hepar sulph.* 2x q.l.h. prescribed by Dr. Goodman. No symptoms developed. Discharged in five days.

Case III. Female, æt. 38. Took two  $7\frac{1}{2}$  gr. tablets. *Hepar sulph.* 2x q.l.h. prescribed by Dr. Goodman on admission. Next day I prescribed *Nitric acid* q.l.h. about the 3x, run up in water, on the characteristic tongue symptom: Deep irregular-shaped ulcers on edge of tongue with burning pain. Her symptoms disappeared rapidly and she was discharged cured in six days.

In the preparation of my potencies of *Nitric acid* I used distilled water until I reached the 9th. For the 9th I used dilute alcohol and for the 10th, 11th, and 12th, 87 per cent. alcohol. After the 12th, 87 per cent. alcohol, I keep the 10th, 11th, 12th, 28th, 29th and 30th. If I wish to use *Nitric acid* low, I prepare it fresh with distilled water, as alcohol is harmful.

Case IV. Male, æt. 36. I took 40 grs. of *Bichloride of Mercury* and recovered. An emetic was promptly given and he expelled the greater part. Patient not on my ward so cannot give treatment. Dr. Goodman told me that he prescribed *Jaborandi* 3d for the excessive salivation with marked success.

One of my great pleasures is to feel that my efforts at our college are not in vain.

It is most gratifying to see the prescribing of one of my own students, Dr. Goodman. It is much harder to teach students to become prescribers than to prescribe ourselves. The efficiency of a service in a homœopathic hospital is greatly enhanced by an interne interested in the great art of homœopathic prescribing. Many years of experience as a visitor has convinced me of the necessity of developing such.

---

In a letter accompanying the paper on Formic Acid appearing in this issue of the RECORDER Dr. John H. Clarke writes:

By the way, did you see my paper on "Gunpowder" in the *Homœopathic World* of January last? That is another bit of

lay therapeutics and a most valuable one—*Gunpowder* for blood-poisoning. As America will be lining up with the rest of the world in military preparation before long, it may come in useful. *Gunpowder* has given place to guncotton as an explosive, but it has come to be useful to cure wounded soldiers of septic wounds when taken internally. I advise 2 grain tablets 2x, one every two hours when there is fever; two or three times a day when there is none. Also: "The value of *Gunpowder* is not by any means confined to the military. It comes in handy for any case of unhealthy wound—ulcers, boils and the like. I hear that in the back-woods of Canada it is valued as a remedy for snake-bite. In this case I think it is administered crude."

As Dr. Clarke's paper referred to is very interesting we quote it entire.

\* \* \* \* \*

## GUNPOWDER FOR GUNNERS AND OTHERS.

### A Remedy for Blood-Poisoning.

By John H. Clarke, M. D.

I am a little surprised that more has not been made of the striking observations on *Gunpowder*, contributed by "Layman" to the *Homœopathic World* a few years ago. I was not long in finding plenty of cases on which to verify their soundness. Some of these I published in the *Journal Belge d'Homœopathie*, February, 1913, but as no one seems to have noticed them, I wish once more to emphasize the value of *Gunpowder* as a remedy for all kinds of blood-poisoning. And as sepsis from septic wounds, ptomaine poisoning, poisoning from meats that have been unsuccessfully tinned, to say nothing of various kinds of preventive inoculations, are likely to be rife among our soldiers, it is well that they should have the benefit of a remedy as potent as it is appropriate.

H. J. S., 30, a non-commissioned officer in an Indian regiment, who had been born in India of English parents, and had never before left it, presented himself to me on April 9th, 1913, in a fairly desperate condition. He was a man of very powerful physique, but the flesh was hanging about him, and he was covered from head to foot with sores, some discharging, some

having rupia-like crusts, copper-colored stains marking the areas where "sores or "boils" had previously been.

His story was as follows: About two years before he had had an outbreak of "boils," and six months later another attack. At intervals of four or five months he had other attacks, ending up with the present one. All attempts to cure him having failed, he was advised that the only thing for him was a voyage to England and a change of air. H. J. S. was greatly valued by his superiors. He was an instructor in athletics, a total abstainer, and an expert gunner. In order that he might not lose his pay whilst absent from India, his officers arranged for him a course of instruction at Woolwich. He had been six weeks in England when he came to me.

So far from the change benefiting him, he had become steadily worse. He had had diarrhoea during the voyage home. His digestion was bad and his sleep broken by the pains of his sores. He had lost two stones in weight in four weeks; altogether he had lost five stones. The neck, trunk, extremities were all affected. The inguinal glands were much swollen and painful.

On trying to get at the origin of the trouble, I ascertained that his previous health had been excellent. In 1874 he had been bitten in the finger by a squirrel and his finger had been bad for a long time afterwards. He had had attacks of fever, but almost always in association with the attacks of "boils." The first attack occurred the end of November, 1911. At the end of the previous October *he had been vaccinated*, for the second time in his life, and it "took well." It did, indeed! To me, the connection was obvious between the present state and the vaccination.

At the same time as my patient, a fellow soldier was also vaccinated, and he also soon afterwards became ill, in a somewhat similar way. But this man was not temperate in his habits and his illness was put down to alcohol by his medical officers. This would not do for my patient who was a life abstainer. The only other hypothesis was—syphilis. The possibility of this he steadily denied, and his word was borne out by the Wassermann tests, which consistently gave negative results, though tried again and again. My diagnosis was unhesitatingly—VACCINOSIS, secondary or tertiary. This was confirmed by the fact



that the sores were *thickest and lasted longest on his right arm on the site of the vaccination scar*. The fact that his right arm was worse was explained by his doctors as being due to over-exertion at cricket, bowling, etc.!

I ordered him *Gunpowder* 3x gr. viii. ter die and *Thuja* 200 (Jenichen's), three doses in the week.

At the end of the week he was a changed man. He had still plenty of sores, but they were healing, and the whole aspect of the man was different. His appetite had improved to such an extent that some indigestion and diarrhœa had resulted from over-indulgence. His skin had improved altogether in appearance. On April 24th his weight was 10 st. 11 lbs. He had then gained much, but I have no record of his last weight. On June 5th he was 11 st. 11½ lbs., and on September 18th, 12 st. 6½ lbs. He had steadily improved all this time. New swellings or "boils" occasionally appeared and some sores with thickening on the hands, just below the wrists, especially the right, had proved particularly obstinate. I now omitted *Gunpowder* and gave instead *Silica* 3x in 8 grain doses in the same way, *Thuja* 200, thrice a week, being continued as before.

A rapid change took place. A new outbreak of boils occurred, diarrhœa set in, with bitter taste and coated tongue and some fever. The diarrhœa was < after drinking milk. The weight had gone down to 11 st. 8 lbs., but *the hands were much better*. *Trombid.* 200 soon cured the diarrhœa, and then I gave *Gunpowder* 3x gr. viii. every four hours alone; leaving off the *Thuja*. On October 16th he was very much better again in every way, his weight having gone up to 12 st. 2½ lbs. Soon after, his time being expired, he left for India, having successfully completed his course of instruction, in very good condition. I gave him a good supply of *Gunpowder* to take home with him, and told him to let me know if he had any relapse. As I have heard nothing since, I conclude he is now busy with his guns somewhere in the wide-spread area of the war.

As no one has taken the trouble to translate my article in *Journal Belge*, I may summarize it here. "Layman's" indication "BLOOD-POISONING," crude as it may seem, is, in my opinion, a keynote of the first order. The Norfolk shepherds who

rub gunpowder on the wounds of sheep made in sheep-shearing, and who take it to cure or prevent ill effects from handling sheep suffering from "foot-rot," were guided by a sure inspiration. Boils, carbuncles, abscesses, blood-poisoning from pyorrhœa alveolaris, come under its curative sphere according to "Layman."

My own first acquaintance with *Gunpowder* as a member of the *Materia Medica*, I owe to Robert J. Cooper—that indefatigable explorer of the bye-ways of medicine—and it will be found recorded in the second volume of the *Dictionary of Materia Medica* under *Kali nitricum*. "Nitre with sulphur and charcoal forms gunpowder. A teaspoonful of this in hot water was a favorite remedy for gonorrhœa among the soldiers in the days when black powder was used. In the lower triturations gunpowder has cured ascarides in adults. In some experiments made by myself with *Gunpowder* 2x, severe herpes facialis involving right eyebrow and right side of nose was developed." In the Supplement to the *Dictionary*, which I hope one day to give to the world, *Gunpowder* will not be confined to a mention under the heading of one of its constituents, but will have an honored place all to itself. I am pleased to note that "Layman" has confirmed my proving by curing shingles with *Gunpowder*.

I sent to the *Homœopathic World* (1911, p. 360), a case of lumbrici cured with an infusion of *Gunpowder*, told me by the patient, which happened some sixty years ago.

Here are the cases I contributed to the *Journal Belge*: (1) A lady, who had a very sensitive skin, was bitten by a gnat on the foot, resulting in swelling, inflammation and suppuration. There was a ring of inflammation round the bite, constantly spreading and detaching the epidermis as it spread. After the failure of several remedies, *Gunpowder* 3x gr. viii. ter die rapidly cured. (2) A gentleman had a bad cut with a knife on the left index finger. The wound refused to heal. An inflammatory ring stripped off the epidermis and spread more and more. *Lachesis* and other remedies failed to make any impression. *Gunpowder* 3x rapidly cured. (3) A lady was very severely poisoned by sewer-gas. There followed swelling of the right arm and axillary glands of the right side. When she consulted me, three months after the accident, the right arm was almost fixed

at the elbow-joint with swelling. It threatened suppuration above and below. The axillary glands were as large as a hen's egg. *Gunpowder* 3x gradually resolved the trouble, and though the cure was interrupted by an attack of measles, the motility of the arm was fully restored.

I commend *Gunpowder* to the notice of our military *confreres*. Messrs. Epps have put up for me the 3x trituration in 2-grain tablets. Any patients of mine who leave for the front I advise to take a supply with them in case of wounds that refuse to heal, or accidents from bad food or bad water.

---

### MODERN SCIENTIFIC THERAPY.

Dr. W. D. Alsever, of Syracuse, N. Y., contributes a paper to the *N. Y. State Journal of Medicine*, that though an able one seems to prove that the noteworthy point about scientific therapy is the absence of science. For instance, he writes concerning the action of antitoxins: "Probably they act by combining with toxins." "Probably" has no place in science which really means "to know." Though this empiricism has been employed in all diseases he writes: "But unfortunately passive immunity has been successfully produced in only a few of the germ diseases." And to this it might be added that even in these diseases the immunity is uncertain. Because a man receives 21 injections of the Pasteur serum and does not contract hydrophobia is no proof that he would have had this disease if the injection had not been given, for tens of thousands have been bitten by dogs, received no injections and have not contracted the disease, a disease, by the way, that many say does not exist save by suggestion.

Again Dr. Alsever writes of the diphtheria antitoxin: "The daily application of the serum to the eyes and nose, where the toxins lodge, will occasionally prevent the disease." Evidently it also fails. Can any be sure—scientific—that it even occasionally prevents?

He ranks cow-pox vaccination as the highest of this science, yet says: "Cow-pox is probably small-pox virus attenuated by passage through the cow." Also it is "probably as little dangerous as any." As the effects of this therapy is "probable" and

also the substance used, it seems to follow that the over-worked word "scientific" belongs in the same category. "Experimental" would be the more accurate term. The following from his concluding remarks looks as if Dr. Alsever were really of the same opinion as that held by many homœopathic physicians:

"Times are changing. People are demanding more and more that doctors be efficient and accurate. They want us to understand what we do and stop when we are ignorant. They are justified in their demands. I am reminded of a letter in a recent issue of a daily paper, protesting against compulsory vaccination. It is said in part—'This vaccination business is getting quite numerous. It is vaccination for tuberculosis, rheumatism, small-pox, diphtheria, scarlet fever, typhoid fever and I know not what all.' Clearly vaccines should be used but not abused."

The allopathic brother ought to dethrone his present ruler, Bacteriology, and get back to sane clinical medicine, in which the physician is not the subject, but the ruler in diagnosis and treatment.

---

## **PYRARARA THE DISCOVERY OF DR. OLIVEIRA.**

Editor of the HOMŒOPATHIC RECORDER.

*Dear Sir:*—On page 146 of the 4th (this year's April) number of your publication, it is stated that *Pyrarara* was introduced into the homœopathic therapeutica by Dr. Frederick Dearborn. This being an error I am writing to-day to my colleague, Dr. F. Dearborn, asking him to have the statement rectified.

The introduction of *Pyrarara* is due to me, since to my studies, communicated to the "Instituto Hahnemanneano do Brazil," is due the fact of one of the members of this Institute having asked me to supply Dr. Dearborn, when here, with some of this substance. I am, dear sir,

Your assiduous reader,  
 DR. DOMINGOS MARQUES DE OLIVEIRA,  
 Rua Haddock Lobo 145  
 Rio de Janeiro, Brazil.

May, 1915.

*Reply.*—The note in the April issue of the RECORDER referred

to was our error, for which can but offer an apology. What we should have written is that Dr. Dearborn brought the remedy to the attention of the medical profession of the United States instead of "the world." Indeed, this is apparent in Dr. Dearborn's paper in the March RECORDER in which the entire information contained is credited to Dr. Oliveira's notes.

Will not Dr. Oliveira show that he has pardoned our error by giving the homœopathic profession, through the pages of this journal, some further details of this very interesting *new* remedy?

It would, we feel assured, be highly appreciated by this journal's large number of readers.

EDITOR OF THE HOMŒOPATHIC RECORDER.

---

## THE DAILY PRESS ON CURRENT MEDICINE.

Editor of the HOMŒOPATHIC RECORDER.

I am making you a copy of an editorial which appeared in the Detroit *Free Press*, Sunday, June 20th, 1915. I thought it might be useful to you, your readers:

### THE PROGRESS OF MEDICAL THEORIES!

Medical theories are like the fashions; they come and go. What was the fashionable diagnosis last year is out of date today. Drugs, once the physician's reliance, gave way to the knife. Not so long ago it was the hallmark of gentility to have had "an operation," which served as evidence of almost superhuman courage and endurance. Then operations centered on appendicitis, and the victims regarded the removed superfluity as a mute witness to his sufferings and the size of his hospital bill. The tonsils became a troublesome organ, which must be got rid of; removal is now regarded as "a surgical insanity." Very wonderful transferences of the physical organs of man and animals were made, and though the patient dies with remarkable unanimity the operations were uniformly "Successful." At the moment to suffer from abnormal blood pressure is quite the proper caper, since it seems to be ordained that humanity must suffer from something.

Pasteur's discovery of an inoculation for rabies let loose upon us a flood of serums and anti-toxins as preventives of cholera, typhoid, tetanus, etc. The physician who desires to be famous isolates a germ and discovers a counteracting serum. It would seem, sometimes at least, that the disease could not be much worse than the cure. Miss Thurston, who took a party of English nurses to Belgium and Russia,



was inoculated for typhoid and later for cholera, and was, incidentally, made very ill in consequence. Dr. Frederick Hammond, of the New Jersey State Hospital, who isolated the germ of spinal meningitis, being attacked by the disease, was treated with a serum he had discovered. The serum saved the patient's life, at least he did not die of the disease, but left him a maniac after the reaction. Most of us would prefer to be comfortably dead than alive and insane.

Even the doctors are not unanimous as to the effects of serums, and "Who shall agree when doctors disagree?" If the diagnosis is wrong—and doctors are not infallible—the wrong serum may play the mischief with the patient. We are told patients died "In spite of the serum; may it not be that occasionally they die in consequence of it." The possibility that serums may share the fate of the specifics that have preceded them may well make the laity suspicious of what seems likely to become a universal remedy. Science must, of course, be "Progressive," but one can hardly help being somewhat wary of what appears to progress over its own dead stepping stones.

It seems to me that these remarks hit the "Nail on the head" and, in a general way, indicate the future of the serums, the Scrap Heap. Maybe you can't use it, but I thought it would be interesting reading to you, personally, in any case.

I have been working hard since college closed and have been unable to write up any of my father's cases. But I will send them to you later, perhaps in the fall, if I do not get time before. When they do come they will be worth while.

Yours very truly,

W. Welton Read.

Ann Arbor, Mich., June 21.

---

### "THE MINISTER'S POCKET-BOOK."

Editor of the HOMOEOPATHIC RECORDER.

In your February number, page 66, you say: "If anyone knows anything about *Thlaspi bursa pastoris* it will be welcomed by the readers of this journal."

About 20 years ago I read of its success in the treatment of *persistent hæmorrhages*, and having a case in which *Nitric acid*, *Phos.*, and other seemingly indicated remedies had come short I got a supply and the case improved rapidly, then remained well. I have often used it since in *persistent* bleeding from uterus, bladder, bowels, nose or lungs, and don't remember any

failures, and long ago gave it a place among my "wrinkles." I used the *tincture*, in doses of one to five drops in water and frequently repeated until better, then as needed.

It is in many drug-stores as "SHEPHERD'S PURSE" with synonyms: "*Thlaspi bursa pastoris*," and "*Capsella bursa pastoris*," with the dose: "From 30 to 60 minims," but I never gave it in such doses.

F. H. HURON, M. D.

Danville, Ind., June 8, '15.

---

### READING THE EYE, PULSE AND TONGUE FOR THE INDICATED REMEDY.

By Eli G. Jones, M. D., Buffalo, N. Y.

In my article on "Cancer," in July number, I should have said that Acetic acid is the *only* remedy that I know of that will *dissolve* the cancer cells in the stomach. Lloyd's Fluid Hydrastis (without alcohol) will sometimes be more kindly received by the stomach, in cancer of that organ, than Tr. Hydrastis, and we can give twenty drops of it, once in four hours. I began this series of articles on "Reading the Pulse," etc., in January, 1915. I have tried to make them *practical* and *helpful* to the busy doctor. If anything that I have written has been of any *help* to my readers I want to *know* it. Let me *hear* from you by letter or postal card. I now and then get letters from physicians asking for advice about cases of emphysema. In reading the pulse, if we find it full, weak and oppressed, it indicates Lobelia. I like acetic Tr. Lobelia, 5 drops once in three hours. If the pulse is *small*, *soft* and *irregular*, face *cyanotic*, we think of Quebracho—one ounce of the fluid extract in eight ounces of simple syrup, one teaspoonful once in three hours.

A physician who makes a specialty of the treatment of consumption brought a lady patient to me for advice. In reading her pulse, it was *rapid intermittent*, the pulse of Natrum mur. She seemed to eat well, but was losing weight (Natrum mur.). She had a cancerous tumor in both breasts. When I examined the lumps they had a knotty, a nodulated feeling. That indicated Calc. fluorica 6x, three tablets once in three hours. Natrum

mur. 6th, three tablets before each meal. Apply to breast Calc. chloride,  $\bar{5}$ ii; Vaseline,  $\bar{5}$ iv. Mim. Sig. Rub well into the breast night and morning. This treatment built up the general health of the patient and absorbed the lumps in her breast. A few years after I graduated at a regular medical college my Professor of "Theory and Practice" had a case of pneumonia under his treatment. The patient seemed to be getting worse under his remedies, and, apparently, drifting into consumption. The mother of the young lady patient decided to change physicians and I was called to see the case. In reading her pulse, it was *irregular, weak and small*, the pulse of Quinine, also China. She had night sweats. There was a hectic flush on her cheeks, a constant *loose* cough, *bad* smelling sputa, the odor from her *breath* was something *fierce*. This indicated Sanguinaria ix, three tablets once in two hours. For the night sweats I gave her Picrotoxine 3x, two grains at 5, 7 and 9 o'clock P. M., also 2 grains Quinine, once in three hours. My patient got well. The case caused a good deal of talk and added to my reputation. A middle-aged man came into my office; he was one of those old "chronics" that have been the "rounds," and made a drug store of their stomach. I noticed the way he *stood*, leaning forward with his hand on small of his back. I said to myself, "kidney complaint," then I looked at his face. It was *pale*, sunken, *dark* rings round his *eyes*. That indicated Berberis vulgaris. He complained of stiffness and lameness in the *small* of his back. The *kind* of "backache" that calls for Tr. Berberis vulgaris, 20 drops in half a glass of water. Teaspoonful once in two hours. It cured him because it was the remedy *indicated* in his case.

I like to *help* the *old* folks when I can, for they are the veterans in the battle of life. Their "God bless you, doctor," sounds like a "benediction" to me. An old lady had a *dry irritation* in her *throat*, with restlessness and insomnia: for two years she has had that feeling in her *throat*, and the doctors did not help her any. Nitrate sanguinaria was *the* remedy. She *needed* one grain in four ounces of water. Teaspoonful once in three hours. This remedy *cured* her.

An old lady had a *harassing* cough, night sweats, hectic fever, *pain* in *shoulders*, extending to occiput. Sticta pulmonaria. This was *the* remedy indicated. Tr. Sticta,  $\bar{5}$ i, in four ounces of

water. Teaspoonful once in two hours. In twenty-four hours she was better and in two weeks out doors riding round the country. A regular physician came to study medicine with me; he graduated in England, had been in practice thirty years. He said he "had lost all *faith* in medicine." I replied, "I am sorry to hear you say that." Then I told him that I would tell him something about a few remedies, not what I had *heard* about them or read about them, but what I knew by actual *clinical* experience. I took up one remedy at a time, told him the *true* indication for it, *how* to give it and what I could *do* with it. I talked to him in this way for two hours. Then he said, "You have told me *more* about the *action* of drugs than I ever knew in all my life!" This physician, after I got through with him, went home with a *fixed* belief in the *remedial* power of drugs to heal the sick. "No man liveth to himself," we are in the world to *help* each other. For twenty-five years I have been teaching physicians. During that time I have had fifty doctors under my *personal* instruction: some of them had been in practice fifteen, twenty, or thirty years. They came from the Regular, Eclectic and Homœopathic schools of medicine. They were willing to be taught and ambitious to *do* things in their profession. Then I have taught 200 other doctors by correspondence, leading them along, step by step, helping them over the rough places until they *knew* their business. I took as much *interest* in them as if they were my *own sons*; I call them "my boys." I am *proud* of them, for they have made *good*, and have *all* the practice they can attend to. They are *wise* to the fact that a doctor's *reputation depends* upon his CURES!

I have never *tried* to *convert* a physician to *any* school of medicine, all I *have* tried to do is to *help* him to be a *better* physician, to *fit* him to do *more* for the sick than he *was* doing. This is *God's* work, for it means the *lessening* of mortality, the *saving* of human life. It is a *sad* fact that very many of our young men are being turned out from the medical colleges *unfitted* to *cure* the diseases common to our country. To fit myself for the work of teaching physicians I took up *one* school of medicine. I studied their materia medica and practice. I also practiced *that* system of medicine *exclusively* for several years. In this way I practiced the Regular medicine, the Eclectic, Homœo-

pathic, Biochemical and Physio Medical system of therapeutics. It is the *only* way to know materia medica and the *true* indications of remedies. It has taken me forty-five years to accomplish *all* this, but it has been *time well spent*. Now as the evening shadows of old age gather round me I can say, "I know my *power*, because I have learned from *many* teachers."

A physician wrote me about a case he had. The lady patient had the fingers of her right hand drawn up in the palm of her hand. The fingers were stiff, joints enlarged (ureate soda), a gouty condition. This lady had consulted some of the *best* doctors in the U. S. and Europe. I prescribed Ammonii phosphate 3x, three tablets once in three hours; locally apply "Compound Liniment Stillingia"—see American Dispensatory (Eclectic), rub it well into the joints three times a day. This is a powerful *relaxing* liniment. The treatment was the kind *needed*, she was soon able to hold a pen in her hand and write letters with it, something she had not been *able to do for fifteen years*. The two following cases are an "*object lesson*" in themselves; they show the difference in the *results* of definite medication and "shot gun" practice with little children. A student of mine in Florida, Dr. A. J. Johnson, Muscogee, Florida, had a patient, child twenty months old, with pneumonia, complicated with enteritis. Fever 104-105, *limber as a rag*, sleeps constantly, *cold* extremities, hacking cough, sick ten days, *cured*. A child, twenty months old, hale and hearty, the idol of its parents, teething, had some fever, treated by regular physician, he prescribed Calomel; *result*, intense salivation; in ten days *death*. Parents *heart* broken, and the doctor will go on with his *mal* treatment, for he must treat patients as he has been *taught* to treat them.

"When the roll shall be called and the millions respond,

And the book with the Lord's Seal is set,

And we stand to be judged for the works we have done

There are *some* things *we'd gladly forget*."

879 West Ferry St.



**CLINICAL TALKS.**

By James C. Wood, M. D., F. A. C. S.

**MYOFIBROMO OF THE UTERUS.**

This patient is 56 years of age, has been married for 20 years, has never been pregnant. Menstruation established at 15. Perfectly well as a girl, and although she has done the work of a farmer's housewife and is, to all appearances, not robust, yet she says that she has been perfectly well until last October, when she had an attack of dysentery. This was most obstinate and was followed by a severe attack of inflammatory rheumatism, which kept her in bed for some weeks and which left the right knee stiff. Menses ceased at 51, when she passed through her climacteric without serious inconvenience. Latterly she has been inclined to constipation, although constipation has never been an obstinate symptom. For the last year she has noticed some pressure symptoms within the pelvis, especially on riding over rough roads. Physical examination shows heart and lung sounds normal, blood pressure 100-120; hemaglobin 80. Slight bulging in lower abdomen due to a soft fibroid as large as a child's head.

I do not anticipate any trouble in operating this case for the conditions are most favorable for safe and easy work. I shall make a reasonably long incision extending from the pubes to the umbilicus, making this incision as quickly and speedily as possible, controlling all hemorrhage before the peritoneum is opened. I shall now open the peritoneum, and as I do you see projecting into the wound a tumor of some kind which, if the patient were not past the childbearing age, would make me suspicious of pregnancy. It is, as you see, almost symmetrical in appearance. It does not have the white, bloodless, shiny look of a tumor where the fibrous tissue preponderates. It is soft and flabby, and indeed looks like a five months' pregnant uterus, but the age of the patient makes pregnancy most improbable, and I shall therefore proceed to remove the growth by making a supravaginal amputation. I shall first secure the ovarian vessels of the left side with two forceps, making an incision between the forceps thus placed, through the broad ligament down to its base, then catching in the forceps the corresponding uterine artery, which

is, as you see, much exaggerated in size, severing this artery, then incising the peritoneum immediately above the bladder, and stripping the bladder downward with a gauze protected finger, then carrying my incision through the cervix at, or about, the internal os to the base of the right broad ligament, then catching the uterine artery of the right side between two forceps, and finally the ovarian artery of the right side in one pair of forceps (a proximal forcep is not here necessary because I now have the entire blood supply of the uterus blocked) and finally incising the right broad ligament, thus delivering the growth. This step of the operation has required less than four minutes. I shall next secure the blood vessels, in the order in which they were severed, with Pagenstecher. After this is done I am careful, as you see, by means of a continuous No. 2 chromic catgut ligature, to cover all raw areas with peritoneum. In doing this I draw the stumps of the broad and round ligaments into the cervical wound in such a way as to suspend the cervix, thereby preventing shortening of the vagina, while preserving the support of the pelvic roof. The appendix is elongated and thickened and I shall therefore remove it. I shall close the abdomen first with a No. 1 chromic gut ligature applied to the peritoneum, then with three substantial silk worm gut sutures passed through all of the tissues except the peritoneum, then a No. 2 chromic gut for the fascia and finally, after the tensions are tied, close the skin with Michel clamps. This technique has enabled me to close the wound speedily, quickly and thoroughly

Remarks.—I shall now open the tumor for your inspection and as you see it is a very soft myoma growing toward the uterine cavity, and is therefore technically called a submucous myofibroma. The term fibroid is something of a misnomer, for in all instances these growths are composed of both muscular and fibrous tissues, sometimes one tissue predominating and sometimes the other. In this particular instance the muscular tissue is largely in excess of the fibrous—hence the soft vascular character of the growth. All so-called fibroid tumors are at their beginning interstitial. They are made up largely of muscular fibres of the unstriped variety and are simply outgrowths from pre-existing muscle tissue in the uterine wall. Kleinwachter teaches that they originate from round cells in blood vessels

which later become obliterated. Rosger believes that they spring from the muscle fibres of the blood vessels; while Gottschalk and Vedeleo believe that they are of parasitic origin. In number they vary often from one to 150 or more—rarely are they single. They grow into the most irregular forms and shapes, usually either toward the peritoneal cavity, becoming sub-peritoneal, toward the uterine cavity, becoming submucous, or into the folds of the broad ligament, becoming intra-ligamentary. They may, however, remain indefinitely in the walls of the uterus (interstitial) assuming large dimensions. If the growth approaches either the serous covering of the uterus or its mucous lining, the surrounding parenchyma will be excited by its presence and the resulting contractions will force it still further toward the abdominal or the uterine cavity, as the case may be. When a submucous fibroid becomes completely pedunculated it constitutes a fibrous polypus. On section, the tumor before you is of a pale flesh color. You see that the growth is enclosed in a layer of loose fibrous tissue which is surrounded by a muscular layer. This is the so-called capsule. But few blood vessels penetrate their substance, although the capsule and the contiguous structures often show large venous sinuses which supply nutrition to the growth by transudation. Occasionally they possess a cavernous structure of dilated blood vessels. Were we to make a microscopic section of this growth, which, of course, will be done, we should find it to consist of non-stripped muscular fibres embedded in a fibrous stroma. Lorey has traced nerve fibres into the substance of fibroid tumors, although the substance itself is not sensitive. Sub-mucous tumors are sensitive while the capsule is yet intact because of the nerve supply of the mucous membrane.

Sub-peritoneal tumors may also be either pedunculated or sessile, the size of the pedicle varying greatly in different cases; as they grow upward toward the peritoneal cavity they drag the uterus with them and often greatly distort this organ. Should a tumor remain within the pelvic cavity it may become incarcerated. Occasionally the pedicle becomes twisted, as in ovarian tumors, with a resulting edema and gangrene. Cases are on record where the pedicle has become completely separated, the growth attaching itself to the surrounding structures, thereby obtaining nourishment. Interstitial tumors are usually multiple

and many times cause an enormous increase in the dimensions of the uterine walls. In submucous tumors growing toward the uterine cavity, as has been shown, there are excited uterine contractions which tend to create pedunculation with resulting polypi. As time goes on they are not infrequently expelled from the uterus into the vagina, or indeed from the vagina into the world. I have in at least two instances found growths of this variety in the vagina as large as a fetal head, which could be removed only by applying to them obstetrical forceps.

Another variety occasionally met with is adenofibromyoma which is intramural, noncapsular and infiltrating and contains glands that have their origin in the endometrium (Schroeder) or in Gardner's ducts (Carl Ruge), or in the Wolffian body (Recklinghausen).

If a fibroid tumor is of some proportions, even though it does not give rise to serious inconvenience because of its size or because of hemorrhage, certain degenerative changes are liable at any time to occur. The first of these is *suppuration*, which occurs much oftener in the submucous than in the other two varieties. Anything that will interfere with the circulation of the growth may result in the formation of pus—the contractions of the uterus down upon the submucous fibroid is probably the most frequent cause—or it may result from operative interference.

*Fatty* or *myxomatous degeneration* may give rise to softening. In myxomatous degeneration spaces are formed between the layers of the tumor which become distended with mucus. According to the teaching of Gussow fibrocystic tumors of the uterus have their beginning in this way, though the more recent teaching is that cysts in fibroid tumor are of lymphatic origin.

*Induration* is not uncommon after the menopause, either naturally or artificially induced. There is atrophy and shrinking of the muscular tissue with subsequent contraction of the fibrous.

*Calcification* is the result of a species of calcareous infiltration and the deposition of lime salts, so that the growth is permeated with phosphate and carbonate of lime. I have several times met with this form of degeneration and have placed in the museum of the University of Michigan a uterus and tumor as large as a fetal head, which had completely undergone this change, so that

the sawed surface had the appearance of a calcareous mass. In another case the uterus was studded with eight or ten fibroids varying in size from a walnut to a large orange, which were completely calcified. Hippocrates described a tumor of this kind that weighed 20 pounds. The process is similar to the transformation of pulmonary tubercles which undergo cretaceous degeneration; or to the formation of a lithopedion. Suppuration may be associated with calcification. Sometimes these calcified growths are expelled *en masse* per vagina, constituting the so-called womb stones of the older authors.

*Malignant degeneration* is much more common than is generally supposed. I have noted sarcomatous degeneration in 15 out of 489 of my own cases. One of these cases is nicely shown in Plate I of my text-book (2d edition). In 27 cases of this series I found true carcinomatous degeneration. In a series of 2,274 cases collected from various sources by Noble there was found cancer of the uterine body in 1.8 per cent. and cancer of the cervix in 0.7 per cent. Martin, of Berlin, has placed on record six cases of fibroma uteri in which sarcomatous changes were met with following the long use of ergotin. The drug had apparently reduced the volume of the growth and controlled the hemorrhage. In several of the cases recorded by Martin the carcinomatous disease had invaded the cavity of the uterus without extending to the tumor, which led him to believe that myomas are ever destroyed by carcinoma, though the two diseases may exist together.

I have also met with cases of myofibromata of the cervix which projected into the vagina and so distended the canal as to resemble an inverted uterus. It was only by resorting to the uterine sound and by careful bimanual examination that the actual condition was detected.

The *causation* of uterine myofibromata is yet unsettled. Environment seems to have some effect. Schroeder, in his polyclinic, found that among the poorer classes the proportion of carcinomas to myomas were as 100 to 61. In his private practice, which was largely among the wealthier classes, it was as 100 to 32. This suggests the probability that the life of modern society women with the over-feeding, sedentary habits and the unnatural sexual stimulation incident to such a life all tend



to keep their pelvic organs blood-logged and to produce an exaggerated local nutrition. This disparity is, however, not so marked in the more recent statistics furnished by American writers. Myofibromata occur oftener during the age of sexual activity—that is between 25 and 40. Gusserow records one case occurring in a child of five. When first detected after the menopause it is more than probable that they had existed for some years previously to the cessation of the flow. Emmett taught that celibacy predisposes to their formation. On the other hand, of 959 cases recorded by Gusserow, 672 were married women. The effect of childbearing on the production of the growths is uncertain, their detection during pregnancy being not infrequently preceded by a long period of sterility. It is more than probable that their existence was the cause of the sterility. They are, too, not infrequently preceded by a history of dysmenorrhea and it was therefore formerly supposed that the congestion incident to the dysmenorrhea was responsible for the fibroid. It is quite as probable that the early formation of the fibroid was responsible for the dysmenorrhea. While in nearly all instances the hereditary influence is undoubtedly overestimated, I have so frequently met with fibroid in two or more members of the same family that I am led to believe that heredity plays a more important role than is generally believed. I have operated three sisters for myofibromata. The frequent association of the growth with tubal and ovarian diseases has been noted.

The prominent *symptoms* are hemorrhage, pain and pressure symptoms, leucorrhœa, dysmenorrhea, sterility and abortion.

The *hemorrhage* does not proceed from the tumor, but from the endometrium of the uterus, which undergoes marked hyperplastic changes. It is possible that the interstitial metritis present is also a predisposing factor to hemorrhage. These patients bleed excessively at times and not infrequently are very much exsanguinated, the hemoglobin being as low as 30 per cent. In one case recorded by Noble it was 10 per cent.

The *pain* and *pressure symptoms* result from the direct pressure of the growth upon the surrounding viscera as well as from the tension attending the growth of the tumor enclosed as it may be in a firm capsule. The patient complains of a sensation of increasing weight and bearing down. Not infrequently

the pain extended down the thighs, involving either the anterior or the posterior surfaces of the limbs. The pressure upon the veins passing to the lower extremities may produce varicosis, followed by embolism of the lungs and heart. Pressure upon the ureters may produce hydronephrosis. Dysuria from pressure upon the bladder is not uncommon. All of the pressure symptoms are exaggerated during menstruation. The pressure symptoms are often much more marked when the tumor is confined to the pelvis. In one of my cases the tumor, somewhat larger than a fetal head, became suddenly incarcerated in the true pelvis after the patient had jumped from a chair. The resulting strangulation was so great that she was brought to me on a cot, and in operating from above it was with extreme difficulty that I was able to deliver the growth through the pelvic brim by means of a large sized cork screw.

The *leucorrhœa* is due to exactly the same cause as the hemorrhage, namely, inflammation and thickening of the endometrium.

The *dysmenorrhœa* results both from the mechanical pressure resulting from the tumor and from increased congestion arising from its presence. It is therefore more common in the submucous variety.

*Sterility* is present in about 30 per cent. of all cases of myoma occurring in married women. Should conception take place, the presence of the tumor not infrequently causes abortion; or there is a rapid increase in the growth of the tumor. I have recorded, at various times, some cases of my own, where the rapid growth of the tumor necessitated operative interference. No interference is demanded in 60 per cent. of the cases occurring during pregnancy.

Uterine fibromas, if uncomplicated, rarely cause death, although as we have seen serious degenerative changes are so common that with the modern technique it is safer in all instances where the growths are of any considerable size to remove them. Death, when it results, may be due to hemorrhage, to uremia from compression of the ureters, to septicemia from suppuration and disintegration of the tumor, to acute peritonitis, or to malignant degeneration. According to the statistics furnished by Winckel, death ensues after a longer or shorter duration of the disease in at least 10 per cent. of all cases. Noble

asserts that there is a prospective mortality of 30 per cent. in non-operated cases, which I believe is too high. A complication not infrequently met with is so-called brown atrophy of the heart.

#### TREATMENT.

In the way of palliation an effort should be made to control the hemorrhage and such uterine displacements as exist, and to relieve the pressure symptoms by instructing the patient to get into the knee chest posture several times during the day or by holding the uterus up with a properly fitted pessary. Where the patient declines to have surgical work done and the hemorrhage is marked, she should be placed in a recumbent posture and thoroughly tamponed. During the intermenstrual period she should abstain from any cause tending to produce pelvic congestion. Sexual excitement is for this reason pernicious, although normal sexual indulgence is probably beneficial where the desire is present. Constipation will likewise give rise to congestion of all the pelvic organs. Attention should also be paid to the functions of the liver and skin. As a more radical palliative procedure the thorough application of the curette, followed by iodine and uterine packing, will usually control the hemorrhage for a long time. Other palliative measures are salpingo-oophorectomy and ligation of the uterine arteries from below. These measures had their advantage when the mortality attending hysterectomy was more than 10 per cent. Now that this has been reduced, in the hands of experienced operators, to less than two per cent. there is no longer any excuse for resorting to either of the two first named procedures. In all instances in women who have not passed through the menopause, where one or both ovaries are healthy, they should be left behind, for the purpose of preventing the vasomotor disturbances incident to the forced change. It is surprising how entirely free from these disturbances the patient is when this can be done. The ovaries undoubtedly atrophy as time goes on, but the ovarian secretion is so gradually cut off that the vasomotor changes are barely perceptible. The sexual instinct is, too, better preserved by conserving the ovaries.

In all instances where the patient is so exsanguinated that her

hemaglobin is below 40 and her red blood count below 21,500,000, every effort should be made to place her in better physical condition before radical work is done. This is accomplished by placing her in bed, by doing a preliminary curettage, if necessary, by giving her tonics and the properly selected remedy, by nourishing food, tampons, etc. After the hemaglobin reaches 60 and the red blood cells 4,000,000, the operation can be done with comparative safety, providing other counterindications do not prevail.

Another palliative measure of very great value, according to the cases rapidly finding their way into the literature, is the use of the x-rays. It is said that because of the atrophy of the ovaries induced by the application of this agent hemorrhage is many times controlled and the growth of the tumor arrested. It is especially to be thought of where there is marked anemia with an incompetent heart, making a hysterectomy or a myomectomy unusually hazardous.

Myomectomy, either vaginal or abdominal, should be resorted to when there is a chance of saving the uterus, especially if the patient is anxious to bear children. As a matter of fact, not a very large per cent. of women who have had a myomectomy done conceive, but it should be the patient's privilege to take the chance if she so desires. There is a slightly greater risk in a myomectomy, particularly through the abdomen, than in a supra-vaginal hysterectomy. In all instances, in submucous tumors, when they can be gotten at from below, the operation should be done through the vagina.

I do not believe it is necessary where the tumor is small and accidentally discovered to do either a myomectomy or a hysterectomy, unless indeed the abdomen is opened for some other purpose. I am inclined to believe that the teaching of most gynecologists in this respect is too radical. Indeed, I think it unwise to inform a patient of the presence of a small tumor, say, the size of a walnut, if she is suffering no inconvenience from the same. She should, of course, be kept under observation, and for the physician's own protection he should inform her husband or friends of the fact. Mental worry, as a factor in the production of disease, has hardly received the attention by the regular profession that it should, and it is certainly unnecessary to subject a nervous woman to the worry incident to the knowl-

edge of her having a fibroid when it is apparently harmless as a symptom producing factor.

I am not at all sure that internal medication is capable of arresting the growth of a small fibroid. What I do know is that a properly selected remedy will go a long way toward relieving the symptoms attending the formation of uterine myofibromata. For this reason I am incorporating the remedies which I have found most useful, together with their indications.

#### THERAPEUTICS.

*Calcarea iodata*.—Menses too early, too long and too profuse; acidity of the stomach; milky leucorrhœa with itching and burning.

Iodide of Lime has for more than 2 years held the reputation of being useful in controlling the hemorrhage incident to uterine fibroids and a number of cases have been reported where the tumors have disappeared under its administration. In a paper published in the *Medical Era* of February, 1892, Dr. Alfred Beebe, of Chicago, said that he never failed to overcome the hemorrhage by this remedy and often accomplished a notable reduction in the size of the tumor. He gave ʒ2 for a dose. Southwick calls attention to the fact that the most celebrated mineral waters for the cure of fibroids contain a large amount of lime salts. In a case recorded by Dr. Sears (*Journal British Homœopathic Society*, Volume 2, page 94), a patient extremely anemic from the loss of blood was placed on her feet by giving teaspoonful doses of a solution of the strength of ten grains of the Iodide of Lime dissolved in a pint of water after every meal. Dr. Neatby (*London Homœopathic Hospital Reports*, 1894-1895) relates the history of 34 cases which had come under his notice up to that time and summed up the therapeutics by saying that "his sheet anchor for reducing both hemorrhage and the size of the tumor had become the Iodide of Lime." He used the American preparation, which contains ten and five-tenths per cent. of free Iodine, about one-fifth of a grain for a dose, four times a day. I am in the habit of using the remedy in the third decimal trituration.

*Secale cornutum*.—Menses too profuse and last too long, with tearing and cutting colic; cold extremities; cold sweat; great



weakness and small pulse. Passive hemorrhage of fetid or dark blood; leucorrhœa, brownish and offensive.

*Ferrum*.—Anemia from loss of blood; sticking, shooting pains in the uterus; menses too late, too long lasting and profuse; the flow is watery and is preceded by labor-like pains; hysterical symptoms after menses; alternate redness and paleness of face.

*China*.—Uterine hemorrhages of dark clotted blood with fainting and muscular twitchings; prostration from loss of blood.

*Trillium*.—Gushing of bright red blood from the uterus on the least movement; weak sight; anxious look; patient is pale and faints easily; flow returns every two weeks.

Thyroidin has proved beneficial in a certain per cent. of cases.

For additional remedies the reader is referred to therapeutics of Uterine Hemorrhage.

#### CONCLUSIONS.

1. Very small fibroids giving rise to no serious inconvenience, and discovered by accident, require no treatment. In the majority of instances it is best not to disturb the patient's mind by letting her know of the presence of a small tumor. A possible exception to this is when the growth is located in the cervix. During the child bearing period a tumor thus located should be removed.

2. On the other hand, in tumors of any size giving rise to either pressure symptoms or menorrhagia there is an element of danger in procrastination because of degeneration, which is greater than the removal of the growth by an experienced surgeon. It is therefore a great mistake to neglect these cases if the symptoms are not relieved by palliative measures until such an extreme degree of anemia develops as to add greatly to the danger of operative work.

3. The patient should, in fibroid tumors first discovered during pregnancy, be frequently and carefully examined by the attending physician. In reasonably small tumors the patient can usually go to her term of gestation without serious inconvenience. There is, however, an especial danger attending the complication of pregnancy by uterine myofibromas. If the growth increases rapidly in size, it should be removed if the risk is not too great by a myomectomy; or by a supravaginal amputation of the uterus if necessary.

Cleveland, Ohio.

## THE SPECIALISTS' DEPARTMENT.

---

EDITED BY CLIFFORD MITCHELL, M. D.

25 East Washington St., Chicago, Ill.

### OUR CONTRIBUTORS.

In this issue Dr. F. C. Askenstedt, of Louisville, contributes several practical notes on diagnosis and therapeutics and Dr. C. T. Hood, of Chicago, on endocarditis.

### THERAPEUTIC HINTS.

**Acute Endocarditis.**—Dr. C. T. Hood directs our attention to early recognition and treatment of this condition, as follows:

In the course of an acute illness—such as rheumatism, chorea, pneumonia, typhoid fever, etc.—if the pulse should begin to be out of proportion to the temperature, soft and of low tension, some slight cough be present with slight dyspnoea, on lying down, the indications are of **acute endocarditis** to a greater or less extent. A murmur may or may not be heard. The treatment is first, for the acute condition present; second, general nutritional treatment; third, absolute rest in bed until the pulse is normal, no dyspnoea is present and the pulmonic second sound has assumed its normal tone, or until compensation has taken place, if a mitral lesion has occurred. But while all cases of mitral lesion—the result of endocarditis—have such a beginning but few are recognized and by far the greater number of the cases have become chronic when the doctor sees them.

**Clinical Notes.**—Dr. F. C. Askenstedt, of Louisville, makes the following practical suggestions:

Accidental, or functional, heart murmurs are more frequent in children after eight years of age and in young adults than are organic murmurs.

A permanent pulse rate of about 30 is always suspicious of complete heart block.

Cardiac dyspnoea is the most significant symptom of myocarditis.

Cheyne-Stokes breathing is not necessarily a terminal symptom, but may disappear with improvement of other symptoms. Nor is it *always* attended by high blood pressure.

Excessive indicanuria shows a tendency to be associated with low blood pressure.

Many commercial preparations of lactic acid bacilli are inert, both for purposes of cultivation and for combatting intestinal putrefaction clinically.

Sugar has been found in a urine of as low sp. gr. as 1006½ (temperature corrected). The patient, suffering from chronic glycosuria, had, shortly before the examination, been indulging in beer drinking, causing a profuse flow of urine.

In diabetes mellitus the therapeutic effect of auto-condensation is in many cases most remarkable.

In bronchial asthma 15 drops of adrenalin sol. (1 to 1000), when administered hypodermically, generally affords prompt relief.

## RENAL THERAPEUTICS AND CLINICAL URINOLOGY.

CLIFFORD MITCHELL, M. D., CHICAGO.

**The Hema-Urochrome Test for Cancer.**—We have already printed the details of the technique of this test for cancer in another issue of the RECORDER. In a recent case of suspicious tumor of the breast this test applied to the urine was entirely negative. The tumor was removed and pronounced non-malignant by a competent pathologist.

**Recognition of Diabetes Mellitus.**—In two or three cases seen recently the efficacy of the method of early recognition of diabetes constantly advocated by the writer—namely, testing the urine voided about two hours after the noonday meal—has been proven. In these cases no sugar could be found at any other time of day, but as much as one and one-half per cent. was found two hours after lunch.

**Albuminuria and Acidity.**—Our statement that albuminuria may, in some cases, be combatted by reducing the acidity of the urine has been borne out recently in a case in which an acidity of 82 degrees we found a plain trace of albumin and one or two casts, but when the acidity was reduced by diluent drinks we

were unable to find the least trace of albumin or any casts. Such condition should, it seems to us, be considered with reference to life insurance, and if the albumin disappear when the irritation from acidity is removed the applicant if otherwise a good risk should not be turned down.

**Recovery From Nephritis.**—The question of recovery from an attack of nephritis is always an interesting one considered with reference to the age of the patient. We have recently treated a boy of 16 with a history as follows: Early in March he was edematous with scanty urine, containing albumin, blood and casts. About two weeks later had recovered sufficiently so that the edema had subsided and he was passing about 900 c.c. of urine in 4 hours. At this time albumin was about 1.5 grammes per liter—between 1 and 2 on the Esbach tube and there was still hemoglobin with casts (yellow granular, reddish granular) together with many shreds of hemorrhagic connective tissue.

This boy was kept quiet and dieted carefully with the result that on July 7th the urine was entirely normal, not even a trace of albumin nor a red blood cell being present in the specimen examined. During the time (March to July inclusive) he was not allowed any meat and table salt was cut down to a minimum, that is following the writer's rule that not more than five grammes of salt per diem should be found to be excreted in the urine.

**Another Case of Nephritis.**—Showing the influence of age upon recovery from nephritis in another case of a man 27 years of age (who was affected similarly and at about the same time as the boy with what appeared to be acute hemorrhagic nephritis) in this case a plain trace of albumin and a few casts and red cells can still be found in the urine. But in this case it must be said that the acute period was much more severe than in the case of the boy, the patient having had convulsions from which, however, he recovered without much difficulty, when diuretics were given him.

**Latent Diabetes Mellitus.**—The writer has found that in some cases the sugar disappears from the urine, but the patient has diabetes just the same. The question is important from the life insurance viewpoint as the following will show: Patient a middle-aged man sent in the 24 hours' urine, which measured 3700

c.c., but had a specific gravity of only 1016. We were unable to find any reduction with Benedict's test for sugar, but in view of the fact that there were 34 grammes of urea, 4 grammes of phosphoric anhydride, 1.27 gramme of ammonia, and 0.7 gramme of uric acid in the 24 hours, we became suspicious and demanded the fresh urine voided two hours after the noonday meal. In this urine we found by all tests sugar abundantly present and fermentation showed one and a quarter per cent. The patient admitted having drunk a glass of milk at luncheon.

---

**A Great Advance.**—It is with surprise and pleasure, no doubt, that many will hail the admission of the *Jour. A. M. A.* that the mental attitude of the patient has much to do with his disease. Among other things mental states may cause, so the *Journal* says, splanchnic changes, increased absorption, distention of intestines, paralysis, alteration of blood pressure, decomposition of food and the production of bacterial toxines, loss of vascular tone and many other things. Our estimable allopathic friends are just opening their eyes to the fact that man isn't all cells, and microbes. Perhaps if they open their eyes a little wider they may see that the primary of all disease lies in the spirit or mentality, and not in entomology. That it may be, just as a false cry of "fire" in a crowded building will cause a mad influx of insanity, so it is at least within the realm of reasonable speculation that some unknown mental state, more or less widely diffused, may cause the sudden sweep of epidemics, that seem to arise without the presence of their bacilli and go where the bacilli are least plentiful. The most frightful war ever known arose from a mental state, let the blame rest where it will. The mental (a comprehensive word) is the man himself, and no scientist ever struck a greater keynote in medicine than did Hahnemann when he pointed out that the primary in curative medicine is to look to the mental states of the patient. Again, back of the mental states lies the fires of life, the loves that work through the mentality. There is a big opening here, much bigger and far more important than bacteriology that chameleon of science and probably so because back of it lies the man himself that the bacteriologist takes no notice of—only of the ashes of his fire.



# Homœopathic Recorder

PUBLISHED MONTHLY AT LANCASTER, PA.

By BOERICKE & TAFEL

Subscription \$1.00, To Foreign Countries \$1.24, Per Annum

*Address communications, books for review, exchanges, etc.,  
for the editor, to*

E. P. ANSHUTZ, M. D., 1011 Arch Street, Philadelphia, Pa.

---

## EDITORIAL NOTES AND COMMENTS

**Good Advice, But**—The following is taken from one of the numerous addresses delivered this year to a class of graduating medical men: "Avoid becoming too great in your own estimation." That is good advice, but few, if any, will take it, for the sons of Adam, almost all of them, think they are, individually, underrated. Graduating exercises are necessary and the advice given is generally good even if a little platitudinous at times, but it seems to some that the final should be something like this: You are now graduated from school and are about to enter the great University of Hardknocks as freshmen, so don't be too fresh.

**Fetid Perspiration**.—"Fetid perspiration is incurable if treatment does not begin with regulation of the bowels, where the fetid principles are generated."—*Med. Summary*. Does a purge "regulate the bowels," brother? About three-fourths of the people in this country are "regulating" their bowels, but you know they are none the better for it. Put your fetid sweat patients on *Silicea* 30 and cure them. Let nature "regulate" their bowels, as Constantine Hering advised.

**Brace Up**.—Dr. H. H. Crum, of Ithaca, N. Y., has a paper in the *North American Journal of Homœopathy*, July, from which the following is quoted:

Directly or indirectly the medical profession had educated the public to believe that tuberculosis is incurable. The profession has allowed the people to come to believe that physicians can do little for tuberculosis. The profession has allowed lay societies to advertise and educate along lines to the effect that medicines have little or no power for good in tuberculosis; that all that is necessary is plenty of fresh air, good food, and proper rest. Many physicians, without really realizing it, have come to accept and advocate these lay ideas. Is it a wonder that the public do not look to physicians for help in tuberculosis? When we lose out in an important disease like tuberculosis, we lose in prestige and we lose the confidence of the people in our ability to treat other diseases.

They also teach that cancer is incurable and also some other ills. The trouble with homœopaths, as it seems, is that for the past two decades they have humbly trailed along after the allopaths. If a "big" allopath announced that so and so was the fact the homœopaths meekly accepted the statement, and if, later, some other big gun kicked the "fact" to the scrap-heap, they did the same. Men die of every disease in the nosological table, but that doesn't prove that the disease is incurable. The men of old who built up homœopathy believed that every disease is curable, but not every case of that disease presented. Allopathic "science" derided them, but they fought for their beliefs and the results showed that, when judged by deeds, they won out. So it seems to-day that the correct thing to do is to drop the "scientific" flummery and get back to the homœopathic remedy.

**More Quarantine Wanted.**—Dr. Woods Hutchinson, apparently voicing the sentiments of the allopaths, advises the isolation of all persons with "colds." "Keep away from those having colds," he writes, "and you will never have one." Back of this is the idea that the "germs" are the only cause of colds, no germs no colds. To believe this theory requires a robust credulity. Once, years ago, on a very hot and dry July day we visited a carpenter shop and sat down in front of an open window through which a fine breeze blew; the result was about the worst "cold" we ever experienced. It came on promptly. Hadn't met anyone with the same ill for days. *That* particular cold was certainly the result of conditions backed by youthful assininity, and not the result of contact or contagion with a fellow mortal. If we remember aright about five minutes generated the most beautiful specimen

of what seemed like a genuine hay fever case we care to see, and not a germ about in that shimmering July heat.

**Concerning the Treatment of Tuberculosis.**—The “instruction” under consideration cover “fresh air,” “bathing,” “food,” “exercise” and other minor points. They are given by Dr. Solomon Solis Cohen in *Critic and Guide*. They are all right in their place—but there is no cure in them. A man may go contrary to all of them and never have consumption, and a consumptive may live according to directions and die of the disease. Also they are contrary (or in accord, in one sense) with the modern scientific medical theories. If the “germ” can enter and set up the disease in a man who has always obeyed the directions for the cure of the disease how can those directions cure him? For the medical profession to announce that any disease is incurable to invite the people to look elsewhere for a cure, for look they will, and rightly, too. If modern medicine, based on the germ theory, and using serums and vaccines, cannot cure let its liberal disciple turn to homœopathy or to the lore of the old herbalists. Get away from shackles of limited scientific medicine.

**Have No Right?**—In a leading article in the *J. A. M. A.*, Dr. W. L. Rodman, of Philadelphia, makes the assertion that: “In every community men are operating who have no right to take human life into their hands.” This applies not to the general practitioner who operates in emergency, “but to those who, for gain, undertake that which should be done only by the skillful surgeon.” But, also, Dr. Rodman should remember that in this big world only the very few can employ the big surgeon, on account of his price, and, again, also, it is difficult for the average man living east, west, north or south to know who are competent. In view of all this it looks as if the best thing for the uninformed man to do would be to take a course of honest homœopathic treatment before going under the knife. It might avert the necessity of an operation.

**Animal Experimentation.**—“Space does not permit the report of cases, but I wish to say a few words about cactus because of the doubt existing regarding its action on the heart.

“Those familiar with the proving of cactus, made by Dr. Rubini and his wife in 1862, cannot agree with the statements following the recent experiments upon guinea pigs made at a prominent medical college. Experimental scientists should learn that it is necessary to know the action of a remedy upon the healthy human body.”—*Dr. D. E. S. Coleman in Medical Times*, May, 1915.

**Typhoid Serum.**—A correspondent of the *Journal A. M. A.* asks concerning the value of the typhoid serums largely advertised and advocated. The editor replies that “the Council of Pharmacy and Chemistry holds that experience has failed to show the value of serums in the therapy of typhoid, and no longer includes these in New and Non-official Remedies.” And so the scientific scrap-pile grows apace. They try it on the dog, then on the patient and then fling it after all its predecessors.

**Coalition.**—Dr. H. T. Webster, of Oakland, Cal., and Dr. Byron G. Miller, President of the American Institute of Homœopathy, at Chicago, both are in favor of a coalition of the Homœopaths and Eclectics, but the *Eclectic Medical Journal* opposes the proposition. From an editorial on the subject (July) we quote:

“Much as we admire Homœopathy, which works successfully when working alone and in its own way, we do not believe that a mixing of the two systems will be productive of anything but hopeless therapeutic confusion and ultimate failure of both schools of practice. They are as incompatible as oil and water. An interesting chapter in Eclectic history is that attempt to merge Homœopathy and Eclecticism, crude as the latter was then, in the middle of the nineteenth century—a course which came near wrecking the prospects of both.”

Possibly the best thing would be a political alliance, which need not concern practice, an alliance against the big A. M. A., which kindly seeks to mother all medicine. But its mothering reminds one of a fable: A kind hearted elephant once, while strolling about, stepped on a mother partridge. The elephant shed tears of sorrow when it saw the nest of motherless birds deprived of their protector. “Never mind, I will be a mother to you,” it said, as it sat down on the nest.

## PERSONAL.

---

Because the bill is for the good of the public, it doesn't follow that it is for the public good.

Curiously every bill introduced into our legislatures is for the good of the public.

"No permanent injury follows its use," is a necessary certificate for all scientific drugs.

"Reading maketh a full man," saith Bacon. This is respectfully referred to the dry States.

To talk learnedly on a subject goes all O. K., until the test of doing is put up.

The nephew of Ananias: "I feel just as young as ever."

"Why don't you give the lady a seat?" asked the joker of his young son sitting on his lap.

Hamfat said the longest run he ever had was in Arizona, where they have good lungs.

Advertising artists should study anatomy. This is free advice to the ad. clubs.

Women used to buckle on men's armor—now it is reversed.

Latest war news: "The enemy were repulsed."

Why not "prohibit" war?

Just out of the penitentiary, he said: "It is good to be free." "Yes," replied the solid cit, "I wish I were."

A bathing suit makes some, men, look longer.

They say. Limburger cheese runs out! soonest, or is it the guests?

Some brands of cigars ought to be sent to the Germans—if you are not a "pro."

"Resting the nerves is hard on the nerves," said Binks, and he ought to know.

"It is wicked to lie." "Then," replied the Bible scholar, "all men are wicked."

To the *average* scientist "theory" is a synonym of "fact."

Bunching all fine liquors under "rum," is like classifying all men under "bum," so thought O. W. Holmes.

The "spread of Christianity" in the U. S. reads sort o' queer.

Some say "I always tell the truth," yet Pilate asked what it is and no one ever answered.

"I have never had to operate on a case a second time." Quotation from *Ex.*

The hardest medicine to take is "to quit."

Some one once said that dotage is merely regret that we cannot do it again.



# THE HOMŒOPATHIC RECORDER

---

VOL. XXX LANCASTER, PA., SEPTEMBER 15, 1915. No. 9

---

## THE SEPTEMBER RECORDER.

This might almost be called an "Indiana number," as it contains a bunch of the papers read at the last meeting of the State Society. Dr. James C. Wood is somewhere out in the wilds of nature, or society, enjoying his vacation. "Clinical talks" will come in again next issue. Whether "Dr. Blanke" will give us some more about Dr. Mallard Ducke, Professor Graye Goose and the others who figure in the "Chronicles of the Farm" is uncertain, but possibly more episodes of that microcosm may drift in. Dr. Clifford Mitchell, we hope, will be like the brook which goes on "forever." We have a bunch of good papers for the future and, like the famous Oliver Twist, ask for "more" from the journal's many readers. You will note a goodly list of new names in this issue and we hope for many more.

Just here permit us to give a hint to writers, a hint that will hold good for any sort of writing for publication, namely, do not abbreviate too much. Do not write "Am. Inst. Hom.," "homeo pract.," "mat. med.," "gent.," "pat.," "emp.," "hom.," "ec.," "allo.," "diag.," "prog.," and so on with many other words. As for the names of remedies where they occur frequently abbreviation is permissible, but "*Bryonia*" always looks better than "*Bry.*," and "*Kali bichromicum*" better than "*K. bi.*" or "*Kali bich.*" or "*Kali bi.*" Needless to add the oft repeated advice "do not write on both sides of the paper."

Not every therapeutic virtue of our remedies, even of those that are termed polychrests, is known, so if any reader knows of one or more of these generally unknown virtues he will be

aiding his brethren by imparting his knowledge through the pages of the RECORDER.

It is a pleasure to announce that the subscription list of this journal is steadily and substantially increasing.

---

### A MESSAGE FROM INDIANA.

#### **President Verne E. Baldwin's Address at the Last Annual Meeting of the Indiana Institute of Homœopathy.**

*Ladies and Gentlemen, Fellow Members of the Indiana Institute of Homœopathy:*—I do not presume that I am treading on any copy-righted form or privilege of my ministerial friend, if I use a text for the message I bring you today. Ofttimes at the bedside of some afflicted one, when halting between two or three opinions, I have drawn forth from my pocket, or satchel, my leather bound volume of *Materia Medica*, or *Repertory*, and while pondering their pages seriously and almost reverently I've been asked if I were going to read a chapter from Matthew, Mark, Luke or John, and I have answered that, while I was not referring just then to either of those books, yet the authority and truths there set down might compare well with these—as inspired words.

Few writers of any age or of any clime have written more vital, more sacred or more revolutionary philosophy than did Hahnemann—the founder of Homœopathy. While it is this philosophy I want to call your attention to—I shall do it by replying to the challenge—intended or implied—which was made in a letter I recently received from my old college and personal friend, Dr. Blank, now Secretary of the Allopathic Medical Society of one of the sisterhood of States. It is remarked in this letter, which I read at this time before you—that I want to call your attention to—I might explain that this letter was written in response to an invitation to attend these meetings. Paragraphs from this letter, which are of interest on this occasion, are as follows: “I am pleased to note that your official position gives evidence of your success and progress in your chosen field. I appreciate your invitation—but probably will not be there until such time as the Institute of Homœopathy and the

*Regular* State Medical Association hold joint sessions. So long as we agree on pathology and bacteriology a treatment is immaterial if a good nurse is in charge of the case.

“With the exception of Dr. ———, who still believes in the potential theory, I think the distinction between Homœopaths and Allopaths is a negligible quantity. I find myself prescribing less drugs and smaller doses each year, and would almost be a Homœopath except for the nth potency and the itch dogma, or have you thrown that to the winds?”

I want it understood in the beginning that nothing I may say, in reply to this letter, is to be taken personally, as Dr. Blank is one of my warmest friends. It is because this letter contains several challenges that involve fundamental principles and personal convictions that I cannot allow it to go unnoticed and unanswered.

It really is a frank, open, and, to me, interesting statement of facts, as they relate to the issues involved in the matter of position taken on therapeutics by the medical societies of the Homœopathic and Allopathic profession. In the first place I call your attention to the open confession, that, after all, it does not make much difference about therapeutic measures so long as we have a good nurse on the job. I am not so much surprised at this statement when I consider that such men as Osler, Webster, and others of like reputation have made practically the same acknowledgment of the inefficiency in effectiveness and actual interference of crude drugs in the cure of disease. Sad state, this, when our M. D. must stand for a hollow name. We thereby become a figurehead, while the credible servant before whom the patient must bow in acknowledgment for recovery from sickness is the nurse.

Gentlemen and ladies, I would not, for one single moment, detract from the beautiful and beneficial ministrations of this arm of our therapeutical service, but as a homœopathic physician I deny the honor and stand here to defend the proposition that all *this* nursing service does not and cannot cure sickness and, furthermore, that the single, simple and singular remedy has, does and forever will cure sickness, and more than that, it is the only method that does cure sickness, and *that only* when applied according to the law of symptom-similarity.

There is a serious misconception in the minds of too many of us as to what constitutes sickness. While symptoms are the only true and reliable guide we have to determine sickness, yet not all symptoms, I take it, are manifestations of *true sickness*. True sickness is internal not external, dynamic and not mechanical in its essence, is functional and not *organic*.

There are lots of things that suppress and cover up the manifestation of sickness, such as opium for pain, veronal for sleeplessness, cathartics for constipation and coal tar tablets for fever and headaches, etc. But none of these are *cures*, they are often represented as cures, and some of us are satisfied to let them pass at that, but I insist that this is not the chief purpose of the physician; these, if necessary, which, as a rule, are not necessary, can only be incidental and temporary and only justifiable in emergencies, as when, for lack of time or information, we have not found or cannot discover the indicated remedy or the disturbing factors in the problem. I am not surprised, as I used to be, when I am told that there is no *science* in our *art* and *practice*. Science involves the knowledge of all the *factors*, as well as their significance.

The doctor's problem is rarely uncomplicated. It demands the highest discriminating sense. True, there are causes for every effect, the removal of which is essential to success in our practice. But the fever for short cuts and quick results has been the profession's great impediment. Commercialism has been the entering wedge between philosophy and practice against which we have or ought to supplant our conviction and faith in law and logic. I insist that as physicians of two separate schools of medicine, our differences are in our tools, our means of service. As Homœopathic physicians we use or have a right to use every legitimate tool of our brethren, the Allopath, the Osteopath or the Neuropath, that helpfully modifies or ameliorates without aggravating or disturbing the forces of recuperation, but we believe we have one finer finishing tool than these—the single, simple and similar remedy. It is this appeal to the inner, deeper, and immaterial man that gives us real advantage and makes the *only* difference between us. We claim no monopoly, except by virtue of our law and our faith in it, and our use of it.

Too many, even of our own school, forget that sickness, true sickness, is disturbed vital force. Too few of us are prescribing for real sickness, or, as I am more and more convinced, that a very large per cent. of our patients are not really sick, in the true sense of the term, and our prescribing is ineffective. Just as it should be expected to be, when medicinal measures are not really indicated. I am more and more convinced that a large per cent. of complaining humanity is crippled in its machinery, either within or without, rather than disturbed in its vital essence, and much of the symptomatology that we have prescribed for and failed to affect has been the consequences of altered habits of life, the wear and tear of physical excesses, the over-wrought mind or the conscience stricken soul, that knows no peace, no relaxation or no contentment. No wonder we have isms and pathys to *burn*. While these must all be taken into consideration by the physician and every external, physical, mental and spiritual disturbance removed, by any sane and intelligent means and measures known and workable, yet within, acquired or inherited, are often vital disturbances which the experience and experiments of over 100 years have shown to be *only removable* by the homœopathic remedy, selected in some suitable potency, to which the organism is most susceptible.

I do believe that the complaints of the race change with the changes in social, industrial and emotional condition that exist in the world, and I do believe that the present social unrest and the varied and complicated industrial activities and the high nervous tension from anxiety, fear, and worry that the struggle for existence has entailed upon so large a part of the population has its effect in disturbing the mind and perverting the judgment and dissipating the physical resource of the body organism to the point of physical bankruptcy, has necessitated the need of other measures of restoration and relief than what were needed in other ages and in other climes, and to these meritorious discoveries of honorable men which bring comfort to the mind and quiet to the body and solace to the soul I take off my hat in humble acknowledgment and hope to share in the benefits they bestow, but after all there remains the one unchanged fact, which none of these new ideas ultimately affect, and that



is the removal of disease susceptibility to immaterial morbid forces is only effected by the restoring efficiency of potentized drugs, acting upon and through the organism when applied according to the law of *similia similibus curantur*.

To the superficial mind there is no scientific explanation as to *how* the nth potency of any drug can accomplish the removal of certain similar symptoms any more than there is an explanation as to *how* electricity traverses the wire and moves the electric car, but the fact of the phenomena is demonstrated to the eye and mind of thousands daily. Hahnemann has suggested in his *Chronic Diseases* the explanation of how the nth potency works. Lindlar, in his *nature cures*, very beautifully and intelligently enlarges on the idea by saying that back of all disease manifestation is the chronic miasm. The acute attacks of one sort or another that the organism suffers are but the attempt of nature to eliminate from the system the products or toxins created by this deeper, chronic, altered vital force.

In such acute instance the administration of the indicated homœopathic remedy contributes vitally to this effort on the part of nature to correct her trouble by augmenting the eliminative process.

My faith in the efficacy of heat and light and electricity, and faith and love. The fact is, that back of every material substance that has volume, and size, and color, and taste, is the infinite and immaterial element which *affects* me. I am conscious of it yet see it not, nor feel it not. It manifests *force*, it is *force*. In you and me it is vital force. It is this that produces the *body*. It gives color, size, shape and action to the body. If disturbed it affects the color, the size, the shape and the action of this same body. This is sickness. It is here that the Homœopathic law can be applied to restore order, and to this plane I contend that no other *medical* therapy is or has been otherwise applied with curative *results*.

Great men of the Regular school denied this, doubted this, sought to refute this and to demonstrate its falsity. But their attempt to destroy it was the beginning of their faith in it and their practice of it. Hering, our great Hering, was one of these. There are scores more. Well may we be glad that the truth of any great philosophy is not dependent upon men's faith

and practice. If that were true then our Christian philosophy has failed and failed utterly. But not so, men fail but truth is eternal. The power of the cm. potency of *Nux vomica* is as infallible when applied purely on the basis of symptom similarity as the fall of the apple, due to gravity, when disconnected from the twig. We have, in Indiana, a *sect* of average intelligent farmers, otherwise, who, during the past winter, withdrew their children from the public schools, builded a separate house and hired a teacher to teach their children, all because one of the teachers in their county taught that the world was round. Yet with all this the earth abides, revolves as ever.

So it may be that some of you who hear me, like my friend who wrote me, may laugh at the *miasm* of Hahnemann, and the nth potency of Hahnemann, Hering.

But the fact remains that your ignorance and stupidity will not change the truth of the teaching.

Allow me to say in concluding my remarks on this subject. As I said, here is the only reason for our existence, and nothing can bring our history to an ignoble close faster and deaden our influence before the world, as to minimize and ignore these fundamental doctrines. At least, what you don't try and don't use you cannot intelligently and honorably refute. On these *issues* we justify our existence. I am loath to believe that we have lost faith and back-slidden. If so it be, may this meeting be a revival meeting and the occasion of the renewal of our confession of faith in the efficacy of the simple, single and similar remedy.

Now, as to the other point suggested in the letter, should the Homœopathic and Indiana State Society continue in joint session? To this suggestion I enter my emphatic protest, at least until such time as that the *Regular* or, as I see it more properly, the irregular school, shall have endorsed the fundamental precepts of Homœopathic Philosophy. If not in letter, at least in practice.

Why cast pearls before swine, to be devoured of them. My friend acknowledges that he is advancing progressively toward the practice of less drugs and small doses just as though this was Homœopathy. So are they all for that matter, if not at their voluntary consent at least at the insistence of a demand

from a progressively educated laity, who, long ago, and long ahead of the rank and file of the average drug dopers, refused to be salivated with Calomel and deafened by Quinine and paralyzed with coal tar derivatives.

But the size of the dose is not the vital thing in Homœopathy. We have no quarrel with the man who uses more or less than we so long as he remains in the medicinal and curative plane of the drug, but it is the *selection* of the drug, according to the law of cure, that we care about and insist upon.

As to the itch *dogma*, we are still waiting for the presentation of a theory of disease that will stand the test of a century of treatment and demonstration or the logical presentation of an argument that refutes the doctrines laid down by Hahnemann in his *Organon*. Mr. Allopath, show me your *Organon*, your law and its promulgator, that I can compare with Hahnemann and his *Organon*. Until then I do subscribe to the itch dogma. If you do not, then I am persuaded that you belong to that large class of therapeutic agnostics that show your shingle only as reason for your profession and inwardly hope and pray that the dear affected ones on whom you call may be sufficiently supplied with this world's goods that they can employ a competent nurse to advise you.

Not I and I hope none of my school shall now or hereafter depend upon the nurse to do the thing which you are presumed to have the brains, and better brains, to do enough of this. I want to speak of other matters today that pertain to our own organization.

No school of medicine can be influential, much less effective, that does not organize and then use that organization to secure results in practice. I am sure all those who attend these yearly institutes share large personal benefits from the papers read and experiences recited and methods discussed, but even if this is all, the outside world will hardly know we exist. We *are* still favored with some political honor and prestige, which, by the way, we have held several times almost by the skin of the teeth, as the saying goes. Our brethren, the Eclectics, once held the same honors and lost them largely by their own indifference and unconcern. They have found that it's mighty hard to some back and so will we if we do not stir ourselves. I maintain that the

men from our school, as Dr. W. T. Gott, Crawfordville, Secretary of Board Medical Registration and Examination, and Dr. C. B. Kern, of Lafayette, recently appointed on the State Board of Health, who hold these offices, hold them largely for our sake and for our interest. And I believe if they do not consider themselves responsible to us, we should make them feel it. I want this Society to feel free to offer counsel and advice with these men, hold them up, make mention of their names as our representatives and magnify their office.

Another thing, do you know that we need more publicity work done among the laity. Fifty years ago we were more popular than today because we preached more, we were evangelistic, without minimizing other and lesser truths that are getting publicity perhaps more than they deserve. Yet we should magnify the great truth of Homœopathy, its law and practice. Whenever medical aid is needed Homœopathy is needed. Most of all, I believe a committee ought to be appointed to select some pointed, readable, practical pamphlets or reprint addresses, to be mailed in quantities to every doctor in our school, at least in the State. Let it be done in the name of the Indiana Institute of Homœopathy. Surely it would do good and bless the cause in which we live and have our being.

Amboy, Ind.

---

## **THE SPIRIT-LIKE DYNAMIS OF HOMŒOPATHIC REMEDIES.\***

**By F. P. Bitters, B. S., M. D., Greensburg, Ind.**

No doubt you all have heard of the little boy who took his place to give his first declamation when he bowed and said: "You scarce could expect one of my age to speak in public on the stage." Well my embarrassment is not just the same as the little fellow's, but still it is somewhat analogous. I have the necessary age and can speak what I may have to say, but you scarce could expect a converted allopath of a few years ago to say anything on Homœopathy for instruction to you veterans who have been in the grand study for forty years or more.

---

\*Read before Indiana Institute Homœopathy.

However, I will say what I have in mind and let the profit be little or none, knowing I have, at least, done as requested.

The basis of my thought, *The Spirit-Like Dynamis of Homœopathic Remedies*, leads one, according to my viewpoint, into the realm of metaphysics, into the intangibles and very essence of things, into spirit instead of matter, into the psychical rather than the physical. But we are so constituted, by Divine fiat, that we cannot approach the intangible without first having gained some knowledge of the tangible or material. We first know matter and then if we travel on the highway of progress we later come to learn of spirit, and a knowledge of these two great realms of nature we gain only by deduction and contrast, by deep inquiry into the domains of thought, by delving from the known to the unknown, and by such efforts we come to know that the material things are the unreal, the perishing, evanescent, while the spiritual things are the real, the imperishable, the eternal. One great fault or deficiency of many men is that they never develop the ability to think beyond the material realm, never look to the higher, finer things of life, but are content to grovel on the lower plane of materiality, like the pig that enjoys the rich nuts that drop to him under the tree and never looks up to learn the source of his blessings. (Present company always excepted.)

Gentlemen, there are but two schools of thought in this world and every man belongs to the one or the other. The one is materialism, the older and weaker; the other is spiritualism, the newer and truer. The materialist believes that death ends all; that the earth life is the only life; that the brain produces thought as the liver secretes gall. I cannot agree with such tenets, and so you may surmise that I belong to the other school. If you define a spiritualist as one who accepts the philosophy of the Nazarene; one who knows that what a man sows he must reap, and that he cannot escape by forgiveness; one who has a knowledge of immortality instead of a hope; one who sees that every manifestation of life is spirit functioning through forms of matter; if *such* is your concept of what a spiritualist is then I would answer yes, doctor, I am a spiritualist. And, further, to my mind, while a homœopathist may not be a spiritualist I cannot conceive how a spiritualist can be other than a homœo-



opathist if I understand anything of Homœopathy, that grand study of the true science and art of healing.

Now let me come more properly to my subject, the spirit-like power of real remedies for disease. But let me first ask what is disease? I would answer that disease is a morbid change in the life force; or, disease is wrong life. But what is life? Nobody knows. Life is Spirit. Yes, true, but what is Spirit? Nobody knows. Herbert Spencer, a master mind, gave the definition that "Life is a continuous adjustment of internal relations to external relations." But, with all due deference to the great scholar, the definition does not define, no more than the wag who said "Life is just one durn thing after another." Spencer's definition tells us what life does, but not what it is. Life does continually adjust the internal to the external, the spiritual to the material, and his concept is in accordance with the principles of Homœopathy, that life's forces are centrifugal, from the within to the without, and therefore the real remedy to correct the wrong expression of vital force must touch life at its citadel, the within, which is spirit, and work as it works towards the without, which we see as the manifestations, or symptoms, as we recognize them in health or unhealth, in *disease* or *at ease*, the only way any man can know the vital state. Therefore since we understand that we can know life only by its manifestations, whether wrong life or right life, and that life and spirit are synonymous terms, then as we know, also, that all through nature's domains, material and spiritual, it is only like that can influence or effect like, each one affinitizing to its kind, we come to realize that it is the spirit of the remedy we must employ to cure if we can hope for good results. But spirit is immaterial, intangible, and therefore cannot be bottled and corked, and how then can it be handled? Let us see. St. Paul said: "There is a natural body and there is a spiritual body." The spirit of man cannot manifest in this world or the next world without a body, so it is evident, if Paul is right, that man has a body for his expression in each world, both bodies being of matter, but the one of quite a different quality. Now my concept is that every drug is composed of spirit and matter and that when a drug is curative, in the crude or potentized, that it is the spirit of it that acts, for only it can act on the vital force, and its crude part is

only a handicap to its better action. In superficial disease the crude may be beneficial, but in deep-seated afflictions it can have no effect. To be highly curative it must be potentized, freed of its crude body to a low or high degree, and potentization is liberation of the spirit or life of the drug. But as spirit alone is not utilizable, what body does it have? Let us see again. In the New Testament and elsewhere it is taught by the spiritual philosophy that when a man passes out of his crude, flesh body, he is immediately clothed with his spiritual body. We know a change is made, but we know not how it is made, but this change has been verified many times and it takes place at the gateway between the two worlds. In a similar way, though not by the same process, by potentizing a drug a change takes place that is beyond the ken of mortal minds, a change of bodies just in the degree to which the potentization is carried, for it is evident that as the spirit of the drug is released from its crude body it inheres itself to the menstruum used for its new and finer body. The spirit is one thing and the body is quite another thing. Man is not a body and has a soul or spirit, but he is a spirit and has a body. The body is only the form, vehicle or instrument of expression, and ever perishing, while the spirit is existing, beginningless and endless. There is this marked difference between spirit and matter. Spirit has the wonderful ability of unfolding and developing greater power, whether in man, creature, or drug, but matter has no such quality, and they cannot be converted into each other. The material part of a drug cannot be potentized, by reason of its nature, and the difference between the crude and potentized is not one of continuity, but of the opposite, separation, and transposition of the life or spirit from crude matter to more refined matter.

Hahnemann's writings, as far as I have read, convey the thought that the vital force, that which deranges the vital force, and that which corrects the vital force is a spirit-like dynamis and is not material in any sense, and that is what a materialist cannot believe, and so, to my mind, it must be difficult for a materialist to be a homœopathist. If it is not true that it is the immaterial part of a drug that acts curatively on the life force then why is it that potencies beyond the 30th are curative when it is said that beyond the 30th the remedies contain none of their

original matter, except radium which holds some of its crude up to the 60th, but it is such a wonderful thing that it cannot be accepted for a criterion. Let me ask what part does materialism play where one exanthem eradicates or cures another exanthem in a patient at the same time with no remedy administered? Let him answer who is able. To my mind that which is wrong with the sick man and that which is required for correction are both equally beyond the field of the microscope, or the research of the laboratory, because it is spirit and by its very nature is hidden from material science.

My concluding sentence is this: Let the materialist, who is able, be a homœopathist and may much good flow through his hand and brain to afflicted humanity; but as for me let me stand on the spiritual side of old Homœopathy which avails me greater light and understanding, not only in aiding the afflicted but also in a better conception of life; where I see that all life is one life; that all manifestations are but different expressions of individualized life or spirit, and that each bears some relation to the other, so that even the worm beneath my feet is in some sense my brother; where I see that all life is pervaded by love, and in some degree every creature and animate thing expresses love; that God is Love, and that Love is God; THIS conception avails me the greatest joy in the HERE and for the HERE-AFTER.

---

## CHANCE OR LAW IN THERAPEUTICS.\*

By Dr. W. R. Stewart, Indianapolis, Ind.

The purpose of this paper will be to call attention to some of the wise provisions of nature as we find them, to call attention to some functional derangements and dependencies, and to show the existence of law, in all that pertains to our bodily well-fare.

Some one has wisely observed that just as in space there is no vacuum, so in nature there is no waste.

Every organ has its definite function to perform, and every

---

\*Read by Dr. W. R. Stewart, Indianapolis, Ind., at the Annual Meeting of the Indiana Institute of Homœopathy, May 18, 19, 1915.

function sustains a well defined relation with every other function.

We may say in the same line of thought, that in nature every change in the body has its purpose, and must be interpreted to mean something by its presence, or by its absence as the case may be.

In the assembling room of the body (if I may use this well understood term of expression), nature has exercised wisdom in bringing the parts together to form one harmonious unit.

The various organs of the body were not arranged by chance, are not governed by chance, nor are they successfully brought into harmony, when disturbed, by chance.

It was not by chance that the eyes were placed at the front of the head near to the top, whereby the widest survey of our environment may be had at all times in the direction in which we move, and where care for the protection and preservation of the body can receive the closest oversight.

It was not chance that surrounded the eye with such a firm wall of protection that only some pointed missile can enter it, nor was it chance that gave to it the automatic shutter that excludes particles of foreign matter, even without our thought; or if perchance they do find entrance they are involuntarily washed away with a flood of normal salt solution which is non-irritating.

It is not chance that the nose turns down instead of up, thus eliminating the possibility of dust settling into it, nor is it chance that the nose is guarded by little coarse hairs which are kept moistened by the breath to still farther exclude the dust.

It is not chance that placed the eyes and nose above the mouth, where all that enters the mouth may be both seen and smelled before it enters, where it is still farther passed upon by the taste before being swallowed.

It is not chance that we sneeze and our nose is filled with a gush of water when we inhale a breath of germ-laden dust, nor is it chance when we are compelled to cough, and expel the mucus and pus that attend the catarrhal condition of the respiratory tract, thus keeping open the air passages and limiting the invasion and extent of the trouble.

It is not chance that the key to the flood gates of the circula-

tion should be placed within the grasp of the internal rectal sphincter, where it should be subject to stimulation once per day from a dilatation that flushes the circulatory tubes of the body.

It is not chance that causes the stomach to reject the indigestible contents, returning it through the channel by which it entered rather than let it pass into the bowels, and poison the entire system through the process of absorption.

It is not chance that the fibrin is placed in the blood where its function is to coagulate, and stop the ends of the open vessels, nor is it chance that the lymph nodes are distributed over the body like the picket guards of an army to destroy, if possible, and to give warning to the body of every substance that enters it which is inimical to life.

It is not chance that has so organized the bodily functions that they are made better by exercise.

It is not chance that has placed every cell of the body in telegraphic communication with reason, judgment and will or that the governing center may be notified of distress by a message sent in for more blood, more nutrition, or better elimination.

The conclusion to be drawn from all this delicate and interdependent arrangement is, that in nature nothing comes by chance, but that all things come by law, and that this law of self-preservation exhibited in all the organs, by the manner of their arrangement and the discharge of their functions, is one with which the physician must deal in treating his case.

If law was applied in our assembling, and in governing our functions, and if law gave to us our environment of sunlight and atmosphere, so essential to our existence, and placed us upon a sphere two-thirds of whose surface is covered with the element that comprises eighty-seven per cent. of the body, it would only be reasonable and rational to presume that some fixed law is in force, that must be applied to correct the body's derangements, to soothe its pains and to harmonize its forces.

Physical laws are coexistent with our creation and will be, as the Creator who gave them, the same yesterday, today and forever.

If Adam had eaten arsenic instead of apples in the Garden of



Eden he would have been subject to the same physical laws that were in force today, with the result that he would have had arsenical poisoning.

His mind would have been filled with apprehension, anxiety, fear to be alone, and fear of death. He would have been fretful, dissatisfied, restless and peevish, not happy even in Eden.

His face would have been pale, his stomach have burned like fire, and expelled its contents by frequent violent fits of vomiting of water that has only been down long enough to get warm, his thirst would have been intense, his heart would have had its frequency doubled, his bowels would have given him great pain, which would have been accompanied by diarrhœa of offensive rice-water stools. The whole mind and body being sick, restless, and full of pain.

The unborn generations a thousand years in the future will suffer a similar disturbance in mind and body when under the influence of arsenical poisoning.

This is not chance, it is law. It is not experiment, it is a demonstrated fact.

A thousand human beings will show uniform disturbances when impressed by the same influences. This law of the uniformity of action of the life forces must be the foundation for the administration of all therapeutic measures.

If law and not chance is the governing influence in the organism, and if this law brings similar expressions of disturbance in all organisms that are under the toxic influence of the same drugs, we could only reason that law will produce the same expression of disturbance or the same symptoms in the organism when disturbed by disease.

These symptoms, being uniform in expression, will call for application of the same therapeutic law and the same remedy in each similar group of symptoms.

The truth of these statements has been verified in every homœopathic prescription which has been made in the last one hundred years.

It is not sufficient that the group of symptoms be gone into just far enough to give the trouble a name, such as diarrhœa, grippe, pneumonia, typhoid fever, mania, paralysis, etc., but we must go one step farther and find out all the minute symptoms

which accompany the disease by name, with which the patient is suffering and all the peculiarities which the sufferer presents before he is sick and because he is sick and on these base our prescription.

Permit me to cite a case to illustrate this point:—

Mr. A. has diarrhœa with the following symptoms present:

Yellow fecal stool; bloody, jelly-like mucus; transparent jelly-like mucus; involuntary when expelling flatus or urine; semi-liquid; watery.

Aggravation in hot, damp weather; early in the morning; driving out of bed; from 5 to 10 A. M.; when walking or standing; after eating or standing; after eating or drinking and by passing urine.

Better by bending double and by passing flatus.

Difficulty of retaining stool with feeling of fulness and weight in the pelvis, as if the rectum were full of liquid, which feels heavy, as though it would fall out.

Feeling of fullness and loss of power in sphincter ani, with weakness and insecurity in the rectum, as if the stool would escape when passing flatus.

Sensation as of plug wedged between symphysis pubis and coccyx. Pain around the navel. Hunger. Heat in the rectum and anus. Violent tenesmus. Much flatus.

After stool swelling, burning and weight about anus. Large and tender hæmorrhoids, hot, relieved by cold water. Abdominal pains usually relieved after stool. Prostration. Fainting. Profuse clammy sweat, after stool. Loud gurgling in abdomen, as of water running out of bottle.

I will venture the assertion that if this group of symptoms were sent to one thousand homœopathic physicians throughout the world, that ninety-five per cent. of them will give to the patient aloes, and if they did they would cure him.

This is not chance, it is law.

On the contrary:

In diarrhœa one author recommends the following prescription:

Pulverized Ipecac, one-twelfth grain; Pulverized Rhei, one-fourth grain; Sodium Bicarbonate, two and one-half grains.

Another author recommends the following:

Tincture of Opium, six and one-half drachms; Tincture of Camphor, one ounce; Tincture of Capsicum, five drachms; Chloroform, two and one-half drachms; Brandy, one ounce. To this add enough alcohol to make six ounces in all and give a teaspoonful as occasion may require.

By another author a tablespoonful of Castor Oil, followed by Laudanum, is said to be rational treatment.

Another recommends a tenth grain of Calomel until improvement sets in, while his confrere adheres to Subnitrate of Bismuth, in opposition to still another who says the best thing is a hypodermic injection of Morphine.

I call you to witness, if the patient to whom these prescriptions are given should improve, will it be by law or by chance?

---

### **MALIGNANT BREAST TUMOR REMOVED WITHOUT CUTTING.**

**T. H. Carmichael, M. D., Philadelphia.**

Early in March, 1913, while attending Mrs. L. A. C., æt. 72 years, for an attack of influenza, I accidentally discovered a hard tumor of the right breast, which involved the nipple and lower half, and diagnosed it, clinically, as scirrhus. Patient said it was over a year old, that it was not painful and positively refused any operative interference. On October 15th, 1914, I was hurriedly summoned by the family on account of the sickening odor from the now ulcerated growth, which prevented any further concealment on the part of the patient.

Instead of the usual pessimistic outlook for the patient in such a condition, I determined to attempt the removal of the growth by one of the methods described by Eli G. Jones, M. D., in his work on Cancer. This work had commended itself to me because of the author's experience and especially for its avoidance of specifics and for its clear-cut indications for the use of internal remedies.

Before beginning the treatment, however, Dr. F. O. Gross examined the patient and confirmed the diagnosis of malignancy. Subsequently, at a meeting of the Clinico-Pathological Society, Dr. Gross said it was one of those cases where the sickening

odor from the ulcerating mass makes you give up hope of doing more than to sweeten the atmosphere and make the patient as comfortable as possible.

On October 24th treatment was begun with the application of the following paste:

Solid Extract (Alcoholic) Sanguinaria .....	ʒiv
Zinc Chlorid .....	ʒxij
Starch .....	ʒj
Red Saunders .....	ʒij

This paste is somewhat difficult to make. The Sanguinaria extract should be soft mass not dry solid extract. If it is too thick and hard add a little water. If too thin add a little pulverized Sanguinaria.

The growth was carefully outlined so that the paste should not impinge upon healthy tissue. Dr. Jones recommends for this purpose the placing of adhesive strips one-half inch wide around the growth. The paste was spread upon pieces of sterilized white cloth cut the size of the growth and it was carefully pressed down to make it fit into every part of the diseased mass. It was renewed every 24 hours after the surface of the growth had been washed clean with extract of witch hazel.

At the end of eight days the patient complained that the growth felt like a dead weight and to me it felt exactly as Dr. Jones described it—"like the sole of a shoe." This was the indication that it was ready for separation from the healthy tissues and I then began to poultice with

- R. Pulv. Slippery Elm.  
 " Flaxseed.  
 " Lobelia Seed.  
 " Bayberry Bark aa.

(One or two teaspoonfuls of this powder are put in a cupful of boiling water and stirred until smooth.)

I had this spread on cloth and applied to the growth and to the red, inflamed border. It was renewed every two hours—the skin around it being always bathed with equal parts of witch hazel and warm water.

On November 4th the growth had entirely separated, leaving an apparently healthy surface. I then applied the following ointment:

℞. Burgundy Pitch.  
 White Pine Turpentine.  
 Bees Wax.  
 Mutton Tallow.  
 Olive Oil .....aa ℥j  
 (Melt, stir, and when cool add Cosmoline ℥v.)

This was spread on a soft cloth and applied *ter in die*. It drew out a considerable quantity of dirty-yellow pus-like discharge, which Dr. Jones refers to as cancer juice. This gradually grew less and disappeared long before the wound had healed, which occurred about five weeks after the removal of the growth.

In addition to these external measures, I selected the internal treatment from the list of remedies recommended by Dr. Jones (and which he values as highly if not more so than his external treatment, as he regards the growth not as constituting the disease, but only as its external manifestation):

The patient received Tr. Phytolacca.  
 " Thuja.  
 " Baptisia .....aa ℥j  
 Ten drops every 3 hours.  
 Calcarea fluorica 6x, three tablets every 3 hours.

These were taken throughout the whole treatment.

In addition, Strychnin. sulph., gr. 1/30, before meals was taken as recommended for weak pulse and enfeebled nerve power.

During the whole treatment there was absence of pain and at the present time (July, 1915) the patient continues in apparently perfect health.



**READING THE EYE, PULSE AND TONGUE FOR  
THE INDICATED REMEDY.**

By Eli G. Jones, M. D., Buffalo, N. Y.

I have found, by experience, that 95 per cent. of the cases of prolapsus uteri that come under my treatment have the following symptoms:

1st. "Their back feels as if it was *broken off*."

2d. "There is a pressing down, a *dragging* sensation, in the lower part of the abdomen."

3d. "There is *pain* and soreness in the *outside* of the thighs."

You will not find it in your text-books, but the above symptoms are the *true* indications for Helonias dioica—as a *uterine tonic* it stands without a rival; I generally prescribe Tr. Helonias, ten drops, three times a day.

You will meet with women who have *ulceration* of the os uteri. There will be *pain* and *soreness* down *low* in the abdomen; *between* the monthly periods, there will be a discharge of *pus mixed with blood*. For this I prescribe Fowler's Solution, Arsenic, three drops once in three hours. In alternation with Tr. Belladonna ix, three drops once in three hours.

In coryza, la grippe and chronic catarrh, there will often be a *pain* between the eyes, at the *root* of the nose. I call it a "catarrhal headache," and Belladonna is *the* remedy *indicated*.

A regular physician who had grown "old and grey" in his profession, graduated in Germany, a broad minded, liberal man, one of the best Greek scholars in the country. I had the pleasure of meeting him in consultation, at different times. When we met, I would tell him that a certain remedy was *indicated* and what the remedy would *do*. In every case he found that the result was exactly as I said it would be. Later on he asked me to give him the names of some books he could study, for, said he, "I want to know about these remedies you use." I told him what books and journals to study. The last time we met in consultation he shook my hand to bid me good-bye, and said: "Doctor, you have taught me some things that have been worth hundreds of dollars to me, *you are my teacher*."

That was the *greatest* compliment that I have ever received

in my professional life. Coming from such a *skillful* physician I prized it very highly.

A lady came under my treatment. She said at her monthly period the "flow *weakens* her so she *can hardly speak*." She keeps her bed most of the time while the "period" is on. Carbo animalis 3x is *the remedy indicated*. Three tablets once in three hours. At the next monthly period she was much *stronger* and better every way.

Syphilis has a *peculiar* pulse; it is stronger than the pulse of cancer, and the blood in the radical artery *feels* to the *finger* as if it was trying to *curl* around it a "whip-like" pulse.

Iodide potash is a good remedy in the above disease *when* it is indicated. In reading the tongue, if it is *full*, broad, *pallid*, *leaden* color, Iodide potassa is *the remedy needed*, five grains three times a day. Mercury is sometimes indicated in syphilis, when the tongue is *small* and *redder* than normal. If you use Mercury in the above disease the best and the safest form to prescribe it is, ℞. Iodide Potash, ℥ii; Mercury Bin-Iodide, grs. ii; Aqua Gaultheria, fl. ℥viii. Mix. Sig. Teaspoonful before meals and at bedtime. In this formula the Mercury unites with the Potash and carries it out of the system. The sore throat and the eruptions disappear and all serious tertiary symptoms are *prevented*. A physician writes me that he has a yellowish coating on the *back* part of his tongue "the kind that won't come off."

Protoiodide mercury is *the remedy*, 3x, three tablets once in three hours. Pregnant women are sometimes troubled with *flatulence*. There is intestinal gas and flatulent dyspepsia, with *severe colic pains*, *swelling* of the stomach and bowels with wind. Here we find Tr. Colocynth just *the remedy needed*, ten drops in four ounces of water, one teaspoonful once in three hours.

Cimicifuga is a *grand* remedy in rheumatism when indicated. If the pulse is *weak* and *irregular*, tongue *pointed*, *trembling*, pains *heavy*, tensive *aching*, you will find that Cimicifuga is *the remedy indicated*. I am glad that there is a more *liberal* spirit among the physicians of all schools of medicine; they have a more *kindly* feeling towards each other. It is something that I have been working for, for the past thirty years. In one city

two old school physicians were taken sick; both of these gentlemen left their patients in the care of a homœopathic physician. A student of mine, Dr. G. S. Farquhar, of Thornville, Ohio, a regular physician, about the best posted man on materia medica in Ohio, was called to Columbus, Ohio, in consultation with two old school physicians. It was a case of puerperal septicæmia; the patient was in a *very* critical condition. The attending physicians had exhausted their skill. Dr. Farquhar suggested a course of treatment; after some discussion his treatment was adopted. At the second meeting of the doctors the patient was very much better and finally recovered. Dr. Farquhar advised the other physicians "to climb over the fence into the Eclectic camp and learn how *they do things*."

May God hasten the day when we shall stand shoulder to shoulder a *united* profession, when all of the bitterness of the past shall be buried and *forgotten*.

A lady came under my treatment; she had jerking and twitching of first one shoulder and then the other. She had a shock to her nervous system on witnessing the sudden *death* (by accident) of a near relative. When reading her pulse I noticed a marked *tension* and *irritability*, a *spasmodic* contraction of the nerves and muscles of the wrist. That indicates Magnesia phos. 3x, three tablets once in two hours. Calcarea phos. 3x was given as an intercurrent remedy, three tablets three times a day. The remedies *controlled* the *spasms*.

The deaths from heart disease have doubled within the last ten years. In cases where serums have been injected into the human body, as in syphilis, diphtheria, cancer, etc., I have read the pulse and the pulsations are very much *stronger* than normal. It gives me the impression of a power *behind* the heart that is *driving* it to *its own destruction*. Thus it is that while *trying* to cure one disease in the system we are *creating* another disease in the system. It is the business of the physician to heal the sick and *never* to *create* diseases in the human body. The adoption of the "serum treatment" by the profession was a *fearful mistake*. It means the beginning of the *end!* The *strongest* argument that has ever been presented against our profession by the drugless healer, is, "That the physicians themselves don't have any faith in their remedies." In adopting the

"serum treatment" we have only exposed our *weakness* and lack of *faith* in drugs to heal the sick. Thus have we played right into the *hands* of our *enemies* and furnished them with just so much more *ammunition* to *encompass our own destruction*.

In our medical journals I often read of the poor success doctors have in relieving attacks of asthma. Since I first began the practice of medicine in '70 I have always prescribed Tr. Gelsemium and Tr. Sumbul, eight drops of each in a table-spoonful of water, once in fifteen minutes until *relieved*. This has never failed to relieve my patients. Very many physicians tell me that it has helped them in their practice. A student of mine was called to a patient that had been treated by a regular physician for typhoid fever; she complained of *pain* in her *left* side; her doctor said it was "hysterics." My student diagnosed the case as "enlargement of the spleen." Ceanothus was the remedy indicated and it *cured* her. Remember the indications for this remedy, "Painful *tenderness* in left side, can't lie on that side, *feels chilly*, dreads the *cold*."

Tr. Ceanothus, five drops, three times a day. I find the *best* prescribers in this country have Burnett's works and *believe* in them. I have studied all his books and there is a *gold mine* of valuable information in them. His little book, "The Organ Diseases of Women," is worth its weight *in gold*! I was called in consultation on a case of gall-stone colic. The patient was suffering the *most excruciating pain*. The other doctors wanted to operate on the patient, but I objected, for there are many cases die from hemorrhage *after the operation*. I said "I would like to try one remedy that I think will *relieve the pain*." I noticed her tongue had a slimy, yellowish coating (Hydrastis). I had a good *reliable* Tr. Hydrastis. I gave her ten drops in wineglass of *hot* water every *half* hour until *relieved*. It *did relieve* the pain. One physician said, "There must be Morphine in that medicine, no other remedy could relieve such severe pain as that was." To *remove* the gall-stones I give one grain of Podophyllum at bed time, and three ounces of Olive Oil in the morning. This will bring away the gall-stones. To *prevent* the formation of gall-stones I like Syr. Juglans cinerea *green bark*. *Dose*, one teaspoonful three times a day, or

enough to procure a *free* movement of the bowels. The above is one of the many *splendid* remedies that comes to us from the Physio Medical School of Medicine.

879 West Ferry St.

---

## WHY DR. J. S. SLEVIN OF DETROIT, MICHIGAN, BECAME A HOMŒOPATH.

### As Related By Himself.

I was brought up under the influence of a prominent regular physician who was extremely prejudiced against Homœopathy and, consequently, when I entered the University of Pennsylvania Medical College I was bitterly opposed to the *New School*. I maintained that their claims of therapeutic results were false, my opinion being based on my "bringing up" not upon any knowledge of the Law, because I had none. I eventually graduated, and started in practice, being well conversant with all the therapeutic means that the dominant school had to offer.

I tried all the empirical treatments of the allopathic school, but met with many disappointments. One day the "turning of the tide" came. I was called to attend the son of an old friend. The young man had been on a pleasure jaunt over in Canada and when crossing the river, in his canoe, on his return, had been "spilled" into the water and came home soaking wet. The next day I was sent for, and found a typical case of inflammatory rheumatism. I put him on the classical salicylates and anointed him with Ichthyol, the routine treatment. The following day I found him worse with no abatement of pain or swelling, and for several days thereafter the same situation existed with the addition of a lobar pneumonia. I went home discouraged and disgusted with myself, believing that I was at fault in some way and not the regular classical treatment that I had administered. While sitting at my desk trying to explain my failure to myself I inadvertently picked up a little book that some agent had sold me because I was "easy." I had never consulted the work because it had, to me, the hated word of "Homœopathic" printed in its title. Opening it at random I found an article on *Apis mellifica*, which was a picture of my patient's condition. I began to think and reason a little, asking



myself, could it be possible, that the author of this book can cure such a case with a medicine made from the honey bee? I read on in the book (Fahnestock's *Materia Medica*) and found *Cimicifuga* and *Rhus tox.*, also had symptoms that my patient had. I suddenly decided that I was going to try them anyhow. I hunted up a place where homœopathic remedies were sold and bought the tinctures of all three remedies, deciding that as they all had some symptoms of my patient that it was proper to give them all. As I had been informed that Homœopaths gave minute doses I put a few drops of each remedy in a six ounce bottle of water and took it to my patient with directions to take a teaspoonful every hour. The next morning the young man saluted me with "Why in the H—— didn't you give me the last medicine at first?" The swelling and temperature had subsided, his breathing was normal and there was general marked improvement, which progressed rapidly and the patient was discharged cured.

From that time on I have been a student of homœopathic literature and have verified the efficiency of the homœopathically indicated remedies so many times that I accept them as the successful method of treatment.

---

### CASES FROM DR. PETERMAN.

Editor of the HOMŒOPATHIC RECORDER.

I send you three cures worth the reading. Twenty years ago a very robust man was brought to me who had been twice in the Austin, Texas, Asylum for Dementia; once 9, next year 7 months. Came home; no improvement. Taking the case last question was: "Did you ever have foot-sweat?" "O yes; but I got rid of that for good." "How?" "Put a block of ice into a bucket of water and sat on it for an hour. No more sweaty feet." "How long before; when you went to Austin?" "Four months."

Gave him *Nux vom.*, for the signs of excessive drugging, after that *Chin. sulph.* for malarial symptoms. Second month, *Sil.* 30. After two weeks foot-sweats reappeared in a mild way; he was well until his 68th year when he died.

A lady was in Woman's Asylum, Okla., for five months for de-

mentia ten years ago. In lighter moments she would implore her husband so pitifully to take her away that he could not do otherwise. She was 42. Had for the last two years suffered with irregular menstruation. I gave a few remedies to clear up the condition. After first month gave *Sepia* 6x. After second month menstruation appeared. She attended to her house affairs, kept her husband's account books and I often wondered, later on, about her correctness and judgment in affairs.

A Presbyterian minister, æt. 42 years, came, saying, he could not understand the children before him in the Sunday School. Had measles when nine years old. Taking a cold had lost hearing in right ear. Later on wore ear-drums in both ears. No good from that. *Calc. sulph* 6x was given. Next month *Puls.* 6x. Next month *Puls.* 30. After third month hearing was perfect, now over three years.

C!	C!	C!
Cause.	Condition.	Complication.

oftener point to the Similimum than all the rest!

J. H. PETERMAN, M. D.

Ardmore, Okla.

Hundreds more like this, especially Cancers.

---

### CROTALUS AND OXYTROPIS.

Editor of the HOMŒOPATHIC RECORDER.

Have had some interesting experience with *Crotalus* 6x. A swarm of bees fell on a lady's head; she was badly stung, many stings removed. *Crotalus* soon gave relief. The following year the same lady, while in her cellar getting a pitcher of cream, was bitten on the middle finger by a spider. She was almost blind before she got out of the cellar. I was called up on the telephone (she lived in the country). Her symptoms, in her own words, ran about as follows: "Difficulty in breathing, and heart beats so rapidly; seems as though my lungs are closed, cannot get a good breath; feel as though swollen all over, thirsty and warm; ache all over and am almost blind; sick at stomach; lungs so tight I can hardly breathe." So ran the case as it came over the wire. After receiving three doses of *Crotalus* 6x in half an hour she reported that she felt "out of danger."

Have had much experience with the remedy, *Crotalus*, in malignant diphtheria and erysipelas, and regard it as a God-send in this class of cases.

One man had a very peculiar headache; he had to walk on tip-toe to avoid the dreadful pain of jarring. *Crotalus* cured.

Will add one more note. The patient, brain trouble, presented the peculiar symptoms of walking backwards. *Oxytropis* cured.

S. M. SCHELL, M. D.

Hamilton, Ohio.

(Dr. Schell sent the foregoing notes when remitting his subscription. Why cannot some of the others of the RECORDER'S circle send in some item? *Oxytropis* is not very well known. It is the famous "loco weed," which gave rise to the term "locoed."—Editor of the HOMŒOPATHIC RECORDER.)

---

### THE EFFECTS OF WAR.

The *Medical Times*, of N. Y., whose long list of contributing editors contains the names of several esteemed friends, in its symposium on war, leads off with a paper by Dr. Warbasse, of Brooklyn, N. Y., that is what might be termed a scorcher on war in general. Writes Dr. Warbasse: "The cause of war is to be found in three great social sins—race prejudice, patriotism, and commercial greed." As for race prejudice it is something that is seemingly put into man's make-up by man's creator, for we surely, all of us, prefer our kind to aliens. Patriotism is but another form of the same thing, while, as for greed—well we fancy that the estimable list of gentlemen who make up the contributing editors do not object to a good income, and even work to merit it—as, doubtless, they all do.

"Patriotism," writes Dr. Warbasse, "is fealty to the ruling political machinery of one's country, the function of which is to protect a privileged, property-owning class, and to prevent an exploited working class from securing social justice." We have read that the trolley cars of Brooklyn are manned by many M. D.'s, B. A.'s, and other lettered college gentlemen. Would Dr. Warbasse, who by superior ability has made good, be willing to render justice to these derelicts by sharing his substance with

them even to coming down to their financial status? And would it be social justice for the political machinery to compel him to share with them?

Dr. Warbasse continues his paper in a manner that, to say the least, is interesting and frank—excellent things in a paper—even when you do not believe what is written. He says that war has to be settled by treaty and leaves the country “loaded up with widows, orphans and heroes.” Also, G. A. R. Veteran Corps, Sons of Veterans and pensioners, “who flaunt their bloody business in the faces of the people.” He also states that the inside history of wars shows nothing but sordid notions, as, for example, “the smuggling in our much misrepresented ‘Boston Tea Party,’ just coming to light.” Also, that no one has dared print the truth about the “freebooters,” who fought our war with Mexico, and much more to the same effect.

Dr. Warbasse’s paper is one of a series of papers on “The Effects of War on a Nation,” a symposium, such as the *Times* is fond of springing on the innocent doctors, the reading of which leaves the reader up in the air. For example, the next paper after Warbasse’s is by Dr. James J. Walsh, of New York, who begins: “I cannot help but think that the effects of war on a nation are always good”—unless, as we read, the nation gets licked. Dr. Walsh thinks that in view of the idle life many of us live we might as well get out of it, for “as an American humorist once said, ‘Life is a very dangerous thing at best and very few of us get out of it alive.’” Sounds like Mark Twain?

In the course of a few years all who are killed would have died so what boots a few years more or less, especially as this life is but the “antechamber of an endless existence.”

Dr. William Le Howard, of Worcester, Mass., comes on next, opening with this statement:

“The majority of a heterogenous crowd or nation represents the least intelligent and educated masses; the minority the intellectual and educated portion.”

“When the majority of such a nation is allowed to rule by the ballot the effect is obvious.”

“The war is to be the greatest educational institution this coun-

try has ever had or could have through national initiation."

And closing with:

"We need a clean and real democracy; not the present damn-mockery of common sense."

Kaisers, Czars, Kings, Priests or what?

Following is Dr. A. C. Jacobson, of New York, who thinks that "if all men were of one race, one class and one religion these would be no war." He concludes with the very true statement that "Only God Himself can bring order out of present chaos." Certainly the symposiumists, or anyone else, cannot.

Dr. Geo. F. Butler, of Kramer, Ind., opens his paper, as Elbert Hubbard says all advertisements should be started, namely, with a truism, "After the war things will be different." Later on he says that in his opinion "lasting peace will never come while men live on earth." From which it may be inferred that things will keep on being different, for when man ceases to live history and symposiums will cease from troubling.

Dr. T. D. Crothers, of Hartford, Conn., among other things, writes as his opinion:

"European civilization is breaking down, and new alignments and new adjustments, which will require half a century or more to re-establish, are certain to follow. In the meantime an immense immigration will come to this country, immigrants of a stirring, restless class who seek a larger field of activity, free from the paganism of church and state." In this case Dr. Butler's prediction of more war will probably be pulled off in this country, which, from the tenor of the papers, one is uncertain as to whether it, our country, is the land of the free or is made up of, as Carlyle once said, "chiefly fools."

The final contributor to this illuminating matter is Dr. J. Wallace Beveridge, of New York, who, in a general way, sees boom times ahead for American business and professional men, which is very comforting from the purely personal point of view.

With all due respect to the eminent editors of the *Times*, Drs. Baketel and Jacobus, it seems to us that these symposiums are but Machiavellian means of showing up the nakedness of man. Goethe writes of the "roaring loom of time" (was it Goethe?), of which this war is an especially loud roar, but what does the Kaiser, or the Czar, or anyone else, down to the poor fellow in



the trench know of the meaning back of it all? Nothing—just like the rest of us. And that explains why the Ten Commandments were delivered from Mount Sinai amid thunders and lightning—they are the basis of all true life, the only real solution of “world problems.”

---

### OIL OF MULLEIN IN DEAFNESS, EARACHE, ETC.

Dr. J. M. French, of Milford, Mass., in *The Medical Standard*, says: I have for a number of years been in the habit of using the oil of mullein, so-called, with excellent results in certain cases of deafness and earache, and believe that it may be worth while to call the attention of your readers to the matter. Especially is this true because there is but little to be found in current medical literature on the subject, and the most of what there is, is due to the researches of our eclectic and homœopathic confreres.

The plant from which this is prepared is known as *Verbascum Thapsus* the mullein weed, a plant of the natural order *Scrophulariaceae*, having large woolen leaves and yellow flowers in dense spikes. It is these parts, the leaves and flowers, which are used in medicine. The chief constituents of the leaves is mucilage, but the flowers contain an oil in very small quantity.

*Verbascum thapsus* is emollient, demulcent, diuretic, anodyne, and antispasmodic. It exerts a mild influence on the nervous system, quieting irritation and promoting sleep. It also allays bronchial irritation and lessens cough.

An aromatic liquid, prepared from the bloom of mullein, and usually called mullein oil, is an efficient preparation, and the only one which I have personally employed. It is beneficial in cases of difficult hearing, especially where there is a feeling of fullness in the ears. In these cases, three or four drops of the oil should be placed in the ear morning and night, and perhaps oftener. Well packed in the ear on a pledget of cotton, it relieves earache in children, and often in adults as well. Otorrhœa is benefitted by the same treatment. It is also useful in irritable and catarrhal conditions of the genito-urinary mucous membranes, such as nocturnal enuresis and subacute cavities.—*Medical Summary.*

## THE SPECIALISTS' DEPARTMENT.

EDITED BY CLIFFORD MITCHELL, M. D.

25 East Washington St., Chicago, Ill.

### OUR CONTRIBUTORS.

In this issue we begin a paper on safeguarding the pregnant woman in which we give the results of several years of research work which we have carried on in collaboration with Dr. Gilbert Fitzpatrick, Professor of Obstetrics, Hahnemann Medical College, Chicago.

### WHAT RESEARCH WORK HAS DONE IN SAFEGUARDING THE PREGNANT WOMAN.

CLIFFORD MITCHELL, M. D.

Some years ago Dr. Gilbert Fitzpatrick requested me to investigate the relation of the ammonia excretion in urine to the various manifestations of the toxemia of pregnancy.

I found a paragraph in Emerson's *Clinical Diagnosis*, 1906 edition, describing the practical use put by Williams, of Johns Hopkins, to the determination of ammonia in cases of pregnancy. In pernicious vomiting he found ammonia much increased (even 20 to 45 per cent.) without necessarily casts or albumin. Following induction of labor he found that the per cent. of ammonia dropped at once. Post mortem always showed hepatic lesions.

This observation of Williams gave me my cue and as soon as I could find a simple clinical method for the determination of ammonia I began to include this determination in my routine analysis, and up to this time have made a thousand or more such determinations.

Now, by ammonia in urine, clinically, we mean the aggregate amount of the chloride, phosphate and sulphate of ammonium present in it. This aggregate is very small, averaging only about  $\frac{2}{3}$  of a gramme (10 grains) in the entire twenty-four hours' urine and must not be confused with the ammonia of ammonium carbonate in decomposed urine. (See *Modern Urinology*.)

Normal urine contains little or no ammonium carbonate, but as soon as the micrococcus ureæ begins its work, urea begins to be decomposed with formation of ammonium carbonate. Hence in order to avoid error from ammonium carbonate, it is absolutely necessary that we examine urine which has not appreciably decomposed, and in order to prevent the urine of pregnant women from decomposing, more than ordinary precaution must be taken.

Here, then, is the first step in the study of the toxemia of pregnancy: namely, the collection and preservation of the twenty-four hours' urine, which may be accomplished as follows:—Instruct the patient to begin the collection on an empty bladder after the noonday meal, cleansing the external parts before each urination. Have her urinate into a sterilized fruit jar each time. Save all the urine voided from the noonday meal to bed time, including that last voided on retiring and collect it in a jar or bottle labelled No. 1 and **put it on ice.**

Save all voided during the night and on rising in the morning in a jar labelled No. 2 and put it on ice.

Save all voided up to the noonday meal of the second day in a jar or bottle labelled No. 3. Get the urine to the analyst as soon as possible.

Next in order comes the analysis. You will notice if you examine the urine of many pregnant women that by the 7th month the twenty-four hours' quantity exceeds the amount the woman passes when not pregnant; that the color is lighter and the specific gravity lower. The normal solids, all except ammonia, tend to decrease in amount, **urea especially being low even in normal pregnancies.**

The analysis in cases of pregnancy should always include at least the following:—

Measurement of the 24 hours' volume.

The taking of the specific gravity.

The determination of the so-called acidity.

The determination of the quantity of urea and of ammonia and the calculation of the ratio of the one to the other.

The testing for indican and the approximate determination.

Detection and determination of albumin, sugar, and detection of the acetone bodies.

The search for casts and general observation microscopically of the sediment.

Any analysis of the urine of a pregnant woman which fails to include all these procedures may prove disappointing. With the proper collection, preservation and analysis of the urine, I claim that the condition of the woman as regards toxemia is an open book. In three years during which I have had the laboratory charge of several hundred pregnant women, not one has failed to have trouble of some sort at confinement when the urine has persistently shown the signs of toxemia, and not one has had any trouble referable to toxemia when the urine has been normal throughout. On the other hand, **not a single case of convulsions** has occurred in those women in which the urine had given us sufficient warning beforehand for us to put the patient on the treatment for hepatic toxemia, which will be referred to later. This warning is not derived from the finding of albumin in urine, but long before this by the finding of an undue relative increase in ammonia.

The reasoning is as follows:—If, as Williams correctly observed, the amount of ammonia is greatly increased in pernicious vomiting of pregnancy, in which hepatic lesions are always present, why should it not be more or less increased in hepatic toxemia in general? Hence, if you find ammonia more or less increased in the urine of a pregnant woman, suspect hepatic toxemia and treat accordingly.

Now, Williams observed, and I have verified his observation, that ammonia tends to increase as pregnancy goes on, reaching its maximum at labor. This increase in ammonia coupled with decrease of urea is one of the curious features of pregnancy, and by studying the ratio of these two substances you can tell just about what the woman is doing. Beginning about the seventh month, so long as the amount of urea is twenty or more times that of the ammonia, all is well; if urea is fifteen or twenty times the amount of ammonia, the patient will bear watching, but there is no special ground for uneasiness if the urine is negative in other respects and the patient not complaining. Below 15 to 1 and especially below 10 to 1 is a serious condition, and unless by treatment you can raise the ratio, there will be **trouble of some sort** at confinement.

Now, then, what kind of trouble may be expected? First of all, convulsions. In two cases where we were unable to carry out the necessary treatment, convulsions occurred. In both instances there was ample warning given by a ratio of urea to ammonia below 15 to 1 **before we found albumin in the urine**, and the convulsions occurred only a day or two after **albumin appeared**.

Dr. Fitzpatrick has given me a list of the troubles which have occurred in cases in which before confinement low ratios of urea to ammonia in the urine have been persistent:—

1. Uterine inertia, that is, protracted labor with insufficient pains. This condition is very common in women in whose urine we find low urea-ammonia ratios persistent in the 7th and 8th months.

2. Oligo-hydramnios.

3. Placenta previa.

4. Placental degenerations in general.

5. Early rupture of the amniotic sac during labor and prolapse of cord or arm.

The pernicious vomiting of pregnancy as already specified always shows in the urine a low ratio of urea to ammonia. I have found it as low as 5 to 1.

We have found **that ammonia is likely to be higher in the urine of primiparæ than in multiparæ**. A woman may have a relatively high ammonia figure and all sorts of trouble in her first pregnancy and yet no trouble at all in the next. I think it well worth while for every one of us dealing with obstetrical cases to know beforehand in a general way what to expect; *i. e.*, whether trouble or no trouble, and this I have proved by a study of several hundred cases can be done by a comparison of the ammonia and urea in the urine.

Dr. Fitzpatrick, who has opportunity for much broader observation than mine—for he sees all the signs and symptoms where I see only the urine—declares that three years' study of the cases have led him to believe firmly in the trustworthiness of my claim.

(To be continued.)



**CALCAREA CARB.**

By Dr. J. M. S. Cheshir, Little River, Kan.

After eating a hearty supper Dr. Stork seated himself in his big "comfy" arm chair before the fire, exchanged his shoes for a pair of slippers and took up the daily paper, intending to read the daily news. It had been a cold windy day and he had ridden several miles over the rough frozen roads to attend a poor woman in confinement. This was the sixth baby he had left at that home, and they still owed him for the first one.

He had read only a short time when Morpheus softly enfolded him within his arms, and he was soon in the land of dreams. He was rudely awakened from his much needed sleep by the insistent ringing of the telephone, and his good wife informed him that another lady was sick, and that his assistance was needed at once.

With no thought of self he hastily prepared for the trip, and in the "wee sma' hours" of morning a little girl was ushered into existence. The next issue of the weekly paper heralded the birth of *Calcareo Carb.*

She was a light-haired, blue-eyed, fat and apathetic baby, with a disproportionately large head and cold clammy feet. She sweat so profusely about the head, while sleeping, that her hair and the pillow would become wet, and then she would take cold. The abdomen was also large, the fontanelles were late in closing, and there was a tendency to hydrocephalus. Milk did not agree with her, and she would vomit it sour and curded. The stools were undigested and sour, and at times fetid. There was also a sour smell from the body.

The next summer after the birth of *Calcareo carb.* the mother was very much worried lest she should cut her teeth during the hot weather, but the summer came and went without any teeth. Her worry was then changed to pleasant anticipation of a teething period during cold weather, but in this she was doomed to disappointment, for winter had gone and spring had about given place to summer before there were any indications of the long-looked-for teeth. The gums were badly swollen and the teeth were very slow in coming through. She was very cross, irritable

and obstinate. The teething period was further complicated by several epileptiform convulsions.

Her food instead of being converted into bone and muscle was stored up in the system as fat, and she was, therefore, a fair, fat and flabby baby, with a sweaty head, open fontanelles and weak limbs. Such being the condition her parents wisely refrained from encouraging her to walk or even stand alone, for they well knew that it might result in a pair of bowlegs, and, being country people, they did not want it said of any of their children that they "were so bowlegged that they could not catch a pig."

For some time after she learned to walk there was a quiescent period, and her parents thought her childish troubles were over, but in this they were again disappointed, for the lymphatic glands began to enlarge, especially those of the mesentery, and at the same time the muscles of the neck and limbs began to emaciate. She was then an odd looking little girl, with weak limbs and a big belly. She so tired that she took no interest in her play, and to go up stairs completely exhausted her. The glands in addition to being enlarged were also indurated, and some of them even took on a calcareous degeneration. At times she was delirious and would talk of fire, and on closing the eyes she would see hideous faces.

Her case was such an unusual one for that community that it aroused the interest and curiosity of all the old grannies in the neighborhood, and they all had to make daily visits to note the progress of the case, offer advice—which was as varied as the constituents of boarding house hash—and condemn the attending physician for not treating the case differently. Each and every one of them would ask the patient to narrate her symptoms, which always made her worse, and after they had done all the harm they could in that way they would sit around—like a flock of crows around a sick cow in a pasture waiting for a feast—telling about the sad deaths of Mary Jones, little Willie Smith, Johnnie Brown and a host of others. These sad stories would affect her profoundly, and at the next visit of the doctor he would grit his teeth in rage and declare that every old grannie ought to be consigned to the hottest place in hades.

She was chilly and sensitive to cold air, and when winter came

on she could hardly keep warm. Her body was nearly always cold to the touch. She perspired very easily and profusely, especially on single part. These sweats were often followed by a chill or headache. She presented a good picture of a psoric constitution, and her parents despaired of ever raising her.

After a great many vicissitudes she finally arrived at the age of pubescence when a new set of troubles began. The menstrual function instead of being established at the proper time was delayed. Two or three seasons passed before the flow was established, and then her menstrual troubles instead of being over were just begun. The periods came too soon, were protracted, the flow too copious and clotted. Once the flow was suppressed from being out in a rain. This was the beginning of another set of symptoms which resulted in dropsy of the ovaries and a leucorrhœa with the following characteristics: Burning, gushing, copious, thick and yellow, worse before, after and between the menstrual periods.

She had an aversion to open air, always kept the windows of her room closed, and was very careful not to sit in a draft for it always made her feel worse. She was nervous, restless, and suffered from mental depression. At first she despaired of recovery and later was indifferent about it.

She suffered from a delusion that people thought her insane, and in the evening especially she was fearful lest it should at some time become a fact.

All her complaints were predominately right-sided.

After the above symptoms had somewhat subsided a scrofulous swelling began to develop in the kness, and not being satisfied with her former medical attendant, she decided to call in a homœopathic doctor. Of late she had frequently seen a young man, carrying a small hand case, pass by their place—her father having recently sold his farm and moved to town—and thinking him to be the new homœopathic doctor that had recently located in their town she decided that she would call him in the next time she saw him passing. Soon after she had made this decision she saw him coming up the street and requested her mother to ask him to come in.

She gave him quite a history of her troubles and concluded by

showing him how badly the knees were swollen, then asked him what she ought to do. He very politely informed her that she ought to call a doctor, and that he was a piano tuner.

Profiting by this humiliating experience she sent a messenger for the new doctor. She soon began to improve under his treatment and within a year was completely restored to health.

[Read before the Kansas State Homœopathic Medical Society, May 6, 1915.]

---

### BOOK REVIEWS.

THE CANCER PROBLEM. By William Seamen Bainbridge, A. M., Sc. D., M. D. 584 pages. Cloth. New York. The Mac-Millan Company. 1914.

This is a pessimistic book. It says that in old times the belief prevailed that a cancer started from its roots, but "today we know that the exact opposite is true," namely, "that the roots are the offshoots of this tumor." In other words, the fruit is the cause of the roots—the upside down of the ideas. The book is a big one, divided into 14 Sections, has 38 plates besides numerous charts and maps. The General Bibliography at the end of the book covers 52 pages, and the List of Authors consulted numbers about 500. In short, the book gives us about all that is known of cancer save its cure, which, according to the author, can only be accomplished by the knife. A fine scholarly book like this one confirms the belief in the reviewer that the medical world will continue to grope in Egyptian darkness, so far as the cure of disease is concerned, until it takes up Homœopathy, *The Science of Cure*.

---

(Spasms of Larynx.) Attacks consisted of sense of constriction of the larynx, attended with dryness of the whole throat and mouth, and invariably occurred after sleeping. The exacerbation after sleeping being the "keynote" of *Lach.* that never failed me, I prescribed *Lach.* 200. No return of the spasm for several weeks, when, one day, she sent me a message, saying there had been a slight return of the throat difficulty. *Lach.*, three times a day. No return of the disease since.—*Dr. S. C. Knickerbocker.*

# Homœopathic Recorder

PUBLISHED MONTHLY AT LANCASTER, PA.

By BOERICKE & TAFEL

Subscription \$1.00, To Foreign Countries \$1.24, Per Annum

Address communications, books for review, exchanges, etc.,  
for the editor, to

E. P. ANSHUTZ, M. D., 1011 Arch Street, Philadelphia, Pa.

---

## EDITORIAL NOTES AND COMMENTS.

Crushed Again.—The *Medical Times* quotes:

"Hahnemann, the founder of Homœopathy, was led into the fallacy of concluding that quinin occasioned symptoms like those of malaria because of a personal experience. In his case large doses of cinchona produced in a few days well marked symptoms of ague. Therefore, he reasoned, cinchona cures ague because it induces symptoms in a healthy person similar to those of ague. 'The paroxysm,' wrote Hahnemann, 'always lasted two or three hours, and reappeared when I repeated the dose, but at no other time. I omitted it and was well.' Upon this experiment Hahnemann based his entire platform of *similia*. 'This,' says C. Wesselhoeft, himself a Homœopathist, 'was the only experiment Hahnemann ever made in order to establish his dogma.'—*Hahnemannian Monthly*, August, 1896, p. 499.)

It seems to us the date is wrong, but be that as it may, the *Times* comments:

"In short, Hahnemann was not 'healthy,' but infected with the plasmodia. And he suffered from *actual* ague after taking the quinin. The symptoms were the symptoms of ague, and not merely 'like' those of ague."

"In the light of our present knowledge it is perfectly evident that Hahnemann built his house of cards upon sand."

As for the "light of our present knowledge" it shifts so often that many scientific saducees think it is an *ignis fatuus*. That *Cinchona* was the only experiment Hahnemann made to establish his "dogma" is fresh news. However *similia* stands solid after a century, while the others change their "science" annually.



**Cholera Inoculation.**—With the appearance of cholera in the eastern region of the big war comes cholera vaccination. Those inoculated are warned that the vaccine does not “confer absolutely safety.” The material used is composed of an emulsion of fresh cholera bacilli in a salt solution. Whether the human body can stand the cow-pox, the typhoid vaccine and the cholera emulsion, is at least debatable. After each epidemic such as was in evidence in our war with Spain, and among the British in South Africa, the sanitarians get busy and the cause is not repeated, but with their work comes a vaccine and is given all the credit.

**A Big New Field.**—Among the abstracts in an exchange is one concerning a case of “balantidiosis.” Emetin failed and so Salvarsan was injected instead. “Since that date up to the present writing, July 10, 1914, the stools have been examined carefully on twenty days without finding balantidia on a single occasion. So far as could be observed the patient was in good general health all the time that he carried the infection.” If every healthy person whose stools contain objectionable matter is to be treated by hypodermics of patented remedies the number of patients is the sum of humanity. To save a possible reference to the dictionary it may be quoted here: “Balantidium. A genus of ciliated *Infusoria*. *B. coli*, *Paramecium coli*, a parasitic infusorian in the rectum of man and other vertebrates: whether it is pathogenic or not is disputed.”

**A Bit of Psychology.**—Dr. Robinson's *Critic and Guide* (which is a fierce critic, though the other part is not so certain) says, concerning the falling off of the public's interest in base ball: “Is this merely a temporary phenomenon, or may we take it as a sign of growing intelligence on the part of the American public? Almost too good to be true.” Every man will pause to watch an honest, hard fought game of base ball between two kid, or amateur, teams, because the souls of the players are in the game, but when good players go from team to team and from “league” to league, for the sake of higher pay rather than for the honor of their teams, the thing becomes purely mercenary and the public loses interest. Limit each

team to the men of the respective cities, and interest in the really fine game will be renewed and accented.

**Bichloride of Mercury.**—The following is an excerpt from a paper in *Critic and Guide*, by Dr. T. F. Carter: "Within the last two years, many fatal results have been reported in the homes of prominent individuals and it is no doubt because of the prominence of the individuals that the facts have been given to the public. There are hundreds and hundreds of cases where similar damage has been done, but the facts do not appear in the daily papers because of the comparative obscurity of the individuals who are affected." The damage was done by the *Bichloride*, which kills "germs," and life, quite regardless. Some years ago the writer had a severe minor injury, namely, the flesh was torn from the bones of the left thumb, though no bones were broken. A local surgeon dressed the wound and put on bichloride. Arriving home the bandages were removed, *Succus Calendulæ* applied and new bandages put on. Went back to the surgeon in a few days and he expressed surprise at the rapid healing.

**Diabetes with Extreme Acidosis.**—The patient seen recently was a woman 52 years of age with the usual symptoms of diabetes. The weakness was so great that she was in bed for days at a time. There was vomiting, marked constipation, pruritus vulvæ, and a low blood pressure, 90. Great nervousness was complained of; also insomnia.

The urine was, when seen, 2365 c.c. in 24 hours, with the unusual acidity of 55 degrees which made a total acidity equivalent to 4.7 grammes of hydrochloric acid.

The total ammonia for 24 hours was 3.25 grammes and the ratio of urea to ammonia only 7 to 1. Acetone bodies were present in quantity.

Indican reaction was marked showing a total indican of a large amount. Sugar was six per cent.

The patient was ordered a nurse with instructions to keep up colonic flushing until any impactions were removed and hardened feces washed out. After which a dose of castor oil was to be taken and the bowels regulated with milk of mag-

nesia. Soda bicarb., a teaspoonful at bedtime and in 30 grain doses during the day, was prescribed and strychnia phos. for the weak heart.

**Bile in the Urine.**—In spite of the space devoted to descriptions of tests for bile in the urine the fact remains that clinically the tests are useless unless perhaps freshly voided urine is obtainable and is immediately examined.

In *Modern Urinology* the physical characteristics of urine containing bile are described on page 288 and among other things is mentioned the fact that **epithelium in the sediment is stained yellow**. We regard this staining as one of the best tests. For example, in a case recently seen the color suggested bile, the foam was yellow, the patient jaundiced and yet Smitá's test for bile was negative, Huppert's test as modified by Nakayama, and Gmelin's with nitrous acid negative. Microscopic examination showed all the epithelia present distinctly yellow.

We have noticed lately that Smith's test for bile is demanded on State Board examinations. What the peculiar merit of this test is we are unable to say. In the first place the name Smith's test is not accepted by all clinicians with whom this iodine test has long been known as Maréchal's. Again Smith's test as described by so-called "standard" text-books calls for a 10 per cent. alcoholic dilution of tincture of iodine which is altogether too strong, one per cent. as given in *Modern Urinology* under the heading of the "iodine test" being strong enough. **Finally Smith's test or any iodine test may fail when the urine in certain cases contains bile sufficient in amount to stain epithelium plainly.**—C. M.

**A Pneumonia Hint.**—Dr. Cattin, in the *Revue Medicale*, a Swiss journal, says that if pneumonia patients are allowed to sit up every day for a time, greater or lesser, according to condition, it will greatly benefit them. The change enables them to breathe easier, to expectorate more freely, the temperature drops and the change of posture is generally beneficial. It looks reasonable.

**Antitetanic Serum.**—The *British Medical Journal* prints an

abstract of an address by Prof. Koenig, to the Freiburg Medical Society, Germany. In effect the Professor said that the results of the medical treatment of the wounded are unsatisfactory. He thought it would be necessary to scrutinize afresh the methods of treatment. He said that in spite of large doses of anti-tetanic serum the mortality from tetanus remained alarmingly high. Indeed, in some cases the serum seemed to do more harm than good. If these medical men would substitute *Hypericum* for the serum they would do far better. Perhaps, too, they would improve matters to a considerable degree by throwing out all serums, which, as Koenig intimates, effect nothing but harm.

**Boiled Vaccines.**—David Sommerville, M. D., in *Lancet*, advocates the boiling of the vaccines, Staphylococci—aneus and albus—instead of heating them. We give this hint, which, probably, is the forerunner of roasting, frying and grilling them, to show that, to all appearances, the vaccines are sliding towards the scrap-heap of scientific medicine.

**Modern Therapeutics.**—The seven-leagued-boots advance of modern therapeutics is shown in the Paris Letter to the *Lancet*, one of the sub-heads reading: "The Treatment of Large Wounds by Sterilized Sugared Radio-Active Mud." If some one were to write of the treatment of such wounds with *Calendula* probably it would be rejected as being unscientific. The *Calendula* would do far better work than the sugared mud, but then it would not be scientific.

**Tetanus and Vaccine Virus.**—It may be our own fault, but we cannot comprehend the paper by John F. Anderson, Director of the U. S. Hygienic Laboratory, at Washington, published in *Public Health Reports*, July 16, on "Post-Vaccination Tetanus." The argument is that the virus is not at fault. To demonstrate this, a number of monkeys and guinea pigs were vaccinated with a virus purposely charged with the tetanus germ. The "takes" were fine, but no tetanus developed. It seems that these experiments prove only that the germ is not the cause of the disease, yet Director Anderson reasons that when the disease

develops after vaccination, as he admits it does, the germ got into the wound from some other source than the virus. In view of the experiments on the animals, who were very "susceptible" to tetanus, this appears illogical. Perhaps the bacilli have nothing to do with the origin of disease and are only effects.

**Those Committees.**—Remarks the *Providence Medical Journal*, "When the last trumpet sounds, let us hope it will disturb the slumbers of some of the committees that have been appointed within the last year or two. If there is any need of such committees, there is just as much need of them showing signs of activity." Happy is the country that has no history! Do not stir up old ashes. If you do not feel the need of the committee, let it slumber and, with Sancho Panza, exclaim, "Blessed be the man who invented sleep."

**Buttermilk.**—Our deep and profound contemporary, the *Journal of the American Medical Association*, enlightens the world on buttermilk. Here is a gem of wisdom from it: "This beverage, Heinemann reminds us, should therefore be looked on with suspicion, especially if heavily polluted, unless it has been prepared from pasteurized milk." Our grandmothers used to "churn" two or three times a week and what was left after the butter was taken out was butter-milk. It was not from pasteurized milk, but it was far better. It looks as if this germ business tended to make men dippy.

**Echinacea.**—The *Journal of the A. M. A.* comes back again on this drug, concluding an editorial on it, as follows: "Authoritative evidence for the value of Echinacea, so far as we can learn, is yet to be presented." Evidently the practicing physician is not an authority in Dearborn St.

**The Cause of the Epidemic.**—There has been an epidemic of typhoid at Oak Park, Chicago. After a search the health authorities have located the cause to be Mary Burke, who works in the lunch-room of the High School. Mary is now "detained." She has the germs, but no typhoid. Presumably she emits them after the manner of a bit of Radium. Learned men tell us they



can find all sorts of germs in healthy persons, so anyone is liable to be sequestered by the medical bosses. Mary was a dish washer and had nothing to do with food.

**A Bit Personal.**—To H. V. H., C. A. H., and C. M., who guide *The Clinique*, it is suggested in a pure spirit of altruism that they ought to enlarge their type page or cut down those vast white borders of their publication. Their esthetical la de da sets too fast a pace for the rest of us and then, too, it looks somewhat like son in pa's coat.

**Stolen.**—*The Clinique* informs the world that Dr. John W. Cogswell, of Iowa City, who is guiding the destinies of the rejuvenated *Iowa Homœopathic Journal*, visited the Institute and had his auto stolen. Too bad! Not only loss of the good editor, but this evidence of lapsed virtue in Chicago, a town for which we were beginning to have great hopes.

**The New Scientific Treatment of Pneumonia.**—The *British Medical Journal*, quotes the *Cornell University Medical Bulletin* on the "Serum Treatment of Pneumonia," as follows:

"While it is possible that in the cases having chills the serum had furnished bacteriotropins enough to cause phagocytosis and consequent lysis of the pneumococci, thus liberating sufficient endotoxins to cause the disturbance, so many factors enter into the interpretation of the result of therapy with a polyvalent serum that no conclusion can be arrived at. For the present attention should be confined to the action of high value serum on typical cases only until value in typical cases has been established, and strains from cases resisting treatment should be identified and classified."

The white light shining through this pellucidity is fairly blinding to the neophyte.

**"They Don't Need It."**—The following is clipped, entire, from the Berlin Letter of the *Jour. A. M. A.*, 1/16, concerning the German army:

In addition to pieces of clothing, the most various articles of equipment have been supplied to the soldiers for their physical comfort.

Among these things, alcohol played a rôle for a certain time, although the use of alcohol in the army has been restricted to the minimum by orders of our military medical service. The autumn storms with their cold winds and frequent rainfall aroused the need for warming drinks among the soldiers; therefore alcoholics were furnished to the privates through the express wishes of some of the commanding generals. But immediately warning voices were raised, especially of physicians, who pointed out the objectionable character of the expense for alcohol. By this means a diminution of these presents has been secured. Also some of the leaders of the troops have pointed out in their published reports that the people might well send other articles or gifts rather than alcoholics. Of some aid in this matter is the fact that in the West the cold is very slight. A well known clinician, who has been spending some time as a consulting internist in the army of the West, and has returned for a few days, has stated that, at present, there prevail in the West climatic conditions something like those of the Isle of Wight, so that the need for artificial heat, external or internal, is very slight. In the east, naturally, the condition is quite different.

Bet a Pittsburgh stogie against the finest Havana that that "clinician" had "something" besides a comfortable fire every evening after going through that "mild" slush and snow, of the "west," even though his exposure was a mere bagatelle compared with that of the men in the trenches.

**Illinois Health News.**—This newcomer in the wilds of medical journalism remarks:

A southern health bulletin says: "Before the discovery of Jenner, small-pox was a deadly disease." We are all duly gratified that Jenner was discovered.

Incidentally let us give the *News* a bit of advice. Look at the back cover of your June number where a Red Cross nurse visits a hovel. The artist who drew that nurse's face must have had a grouch, for indeed her face would scare any baby into fits. She looks like a fiend from Boston, and is a libel on the pretty nurses. Give the world artistic work or it will think your ministrations are like your cartoons, *videlicet*, bad.

## PERSONAL.

The hair-pin is the greatest invention ever made, remarked a trim lady.

They say many ladies are not up-to-date in the matter of age. "Slander!" says Mary.

"Carrying coals to Newcastle" is telling the seniors something.

"Whiskey kills more than bullets," but sinners prefer to risk it rather than the plumbum.

The lady or gent who leaves a pile of peanut shells on the floor wouldn't be missed, much.

Three per cent. of the Generals of our late war survive, but the pension list doesn't show it.

Only his own tribe would miss the practical joker, and they wouldn't—much.

The indoor whistler wouldn't be missed by any one.

"Why do we eat?" asks a learned Homœopath. Well, it's eat, or undertaker, for one thing.

Visitors love to touch the bright metal on the engine to see if it's hot. It is, they discover.

A Hartford man received 8,000,000,000 typhoid bacilli without getting sick, so they said he is a "carrier," and hocked him.

The "limitations" of Homœopathy are (or is) that "all men are mortal."

"A Theatrical Moses needed." Thought they had it all.

The doctor who thinks he can "regulate the bowels" of anyone is a first-class optimist.

The optimist borrows an umbrella. The pessimist lends and justifies himself.

"—— would bring the blush of shame to the cheek of a hippotamus."—

If we could only be sure what we read is true!

The latest (?) on the Ford. Their owners are Christian Scientists who think they have a car.

"Do you drink anything," she asked and he cheerfully replied, "anything."

You get in a bad scrape with a bum barber.

When a man says the world owes him a living ask him to show his vouchers.

The irate guest asked the waiter to "wring the neck of that egg."

Two lady tourists asked the trolley conductor "Where are we going?" "I don't know," was the reply.

An Englishman doesn't necessarily go off in weight when he loses 50 pounds.

Pursuit or Possession? Well the latter when it comes to the last trolley after midnight.

# THE HOMŒOPATHIC RECORDER

---

VOL. XXX      LANCASTER, PA., OCTOBER 15, 1915.      No. 10

---

## ANIMAL CHARCOAL AND BACTERIA.

*The International Journal of Surgery* in its August issue has for its leading editorial an essay on "Animal Charcoal as a Wound Dressing." Have not a word to say against the method advocated. It opens with the statement that there was a time when vegetable charcoal was "a fashionable" remedy for foul and malodorous wounds. But that was "before the introduction of antiseptis," which, as we all know, is headed by "bichloride." It is assumed that charcoal is not as effective as the mercuric, which may be true, but at the same time it is an open question whether the patient would not have been better off with the charcoal than with the deadly bichloride. The cause of the editorial is the fact that the Germans are now using animal charcoal (*Carbo animalis*) as a wound dressing, and with great success, even in wounds that have gone on to suppuration, as was shown in von Eislesberg's clinic at Vienna, where they first clean the wound with hydrogen peroxide and then dust it with the animal charcoal. This is changed daily. Whether the once "fashionable" wood charcoal would not have done as well is a question that can only be settled by a trial.

"This treatment proved remarkably successful in all cases of recently infected wounds," says the *International*. Also "Attention is further called to the value of this agent as a dressing for unhealthy amputation stumps and bed sores."

The editorial then continues: "One of the great advantages of *Carbo animalis* is its absolute harmlessness. While it does not exert any direct effect upon bacteria, it seems to act by promoting oxidation of putrefying material, absorbing and neutralizing toxins, and drawing micro-organisms to the surface. Laboratory experiments have shown that the proteolytic ferment produced by pyocyanus (pyocyanase) is completely absorbed by charcoal

and thus prevented from manifesting its destructive action. To be sure, *Carbo animalis* makes a nasty mess, but if it will do all that is claimed for it we may easily condone this objectionable feature."

The charcoal is very efficient in curing that which it goes after, but—"it does not exert any direct effect on the bacteria!" Yet the bacteria, according to the authorized teachings of the licensed colleges, are the one and only cause of the trouble. Curious, but here is an agent that cures, but does not affect the "cause."

It requires considerable faith to believe that bacteria are the primal cause of physical ills just as it takes a bit of nerve to go against this theory, that is taught everywhere. As to whether germs are animal or vegetable no one seems sure, but the term "organism" seems to point to the animal. In a brief period they multiply by the billion. From these facts is there not reasonable grounds for the belief that the mysterious cause of the disease is the power that changes healthy tissue into diseased tissue, namely, into bacteria? It is doubtful if the actual cause of disease will ever be seen on the microscope's slide, any more than will the lusts that drive men to debauchery and crime resulting in a diseased and degenerate posterity swarming with bacteria.

In Fisher and Macdonald's *Homœopathic Text-Book of Surgery* it is said that *Calendula* is valueless because it will not kill bacteria, yet all who have used it in fresh or suppurating wounds know that it heals them quicker than any other agent. *Carbo animalis*, it seems, also heals, but does not kill bacteria. This must be something of a poser to the man who believes that bacteria must be killed to cure the patient.

In closing let it be stated that *Calendula* does not make a "nasty mess," and being more efficient than the charcoal ought to be used, even though it is closely associated with the bug-bear Homœopathy.

---

"Young woman, æt. 22, a severe uterine hemorrhage after confinement; on the fourteenth day eclampsia; under allopathy case given up; right side paralyzed; left eclamptic; unconscious, even in the intervals;; could not move mouth or tongue, nor swallow; retention of urine; urine showed ammonia, nephritic epithelia, and some albumen. *Cupr.*, two days, followed by *Ars.*, cured."—*Dr. Buchner.*



## THE BELLADONNA FACE.

By J. Cresswell Lewis, A. M., M. D., 351 Frederick St.,  
San Francisco, California.

The face presents a wide field for earnest and unremitting study. Its lineaments change with each succeeding year and vary with every emotion experienced, however evanescent it may be. It is the index of the Ego's position in evolution. He who becomes apt in discerning the meaning of facial expression, in its multitudinous forms, and applying to this skill in prescribing, will never regret the time spent and energy expended in becoming thus expert in interpreting the impress of mental process.

"To find the mind's construction in the face" is the sine qua non for success in relieving many of the ills of humanity. Each face we study is thoroughly individualized and has peculiarities belonging solely to itself, and yet we observe countenances, now and then, which recall others well known to us, and which would seem to prove that nature has the habit of using a series of molds, some one of which all visages must conform to. Admitting this to be a fact, it is not carrying the point too far to suggest that there may be a series of composite faces which furnish material for the study of the remedies we are daily called on to use.

Recently one investigator spent four years, and used many thousands of dollars, in procuring a composite photograph of four hundred leading Americans. Years ago, another gentleman used a number of mutilated coins of the reign of Cleopatra to procure what he claims is the correct likeness of the Egyptian Queen by means of a composite portrait.

Investigations have been made relative to the face in disease, and careful observers aver that the composite face indicating each remedy does exist and that they have found it in some instances. Taking *Belladonna*, for example, and noting the cases where it has been indicated, the writer has found, during a long experience, that a certain type of eye is more apt to be treated successfully with this drug when medication is required for any ocular trouble. The same may be observed regarding the nose and mouth, the cheeks and forehead.

Before proceeding to analyze the features, let us do a little in the way of synthesis by presenting what we conceive to be the *Belladonna* face. The faculty of imagination is something more than is ordinarily supposed. It is that power by which an image is formed in the mentality, after which model things more concrete may be produced.

It is necessary to have some basis for work here as elsewhere, and the image formed in the mind, and which later forms objectivity, is the result of prior experience in the world around us. Nothing appears in the realm of cognition whose parts have not been elaborated and combined by the imagination. Arriving in the mind in sections, as it were, the imagination places them in juxtaposition and ushers its finished product into the vestibule of invention's temple, from which it is carried to the auditorium for exhibition. Whatever has gone through such a process is worthy of our consideration.

The countenance we will place before the reader is one which has been evolved through years of experience and application relative to its features and has long stood out prominently when the remedy in question has been applicable.

First, then, the support and buttress of the forehead (the lair of the frontal convolutions) is a classic Grecian nose with nostrils delicate and dilatable. This stands out between eyes of hazel hue, arched with finely penciled eyebrows and whose lids are fringed with long, silky lashes. The eyes are large and deeply seated in their orbits. Cheeks, full and pink, present themselves to us. The forehead is high, but often covered with a wavy reflexion from a mass of auburn hair. The lip is short and curved and full and replete with good, red blood, which, in connection with a lower one, "ripe and dewy," forms a veritable Cupid's bow, which may well serve as invective's projector while not being used in more congenial ways. We have a shapely chin, with sufficient development of inferior maxilla to indicate firmness of purpose, and a dimple, in the median line, to accentuate the characteristics of the mouth. As an adjunct to the face we have an ear, shapely and small, and yet so formed as to carry the faintest sound to the home of the soul. The face we have pictured can again be divided into three parts. The forehead mirrors forth the Divine in man, the nose and cheeks the psychic

nature, and the mouth and chin the physical traits. The eyes are the center of the triad, the "windows of the soul," while the ears we may allude to as its gateway.

The floridity of the face, together with other characteristics presenting, we would consider as indicating high blood pressure. This is produced, we are taught, by resistance caused by contraction of the capillaries and the arterioles, the vaso-motor apparatus, nervous and muscular, co-operating. This high blood pressure is accompanied by the products of metabolism, as increased glandular secretions, or mineral matter, as in uræmia. As this patient grows older the pressure is apt to increase.

The mouth of the face we are studying shows good blood, a lineage far superior to the ordinary conception of heraldry, for the line has run through ages of evolution, nothing but which could have arched it so beautifully. A fine mouth tells of good ancestry better than any other feature. It is a guide post to the student, for, as the soul overcomes the lower tendencies, it raises the corners of the mouth. When such a mouth smiles, the coruscant effect is the result of the inner glory breaking forth.

The mouth of the *Belladonna* patient, being guarded by full, red lips, comely in repose, and in action the fittest symbol of verve, surely indicates the phlogistic nature of the diseases which most frequently attack it and also the neurotic origin of some others. Before we enter the portals of the temple of speech let us look, for an instant, at the upper lip which has suddenly been transformed from its normal condition to that of a nondescript swelling. There is intense pain, labialism, distortion of the neighboring features, and, certainly, no opportunity to practice labiomancy by the attendant. If we remember this condition in connection with our remedy, we will be able to make a good prescription and speedily cause the normal to again assume control. Having caused the lips to open and close as intended by the Great Architect, we enter, the vaulted choir of the Caducean Lord to find our progress obstructed by a fiery red and swollen tongue. The glossitis of *Belladonna* is generally acute and superficial, the parenchymatous variety not often being found when this drug is indicated. There is stiffness, tenderness, and excruciating, lancinating pain when the tongue is moved or touched. *Belladonna* will usually relieve in such cases and restore to use the "little member that boasteth great things."

It is not always that toothache results from carious teeth. We have a species of pain, extremely acute and tormenting, which attacks, as yet, sound organs of mastication. This neuralgia, resulting from inflammation of the dental pulp, is a source of exquisite suffering and calls loudly for relief. The dental pulp, entering the fang at its extremity and being composed of blood vessels, nerves and connective tissue, conveys with it into the confined cavity it enters all the potentialities of such structures located elsewhere. Inflammatory processes are ever accompanied by pain and inconvenience, but when delicate structures are thus attacked and are restricted to a space limited and unyielding the degree of annoyance experienced is much greater than, under other circumstances, would be sustained. The patient is tormented beyond ability to express and goes without relief until some one is met who has studied the materia medica, and has learned that for such conditions *Belladonna* will be applicable. It is with gratitude this patient remembers the speedy relief obtained and, to himself, it is satisfactory work done by the physician.

*Belladonna* restores peace among the incisors, canines and molars, and brings back a smile to the lips we have hitherto described and enlarged upon.

The saliva is a fluid serving important ends in the economy. It keeps the mouth moist, dissolves sapid substances and, during the process of mastication, converts the food into a soft mass which can readily be swallowed. Its chemical action on starch, changing it into glucose, is an important one. A dry, hot mouth, resulting from impaired action of the salivary glands, is met with often and is a condition frequently neglected. The suffering resulting from such aridity is so keen as to produce delirium in extreme cases and calls for a medication which has supreme power over such an uncompromising enemy to comfort. Whether this is a result of irritation of nervous tissues (working from the exterior to the center) or functional excitation (proceeding from the center to the periphery) we have in *Belladonna* an agent that promptly gives relief.

One of the most trying affections we have to deal with is stammering. Speech is the result of muscular movements affecting the current of expired air as it proceeds from the larynx

through the mouth. If the vocal cords are in action and the sounds produced are acted on by tongue, lips and cheeks, we have speech that is easily heard. If the glottis is distended and the vocal cords relaxed, the air may still be molded by the muscles so as to produce speech without voice or whispering. The mechanism of speech is complicated. The respiratory movements, especially expiratory, must occur regularly and be adjusted to the sort of articulation required, the vocal cords must be manipulated properly by the muscles of the larynx, so as to produce the required pitch, the rima glottis must be opened or closed so as to produce prolonged or short sounds, the movements of the muscles of the soft palate, tongue, cheeks and lips must occur at the proper time and to the extent necessary. Where such does not take place, we will have stammering. This is noticed generally with respect to consonants, although some cannot utter vowels. It is caused, often, by spasm of the muscles supplied by the hypoglossal nerve (sterno-hyoid, sterno-thyroid and thyro-hyoid). *Belladonna* has been found to act well in this trouble, giving relief when other remedies have failed.

Proceeding now from the mouth to the nose, we shall see more of *Belladonna*.

The nose is a wonderfully constructed organ and performs a work of great importance apart from its own. Without going into minutiae here, we may broadly state that the sense of taste owes much to smell; for, if the olfactory organ is imperfect, taste is unable to send the proper impulse to the cerebral center. Odors produce a profound effect on the sensorium, causing pleasure or disgust; the complacency or repugnance varying in character and degree with the nature of the scent.

This is a fact too well known to be commented on, only as it suggests the selective power of the subject or superconscious mind. That the habitat of the senses is in subjective realm is hardly necessary to dwell upon in this day when we are aware of much that a short time ago remained unnoticed, yet one condition for which *Belladonna* is applicable will cast aside all doubt from a truth seeker. This is, that the patient describes odors which are not recognized either by physician or nurse, and which could not be present unless the articles giving forth such odors were in the room or adjacent grounds. Nothing that



can be said will disabuse the patient of what he affirms to be true, and the one way of ridding him of the odor is to administer the proper remedy, *Belladonna* doing the work admirably where other indications are present.

A red nose is frequently the source of inconvenience and certainly does not enhance beauty. This condition is frequently caused by intestinal affections. The brandy or whiskey drinker, the lover of beer, the gourmand, all suffer in this way, as well as those suffering from carcinoma of the intestines. Between the ninth and tenth dorsal vertebræ we have the region of vaso-motor supply to the jejunum and the small splanchnics. From this region we have a communicating branch to the Schneiderian membrane, which accounts for the red nose.

*Belladonna* has an action, undoubtedly, on the vaso-motor system of nerves and will help us out in such cases when we have characteristic symptoms of the drug, always remembering the type of face *Belladonna* possesses.

Acute rhinitis is controlled by *Belladonna*, the tendency to the same being lessened as well by its exhibition. Few affections are more annoying and few lead to more serious consequences in the respiratory tract than successive attacks of acute rhinitis. Therefore, when we call attention to the benign action of *Belladonna* here, we feel we have added one more testimony to those who have done so before us.

*Ipecac* excepted, no medicament in our experience is so successfully prescribed in epistaxis as *Belladonna*. The *Ipecac* patient is one in which the circulation is sluggish, in which exosmosis readily occurs through the vessels weakened by a general depression of the system and hence in whom we expect to find passive hemorrhage.

In the *Belladonna* subject, on the contrary, the vital force expends itself in the effort to force the blood at a more rapid rate through the arterial system, and we are apt to have hemorrhage of an active character at the weakest point in the circuit. Often this is found in the nasal cavities, resulting, no doubt, from the weakening of the walls of the vessels from repeated attacks of acute rhinitis.

*Belladonna*, controlling this tendency, acts as a preventive, as well as an excellent remedy during a hemorrhagic attack in sthenic subjects.

We would fail in our attempt to draw a pen picture of *Belladonna* in its action on the face if we neglected to call attention to its work in connection with the eyes, the clerestory through which the light of heaven shines in on the prisoner of the ages. Vision is a beautiful example of creative wisdom's work. To control the eye and its accessories is the most stupendous effort put forth by the ego. No wonder is it then Wordsworth says, in reference to the eye:

"Thy foundations are ethereal,  
As if within thee dwelt a glancing mind,  
Organ of vision!"

What is more puissant than a clear, brilliant orb, full of life, and sending forth from the cryptic cells of mind an influence which casts a mystic spell over its subject, whether that be of the nature of the expectancy of any romance or that of the darker, deeper, often malevolent sway of hypnotism? If this be so, what calamity (except it be loss of hearing) can be worse than blindness, which may come upon its victim through a number of ills affecting the eye?

The *Belladonna* eye is normally bright and even brilliant, indicative of an active, restless mentality.

Its shafts are directed with power and skill and its spell is never so great as when its quarry is supereminent. No wonder, then, when disease attacks the cerebrum and the visual center is stimulated that we observe an accentuation of all the qualities of the *Belladonna* eye. The staring, glaring, wild eye of delirium is a fearful spectacle. Consciousness being thrust back into the region of the uncertain and the irresponsible, the uncanny and the desperate is allowed to manifest and we have the enthusiasm or frenzy of temporary aberration exhibited in the erstwhile captivating eye. This calls for *Belladonna*, which will not fail us.

Binocular vision is attained in the first months of infantile life. Infants roll their eyes around in a perfectly helpless manner, and to acquire binocular vision is the greatest effort required of the ego, we are told. Some never acquire this power, in others it is imperfectly developed, while some lose it after having gained it. If the brain is not competent to cause action,

in conjunction, of the two eyes (which is sometimes the case), we have diplopia. In such a case *Belladonna* is an agent capable of doing wonderful things if persistently applied.

Conjunctivitis, dilated pupils occurring as the result of various causes, photophobia and other diseased conditions of the eye might be here noticed with profit, but we have already extended this paper further than was intended.

This offering is the result of personal experience, of which only can one write authoritatively and really, is the single method that promises to be of use to the reader.

In leaving this product of our leisure moments with our professional brethren, we are hopeful it will have the desired effect of inciting to a close study of the human face that reflection of the soul which forever stands out in bold relief and gives us the opportunity, if we have the ability, to look into the inner recesses of the being before us and thus better minister to his physical ills.

---

## THE TWILIGHT SLEEPLESS MOTHER AND BABE.

By Charles H. Duncan, M. D., New York.

The sleeplessness of the mother occurs on the first, second and often third night following delivery. The "Twilight" and other periods of sleeplessness of the child will, at times, occur periodically during the succeeding months, for it will tend to be a bottle-fed infant and be subject to the ills common to all bottle-fed infants, namely—"twilight"—sleeplessness with accessory complaints.

I have never found a mother who desired to nurse her child who would submit to the introduction of *Morphine* into her system at this critical period of her life when the action of *Morphine* upon the woman who is about to be confined, or who is being delivered, was explained to her, namely, that it tends to dry up the mother's milk.

The opinion that *Morphine* tends to dry the milk in a woman who is about to be confined has been forced upon the writer after having used for several years in minor operations, in the preparation of patients for major operations, and in inducing a

more or less painless delivery, the combination of drugs employed in producing the condition termed "Twilight Sleep."

The primary action of *Morphine* and *Hydrobromate of hyoscine* is, languor, torpor and delayed and reduced sensations or sense of feeling. They are not asleep, for they answer questions put to them, but slowly, after the lapse of a brief period, a second or two.

They feel the pain in from one to three seconds after the incision, but not as acutely as if no anodyne were given.

The forgetfulness of pain is due, in part, to suggestion, for they are in a receptive state of mind resembling, in many respects, that of the somnambule.

That is the frame of mind that will readily receive an impression or suggestion. Let it not be forgotten that the technique of many of those who are the strongest advocates of twilight sleep includes or consists in part of hammering in the suggestion that—"There is no pain," and even that the patient has had no baby, etc., hoping in this way to blot out the thought of pain. This is a redeeming feature of twilight sleep if the suggestions given at this critical time have no effect on the secretion of milk. That suggestion does actually have a pronounced effect on other secretions of the body is well known, namely, as saliva, urine, tears, etc. Some secretions depend alone on suggestion or emotion, and they will not flow with full freedom except by arousing the emotions and consequently the sympathetic nervous system. All secretions of the body are probably affected by strong mental impressions, and the quality of milk is markedly affected as in spasms, and at times death of the infant resulting from toxins generated in the mother by a strong mental impression passing to the child through the mother's milk.

Whether the expectant attitude of the mother, upon being informed that she has had no baby, materially affects the secretion of milk is possibly of minor consequence, but still from the importance that has been given to this subject by the medical and lay press a close analysis of the subject in any and every phase is at this time in order.

It is claimed that in neurotic subjects this combination of drugs is most effective. It is altogether probable that the in-

jection of sterile water subcutaneously would have some effect on this class of women, especially if it was coupled with strong mental suggestion.

When a patient has had enough *Morphine* and *Hydrobromate of hyoschine* properly to fit or prepare her for an operation or child-birth she will almost invariably complain not only of "twilight" sleeplessness, but of utter sleeplessness for two or three days immediately following delivery or the operation. They are often staringly wide awake with glaring eyes that will not close in rest or sleep. I have seen the action of these drugs manifested in this way repeatedly. This action of the drugs on the system is proved, to the writer's satisfaction, by this means to extend to *from one to three days*. In a robust, non-lactating woman or in a man the inconvenience offered by this treatment is slight compared with the after-effects of *Chloroform* or *Ether*. For this reason the writer has for several years employed this combination of drugs in a large percentage of his operative cases that are mentioned above. But in lactating women, who would think of giving *Morphine* if it was not desired to dry up her milk? How much more careful should we be *not* to give it at the physiological moment when she is beginning to lactate? When the delicate mammary glands are swelling, becoming turgid, and *beginning to functionate*? *Morphine* given to a lac woman at any time will tend to dry up the milk. At this particular time it is even more apt to dry up the milk than at any other. That it does not do so in every case is well known, but that there is a strong tendency to dry it up is beyond all question, and we never know in what particular case it will prove operative in the manner least desired.

It is said the amount of *Morphine* is so small that its effect is negligible. Then why give it? If *Morphine* is given for effect, the effect is usually obtained, and the effect of *Morphine* in the parturient female at the time of delivery is a tendency to dry up the secretion of milk. If the drugs are pushed, as it is sometimes necessary to do, this tendency is intensified.

At the Academy of Medicine, during the February meeting, the writer discussed a paper on the subject of Twilight Sleep, by Dr. Ralph W. Lobenstein, formerly of Sloan Maternity Hospital, and attending obstetrician at the New York Lying-In Hos-



pital; there he stated that he had several cases where the mother could not nurse her child that he believed he could trace directly to the drugs under discussion being administered during labor. This was particularly marked in one patient who had never before failed to nurse her other children.

Dr. Alfred G. Shipley, of the Health Department of the City of New York, who was present at the meeting, said my remarks reminded him of the fact that two multiparous women at the dispensary had told him that the reason they applied for city milk was that twilight sleep had rendered them unable to nurse their present babies although they nursed their other children.

It may be said that the reasons the writer advances against the use of *Morphine* at the time of delivery are not valid, from the fact that the drying up of the mother's milk has not been recorded by those who advocate this method of delivery. The writer holds that this answer is not conclusive, for too often we are carried away with enthusiasm over some new method of treatment, and often fail to note some apparently minor details that are essential; as apparently this point is essential, for if these observations are verified by others, the whole procedure will, in a measure, lapse into "twilight sleep" and lasting repose.

Some reasons advanced for the great success of this treatment are secrecy of technic, some peculiar quality of the German grown scopolamine, or of narcotine, and superior knowledge and facilities of those who favor its administration. I am inclined to have grave suspicion of all secret preparations and methods of administration that have a "money-combed" object in view—"send your patients to my hospital, for my rake-off" and of the Pharisaical attitude.—"I am better than thou," etc.

The writer does not affirm that the limited number of cases he has had suffices to place scientific value upon his observations, he is merely writing the results of a comparatively few cases where the drugs in question have been employed. He desires, in this article, principally to call the attention of the profession to what he has observed and to ask that this point be kept in mind so that if it is a serious objection it will be made known for our future enlightenment.

Theoretically the principle is wrong, and there is much that

leads us to believe in practice it is detrimental, as the following abstract indicates. It is significant that Humpstone, who has employed this treatment in many cases and we assume with the prescribed dose and technique, says in the Long Island Medical Journal, of December, 1914, of the mothers—"Their mouths become dry." If this is so then, logically, it follows their breasts also tend to become dry and my postulate is proved to be true, then the physician who administers these drugs at the time of child-birth without telling the patient of the eventualities that might arise in this connection is not doing his full duty to his patient.

Let us not be carried away by the catch-words or poetic expression, "Twilight Sleep." Its literal meaning is, sleep between day-light and darkness. In a house where *Morphine* is given at the time of delivery there is more apt to be a "Twilight" sleepless mother and babe, and nurse, and father, and the rest of the family, and at times neighbors, and physician, extending periodically over a lapse of many months; for the child is more liable to be a bottle-fed infant than if *Morphine* were not given at this critical time.

---

### THREE CASES AND THEIR LESSONS

By Dr. Russel C. Markham.

THE ELECTRIC WAY.

The following letter came to me from Florida, dated January 9, 1915:

Dr. R. C. Markham,  
Marquette, Mich.

*Dear Doctor:*—A patient of mine has a letter from a patient whom you treated for some form of tumor with some form of electricity. Your patient says she is cured. My patient has a cancer of the cardiac end of the stomach and œsophagus. This diagnosis was made with X-ray and I think *Bismuth*. Her symptoms conform. Your patient wrote mine because of her relief. I promised mine I would write you. I have no hopes that anything can be done for my patient, as her condition is so

far advanced. But notwithstanding, I would like to know what you have.

Yours sincerely,

---

I replied somewhat as follows:

This patient came to me from Battle Creek, Michigan, with a written X-ray diagnosis of ulceration of the stomach and gastro-enteroptosis, and an unyielding constipation. She had been benefitted while there, but not cured. She later returned for further treatment. But this time was not particularly helped and went to Detroit, under the care of a celebrated stomach specialist. She received some benefit there, but was not cured, the stomach pain and the constipation, and the gastro-enteroptosis still being present when she came under treatment here, October 28, 1913.

She was under treatment one month. Her bowels were moving normally without medicine, her pains were all gone, the gastro-enteroptosis was very much improved.

I used the sinusoidal current, as developed by the McIntosh Polysine. I placed two hand electrodes, one on either side of the fifth dorsal, kept them in this position five minutes, then dropped them their width and continued another five minutes. I continued this to the twelfth dorsal. I then placed one electrode on the lumbar, the other on the sacrum and continued this another five minutes. I used the slow sinusoidal down to the twelfth dorsal, and the rapid for the last five minutes.

My patient's letter to her friend tells what she thinks the treatment did for her. It is now January, 1915. She still regards herself as well.

#### CASE NUMBER TWO—THE HOMŒOPATHIC WAY.

I was called to see this baby, May 14, 1913. It had been sick two months and was now reduced to a skeleton and having from two to five convulsions some days. It was born a strong, normal baby and at the time it was taken sick weighed eighteen pounds. Because of a too generous diet of cow's milk, and too frequent doses of castoria (a trouble breeder), there was a mild protest from the "Insiders" in the way of a "weak spell," as the mother described it. He almost fainted, so she says, but soon

recovered himself. A week later he had a real convulsion. A doctor was now called and house-cleaning begun. From this time on he had castor oil, or castoria almost daily. He had other medicine to move the bowels (probably *Calomel*). He had irrigations of the bowels sometimes three times daily.

He had quieting medicine, which made him stupid and kept him busy rubbing his nose (*Opium*). He had compound licorice powder. For food, during these two months, he had rice water and the whites of four eggs daily. Sugar and whiskey were added to the latter.

In this almost hopeless condition the allopathic way was abandoned and the homœopathic treatment begun. The castor oil, the "quieting medicine," and all other dope were put away. Rice water, eggs, whiskey, followed the dope. Milk of proper strength and quantity were given every three hours. The symptoms that this child presented in the beginning of his trouble were taken as the guide in the choice of the "Similar" Homœopathic remedy (*Calcarea carbonica*). This was given in minute doses. No more convulsions followed. He handled his food from the first. In two weeks the case was dismissed. Three weeks later he is still gaining in weight and looking fine. This case is one clearly illustrating the old way and the new. The doctor who had charge of the case under allopathic treatment is a gentleman and scholar. He did the best he could with the system he represents. The writer succeeded not because of his finer brain matter, but because he worked with a modern system that unerringly guides to the choice of curative medicine that is always harmless and pleasant. It is the homœopathic way, the physiologic, the natural, the scientific way.

#### CASE NUMBER THREE—THE MENTAL WAY.

Something over five years ago, in December, 1909, a mother brought her ten-year-old daughter into my workshop with an ugly, ragged, gaping wound on the forehead just above the eye.

She had fallen on a barbed wire fence a short time before and was here to have the wound properly attended to.

I explained to the mother that two or three stitches would be required, and at this the little girl began to cry and wanted to

go home. Dr. A. B. Grant, of Albion, Michigan, was visiting me at the time. The doctor being a surgeon I said to him, "Doctor, you get a needle and thread ready and I will get the patient ready." Then I addressed myself to the little lady, saying, "Now you think we are going to hurt you, but we are not. I am going to make this wound all clean and at the same time fix it so you will not feel any pain while the doctor is closing it. It will then heal without any scar and no one will ever know that you have been hurt." When the doctor was ready he began by saying to her, "You had rather have a little pain than an ugly scar for all your life, wouldn't you?" I saw her face beginning to pucker up to cry, and I at once said, "Doctor, don't you know I have fixed this so there will be no pain? Go ahead with the sewing; there will be no pain; remember I have taken care of that." He stopped talking and went ahead and took the necessary stitches and closed the wound and dressed it without the slightest movement of the little patient or a word of protest. When she came out of the operating room I said to her, "You had no pain, did you?" "No, Doctor, not a bit; you said I wouldn't."

Doctor Grant said, after she was gone, "Doctor, if I had not witnessed that demonstration with my own eyes, I should not have been able to believe it could be done or had been done. I have never seen anything like it before in all my years of surgical experience. How did you do it?"

"I didn't do it, doctor. The child's FAITH did it. I simply awakened that. I believed it could be done. I persuaded her to believe it could be done. The results followed as they always will when these conditions prevail. You recall that when Bartimaes asked the Master Teacher how he opened his eyes to sight which had been blind from birth he replied, 'Thy FAITH hath made thee whole.' The Master operated a natural law and affirmed that all men could do the things he did. Knowledge of the law and belief in it and yourself are the first requisites. A receptive mind is the next requisite. Practice only can make perfect. Failures and half successes will be the rule at first:—work, knowledge, practice, success. Try it."

A doctor's duties do not end in giving drugs, the skillful use of the knife, the regulation of the diet and sanitary conditions.



These are all of great importance. "Thoughts are things," and how to use them wisely in the management of the sick and injured is an important part of a doctor's duty to his patient. This case is offered simply as a hint of what the doctor may do if he so elects.

Psychotherapy should become a thoughtful part of every treatment given. Often nothing more is needed. Again all the resources of the medical art will be demanded to save a life.

---

## READING THE EYE, PULSE AND TONGUE FOR THE INDICATED REMEDY.

By Eli G. Jones, M. D., Buffalo, N. Y.

A lady patient came under my treatment for ozæna. There was obscure vision and pain in the eyes, heat and burning pain in the nostrils. She had a copious discharge from the nose, of yellowish-green pus, with a foetid odor that caused her to use five or six handkerchiefs a day. This condition had existed several months. She needed *Aurum met.* 4x, three tablets three times a day, and that remedy *cured* her.

In consultation with two good physicians on a critical case, they counted the patient's pulse, took her temperature, asked her the usual questions; after they were through with their examination I sat down by the patient and *read* her pulse. We then retired to the parlor for consultation. They asked my opinion of the patient. I said, "Her pulse tells me that she is suffering from *overstimulation*. You are driving the heart *too fast*. Cut down the stimulants about one-half." Every piece of machinery is geared to run at a certain speed; if we drive it beyond that speed something is liable to break, or the machine will wear out so much faster. The human heart has been much *abused* by the reckless medication of some of our doctors. They give *Aconite*, *Gelsemium*, *Veratrum vir.*, *Digitalis*, etc., in large doses. The above are arterial sedatives, they act as a *brake* upon the heart, they slow the heart's action. By their use in large doses they *weaken* the heart and *sometimes* the heart gets *tired out* from this continued *brake* upon that organ and *stops* beating *forever*.

The above *abuse* of arterial sedatives, coal tar products, and the injection of serums into the human body is the cause of so many people having "weak hearts," and is also the cause of twice as many *deaths* from heart disease as there were ten years ago. The operation for appendicitis has proved a *gold mine* to the surgeons. It is a disease that a *poor* man cannot afford to have, only the rich people can afford the *luxury* of having their appendix removed. Almost every day we read in the daily papers of a death from appendicitis after an operation. In one year I had twenty-five cases of appendicitis reported to me as *cured* by *medicine* after other physicians said that only an *operation* could *save* them. I have practiced medicine *longer* than the average doctor and during that time have *never* had to send any one of my patients to be *operated* on. A physician who *knows* the *materia medica* of *all* schools of medicine will find very *few* cases that need a surgeon's care. A doctor at a banquet in New York City made the statement that the "Safest place for a woman's ovaries was in a glass jar," so it would seem from the *reckless* way they are *cutting them out*.

Burns, the poet, says:

"He tried His prentice hand on man,  
And then He made the woman."

She was the masterpiece of a master workman, but the modern surgeon proceeds to unsex, mutilate, degrade her by removing the ovaries and the uterus. Will some of our wise men please tell me what *is she then?* What feelings must a husband have toward her after such *mutilation*. Our country depends upon its mothers for

"The hand that rocks the cradle,  
Is the hand that rules the world."

How can a woman perform the duties of a wife and mother when she has been unsexed, mutilated? How long do you suppose the women of America will stand for this "*butchery* in the name of science?"

A physician remarked to me last week that he cured a case of post-diphtheritic paralysis with *Tr. Gelsemium 2x*, five drops once in two hours. This is a good time of year to cure chronic catarrh before the cold weather sets in. Try *Sulpho-carbolate Soda*, add one half drachm to one pint of warm water, use half

of this for a gargle to the throat and the other half in an atomizer for the nose. It should be used twice a day. Give the *indicated* remedy internally. There are 60,000 women in the United States suffering from cancer of the uterus as a result of curetting the os uteri and the use of the forceps at confinement. There are 1,000,000 less babies in this country than there *ought* to be. There are 2,000,000 children born into the world in the United States every year either mentally or physically *deficient*. What can we do for this condition? Very much can be accomplished when we know *how* to *prepare* a woman for her "hour of trial."

Following out the "*preparatory* treatment," as given in the XIX Chapter of "Definite Medication," we find that women have a *quicker, easier* confinement, the children have very little trouble when *teething*, and are mentally and physically brighter and healthier for such preparatory treatment of the mother before confinement. A lady in Massachusetts wrote me that she expected to be confined in three weeks. She had heard of the preparatory treatment for pregnant women and wanted to try it. I informed her that she should have commenced the treatment two months before her expected confinement; she was so anxious that I should do something to make her labor easier that I sent her *Kali phos.* 3x. She was told to take three tablets three times a day. She wrote me as soon as she was able to write, "What a quick, easy confinement she had." In another case where wealthy parents were very anxious to have a child. At the seventh month of pregnancy the lady came under my treatment. She was given *Calcarea phos.*, five grains, three times a day, for a month, then *Calcarea phos.* 3x, three tablets three times a day until confinement. I also gave her, the last two months before confinement, the formula on page 269 of my book, D. M. She had a quick, easy confinement, gave birth to a healthy boy, and *mentally* he was the *brightest* child I have ever seen. Other cases could be mentioned. It shows how we can influence the *child through* the mother by proper remedies during pregnancy.

The reader should study *Calcarea carb.*, *Calcarea phos.* and *Kali phos.* These remedies are a host in themselves, as remedies to influence the mental and physical *condition* of the coming

child. If doctors knew the value of these remedies there would *not* be so many children born mentally and physically deficient. What we need in children is *quality* not quantity. Every child has a *right* to be *well* born.

“What a joy to human eyes,  
What an angel in disguise,  
What a treasure, what a prize—  
Is Pet, the household baby.”

879 West Ferry St.

---

### CLINICAL TALKS.

By James C. Wood, M. D., F. A. C. S.

#### GASTRIC (PEPTIC) AND DUODENAL ULCER.

This girl is 22 years old and her symptom complex is strongly suggestive of gastric ulcer. She is a serving maid and has been in ill health for more than eighteen months. Family history negative. Her initial symptoms as given by her were those of dyspepsia with eructations, anorexia, etc., although I more than mistrust that previously to the actual development of the stomach symptoms she suffered from anemia, if not from actual chlorosis. For the last two months she has complained of a more or less constant burning pain in the epigastrium which is most intense soon after the ingestion of food. The pain is also felt almost constantly in the back to the left of the spine and opposite the tenth dorsal vertebra. There is, during the attack, much heartburn with the gulping up of an excoriating acrid, bitter substance. At times the vomited matter has been brown or almost black, due to the admixture of blood. She is losing in flesh, her hemoglobin is low (70), her red blood count is but 3,500,000, there is a trace of albumin in the urine and there is indicanuria. The skin of the face and chest is, as you see, pigmented, and that covering the entire body is dry. Subjectively the prostration is marked, she complains of much thirst, though desiring water in small quantities only, and is exceedingly restless and nervous. Her general symptoms are all relieved by warmth. She fears that she is going to die and it is more and more difficult, so her mother informs me, to lift her from her state of mental depres-

sion. A peculiar symptom of her attacks of gastralgia is a pain felt in the neck and jaw not unlike the pain of angina pectoris. She has frequent attacks of diarrhea and upon two or three occasions there has been tarry blood in the stools. Microscopic examination shows sarcinae. Three specimens of the stomach contents were obtained for laboratory exploitation. The first, eight hours after eating, showed the stomach empty, thus demonstrating with a fair degree of certainty that there is no serious hindrance to the onward passage of food: there was, however, some blood obtained, unmixed with food, indicating that it was of gastric or duodenal origin. The second was obtained one hour after a test meal and showed a marked excess of HCl. The third, obtained after a fast of ten hours, also contained HCl. No yeast or sarcinae were found in the last specimen, showing that in all probability there is no food stasis. There is an absence of the Apper-Boas bacillus, as was to be expected in the presence of the HCl secretion.

Physical examination shows tenderness over the left epigastrium with spastic contraction of the left rectus. There is an hyperalgesic area which extends from the lower area of the left chest downward as far as the umbilicus. You will note that the slightest skin pressure over this area causes the patient to flinch so that the sensitiveness is superficial and can by no manner of means be due to the communication of the pressure to the ulcerated area of the stomach, if ulcer there be. The patient's metabolism is involved as is manifest by her general appearance. Deep palpation of the appendix area fails to elicit any unusual tenderness. The pelvic organs are apparently normal, with nothing in the way of malposition to suggest reflex stomach disturbance. There is slight accentuation of the second heart sound which can readily be accounted for by the existing anemia. The respiratory sounds are normal.

#### DIAGNOSIS.

Let us next proceed carefully to analyze the anamnesis obtained both for the purpose of arriving at a diagnosis if possible, as well as for the purpose of outlining an intelligent course of treatment.

If we are right in our surmise that the difficulty lies in the



stomach, we are fortunate in having to deal with one of the most accessible of the internal organs, accessible alike to the chemist, the physiologist and the clinician. By means of the Roentgen rays it can even be made accessible to the eye without the aid of the surgeon's scalpel. Notwithstanding all this, mistakes in diagnosis are not infrequent and a positive conclusion cannot always, with entire safety, be formed.

First of all gastric and duodenal ulcers occur in women oftener between the ages of 20 and 30 years than during any other period of life. It occurs, too, with greater frequency in serving maids and in those whose work involves pressure upon the epigastrium, so that in men weaving, cobbling and tailoring predispose to it. Impaired metabolism with resulting anemia and chlorosis are undoubtedly important factors in the production of stomach ulceration, as they are important predisposing factors in the creation of various other local and general affections. Usually associated with the malnutrition is autointoxication, which but adds to the tendency of local destruction of tissue. Hunter believes that gastric ulcers are not infrequently caused by emboli having their origin in endocarditis of the mitral valve. The heartburn in this case, as in most cases, is undoubtedly due to the hyperchlorhydria present with probable regurgitation of the vomited matter into the esophagus. The character of the vomited matter is not pathognomonic because we may have the brown or black vomitus in other conditions, and especially in carcinoma. However, when entering into the symptom complex of this case it is most significant, and as we shall see later is almost pathognomonic. The loss of flesh is not as marked as we would expect in malignancy. As a matter of fact, malignancy can with a fair degree of certainty be eliminated, as there are no evidences elicited by either palpation or percussion of a tumor formation and the degrees of emaciation and cachexia are hardly sufficient to suggest malignancy. Then, too, the analysis of the stomach contents, with the excess of HCl, and the absence of the *Apper-Boas* bacillus, counterindicate malignancy. While stomach cancers may occur at any period of life, they are more common between 40 and 70 years of age. Cancer, however, not infrequently follows in the train of gastric ulcer. The low per cent. of hemoglobin and the decreased number of red blood corpuscles are due to two causes, the loss of blood and malnutrition.

*Differentiation.*—There are other conditions simulating the gastric crises which this patient has from time to time experienced.

*Spinal cord diseases*, especially tabes, produce gastric crises, which on casual examination simulate organic stomach disease; but we have to help us in the differentiation the normal reflexes, the absence of shooting, lightning-like pains in the legs and of the Argyll-Robertson pupil.

In *chronic gastritis* we get persistent vomiting which is occasionally blood stained, so that the symptoms of gastric ulcer may be counterfeited. But in simple gastritis the tenderness is more diffuse, the pain is not so severe, the vomiting is not so persistent or painful and there is diminished or absent HCl.

I have seen alarming and almost fatal hemorrhage occur in *cirrhosis of the liver*; but in cirrhosis of the liver we usually have an alcoholic history with a hardening and palpable liver and not infrequently ascites, all of which are absent in this case.

The differentiation between duodenal and gastric ulcer is exceedingly difficult. Usually in duodenal ulcer the pain is in the right hypochondriac region and occurs two or three hours after meals. Sudden and recurring intestinal hemorrhage with pain in this locality, and with tarry or bright red stools, especially if associated with jaundice and with but little or no vomiting, suggests the duodenal location of the ulcer.

The slight trace of albumin in the urine with the absence of casts is not especially significant. On the other hand, the presence of indicanuria is significant inasmuch as it suggests auto-intoxication of gastro-intestinal origin. Baar contends that all anatomic lesions of the gastro-intestinal tract shows indicanuria, even simple lesions of the gastro-intestinal mucosa being sufficient for the absorption of the ever present indol. The pigmentation of the skin is also in all probability due to the resorption of toxins from the digestive canal and their retention. The thirst is probably due to the slight inflammatory condition associated with the formation of the ulcer, as well as to the loss of blood. The mental depression is characteristic of that of stomach and digestive disturbances, intensified in this case by the neurotic temperament of the patient.

The pain felt in the neck and jaw are not unlike the pain of

*angina pectoris* and is probably due to the same cause, namely, stimulation through the vagus of the fifth cranial and upper nerve centers. Recorded in a homœopathic materia medica this symptom to some of you would look fantastic, but here we have it in an actual condition. It is a symptom occurring in the proving of *Ammonium bromide*.

The spastic contraction of the left rectus muscle affords us but little definite knowledge as to the actual location of the ulcer in the stomach for the reason that it is due, as emphasized by Mackenzie, to an irritability of a certain area in the spinal cord with an exaggerated peripheral response.

There is diarrhea, but no mucus in the stools, so that we are justified in eliminating *chronic appendicitis*, which is so frequently responsible for mucous enterocolitis. The abdominal tenderness being located above the umbilicus with no right hypogastric hyperalgesia also suggests the absence of appendicular involvement; but it must not be forgotten that gastralgia with almost typical symptoms of gastric ulcer may be caused by chronic appendicitis. Paterson, Fenwick, Moynihan, Ewald and Wood have all emphasized this fact. Paterson cites a number of cases in which it was exceedingly difficult to differentiate gastric symptoms due to appendicular disturbance from true gastric or duodenal ulcer. Five of his patients suffering only from appendicitis vomited blood on one or more occasions, the amount in one case being 50 ounces. Paterson's theory is that hemorrhage in these cases is due to the irritation resulting from the hyperacid gastric juice, although the fact must not be overlooked that because of the hyperacidity produced by a diseased appendix, true ulcer may be excited.

Nor must we forget that symptoms simulating organic stomach disease may be produced in a reflex way by *displacement or disease within the female pelvis*. It is well known that lesions of whatever nature exciting or depressing the sympathetic nervous system may and frequently do interfere with digestion. The well known sickening sensation produced by ovarian pressure is a familiar example showing the intimate relationship existing between the female generative organs and the stomach. In short, the evidence going to show that digestion may be disturbed by pelvic lesions acting reflexly with conse-

quent intestinal autointoxication is overwhelming. But pelvic lesions in the present case are absent and are likewise to be eliminated as causative factors.

The character of the pain does not always give us a clear idea of its cause. Mackenzie states that, although the stomach is a hollow muscular viscus, severe cramp-like pain with violent peristalsis, having its origin in the stomach, is of rare occurrence. He says that he has watched many patients for years who have suffered from these attacks and found that all turned out to be cases of *gall-stone disease*, so that in persistent dyspepsia and heartburn the question of gall-stone disease should be considered.

Again, the quantity of the blood vomited does not always give us a clear idea of the extent of the stomach involvement. Blood may come from the ordinary peptic ulcer or from a minute erosion barely recognizable even upon close scrutiny; or it may proceed from weeping patches and villous areas to be recognized only after the stomach is opened. In some instances hemorrhage may be the first symptom of destruction of tissue.

Undoubtedly some idea of the location of the ulcer can be formed by the time of the recurrence of pain after food is taken. Moynihan says that in his experience where exact observations have been made he has found a definite relationship between the time of the onset after a meal and the position of the ulcer in the stomach, the nearer the cardiac orifice of the stomach the earlier is the onset of the pain. In pyloric ulcer it usually does not occur for one or two hours after the ingestion of food—a keynote symptom of *Anacardium*. This is due, as Birmingham has shown, to the fact that “the stomach is not an empty sac to the bottom of which fluid falls, but a contractile muscular organ that fills in the cardiac end first, and little by little passes the food onward through the pyloric antrum and pylorus into the duodenum.” If the pain is relieved for a time by eating, it suggests a pyloric or duodenal ulcer, for after the ingestion of food the pyloric antrum and pylorus are closed and the ulcer therein is free from irritating contact with passing food. Another explanation for the relief afforded in these cases by eating is that the presence of food in the stomach excites the flow of bile into the duodenum, which neutralizes the hyperacidity present.

*Conclusions.*—I think then that we are justified both by the patient's objective and subjective symptoms, her age, her history, the location and character of the pain, the analyses of the stomach contents, and the absence of other lesions which sometimes simulate gastric ulcer—in making a diagnosis of gastric ulcer. The next and, so far as the patient is concerned, the most important step, is the treatment.

#### TREATMENT.

Gastric ulcer, in my opinion, is a "border-land disease," essentially medical at its beginning, unless urgent symptoms in the way of pain, hemorrhage or the signs of portending perforation prevail. I am thoroughly in harmony with the teachings of Bartlett and most internists regarding this point. I am, however, equally emphatic in stating that unless the case in due time improves under properly regulated medical treatment, or if there be frequent recurrence of the hemorrhage, the condition transcends the domain of the internist and overlaps that of the surgeon. I cannot, however, quite agree with Bartlett in his statement that a cure will probably result in 95 per cent. of the cases treated medically.

Bartlett asks the following pertinent questions: 1. Do any of the cases relapse? 2. Do secondary lesions follow cicatrization? He answers these questions by stating that "undoubtedly many cases do relapse and all recoveries are not complete, for some are only relative." Moreover he adds: "Unfortunately secondary lesions following cicatrizations are by no means uncommon; nevertheless it is our duty to give our patient the benefit of the chances from medical treatment." Of first importance he emphasizes *rest*, which must be absolute in character. Secondly, the relief of the stomach for at least six or seven days from all work and the substitution of rectal alimentation. At the end of this time small quantities of milk are administered every hour, gradually increasing the amount, supplemented by rectal feeding, until the end of the second week, when the patient is permitted broths and bouillon in addition to the milk, and the intervals of feeding considerably reduced. Moynihan advises that all ingest be made sterile before taken into the stomach and is a thorough believer in the disinfection of the mouth by means



of frequent antiseptic washes. The importance of this procedure is emphasized by the more recent experiments of Rosenow who has many times produced ulcer of the stomach by intravenous injections of streptococci. It may be necessary to relieve the hyperchlorhydria with bicarbonate of soda or milk of magnesia. The pain may be so great even under complete rest that hypnotics become necessary. Under certain circumstances, as in dilatation associated with the ulcerative process, the use of the stomach tube may be advantageous.

The specific treatment is, according to my way of thinking, most important. Analyzing this patient's symptoms from the viewpoint of treatment in order to determine the indicated remedy, we note first of all that she has "heartburn," which we have seen is due to the hyperchlorhydria, with eructations, anorexia and *severe burning pains* relieved by warmth. The pain extends from the stomach through to the back, which as we have seen is a referred pain, and is most important from a diagnostic standpoint. There is hyperalgesia over the stomach area. The vomited matter is brown and almost black which, as we have seen, is due to the admixture of blood with the ingesta. She is losing in flesh, the hemoglobin is low and there is marked anemia. There is albumin in the urine and indicanuria; the skin of the face and chest is pigmented, there is marked thirst, the patient is restless, exceedingly nervous and melancholic with fear of death. There is a peculiar pain felt in the neck and jaw, which is also a "referred" pain. She has had upon two or three occasions tarry blood in the stools.

With this symptom complex presenting, I am inclined to believe that at least 49 out of 50 physicians trained in the law of similars would prescribe as the internal remedy *Arsenicum*. The exhaustion, the weakness, the mental anguish and restlessness, the fear of death, the gastric irritability, the marked thirst with the desire for but little water at a time, the albumin in the urine, the relief of her symptoms from heat, the pigmentation of the skin, and the probable pathologic lesion present, all are symptoms to be found under the pathogenesis of *Arsenic* in all homœopathic materia medicas. But it is not necessary for me to confine myself to the exclusive literature of the homœopathic school in order to show that *Arsenic* will produce the vast majority of

the recorded symptoms when given to persons in health or in doses sufficiently large to create symptoms. Let me first quote from Potter: In his work on *Therapeutics, Materia Medica and Pharmacy*, twelfth edition, 1913, under the caption of *Physiological Action*, he says: "In large doses *Arsenic* is a powerful irritant to the gastro-intestinal and bronchial mucous membranes. Toxic doses may produce either symptoms of gastro-enteritis or those of a profoundly narcotic character. In the first and most usual form of acute *Arsenical* poisoning there is burning pain in the throat and stomach extending over the abdomen, vomiting, thirst, bloody stools, strangury, suppressed, albuminous and bloody urine, rapid and feeble heart, great anxiety, cold breath and finally exhaustion and collapse. The autopsy shows erosions, ecchymoses and softening of the gastro-intestinal mucous membrane. \* \* \* In several cases it has caused general brown pigmentation of the skin and may give rise to the same pigmentation of psoriasis patches."

Strangely enough under the caption of *Therapeutics* Potter says: "*Arsenic* is of special value in irritative dyspepsia, gastralgia, pyroses, gastric ulcer or cancer, and regurgitation of food without nausea." \* \* \* Again, "Anemia and chlorosis are remarkably benefited by it. \* \* \* In chronic, scaly and papular skin disease, its value is very great. \* \* \* Epithelioma may be retarded by small doses long continued, and it has certainly been useful in delaying the progress of other cancers, particularly scirrhous of the stomach and uterine carcinoma."

But for fear that you may surmise that Potter, because of his early training as a homœopathic physician, filched some of his knowledge of *Arsenic*, both as regards its physiological action and therapeutic application, from homœopathic sources, let me quote some excerpts from Bartholow's chapter on *Arsenic*. Bartholow says: "When *Arsenic* is taken internally in large doses it causes a metallic taste, nausea and vomiting of glairy mucus, epigastric pain and soreness, diarrhea, tenesmus, and sometimes dysenteric stools. As regards the skin, it causes itching of the eyelids, urticaria, eczema, psoriasis, etc. \* \* \* When *Arsenic* is swallowed in sufficient quantities to cause the symptoms of acute poisoning the phenomena produced are of

two kinds, gastro-intestinal irritation and cerebral effects. \* \* \* There is burning in the epigastrium and thence radiating over the abdomen; violent and uncontrollable vomiting; great dryness of the mouth and fauces; intense thirst; intestinal irritation; bloody and offensive stools; retracted abdomen, etc. After death there will be found in the gastro-intestinal mucous membrane deep redness, erosions, ecchymoses and softening."

Under the head of *Therapy* Bartholow further says: "There is no remedy more useful than *Arsenic* in the so-called 'irritative dyspepsia' manifested by these symptoms: a red-pointed tongue, poor appetite, distress after meals, the presence of food causing intestinal pain, colic and the desire to go to stool. Drop doses of Fowler's solution given before meals quickly relieves this state of things. \* \* \* *Arsenic* is also very beneficial in these small doses in chronic ulcer of the stomach. It checks the vomiting, relieves the pain and improves the appetite for food. It is not equally effective in acute ulcer. Although *Arsenic* exercises but little influence over the progress of these cases, it is very serviceable in cancer of the stomach, by diminishing the pain and checking the vomiting. Gastralgia and enteralgia, when idiopathic, are sometimes made to disappear in a very surprising manner by the same remedy, *but there are no certain indications of the kind of case to which it is best adapted. In the treatment of stomach disorders only small doses of Arsenic are admissible. Large doses by creating an irritation of the gastric mucous membrane will only defeat the end in view.*"

And so, gentlemen, I feel that I am able to prove to you the homœopathicity of *Arsenic* in the disease under consideration, not only by Hahnemann's *Materia Medica Pura*, the first volume of which was published in 1811, but by the quotations extracted from recognized authorities of the older school—Potter and Bartholow. For further evidence obtainable from the older school I refer you to the more recent works of Bastedo, Thornton, Stevens and White, as well as to the older ones of Ringer and H. C. Wood. The peculiar modalities of *Arsenicum*, the aggravations after midnight and from cold drinks or food, and the amelioration from heat, were obtained only by the finer homœopathic provings and aid the homœopathic physician in its selection. Its recommendation by Potter and Bartholow are, as

we have seen, in a large measure empirical. I have selected it in the case under observation because in the provings of the drug we find that the majority of the symptoms present are produced by it when given to persons in health, in small or moderate sized doses, and in toxic doses actual ulceration of the stomach can be induced. I have already shown that at least one prominent reflex symptom, that of the throat and jaw, is counterfeited in the provings of *Ammonium bromatum*, but that is the only symptom present produced by *Ammonium bromatum*, and therefore in the selection of the remedy I have eliminated it. *Sabadilla* has a pain extending from the stomach to the back, but this is the only *Sabadilla* symptom present and it is likewise eliminated.

Other remedies equally useful in gastric ulcer when indicated are *Argentum nitricum*, *Phosphorus*, *Mercurius corrosivus*, *Kali bichromicum* and *Hydrastis*. The standard works on materia medica and therapeutics of the regular school show that all of these remedies not infrequently produce in physiological and toxicological doses symptoms resembling ulcer, and all of them are recommended in small doses for the same, though without the clear cut indications to be found in the writings of the homœopathic school.

I shall therefore place our patient under complete rest. I shall carefully regulate her diet. I shall for a time resort to rectal alimentation, and I shall prescribe *Arsenicum 3x* (1-1000) internally every four hours. Should the specific remedy fail to relieve the pain, I shall not hesitate to resort to anodynes, or should it fail to relieve the hyperchlorhydria, I shall not hesitate to prescribe alkalies, for homœopathy in its philosophy is inclusive and not exclusive. Homœopathy is able, however, oftener to make these measures unnecessary by the properly selected internal remedy. In the meantime I shall keep the patient under close observation and should urgent symptoms develop, I shall not hesitate speedily to open the abdomen and do a gastroenterostomy or resect the ulcer.

## CHRONICLES OF THE FARM.

By Dr. Blanke.

### BERKSHIRE STOPS A DISCUSSION.

Professor Graye Goose and Dr. Mallard Ducke came near to having another muscular discussion not long ago. The details of the affair were related to the chronicler by Mr. Bantam Rooster. From his account we learn that the Professor and the Doctor had been taking a swim (not a drink) in the well known and justly famed pond of the big plantation. As they were coming away from their bath they passed old Berkshire, who, as usual, was fast asleep, fat and seemingly happy, in his favorite bed, a goodly mud hole. "Positively," said the Doctor, who was always emphatic, "the board of health should investigate such pest holes, such sinks of hygienic iniquity, as that which Berkshire patronizes. Why, just think, my dear Professor, it is a well known fact that such places breed the *paracolon bacillus*, the *micrococcus lanceolatus*, the *suisepiticus*; is suspected of the *streptobacillary*, the *anthracid symptomatici*, is almost proved to harbor the *bacillus bobulinus*, also, possibly, the *b. bryslavien-sis*, by some eminent authorities is accused of the *bacillus cholerae gallinarium*, by others of the *b. faecalis alkaligenes*, and, in my humble opinion, ought to be held responsible for the *bacillus fridebergensis* and others with which I will not weary your unaccustomed brain."

"Thank you, Doctor," replied the Professor, "but permit me to say that I think—I do not make the positive assertion, but I think—that your theories, or science—as *you* term it—are open to question by *real* science, which, as you know—or, perhaps, you do not, a fact quite excusable in these days when it takes ability of a high order to keep pace with the gigantic strides of intellect, your fusty notions are rather smiled at in the higher realms of learning. I know, as you so often say, though I have never seen any evidences of it, that you are very 'busy,' but this prosaic fact ought not to prevent you from, at least, having a superficial knowledge of the higher science. Now, as a matter of fact, that quadruped we call 'Berkshire' is an undeveloped product, or, rather, a side-tracked product of the mighty anthropoides pri-



mates in its upward struggle towards the highest form. There are, as I have told you before, many faults—to use a geological term with which you are probably not familiar—in this upward sweep towards the perfect Goose race. Your race is a commendable effort, but——”

“Stop! You psychically magacephalous, idiopsychological paranoiac, you ecomelagic——”

“But at this point of the learned jawing,” said Bantam, “old Berky, who hates to be disturbed, called out, ‘Shut up! Git! we got.’” “Yes,” continued Bantam, “we got in a hurry, for when Berk’s bristles rise every one has to git. But at the same time I’m sorry the discussion was so rudely stopped for I love to be enlightened—or to see a fight.”

---

### A SEESAW BETWEEN THLASPI BURSA PASTORIS AND GLONOINE.

In response to the RECORDER’S suggestion that its readers send in some points on *Thlaspi bursa-pastoris* Dr. D. B. Morrow, of Dallas, Texas, incloses the following taken from the old journal named in article. Date not given. The writer is Julia F. Button, M. D., Oakland, California. Here is the paper:

Patient, Mrs. J., at climacteric had been subject to severe uterine hemorrhages for six months. I had given the usual styptics, *Secale*, *China*, *Erigeron*, *Geranium*, and *Belladonna*, as each had at times been indicated, but with no lasting effects.

One day in looking over some back numbers of the *Homœopathic Journal of Obstetrics* I came upon a proving of *Capsella bursa*, recorded by Dr. Phil Porter, he having used it with good results in a similar case. I immediately provided myself with the remedy, and at her next menstrual period I prepared the remedy as directed by Dr. Porter: 15 drops in a half glass of water, a teaspoonful to be given every hour. It controlled the hemorrhage and produced a severe constrictive headache. Patient said it seemed as though her skull would crack if she did not move her head with great care. *Glonoine* high removed the headache, and again produced the hemorrhage. I tried this for a few times, stopping hemorrhage and producing headache, re-

lieving headache with return of hemorrhage. I finally decided to try 5 drops *ix* in a half glass of water, a teaspoonful every hour; this with decided improvement; in a few hours a perfect control of the hemorrhage, and no headache. There has been no return of hemorrhage, and six months have now passed. There is, however, a decided improvement in the general health and appearance of patient.

This remedy does not act upon the muscular fibres of the uterus, causing contractions to eject from that organ any foreign substance, but acts upon the muscular coats of the blood vessels through the entire system, thus causing contractions of blood vessels, thereby re-establishing the normal circulation. It also, by contracting the blood vessels, causes a reduction in size of an enlarged and hyperplastic uterus, thus reducing the size of the abdomen, and giving the patient a much lighter feeling in walking and of easier navigation.

I have used this remedy in three similar cases of hemorrhage at climacteric with gratifying results. Also some cases of hematuria associated with troubles at climacteric with prompt relief and cure.

---

### INSTITUTE PUBLICITY.

Editor of the HOMŒOPATHIC RECORDER.

I enjoy reading your newsy notes on the Institute meetings from year to year, but this year missed in them references to what seems to us Chicago folk to be especially noteworthy. You may possibly *not* be aware that for many years it has been impressed upon us by those whom we have been taught to believe are infallible that the Chicago newspapers will not give space to Homœopathic doings. As a matter of fact previous meetings of the Institute, whether in Chicago or elsewhere, have received but scant courtesy at the hands of the Chicago press.

Hence we take pleasure in directing your attention to the generous press notices given the Institute this year by the Chicago papers and, if you want to know *why*, the answer is SCOTT PARSONS.

CLIFFORD MITCHELL.

Chicago, Aug. 25, 1915.

## DOUBTS BLACKBERRY CORDIAL FOR CONSTIPATION.

Editor of the HOMŒOPATHIC RECORDER.

In your issue of June 15, 1915, in an article on "Everyday Materia Medica," Dr. A. H. Seibert says:

"For instance, if you have a case of constipation that has resisted all your remedies, give him a tablespoonful of blackberry cordial each night. You can't find this in your books, but it does the work."

I would like to be advised where to obtain the blackberry cordial that "will do the work." Numerous household magazines have recipes for making blackberry cordial, and all recommend it for summer complaint, but none that I have seen speak of it for constipation. The kind the doctor speaks of must be a different kind. At any rate the kind I have tried will not do the work, and it taxes my credulity somewhat to believe that a tablespoonful at night will do the work.

I have often thought of the remark of Mark Twain that ignorance does not do near so much harm as the knowing of so many things that ain't so. I realize that you do not vouch for everything that appears in your paper, but print what your contributors furnish for what it is worth. But I believe I would value your paper more highly if I felt that I could rely on what I find in it.

By the way, speaking of Mark Twain, have you ever tried a dead cat (*Mort felinum*) or skunk water for warts? I have heard that "it does the work."

Respectfully yours,

DR. L. M. VINCENT.

Merlin, Ore., Aug. 30, 1915.

---

## KNIFE VS. HEPAR.

Editor of the HOMŒOPATHIC RECORDER.

Mr. R., æt. 33, had a big perineal abscess. A homœopath attended him for two days and gave him medicines, as he said, to get the swelling reduced, but failed. On the third morning he advised his patient to have recourse to knife. A surgeon was

accordingly sent for. He came at about 9 A. M., wrote out a prescription and promised to come back the following morning with his assistant to open the abscess by putting him under the action of *Chloroform*. He also advised the patient to take only sago pudding instead of his usual meals. The prescription ran thus :

R. Tinct. Iodi. ....̄i.  
 To paint the inflamed part, as directed.  
 Oleum Ricini .....̄i.  
 To be taken at 9 P. M., as directed.

At about 10 A. M. I saw the abscess ; pus had already formed ; the inflamed part was full of sharp pains—something like sticking and was so very sensitive that the touch of the fingers irritated him and made him almost faint away. The day was not very cold, but still he had an unusual amount of clothing because he was feeling chilly. He said, "He could never stand cold." I suggested the administration of a dose of *Hepar sulph.*, but the attending physician was unwilling to give it, as he thought it useless. He was of opinion that nothing but a knife could open such an abscess. However, at the request of the patient, who overheard our conversation, a dose of *Hepar* 200 was given at 10:30 A. M. He was advised to take a full breakfast and not to follow the direction of the surgeon. The result was that the abscess began to discharge its contents at about 3 P. M. Next day, early morning, the surgeon arrived with his assistant and when he wanted to make necessary preparations for the operation he was told that there was no more necessity of it, as the abscess had already been opened by a homœopathic medicine. Perhaps he could not believe the statement of the patient and so verified the fact by seeing things with his own eyes, but instead of being satisfied he proposed still to make use of the knife, saying that if the opening be not made larger there would be every chance of the formation of a fistula-in-ano. The patient got frightened and requested him to postpone the operation for six days. The surgeon went away, but, no doubt, sadly disappointed. A dose of *Silicea* 200 made him all right. When the surgeon visited him again there was nothing to operate upon.

G. RAYE.

Gauhati, Assam, India,

May 21, 1915.

**RUTS! RUTS! RUTS!**

Editor of the HOMŒOPATHIC RECORDER.

Why cannot the profession come out of the ruts? Not only of superstition, but of habit and (not good) usage?

*Calcarea ostrearum* was what S. Hahnemann proved; and what B. & T.'s pharmacies prepare, and have for use by correctly educated Homœopathsicians.

Not "*Calc. carb.*" and labels should not continue the incorrect term "*Calc. carb.*"

*Lachesis mutus* was clearly demonstrated a few years ago; and why continue utterance and print of "Lachesis trigonocephalus."

Be sure you are correct, then progress forward, and same will be real progress and not self-termed scientific.

JOHN F. EDGAR.

El Paso, Texas.

(This note from the verbal cyclone of Texas, as Dr. J. B. S. K. terms him, is respectfully submitted to our readers.—Editor of the HOMŒOPATHIC RECORDER.)

**HOMŒOPATHIC THERAPEUTICS.**

If the patient has been over-straining his muscles or joints by over-lifting or other exertions and in consequence is ill from the effects, or if this history enters into the case, *Rhus. tox.* 3, two or three times a day, will most likely give good results. Remember that that which enters into the beginning qualifies and affects all that follows.

Propos of the foregoing, one of the old French homœopaths was once confronted by a case that had no symptoms of *Aconite*, had been the rounds of the best men of Paris, had been to Egypt for a climate cure, but was not cured. In answer to questions the gentleman said that his trouble started after he had undergone prolonged exposure to very dry cold winds. *Aconite* cured him. Look at your materia medica, also find out, if possible, the origin of the trouble—not always easy, but very useful.



A great part of the late J. C. Burnett's success was due to tracing the history of the case *back* and not merely taking the present symptoms. As, for instance, a history of tuberculosis, *Bacillinum* 30 infrequently *with* the indicated remedy; a history of gonorrhœa called for *Medorrhinum* 30 in the same way; a history of syphilis—in person or ancestors, or even suspected (and this applies to all such cases)—called for *Syphilinum*, or its synonym, *Lueticum* 30. And so on through other inherited taints.

Per contra when an organ was the seat of the disease, like the liver, he gave *Chelidonium*  $\theta$ , five drops, about three times a day; or the spleen received *Ceanothus Americana*  $\theta$  in the same way *with* the indicated remedy. And so through many other ills—the organ remedy or, if we may so put it, the *taint* remedy *with* the remedy indicated by the present symptoms.

*Veratrum album* comes in with cold, clammy sweat, choleraic diarrhœa, pain, possibly dark rings about the eyes, sinking. 3d potency, or higher, or lower, but rather frequently repeated.

Rheumatic pain in the small parts, chilly, lacks vital heat, painful lameness, all look towards *Ledum*, especially if the heels be painful. 3d potency.

We heard of a case of neuralgia in the face that our "regular" friends said could only be cured by cutting out the nerve, but they were in error for *Spigelia*  $\theta$ , five drop doses, completely cured it. Perhaps the potencies would have done the same, but this doctor gave the  $\theta$ .

Take Burnett's advice and if the patient has never been well since vaccination, or has "obscure" ills and has been vaccinated in the past, give *Thuja* 30 in infrequent doses—or frequent may do. See *Vaccinosis*.

## THE SPECIALISTS' DEPARTMENT.

EDITED BY CLIFFORD MITCHELL, M. D.

25 East Washington St., Chicago, Ill.

## OUR CONTRIBUTORS.

In this issue we quote from Dr. C. T. Hood, of Chicago, on the treatment of the common complications of pulmonary tuberculosis and continue our paper on the safeguarding of the pregnant woman.

## THERAPEUTIC NOTES.

**Complications of Pulmonary Tuberculosis.**—Dr. C. T. Hood, of Chicago, says:

We all know that no remedy has been proven that can produce tuberculosis. But we do know that he who carefully studies his *Materia Medica* and selects his remedy according to the totality of the symptoms in each case will obtain for his tubercular patient the greatest relief for the cough. For instance, a dry, hacking, teasing cough with little expectoration, accompanied by restlessness, calls for aconite; an explosive cough in paroxysms with dilated pupils, for belladonna; a hacking cough with tickling in the throat or trachea, for bryonia; a harsh hoarse cough, for phosphorus; a croupy spasmodic cough, for spongia; a loose cough with a tendency to nausea, for ipecac; a dry cough worse on lying down, for hyos.; waking up with a croupy cough resulting in a little ropy expectoration, for kali bichromicum. In the severe cases when the coexisting bronchitis is extensive and the alveolar inflammation large, with large quantities of expectoration, some sedative may be required. In these cases we have often found atropine,  $1/250$  to  $1/150$  of a grain, one dose at bedtime, gives sleep. Codeine,  $1/8$  to  $1/4$  of a grain at bedtime; hyos.  $1/400$ ; heroin  $1/12$  at bedtime; steaming often gives results.

*Hemorrhage.* When the tubercle breaks down a small hemorrhage often occurs from a drachm to an ounce. It usually has ceased to be active before the physician arrives. Ipecac and

hamamelis are usually all that are required, but in those cases where a number of tubercles coalesce and a large blood vessel is destroyed, extensive hemorrhage may occur. The use of from 15 to 30 minims of sterile ergot hypodermically, or one-half an ampule of pituitary extract, will usually control it. The ice bag is not to be forgotten.

## WHAT RESEARCH WORK HAS DONE IN SAFEGUARDING THE PREGNANT WOMAN (II).

CLIFFORD MITCHELL, M. D.

The **determinations of ammonia and of urea in urine** are a simple matter.

To determine the ammonia, proceed as follows: Get a Schelbach buret with glass stop-cock, holding 25 c.c., a beaker and a stirring rod.

1. Decinormal sodium hydroxide.
2. Phenolphthalein indicator.
3. Formalin, (half strength made by diluting formalin with equal parts of water). (See *Modern Urinology*, page 22.) Measure 25 c.c. of urine, dilute with 50 c.c. water, add 4 drops phenolphthalein and run in from the buret filled with decinormal NaOH until a permanent pink remains on stirring. This indicates the so-called acidity of the urine. Then if 8 c.c. of NaOH were used, this shows in 100 c.c. of urine 32 c.c. necessary, which, clinically, we call an acidity of 32 degrees.

Next, pour out 10 c.c. of the 20 per cent. formaldehyde solution, add a drop of phenolphthalein and neutralize by adding decinormal soda to the solution until a permanent pink appears. Then pour this mixture into the urine mixture. Decolorization results. Now run in soda solution again until a permanent pink appears. The number of c.c. of decinormal soda used this last time multiplied by 0.0017 gives the ammonia in 25 c.c. of urine used, and this by 4, the percentage of ammonia approximately.

Askenstedt thinks the following all which is necessary; *i. e.*, if the number of c.c. of soda needed to show the ammonia greatly exceeds the number needed to show the acidity, toxemia is present, since normally the two quantities are about the same.

Inasmuch, however, as the acidity is increased by diacetic acid sometimes present in the urine, I think it proper for routine purposes to do both; *i. e.*, first compare the acidity and the ammonia and, second, the ammonia and the urea.

We get the urea by the Doremus method. In many cases of pregnancy so little urea is present and evolution of gas so slow we must allow the filled instrument to stand over night.

To determine the ratio divide the per cent. of urea by the per cent. of ammonia.

If you find a low ratio (below 15 to 1) and on repeating the determination discover it to be persistent, make the patient withdraw from the social whirl if she has not done so. Eliminate meat from the dietary. Use *Merc. dulcis* and *Podophyllum* until the stools are normal in color and the tongue and conjunctivæ are clear. If necessary, put patient to bed and on a milk diet for a few days.

If by these means the liver function improves and the urea-ammonia ratio improves until it is well above 15 to 1—the higher the better—if albumin, sugar, and acetones are absent—labor in so far as toxemia is concerned—will not trouble you. But if the urine does not improve, **trouble is inevitable**. However, I feel fairly confident that convulsions can be averted, provided these measures of treatment are undertaken as soon as you first find the low urea-ammonia ratio. Hence the desirability of getting at it early, especially in the case of primiparæ in whom the toxemia may occur almost any time.

What is to me one of the most important results of our observations—if not the most—is the probability that we have solved the problem of the differential diagnosis between hepatic toxemia and uremia in pregnancy. For years the convulsions of pregnancy were deemed uremic and the kidneys held responsible solely. Now we know that the condition is usually primarily hepatic and secondarily renal. There is, however, a true primary renal disease which may develop during pregnancy. This condition usually appears late in the seventh or eighth month, as late even as the last week. The patient becomes dropsical, and passes urine which contains albumin in large quantity. The condition persists until after delivery and convulsions are not common, but other complications, as heart failure, sepsis, etc.,

are more likely. True uremic convulsions in such cases sometimes do occur, but are more liable to be the result of exhaustion from protracted labor than to occur before labor pains. No woman who develops this renal trouble during a pregnancy should risk becoming pregnant again, for in subsequent pregnancies the condition may recur, and by the time the third child is born chronic nephritis with persistent albuminuria and cardiovascular changes has fastened its grip upon the victim.

On the other hand, a primipara may recover from convulsions due primarily to hepatic toxemia, and go safely through subsequent pregnancies or at any rate never develop chronic nephritis.

Hence the value of the ammonia determination. If albumin appear following a large and persistent increase of ammonia, your case is an hepatic one in all probability; but if no marked increase has taken place in the ammonia prior to the appearance of the albumin, your case is likely to turn out to be a renal one. In the first case, the danger is in convulsions, and in the second, that of chronic Bright's disease following confinement. I have seen a number of women with enormous quantities of albumin in the urine in the seventh or eighth month, who all escaped convulsions. In none of these cases was the ammonia as much increased as in many cases where no albumin at all occurred.

I hope that these observations will be taken up by the profession and given thorough study. I should say before closing that all my cases occurred in private practice in American families. Whether the same conditions would obtain in hospital cases or among the poorer foreign element, I am unable to say; but judging from what Williams found in the Baltimore hospital, I could expect the findings to be identical.

Let me emphasize, however, the prime importance of the proper collection and preservation of the twenty-four hours' urine. Owing to vaginal discharges, the urine of pregnant women is far more susceptible to decomposition than when the patient is not pregnant, and if we are to do the work "right" we must have the urine "right."

Let me add the results of my analysis in a number of cases, as follows:

*(To be continued.)*



# Homœopathic Recorder

PUBLISHED MONTHLY AT LANCASTER, PA.

By BOERICKE & TAFEL

Subscription \$1.00, To Foreign Countries \$1.24, Per Annum.

Address communications, books for review, exchanges, etc.,  
for the editor, to

E. P. ANSHUTZ, M. D., 1011 Arch Street, Philadelphia, Pa.

---

## EDITORIAL NOTES AND COMMENTS.

**Dr. Mitchell Out of Place.**—In the September RECORDER there are two of Dr. Clifford Mitchell's notes that were put among the editorial matter, namely, on page 462 "Diabetes with Extreme Acidosis" and on page 463 "Bile in the Urine." This matter was in its place in the galley proof, but the transposition was over-looked in the page proof by the editor. Whether the printing office was suffering from paresis, a heat stroke, or whether the make-up man thought the editorial department needed some ballast, is something, as the late lamented Lord Dundreary was wont to remark, "that no fellow can find out." Also, it may be noted that Dr. Cheshir's paper, on page 456, should have been put among the other articles. This, however, was noted in make-up, but allowed to stand so as to save time. However, Mitchell's and Cheshir's papers will shine in any place, so nothing is hurt but the editor's feelings.

**Problems.**—The *Pacific Medical Journal* sighs "the cancer problem is still unsolved." This is not surprising even after eighty medical journals in one month had turned their batteries on it, for, in fact, even the cold-in-head problem is still unsolved.

**Baldness.**—According to an exchange, quoted from an exchange, some medical scientist has discovered that baldness is due to a germ that seems to be a cross between a bacillus and a

coccus. Assuming the truth of this discovery both the patient and the germ will ask, "What are you going to do about it?"

**Nyctalopia.**—Dr. John Tweedy writes the *British Medical Journal*, August 7, concerning the meaning of the word "Nyctalopia." He says that forty years ago he was given it to define in the first edition of Quoin's *Dictionary of Medicine*. Contrary to all existing authorities he defined it as "night-blindness" and this was generally accepted. Seems queer to have the definition of so erudite a word shifted. Eye men are prone to use sesquipedalian Greek, much to the confusion of the exoteric.

**Medical Wonders.**—A year or so ago Rosenau, of the Harvard Medical School, told the world that the stable fly was the cause of poliomyelitis. Later, Frost and Anderson, of Public Health Service, confirmed the statement, but now comes Flexner, of the Rockefeller Institute, who says it isn't so, the fly having nothing to do with the matter and the other three discoverers admit he may be right. It would be interesting to know how many other things taught are not true.

**Philosophical.**—H. G. W., which initials stand for Henry Goodwin Webster, M. D., who editorially guides the destinies of the *Long Island Medical Journal*, has an editorial in a recent issue of his well appearing journal that leads to this squib. H. G. W. remarks that "the spread of venereal diseases is in no small degree directly due to alcoholic excess." It will be admitted by all, that alcohol does not cause venereal diseases. This being so it must be that it opens up men so that they get in conditions that do cause the venereal infection. Against this put the old Roman proverb, *In Vino Veritas*. Now the condition, mental or spiritual, as you please, must have been inherent, the condition that led to the disease. So why not place the blame where it belongs!

**An Objection to the Fashionable Therapy.**—One objection to the serum and vaccine therapy, to animal products in all their phases, is, pharmaceutically speaking, their uncertainty and instability. The horse may have latent glanders, the cow tuber-

culosis and so on through the list of animals, or humans, whose bodies supply the armamentarium of so many physicians today. Also there is always the possibility of latent putrefaction in all such products. It is better for physicians to stick to their old, time tried and true remedies, than to run the risk of a bad "accident." Safety first.

**Repentance?**—From a London medical letter it is learned that Mr. Eno is dead. He made a fortune out of "Eno's Fruit Salts," a combination, the letter says, of sodium bicarb., tartaric acid and citric acid. He left a fortune of eight million dollars. Large sums are bequeathed to hospitals. The people were told that the salts kept the bowels free and the blood pure. Hence the query.

**Radium Internally.**—"Literature in volumes has been written as to its success in many of those diseases of the cardio-vascular system that come to us under terminology such as high blood pressure, apoplexy, senile decay, etc., and which, in our present day, swell the death rate of our cities. The arthritis case lives on for years of torture and uselessness, yet in radium he has a new hope. Gout yields at times as if by magic to its influence as well as do many of the stubborn neuralgias, myalgias, etc. Bearing on radium emanation Von Noorden states, 'In contradistinction to all other forms of electro-therapy we possess in the radioactive substances means of carrying electrical energy into the depths of the body and there subjecting the juices, protoplasm, and nuclei of the cells to an immediate bombardment by explosions of electrical atoms. We may, therefore, designate this internal treatment with radioactive substances internal electrotherapy.'—*Dr. C. E. Field in The Chironian.*

*Radium* is still an almost unknown drug, therapeutically speaking, but, given in the 30th or 60th trituration, has undoubted virtues. Boericke & Tafel have printed a pamphlet containing about all that is known of its internal use. It will be sent free on application to any of their pharmacies.

**Dissipation Killed Him.**—Soon after this event I met my old friend and colleague, Dr. Nelson, of Truxton, in consultation. I

mentioned the fact of so many very old people congregating on this occasion and asked him if he did not think their abstemious lives accounted for their longevity. He replied that he had no doubt that their simple lives, so close to nature, had contributed largely to their many years. He said he had had at least one centenarian in his acquaintance—an Uncle Topping, of East Homer, who was said to have been one hundred and five years old when he died. I jokingly asked him what the cause of death was in Uncle Topping's case and he quickly replied, "Dissipation." "Yes," said he, "dissipation. He used whiskey and tobacco all his life to excess. He began using tobacco when he was five years old and used it one hundred years, and when he died it was hard to decide what it was that caused him to stop living, and it was surmised that the excessive use of tobacco for one hundred years might have been a factor in the cause of his death."—*From paper by Dr. Philip M. Neary, Cortland, N. Y., in N. Y. State Jour. of Med.*

**More About Serum Sickness.**—The *Journal of the A. M. A.* treats its readers to a learned editorial on "Serum Sickness and Its Prevention." It is a little difficult to follow the line of reasoning. For instance read this from the editorial: "The work of von Pirquet and Schick, Rosenau and Anderson, Otto, Besredka, Weaver and others has shown that the disease is a true anaphylactic phenomenon, although certain writers have been inclined to attribute the severe cases and occasional instances of death following the parenteral administration of serum to anaphylaxis and to consider serum sickness as a different condition. It would seem that the two reactions are the same, and are true anaphylactic phenomena."

You see, gentle reader, that the pundits of science are not agreed, which is the first stumbling block the novice meets. Then we have the editor's Jovian declaration that the two reactions are the same, namely, the reaction of the disease and that of the serum are the same. Hence follows confusion to the outer barbarians of esoteric medicine. "The reactions are the same," reasons this medical Goth, "why then," he continues in his reasoning process, "the serum and the disease must be the same to produce the same effect, for the highest philosophy

teaches that the same cause must produce the same effect. Otherwise we have chance, or the old chaos, ruling Science and the world, which is foolishness when we see every day how exact science is, the science on which men will invest millions of dollars on its accuracy.

**Doctors' Perils.**—Our most excellent contemporary, the *Medical World*, tells us of a doctor who “had a farm and a drug store, as well as a practice, and six children and a mortgage on a farm.” He seems to have died and afterwards “some of the children had typhoid fever.” The moral is that every doctor should read the *World's* “talks.” Now this is good advice, yet, somehow or another, we incline to the belief that even the reading of these “talks,” though they be excellent, as they are, could not have enabled a man to successfully run a drug store, a mortgaged farm, six children, and a practice, successfully.

**Flies.**—The following is the opening of an editorial in the *British Medical Journal*, July 31: “In temperate climates weather conditions largely decide whether the year is to be ‘a fly year’ or not.” This seems to exonerate the fly (who is a most unmitigated nuisance) from being a disease breeder and puts the blame on something higher. If only for the sake of equity, which is the acme of justice, the “swat the fly” health boards ought to modify the impeachment they have made against the pest. Put it on the ground of the fly being a nuisance and not of his (or her) being a disease breeder.

**The Cause of His Death.**—Remarks our youthful, but lively contemporary, *Cincinnati Medical News*, as it jolts the young internes, “he died of chronic alcoholism” is the stereotyped certificate when it should read that he died of “chloral hydrate”—increasing doses—supplemented too often by hyosine hydrobromide, cannabis Indica, scalding hot baths and other routine, book treatments. If these internes would give the unfortunates a dose of about ten or twenty drops of *Apocynum cannabinum decoction* every two hours until better there would be fewer death certificates filled out with “alcoholism.” This was tried out at the Metropolitan, New York, and it made good.



## PERSONAL.

Claude remarked that he had often played for money, but never got it. According to *Life* the "temperate zone" is where you freeze in winter and are red-hot in summer.

Another *Lifer*. Dr. Rabbit asks Mr. Tortoise how long he has been drinking and smoking and is told 400 years. Stop! or you will ruin your health.

Another *Lifer* is that a canvas-back duck is the highest form of animal life. How about terrapin?

A kid with a whip in his hand wants to use it. Moral? Obvious!

The whistler may be "cheerful," but no one within hearing is.

If chronic whistlers knew they *might* refrain, though there is a pathological doubt.

"The mechanism of delusion" (Allen). Is it a matter of mechanism?

Cleanliness is better than much antisepsis and a bar of soap than a bottle of bichloride.

The British have captured the German "Sanatogen," otherwise cottage cheese or "schmear kase," and renamed it "Sanaphos."

A lay editor says that the "regular school" "never ceases in its search for truth." May it finally succeed!

When the sea is blue, it isn't, in our sense.

A man may be worth \$5,000.00 a year, but can he collect it?

There is some difference between making a monkey of a man and the evolutionary opposite.

Art is the beautiful way of doing things. Men are, in a sense, things.

We recently read of an Allopathic doctor, aged 94, who never "had taken his own dope."

The man who says he always "speaks the truth" is a fibber.

*Life* wants to know what the Governor of North Carolina said to the Governor of South Carolina when they dined with Secretary Daniels.

Some funny authority thinks that there isn't much difference between a Field Marshall and a Marshall Field. Tut! Tut!

The father followed the fellow who eloped with his daughter and is living with and on him ever since.

Some men really believe that earth tremors are due to their indignation. The belief, however, is an error.

Disinfecting a farm is the acme of—?

"Parson defends marriage" is the startling head in a modern newspaper.

"Nothing an orthodox Health Board has said against flies is too severe," said Binks, who is baldheaded.

To be an orthodox diplomat you must be circulatorily verbose.

Be it as it may, subscribe for the RECORDER.

# THE HOMŒOPATHIC RECORDER

---

VOL. XXX LANCASTER, PA., NOVEMBER 15, 1915. No. 11

---

## THE ORIGIN OF GERMS; OR THEOLOGY AND MEDICINE.

The always interesting "Transactions" of the Ohio brethren came to hand some months ago, full of interesting things, as usual, among which is a paper on "Carriers," by Dr. J. E. Studebaker, of Springfield, O., together with a long "discussion." The doctor said in closing the discussion: "After sixteen or seventeen years in the laboratory, if there is anything that has grounded me in the faith of Homœopathy it has been the laboratory."

The paper is a good one, from its point of view, but while some of the members strongly endorsed it others did not, at least not fully. In general, it taught the doctrine of germs, with its addenda of serums, carriers and the like. But the point we are reaching towards was made by Dr. W. W. Ensey, of Dayton, O., in the discussion. In part, Dr. Ensey, after stating what the Scriptures say in regard to the age of the primeval man—and here comes in a new idea, something the RECORDER always welcomes—after this, Dr. Ensey said:

I believe that prior to the flood we had no germ diseases, consequently man did not die from germ diseases, but simply wore out his body. What is my evidence? The fact that before the flood Noah made grape juice, drank it and did not get drunk, because the grape juice did not ferment. After the flood Noah made some grape juice and let it stand around, as he had formerly done, but it fermented, generated alcohol, and Noah became gloriously intoxicated. The germ of fermentation, and other germs, were introduced into the earth by this terrible catastrophe, which occurred in nature, and we have had germs ever since to decimate the human race. I consider these to be scientific facts.

Now, without comment, we will pass on to the next speaker in the discussion, Dr. Curtis Ginn, also of Dayton, O. He said, in part:

I think it is possible that, after a number of years of experimentation with unfermented grape juice, they got to seeking for higher things, and discovered the fermented grape juice. I do not think that Dr. Ensey's statement necessarily proves anything, but merely that unfermented grape juice had gotten to be an old tale, and the race sought for something higher.

The RECORDER hesitates to mix up in this conflict between Scientific Medicine, the theory of Dr. Ensey, and the skepticism of Dr. Ginn, but would merely point out, as does Dr. Ensey, some Scriptural facts.

Under the grape juice era, according to Dr. Ensey, the first murder recorded was committed, that of Cain killing Abel. And, second, *Genesis* VI., 5:

God saw that the wickedness of man was great in the earth, and that every imagination of the thoughts of his heart was only evil continually.

Also, *Genesis* VI., 8:

But Noah found grace in the eyes of the Lord.

There is an error in Dr. Ensey's argument, scientifically speaking, because he assumes that the men destroyed by The Flood did not know alcohol, but does not demonstrate it. But, even if he is right it is, implicitly, stated that they were more wicked than any who followed them who used alcohol. On the other hand, our germ believing friend (we hope he is a friend), Dr. Studebaker, quotes many authorities in his paper to the effect that the malignant germs are found by bacteriologists on, or in, the persons of those who are not afflicted with the diseases of which the bacteriologists say those malignant germs are the cause. This also is a scientific "fault," for the cause is always followed by its effect—scientifically.

From all of this it seems that the theological Dr. Ensey, and the laboratorial Dr. Studebaker, are up against stone walls of equal thickness.

We merely bring up all this to show that the Ohio homœopaths "start things." Whether they can settle them or not remains for the future to demonstrate. Perhaps! Also, perhaps not! At any rate Ohio is a great State.

On the subject of germs Dr. C. F. Junkerman, of Columbus,

O., made this remark in closing the discussion on his paper, "*Psorinum*," and defending Hahnemann's theory:

If we are not careful the old school will re-discover the psoric theory and hand to us the germ theory, which, according to Professor A. Bechamp, the French scientist, is one of the greatest pieces of silliness of the age.

It may be remarked that Bechamp was an old and angry man when he wrote "The Blood"—which is the title of his translated book. He said Pasteur, who had been his student, appropriated his ideas, bungled them up and put them forth as his own. But Pasteur was a scientific courtier, got the favor of the court and by this means floated out on the great sea of success, and became the prophet—a false one according to Bechamp—of medical science.

The real question before the house is: Are germs the cause of disease or its effect?

---

### PNEUMONIA.\*

**By Walter Sands Mills, A. B., M. D., Professor of Medicine, New York Homœopathic Medical College and Flower Hospital.**

I have chosen pneumonia as my topic tonight for several reasons:

First, I have seen more cases of pneumonia during my service at the Flower Hospital this year than I usually do.

Second, I have, within the last year or two, read many articles in current literature dealing with pneumonia. From my point of view many of the recommendations in the way of treatment have been fantastic, even harmful.

Third, many members of the homœopathic school have become contaminated with the dominant therapeutic unrest, and are reaching out for the ultra-scientific, or, supposedly scientific, and forgetting homœopathy.

Fourth, my observation and reading lead me to believe that at the present moment the homœopathic treatment of pneumonia is far and away superior to any other accepted method.

---

\*Read before the County Society of Philadelphia, Oct. 14, 1915.

I will try to be brief and to the point in what I have to say. The symptoms, physical signs and diagnosis of pneumonia are all familiar to you and need no special comment.

Now, as to the etiology. I think all, or most of us, at any rate, are agreed that the bacillus pneumoniae or the diplococcus pneumonia is the essential cause. Notwithstanding that belief, according to Rufus Cole, of the Rockefeller Institute for Medical Research, "organisms with identical characteristics, so far as yet determined, are found with so great frequency living on the mucous membranes of the mouth and throat of perfectly healthy individuals that they may be considered normal inhabitants of the mouth and throat cavities." Cole then goes on to tell of the experiment induction of pneumonia in animals, and that the results vary with the virulence of the cultures used, and with the number of pneumococci injected. Cole's paper, by the way, was printed in the *Archives of Internal Medicine*, in July, 1914.

If the pneumococcus exists in the normal mouth and throat, then, to produce the symptom-complex known as pneumonia in man other factors must be at work to prepare the soil for the development of the germ. In other words, there must be a lowered resistance to the pneumococcus before pneumonia can develop. We are all familiar with the frequency with which pneumonia develops in alcoholics. We are all familiar with the chilling that frequently precedes the onset of pneumonia. We have all often met with pneumonia as a complication or sequel in some other condition. In many other cases the cause of the lowered resistance is obscure, but that something must be the cause is self-evident.

Pneumonia, as a complication of some other condition, is a very serious condition, although not necessarily fatal. Frank, uncomplicated pneumonia is serious enough. Osler reports 658 cases with a mortality of 26 per cent. at Johns Hopkins. Cole reports 72 cases with a mortality of 32 per cent. at the Rockefeller Institute. At each of these places the treatment is the most skillful known to medical science, barring only the indicated homœopathic remedy.

In going over my records somewhat hurriedly I have tabulated 68 cases with a mortality of 8.8 per cent. My cases were simple, uncomplicated cases, all but six were hospital cases. Each of



the six that died had more than one lobe affected. Only one was a private case and that was seen in consultation.

At the Rockefeller Institute, during the last two or three years, they have made an intensive study of pneumonia, and are working on a serum therapy. According to Cole four types of pneumococcus infection have been isolated, and the mortality, according to type, has been respectively 24, 61, 60 and 70 per cent. The best results in their serum therapy are obtained by using the sera according to type of infection.

The cases that I have collated have been treated homœopathically, and without stimulation. In age the patients ranged from six months to eighty-eight years. These two extremes recovered, by the way. The infants' respirations were between 80 and 90 for several days.

I think I have seen three cases aborted by giving *Ferrum phosphoricum* on my first visit; one was a man, the other two were women, all between 20 and 30 years of age.

My remedy of choice is *Bryonia* after the disease is in full flower. I use the third dilution, ten drops in four ounces of water, two drams every one or two hours.

One patient at the Flower Hospital, this summer, a boy of eleven years, was given *Belladonna* because he had typical *Belladonna* symptoms.

I have rarely found that remedy called for in pneumonia.

Another Flower Hospital patient, a woman, developed pneumonia of the right upper lobe, while convalescing from an abdominal operation. As a necessary assistance to drainage of the abdominal wound she was in a half-sitting posture supported by a bed rest. She ran a typical mild course and recovered from her pneumonia before she recovered from her operation. Several of the other cases were of the upper lobe. All of the upper lobe cases received *Bryonia*, all recovered.

Another case that I have reported before and have mentioned in my book on Practice was unique in this! At no time did the patient cough or expectorate. The clinical symptoms and physical signs all pointed to pneumonia. The patient recovered.

In certain cases there will be marked indications calling for some other remedy. For example, in the beginning *Aconite* is sometimes called for. It is particularly indicated when the condition is due to exposure to a cold, dry wind.

*Phosphorus* I have used very little. It cured one case where aphonia was a symptom.

*Ipecac* is useful in young children and in old people when the respirations are very rapid, the crepitation very fine, and usually with some nausea.

*Antimonium tartaricum* cured one case where the cough was constant, there were large quantities of foul smelling expectoration, the respiration was rattling, as though the patient was dying; the facial expression was bad, there was delirium, there was hot perspiration.

*Kali bichromicum* is indicated for an associated bronchitis with much cough, and stringy or lumpy, tough, expectoration. I might say that bronchitis complicating pneumonia is always a very troublesome condition and, fortunately, is rare.

Many other remedies than the few mentioned may be called for. I have probably omitted favorite prescriptions of many of my listeners, but I have mentioned the ones I use most often myself.

But the point I wish to emphasize is this. That the pneumonia patient stands a much better chance of getting well under homœopathic treatment than he does under any other method. So far serum treatment has not been a success, note the 32 per cent. mortality at the Rockefeller Institute, as compared with the 8.8 per cent. in my cases.

I am likewise convinced that stimulation in pneumonia is a bad thing. At the Metropolitan Hospital and at the Flower Hospital we get internes from many places. They are young and inexperienced, many of them enthusiastic about their work. Their tendency is to do something, and that usually means something that will change things instanter. The pneumonia patient does not need a whip in the shape of whiskey or *Strychnine* to push him along, neither does he need a club in the shape of ice bags or cold baths. He does better without either.

After the crisis a slow pulse is normal. Nothing should be done to accelerate it. Nature is conserving the heart muscle. A quick pulse, after the crisis, means an irritable heart, that must be corrected by continued rest.

The high temperature, within reasonable limits, is also nature's way of inhibiting the multiplication of bacteria and their

toxins. Baths should be warm and used only for cleanliness and comfort.

A subnormal temperature of a degree or two after the crisis is also normal and needs no special treatment.

---

## READING THE EYE, PULSE AND TONGUE FOR THE INDICATED REMEDY.

By Eli G. Jones, M. D., 1404 Main St., Buffalo, N. Y.

There are some physicians that think that there is *no cure* for pneumonia. One of "my boys," Dr. A. L. Fogg, Underhill Center, Vt., in one winter had several cases of pneumonia, among them an old lady, 68, complicated with left sided goitre. Another lady, over 60, complicated with asthma. Still another delicate, frail woman of 72. He carried them all through successfully. The doctor says there "are half a dozen old ladies in the village that pray for him every night." We all need praying for, and they say that "the prayers of the righteous availeth much." This good doctor is often called in consultation by men "old and gray" in their profession. There was a time when this physician had lost all *faith* in medicine, but after he had *mastered* "definite medication" he "saw a great light!" A physician writes for remedy for ulceration of the heel? I wrote him "Muriate ammonia 3x was the remedy needed." I had a very kind letter from him telling of how "quickly the remedy cured the case." A lady had been treated for tuberculosis by a physician; there still remained a *sore* spot in the *upper* part of the *right* lung, and she had been advised to go South to a warmer climate. I prescribed *Calcareo carb.* 6x, three tablets once in three hours. It took away the *soreness* in the lung and she won't have to go South. I expect some of our doctors would like to know how to cure diabetes. The following prescription was formulated by an old physician who cured 100 cases of the disease with it. In the absence of any especially indicated remedy I prescribe it, and very many doctors have reported cures of diabetes with this remedy:

R̄.	Tr. Lycopus	.....fl.	ʒii.
	Tr. Belladonna	.....fl.	ʒss.
	Fowler's Solution Arsenic	.....fl.	ʒi.
	Tr. Cinnamon	.....fl.	ʒiii.
	Glyconda (Lloyd)	.....q. s. fl.	ʒviii.
Mix.	Sig. Teaspoonful once in three hours for three weeks then three times a day.		

(Glyconda is the old "Neutralizing Cordial" revised and improved.)

In obstinate cases of constipation when the fæces are composed of lumps packed together like sheep dung give *Plumbum 3x*, three tablets night and morning. A week's time will see a change for the better.

Fistula in ano is met with now and then and you can cure your patients without an operation. Give them *Calcareæ phos. 1x*, three tablets before each meal, and *Silicea 3x*, 3 tablets after each meal. Locally, I use two drachms *Caustic potash* added to eight ounces *Aqua rosæ*. Take a syringe with a long tube, pass it up in the fistulous canal, loaded with above liquid, be sure that the liquid does *not* pass into the rectum and only acts upon the *fistulous* canal. It *dissolves* off the *indurated* surface of the canal, sets up a *mild* form of inflammation and thus *assists* nature in closing up the diseased canal.

This injection should be used once a week, for two or three times. *Cocaine* may be applied before the injection to lessen the pain. The "healing salve" formula, on page 440, September RE-CORDER, may be applied on soft white cloth to external opening of fistula near the anus.

Tuberculosis is sometimes in evidence in this disease; if so, the *indicated* remedy must be given; a weak, discouraged feeling to the pulse would indicate *Strychnia*. The latter remedy must *never* be given if there is *any spinal* irritation, because *Strychnia* is a *spinal irritant*. In delicate, nervous women, it is well to examine their spine for *sore, sensitive* spots. If there *are* any, *don't* give them *Strychnia* or *Nux vomica*, if you *do* it will do them harm.

You will be called to a case of threatened miscarriage, here you will find *Viburnum prun. the* remedy, half fluid drachm of the

tincture in half a goblet of water, teaspoonful every half hour; *expulsive* pains is the indication for this remedy. An old gentleman has vertigo, when he walks up stairs, all the *blood* seems to rush to his head, then a *warm* wave seems to sweep down the whole length of his body, to the end of his toes. The knees feel *weak* and legs *tremble* if he stands on his feet any time. The diagnosis is "spinal *weakness*" and the remedy indicated is *Tr. Cocculus Indicus* 30x, ten drops night and morning. In a short time all of the above symptoms had passed away—don't *forget* the above remedy in *spinal weakness*. There are cases now and then where you will find a woman who wants to have a *baby*, but through *worrimment* of mind, *hard work* either mental or physical she has *reduced* her *vitality*, she has *no* sexual passion, and, "as a result, there is trouble in the family." I would give her *Fluid Ext. Saw Palmetto*, twenty drops, after each meal and at bedtime, because it is *the* remedy indicated in *her* case; it is often followed by conception in the woman. When a patient complains of a *fulness*, a *pressure* in the rectum, with *beating* and *throbbing*, it means proctitis, and indicates *Collinsonia*, you will *not* find it in your text books, but it is the *true* indication for the above remedy.

Dr. Benjamin Rush, the father of the regular school in Philadelphia, used to say that "If a doctor wanted to become *eminent* in his profession, he must cut loose from the schools of physic and be a physician." Dr. Samuel Hahnemann, the founder of Homœopathy, has left on record this statement: "A physician who fails to use every means in his power to cure his patient is not doing his whole duty by his patient.

Dr. Wooster Beach, the founder of the "Eclectic School of Medicine," used to advise his students to "*investigate* the remedies of *all* schools of medicine and *select* any remedy that might be of *value* to him in healing the sick."

That, dear reader, is *pure* Eclecticism, *any* physician who *confines* himself to "specific medicaton" and *discards* all other medication is *not* an Eclectic. The very *meaning* of the word Eclectic condemns him.

Hufeland, the great teacher of medicine. used to advise his students to "prove all things and to choose the best."

Our Professor of Pathology in Dartmouth Medical College



once remarked to the class, "Boys, you want to be captain of the whole." When a physician *knows* the materia medica of *all* the schools of medicine then he is "Captain of the *whole*," and you will find him a *hard* man to *beat* if you ever come in *competition* with him, for *he* has *resources* to draw upon that *you* haven't.

I always say to my students, "You may belong to *any* school of medicine that you choose, you may be affiliated with *any* state or national medical society that suits your fancy, but when it comes right down to the business of prescribing for a sick person, *forget* all about your "*pathy*," and give *the* remedy that will *cure* your patient! As Andy Johnson said, "Them is *my* sentiments."

---

## GASTRO-INTESTINAL AUTO-INTOXICATION AND MUCOUS ENTEROCOLITIS WITH ILLUSTRATIVE CASES.

By James C. Wood, M. D., F. A. C. S.

CASE I.—Patient, æt. 32; one child five years old. Married six years; never pregnant before or after the birth of this child. Labor exceedingly hard, and did not get up well from confinement. Has had at variable intervals attacks of menorrhagia. A great deal of pain in the region of both ovaries; severe, sharp, shooting pain through the abdomen over the appendix with intermittent attacks of appendicitis. She has been constipated since girlhood and there is much mucus in the stools. Cold hands and cold feet. Is an exceedingly anemic, nervous, little woman, very apprehensive; dyspareunia most distressing.

*Physical examination* shows the uterus enlarged, and when she first came to me, three years ago, I suspected ectopic pregnancy. The cervix is torn on either side well into the bases of the broad ligaments, and there is left behind a large amount of cicatricial tissue. There is a band of inflammatory tissue stretched across the right lateral cul-de-sac. Pelvic floor badly relaxed. Clitoris completely concealed by adhesions. Appendix distinctly palpable. The patient is, as you see, very thin and emaciated. Ovaries both distinctly adherent in the cul-de-sac of Douglas. The urine, except for the fact that it contains a very marked trace of indican, is normal. Patient has been under my care for three years with nothing more than temporary relief.

OPERATION.—I shall proceed to take care of the lesions present. I shall first divulse the uterus, apply the curette, following this with an application of iodine. I shall do a trachelorrhaphy, removing, as you see, a very large amount of cicatricial tissue, and a perineorrhaphy by the flap splitting method. I shall overcome the adhesions of the clitoris for the reason that I am working to relieve this patient of all possible terminal nerve impingement. I shall dilate the rectum most thoroughly, hoping thereby to overcome the constipation. I shall next proceed to open the abdomen, digging the ovaries and tubes from their inflammatory bed. The adhesions are especially bad on the right side. The left ovary is a mere shell and rather smaller than it should be. Both tubes distended with pus. I shall, therefore, remove the left ovary and tube and also the right tube. I deemed it best to take a chance on leaving the right ovary behind because of her extremely neurotic condition. I shall, therefore, hold it up out of harm's way by shortening the utero-ovarian ligament. I shall next suspend the uterus by the Kelly method. I shall next explore the appendix, which is long and thickened and congested and, therefore, shall remove it.

CASE 2.—Mr. ———, æt. 23. Suspicious of tuberculosis on mother's side; otherwise family history negative. Usual children's disease. Even as a small boy remembers having had a great deal of distress in the stomach with colic. Neisser infection of left knee six years ago with resulting ankylosis. Has been worse since this attack, although indigestion and malnutrition date back long before it occurred. Very marked mucous-enterocolitis. Constipation of a most obstinate type; strong fecal breath; very bad phimosis and varicocele of left side. Patient has become a chronic neurasthenic with constant indigestion, pain in bowels, dragging sensation, hypochondria, emaciation, etc. X-ray examination shows marked dilatation or thickening in the region of the duodenum with the stomach very much dilated and the stomach and transverse colon prolapsed into the pelvis.

I shall make a long median incision extending from the ensiform cartilage down to the umbilicus. The stomach is, as you see, very much dilated with also a marked dilatation of the duodenum immediately below the stomach. I shall do a posterior

gastro-enterostomy followed by stitching the edge of the opening in the mesocolon to the stomach wall for the purpose of making this one point of fixation. I shall next shorten the gastrohepatic omentum by the Bayea method, one of the stitches catching the stomach wall below the coronary artery. In order to make the stomach doubly secure I shall carry a silk wormgut suture through the entire abdominal wall and pass this transversely through the stomach by the Rovsing method. I shall next close the peritoneum with a No. 2 catgut suture and shall catch the stomach at one point with this suture. I shall close the abdomen and reopen it again in the right semilunar space, removing a very long, thickened, kinked appendix. After closing this wound I shall proceed to quickly perform a circumcision. I shall not venture to do more work than this at one sitting. I believe that in time the varicocele, after the patient's general health improves, will take care of itself.

*Remarks.*—The pages of the current medical literature afford abundant evidence of the interest now being taken in the various phases of autointoxication. It is a subject which has long interested me, and I am of the opinion that its surgical aspect, especially the surgical aspect of the gastro-intestinal form, has not received by the many writers discussing it the attention it deserves.

The profession is enormously indebted to the bacteriologists who have worked out, or are working out, the flora of the gastro-intestinal canal. Our theory of the significance of the part played by the secretions pouring into this canal, from the cardiac orifices of the stomach to the anus, and of the part played by the phagocytes in contending against disease producing micro-organisms, which invade the system through the intestinal walls, is being rapidly recast. We know that millions of such organisms are to be found at all times in the gastrointestinal canal; we are, unfortunately, not so sure of our premises when we come to deal with the significance of the several varieties there found, and with the best method of removing the conditions and lesions responsible for their activity. I shall endeavor to show that there are certain surgical and reflex causes which have been too long ignored.

In June, 1900 (*Medical Visitor*), I published an article, entitled *Appendicitis Associated with Diseased Conditions of the Female Generative Organs*, in which I tabulated fifty cases of appendicitis associated with more or less profound lesions of the uterine adnexa. I then analyzed the subjective and objective symptoms present in that series and found that digestive disturbance characterized about 75 per cent. of the chronic cases therein reported. There was in the cases so characterized emaciation varying from slight to extreme, indigestion with gaseous distention of both the stomach and bowels, coated tongue with foul breath, obstinate constipation, or alternate constipation and diarrhœa, with varying amounts of mucus in the stools, indicating chronic mucous enterocolitis—a clinical picture duplicated by all writers in describing gastro-intestinal auto-intoxication. It was, of course, in this series difficult to determine whether or not the gastrointestinal symptoms described were due to the appendicular or the ovarian lesions, or both combined, the cases all being women. Previous as well as subsequent observation has, however, firmly convinced me that chronic catarrhal appendicitis does produce, and not infrequently, the same disturbance in the male. In another article, entitled *The Surgical Aspect of Indigestion and So-called Gastralgia* (*Medical and Surgical Reporter*, April, 1904), I enumerated the surgical lesions responsible for indigestion and stomach disturbance and discussed in detail those which not infrequently give rise to both indigestion and gastric crises. Such lesions are gastric ulcers, gastric dilatation and enteroptosis, pyloric strictures, gall-bladder lesions, movable or floating kidney, chronic appendicitis, intestinal strictures and adhesions, and diseases of the uterus and its adnexa. Those especially interested in this subject are referred to the articles mentioned. In the September, 1910, number of *Surgery, Gynecology and Obstetrics*, under the caption of "Gastrointestinal Auto-intoxication and Mucous Enterocolitis From the Viewpoint of Surgery," I have an extended article dealing with the subject in hand.

So far as I am able to determine my article of June, 1900, was the first published emphasizing the significance of lesions of the pelvic organs and appendix in the production of mucous enterocolitis. There is at the present time comparatively little said



upon the subject by those dealing with internal medicine. On the other hand, the surgeons and gynecologists, observing that gastro-intestinal disturbances disappear in a large per cent. of cases after correcting certain surgical lesions, are coming to recognize that even slight changes in the appendix may perpetuate the gastro-intestinal irritation, which in turn gives rise to the symptoms of intestinal autointoxication with mucous discharges.

#### GASTROINTESTINAL AUTOINTOXICATION.

In order to show the diverse opinions which prevail at the present time regarding the etiology, pathology and symptomatology of these two conditions, I quoted freely, in the last article referred to, from the writings of Alexander, Hill, Blum, Mulot, Kaufman, Forcheimer, Von Norden, Kelly and many others.

Alexander recognizes the relationship of gynecology to auto-intoxication and gives three general types: 1. Those in which pelvic conditions are produced by autointoxication. 2. Those in which pelvic conditions produce autointoxication. 3. Those in which autointoxication is at once the product of the pelvic states and aggravates these.

In the first type autointoxication may give rise to amenorrhea, dysmenorrhea, menorrhagia, leucorrhœa, etc. The second type includes the cases of uterine malposition and tumors, which, by interfering with the function of the bowel and acting in a reflex way so as to disturb digestion, give rise to autointoxication. In the third type he says that "uterine malposition and tumors by their effect on the general tone increase nervous waste, and decrease elimination. To these last effects are due their alleged reflex action."

According to Blum, "the thyroid seizes and destroys enterotoxins developed by the action of bacteria in the intestinal canal. When the thyroid is absent or diseased, these toxins produce changes resembling myxedema, as edema, debility, stunted growth, and dulled mentality (cretinism), tetany and subnormal temperature." Exophthalmic goitre may thus have its genesis in parathyroid insufficiency.

Under the head of etiologic factors Anders says: "I would assign conspicuous positions to the following in the order given: First, impaired metabolic processes; second, errors in diet or the



ingestion of too large quantities of proteids, and, although less commonly, fats and sugar; third, constipation; fourth, intestinal pathologic states, as chronic appendicitis, mucous colitis and gastroptosis with or without coloptosis."

Forcheimer gives a composite picture of 77 cases of chronic intestinal autointoxication as follows:

"1. Riggs' disease was present in 85 per cent. of all the cases, 70 per cent. had some form of stomach trouble, 94 per cent. had some manifestation of bowel trouble.

"2. The urine was found to contain indican in abnormal quantities in 87 per cent. of all the cases; calcium oxalate in 50 per cent., uric acid in 25 per cent., red blood corpuscles in 50 per cent., cylindroids were found in about 17 per cent., casts in 32 per cent., albumen in 9 per cent.

"3. In women nearly one-half were affected by some form of abnormal menstruation.

"4. Nervous symptoms were present in about 80 per cent. of all the cases.

"5. Cardiovascular conditions were found in 74 per cent.—neuroses, myocarditis, arteriosclerosis, etc.

"6. Locomotor apparatus symptoms occurred in 62 per cent.—so-called gouty joints, hypertrophic arthritis, and especially muscular symptoms.

"7. Skin lesions were found in 28 per cent."

Forcheimer emphasizes the importance of derangement of the stomach, which in turn gives rise to bowel trouble and consequent autointoxication. Diminution of HCL, and motor insufficiency of the stomach with stagnating food, favors the growth of bacteria. Constipation by producing retention of fecal matter favors autointoxication, as is well known. In the treatment all those conditions which prevent normal peristalsis should be looked for and carefully treated. Such conditions are chronic enteritis, peritonitis, obstructive conditions from within or without the intestines, and chronic appendicitis. In the 77 cases referred to, ten had appendicitis; five were operated on and with the removal of the appendix the autointoxication disappeared. Albumen and nuclein foods should be, according to Forcheimer, avoided as much as possible. Albumen, except that from milk and vege-

tables, and possibly eggs, because it is affected by the causes of intestinal putridity, and nuclein, as the alloxuric bodies, including uric acid, are formed from it.

Carl von Noorden, in his classic essay on *Acid Auto-intoxications (Diseases of Metabolism and Nutrition)* makes the following observations: "The alkalinity of the blood depends upon several compounds. First, compounds with an alkaline reaction (sodium carbonate and sodium phosphate), and second, large quantities of alkali combined with mineral acids. Herbivorous animals quickly die under the administration of acids. The acid is neutralized in carvinorous animals because of the ammonia manufactured by the proteids. Excessive accumulation of acids in the system occurs in two ways: (a) The excretion may be reduced. (b) The formation may be increased. From the first the danger is slight. The acids that are responsible are known as 'acetone bodies.' The presence of acetone in the urine, according to von Noorden, has been credited with too much importance. The alkalinity of the blood is always greatly reduced in diabetic coma. Lessened carbohydrate feeding causes acetonuria. Acetone bodies are probably an intermediate product of normal metabolism."

Chapman emphasizes the well known fact that a disease may both cause auto-intoxication and be caused by it. Thus, he says, "nephritis may be caused by endogenous as well as exogenous poisons circulating in the blood stream and with this nephritis comes decreased functional power and failure of elimination proportional to such loss. Similarly do conditions like gastric dilatation and cirrhosis of the liver act in the production of auto-intoxication. While admitting that auto-intoxication may give rise to epileptic forms of convulsions, it is necessary in order that the epilepsy continue in regularly repeated attacks that there be a predisposing cause set into operation by a toxic acid. Other conditions which may be caused by auto-intoxication, according to Chapman, are tumors, infantile convulsions, gastric tetany, skin diseases of various kinds, depressed states, insomnia and insanity.

I have in the chapter devoted to peptic ulcer quoted from Pater-son, the Mayos and Fenwick in order to show the relationship in a causative way existing between stomach and duodenal ulcers and chronic appendicitis.

## MUCOUS ENTEROCOLITIS.

This disease or symptom is known also as colica mucosa, colitis, pseudo membranacea, membranous catarrh of the intestine and myxoneurosis coli; terms which at once suggest the prevailing confusion regarding its causation, nature and significance. Until comparatively recently the internists have declined to consider the possibility that in at least a given per cent. of the cases characterized by the free discharge of mucus per anum the cause may be local rather than systemic. Indeed it is only in the later surgical writings that one finds mentioned, and merely mentioned, mucous enterocolitis as a symptom of chronic appendicitis.

Lesions of the uterus and its adnexa, except as they may interfere with peristalsis in a mechanical way, are practically ignored as factors in disturbing digestion and thereby exciting and perpetuating the abnormal discharge of mucus. Von Noorden takes issue with the views expressed in more recent publications on colica mucosa in that they concede the role of inflammatory processes in the genesis of the majority, if not all, the cases of this affection. He, however, admits that there are a number of very valuable post-mortem reports on record that demonstrate positively that a disease picture corresponding to colica mucosa may actually be observed in cases of genuine enteritis, though Hemmeter subjected certain portions of the colon that were covered with a thick layer of mucus to careful macroscopic and microscopic examination, and failed to find any histologic evidence of inflammation. This view is also held by Rothmann. Nothnagel, on the other hand, recognizing the duplex character of colica mucosa, believes that there are two forms of the disease, the one with, and the other without, inflammatory phenomena. He, therefore, separates the two forms and calls them by different names; thus he speaks of "enteritis membranacea" and of "colica mucosa." The latter form he believes to be always of neurotic origin.

Kelly, on the other hand, gives as prominent symptoms of chronic appendicitis obstinate constipation, dyspepsia, especially after indulging in certain articles of food, and flatulency, which is not infrequently confined to the ileo cecal region. Kelly agrees with Czerny that the flatulency is probably due to a condition of

stasis, owing to the presence of adhesions which inhibit to some extent the normal muscular contractions. Other symptoms, according to Kelly, of the disturbed digestion are a furred tongue with nausea and a diarrhea, which at times alternate with constipation, or may be a constant symptom. Pain and tenderness are usually present in the right abdomen, although he emphasizes the fact that there is scarcely a spot in the whole abdomen to which the pain may not be referred. Kelly says: "*the association of colitis and chronic appendicitis is frequently observed.*" Finney has especially noted its occurrences "in cases where there is a thickened chronically inflamed appendix, densely adherent to neighboring intestines." "Some writers," continues Kelly, "have attributed the disease of the appendix to the influence of the chronic colitis, but the evidence as a whole is in favor of the appendiceal origin of the trouble, the affection of the colon being secondary. In many instances attacks of appendicitis have antedated the appearance of the symptoms of colitis, and it is a common experience to find that the latter is entirely relieved by the removal of the appendix." At a later period Kelly wrote: "Chronic appendicitis usually manifests itself by the presence of abdominal pain, generally located in the right side and often associated with digestive disturbances, especially constipation and flatulency. The somewhat frequent association of mucous colitis with chronic appendicitis, and the relief obtained in some cases after the removal of the appendix, suggests the existence of an etiologic relationship between the two affections."

Kemp gives as an etiologic factor of mucous enterocolitis pressure from tumors which narrow the canal, giving rise to fecal accumulation. He differentiates intestinal dyspepsia from chronic mucous enteritis from the fact that in the latter condition there will always be found mucus with epithelial and round cells, while the stools are alkaline and of strong fecal odor, whereas in the former the stool consists of pure mucus alone.

Lane's bands, by interfering with intestinal peristalsis, frequently give rise to both gastro-intestinal autointoxication and mucous enterocolitis.

On one point nearly all writers are agreed, namely, that many cases of arteriosclerosis are directly traceable to autointoxica-

tion, no matter what may be the predisposing and exciting causes of the latter condition. It would be interesting to go into this phase of the subject in detail, but space forbids. Suffice it to say that in dealing with long existing autointoxication one should always note the blood pressure and examine carefully for other evidences of arterial degeneration, directing the treatment, when it is present, accordingly.

#### PATHOLOGY.

In a large per cent. of appendices chronically affected the organ will be found thickened. This is due to strictures, which are usually present, with more or less distention, which excites tenesmus and muscular hypertrophy; or it may be due to inflammatory infiltration. In either event the mucous membrane at the point of stricture becomes eroded and the stricture in time becomes absolute or nearly so. I have placed on record (*American Journal of Obstetrics*, January, 1900) a somewhat remarkable case of cystic distention of the appendix. My observation, however, leads me to believe that the marked cases of cystic distention entirely shut off from the bowel do not give rise to as great a degree of bowel irritation as do the minor forms of inflammation which still communicate with the bowel. Progressive obliteration of the lumen of the appendix is not infrequently found, a condition which was, I believe, first described by Senn, who gave to it the name of "appendicitis obliterans." Zuckland found the lumen obliterated in 55 out of 232 cases.

Kelly, under the head of "residual appendicitis," shows several cases illustrating the many deformities which may follow in the train of acute or chronic inflammation of the organ.

In most instances, upon section, there will be found a general infiltration of lymphoid and plasma cells, collected usually in clumps and along the course of the vessels.

#### TREATMENT.

The treatment of *autointoxication*, if the foregoing premises are in harmony with the facts, logically resolves itself into (a) dietetic, (b) therapeutic, and (c) surgical.

In the selection of a diet Alexander emphasizes the necessity of reducing the energy foods, which tend to cause intestinal disturbance, thus relieving the strain through fecal absorption upon



the kidneys, liver, and lungs. He also advises the reduction of starches, like potatoes, bananas, old cabbage, turnips, parsnips, etc., in all persons whose labor is not manual.

According to Bignault and Suckdorf the body each day expels through the dejecta from fifty to eighty billion microbes, there having already been differentiated some 44 varieties. There seems to be no question but that our vegetarian friends are right in claiming that a much larger number will be found when meat is consumed than when the diet is exclusively vegetable. Nearly four hundred million aerobic germs per gram of moist material were found in round steak taken from the table of a prominent city hotel. In many instances, especially where there is arterial sclerosis, an exclusive vegetable diet is advantageous.

Large quantities of water are beneficial in flushing the kidneys and stimulating the hepatic and intestinal secretions. At least three quarts should be taken during the 24 hours. Constipation is not infrequently cured by the consumption of large quantities of water. Where constipation is present the bowels should be kept open, preferably by means of enemata of normal salt solution administered in the knee-chest position. The too persistent use of cathartics in treating constipation is to be deprecated. Fruits, especially the acid varieties, are nearly always helpful. Exercise and plenty of fresh air of the utmost importance.

Le Sage, in 1888, first promulgated the idea of employing the result of bacterial activity to counteract putridity in the intestine (Forcheimer). Later, Pasteur made an attempt to destroy bacteria by the activity of others which are antagonistic to them. It was, however, left to Metchnikoff to desert the phagocyte and proclaim that premature senility is due to the remnants of digestion in the colon which are exposed to putrefactive bacteria, the results of which are absorbed. Metchnikoff recommends, in order to prevent such putrefaction, the ingestion of lactic acid-forming bacteria in milk, choosing the *b. bulgaricus*. In order to improve the taste of the preparation he combines this with the *streptococcus lactius*. This preparation is now put on the market in the form of tablets, which consist of *b. bulgaricus*, *streptococcus lactius*, and a yeast. The laity and, I fear, the pro-

fession as well, are now working the buttermilk treatment of intestinal auto-intoxication for more than it is worth.

Forcheimer thinks that in women the ovarian internal secretion, or the lack of it, does not a little to cause symptomatic discomfort. He has benefited cases thus affected by the administration of the ovarian tract.

In the medical treatment of *mucous enterocolitis* von Noorden places especial emphasis upon rest in bed, hot applications, the use of narcotics, water enemata, high oil clysmas and, contrary to all previous teachings, a coarse laxative diet. The reader is referred to von Noorden's brochure, *Disorders of Metabolism and Nutrition*, for the details of this diet. He emphasizes, too, the importance of massage of the large intestine, and of securing a normal action of the bowels.

Kemp enumerates the mechanical causes of enterocolitis and insists that, if there is enteroptosis, this condition should be surgically overcome, as was done in Case II. this morning. Kemp advises the administration of olive oil per rectum in quantities varying from one pint to one quart.

Mendez treats enterocolitis by giving large doses of bismuth for the purpose of mechanically protecting the mucous membrane.

Wallis considers appendicostomy a most satisfactory method of treating obstinate cases of mucous enterocolitis.

Admitting that chronic mucous enterocolitis is not infrequently associated with a true inflammatory process, it is not difficult to understand how it may have its origin in, and be perpetuated by, a chronically inflamed appendix. With such an appendix there exists constantly in the region of the cecum an infecting focus which may, at any time, implicate the immediate vicinity of the appendix, thereby giving rise to more or less acute inflammatory attacks. The inflammation thus excited may extend by continuity of tissue over large areas of the bowel mucosa; or the pathogenic organisms located in or about the appendix may find their way upward or downward, exciting by their presence enteritis. Nor does it seem unreasonable, in the absence of a more plausible theory, that mucous enterocolitis from whatever cause may, because of the abnormal secretion which suggests its name, afford a culture medium which in

turn, because of the resulting fermentation, gives rise to intestinal autointoxication. This theory is in harmony with the fact that both mucous enterocolitis and intestinal autointoxication usually disappear when the inflamed and irritated appendix is removed, providing, of course, there are not left behind other lesions which are, in a measure, responsible for the existing symptoms. Neither is it difficult to understand the casual relationship existing between gross lesions of the stomach and intestines (dilatation, displacements, etc.), and of female pelvic organs, and intestinal autointoxication. It is not, on the other hand, so easy to trace such relationship when we have to do with the minor lesions within the female pelvis which do not interfere with bowel peristalsis by direct pressure. We must, in order to do so, revert to our physiology, and to the overwhelming clinical evidence now in our possession.

A careful inquiry into the history of cases such as we have this morning operated leads the examiner to suspect that many times the disturbing lesions, especially those of the appendix, date back to early childhood. At least, the victims say that as children they were not strong and suffered from indigestion and indefinite abdominal pains. As time goes on they become phlegmatic, anemic, and flabby fibred, with cold hands and cold feet, suggesting an impoverished blood supply. Toxic neuritides, especially involving the region of the trigeminal nerve, are often most distressing. The hemaglobin is low and the red cells are usually below 4,000,000. As a rule, they are constipated, or there is alternate constipation and diarrhea with mucous stools, and not infrequently there are hemorrhoids or other rectal lesions. In perhaps 20 per cent. of the cases the thyroid is more or less enlarged, and there may be symptoms of incipient Graves' disease. The mentality is frequently below par and usually the victims are melancholic or exceedingly neurotic. The proposition that all children should have their appendices removed as a prophylactic measure is of course absurd, but I sometimes wonder whether, in these days of municipal paternalism, we are not, in our enthusiasm in looking after the eyes, teeth and throats of backward children, derelict in ignoring the part played by chronic appendicitis, and in girls, diseased or displaced reproductive organs, in interfering with the metabolism of the

growing child, thus retarding both its physical and mental development.

## HOMEOPATHIC THERAPEUTICS.

It is entirely possible that a remedy might be called for in the treatment of gastro-intestinal autointoxication and mucous enterocolitis which does not present in its pathogenesis the symptom of "mucous discharge from the bowels." It is more than probable, however, that in the larger number of instances such a discharge will be found under the remedy selected because of the "totality of symptoms." Stools that are "mucous and slimy" are found, according to our repertories, under more than forty different remedies. Those especially characterized by a discharge of mucus from the bowel, and therefore oftener indicated, are *Aloes*, *Argentum nitricum*, *Arsenicum*, *Colchicum*, *Colocynthis*, *Ipecac*, *Magnesia phosphorica*, *Mercurius corrosivus*, *Kali muriaticum* and *Kali bichromicum*.

*Aloes*.—*Aloes* is especially useful where there is marked portal congestion in the aged and phlegmatic. There is a constant bearing-down in the rectum and not infrequently there is hemorrhage with a sore, hot sensation; much mucus with pain in the rectum after stool; burning in the anus and rectum. There are hemorrhoids which protrude like grapes, which are sore and tender and are relieved by the application of cold water. My favorite potency is the third decimal. Potter says: "As a cathartic aloes acts chiefly on the lower half of the large intestine producing copious soft evacuations with some griping pains. \* \* \* It must be avoided in irritable rectum, hemorrhoids or in an active form of menorrhagia and pregnancy, unless given in small doses and with care."

*Argentum nitricum*.—Especially useful where the neurotic element preponderates. Nitrate of Silver produces, in large doses, violent inflammation of the throat, and gastro-intestinal canal; much flatulency giving rise to belching with, not infrequently, nausea, retching and vomiting of glairy mucus; great craving for sweets; ulceration of the stomach with radiating pains. Diarrhea is more apt to be present than constipation, but the two may alternate. The stool is green, like chopped spinach, with shreddy mucus; enormous distention of the abdomen; stool

very offensive. Potter says: "*Argentum nitricum* in large doses produces violent gastroenteritis, erosions and ulceration of the gastro-intestinal mucous membrane. \* \* \* The nitrate has often proved of value in chronic inflammation of the large and small intestine, especially where there is ulceration of the mucous membrane. It has done good service as an intercurrent remedy in acute dysenteries and in chronic dysenteries. A solution of 20 to 30 grains to the pint of distilled water as an injection into the colon has given satisfactory results in many cases and is considered one of the most valuable methods for the treatment of that affection."

Where the inflamed or ulcerated area can be exposed by means of the proctoscope I have often obtained excellent results by spraying the diseased surface with a five per cent Nitrate of Silver solution. Internally I am in the habit of prescribing the solution in the strength of two grains of the salt in six ounces of water, giving a teaspoonful of this from one to four hours. as the symptoms may require. The solution should be protected from the light.

*Arsenicum*.—Especially useful where there is marked debility, associated with restlessness; aggravated at night; pains are burning in character; marked thirst for small quantities of water; burning pain and pressure in rectum and anus with tenesmus; offensive, dark stools with much prostration; skin excoriated about the anus.

*Colchicum*.—A prominent keynote symptom of this remedy is "the smell of food causes nausea even to fainting" with profuse salivary secretion; vomiting of mucus with gouty gastralgia. Painful, scanty, jelly-like mucous stools. Stools contain white stringy particles in large quantities.

*Colocynth*.—"Agonizing pain in abdomen causing the patient to bend double" is a keynote symptom of *Colocynth*; sensation of cutting, twisting, grinding in abdomen; contracting, as if clamped with iron bands. Dysenteric stool renewed each time by the least food or drink; jelly-like stools.

Hughes, in his "Principles and Practice of Homœopathy," quoting Cocke, says: "In a case where the presence of false membrane was established by microscopic examination the patient was greatly relieved by *Colocynth* 2x, prescribed because



of the severe attacks of colic. The patient was finally cured by *Mercurius corrosivus* 3x and *Nux vomica* 2x."

Potter says: "In moderate doses *Colocynthis* increases peristalsis and the intestinal glandular secretions, producing watery evacuations with much colicky, griping pain. \* \* \* There seems to be abundant evidence that in very small doses (M. 1/20-1/16 tincture) *Colocynthis* is an efficient remedy in colic, sciatica, ovaria<sup>n</sup> and other neuralgiæ, as well as in the pain of glaucoma." The homeopathic prescriber knows only too well that aggravations are liable to follow even the small doses recommended by Potter. I rarely prescribe *Colocynthis* lower than the sixth decimal dilution.

*Ipecac.*—*Ipecac* has recently come into prominence as a remedy in the form of Emetine in the treatment of amebic dysentery. It has long been a favorite remedy in all schools of medicine in the treatment of dysentery. There is marked gastric disturbance with nausea and, very frequently, vomiting; there is cutting, clutching pain in the abdomen, worse around the navel; slimy dysentery. In the acute form of bowel trouble the stools are pitch-like or green as grass with griping at navel.

Potter says: "*Ipecac* in doses of from five to twenty grains is nauseant and emetic. In from twenty minutes to half an hour, if these doses are repeated, a tolerance of the stomach to the drug becomes established and a cathartic action is produced, the stools having a bilious appearance. \* \* \* In small doses, mj of the wine frequently repeated, it is an efficient antiemetic in vomiting of nervous origin, and especially in vomiting of pregnancy. \* \* \* Chronic dysentery may be benefited by this treatment (20 to 60 grains every four hours) though some physicians prefer to use smaller doses for a prolonged time in this form of the affection."

The smaller doses used with so much benefit in dysentery by the homeopathic practitioner clearly indicates, I think, the specific action of this drug.

*Magnesia phosphorica.*—As an intercurrent remedy *Magnesia phosphorica* will be especially useful for the flatulent colic relieved by rubbing, warmth and pressure, which so frequently attends mucous enterocolitis. There is a loaded, full sensation in the abdomen. The pains are always of a spasmodic character.

*Mercurius corrosivus.*—Any of the mercuries may be called

for in the treatment of this condition, the corrosivus being oftener useful than any other form. It is especially indicated where the lower bowel is affected, with tenesmus of the rectum which is incessant; the stool is hot, bloody, slimy, offensive, with cutting pain; shreds of mucous membrane in stool; pain in the cecal region and transverse colon. Bruised sensation throughout abdomen. Particularly useful if there is a syphilitic history.

Potter says: "As Dr. Ringer said in the early edition of his 'Handbook of Therapeutics,' the phenomena produced by mercury is significantly similar to those which result from syphilis and the serious symptoms known as secondary and tertiary syphilis can be produced both by syphilis and by mercury. The drug is a specific antagonist to the syphilitic virus, probably by reason of its affecting the same organs and tissues of the body on a similar line of action, both poisons mutually destroying each other in the organism. \* \* \* It (*Mercurius corrosivus*) affects specifically the lower abdomen (*Calomel* preferring the upper intestine), producing inflammation and ulceration of the rectum. \* \* \* The dysentery of the adults with slimy and bloody stools is best treated by small doses, grains (1/100 of the bichlorid), and in the diarrhea and dysentery (ileo-colitis) of infants gray powder, gr. 1/5, or calomel, gr. 1/20, will be found effective." Personally, I use from the third to the sixth decimal trituration.

*Kali Muriatricum*.—Chloride of Potassium obtained in the homœopathic school a widespread clinical use through the writings of Schuessler. Boericke says: "It certainly is of great value in catarrhal affections, in subacute inflammatory states, fibrous exudations and glandular swellings." It is capable of producing dysentery, with slimy stools and hemorrhoids.

More than a quarter of a century ago I had under observation with the late Dr. A. I. Sawyer, of Michigan, a case of mucous enterocolitis in a highly cultured woman of the neurasthenic type, in which both of us were deeply interested. The patient was passing through the menopause and had for more than two years been expelling enormous quantities of mucus at each bowel evacuation, the mucus expelled more resembling in macroscopic appearance a ball of "tape-worms" than anything else. The late Dr. Samuel A. Jones, of Ann Arbor, who was, during

my student days, my professor of materia medica, was called in consultation. Schuessler's tissue remedies were, at that time, just beginning to receive attention. Dr. Jones advised Kali Muriatricum 3x, which was prescribed, two grains of the remedy being given from four to eight times a day. Within two months the patient was completely cured of her mucous-enterocolitis, and in a very short time was restored to a comparative degree of health.

#### CONCLUSIONS.

1. The most diverse views prevail at the present time regarding the causation, pathology and treatment of gastro-intestinal autointoxication and so-called enterocolitis.

2. The association of the two conditions is frequently observed.

3. A most common symptom of chronic appendicitis is the discharge of mucus per anum because of the enteritis excited and perpetuated by an inflamed appendix.

4. There is increasing evidence going to show that a casual relationship exists between chronic appendicitis, with or without mucous enterocolitis, and gastro-intestinal autointoxication.

5. Lesions of the female reproductive organs may also, either by interfering with intestinal peristalsis through direct pressure or reflexly, so interfere with digestion as to cause gastro-intestinal autointoxication.

6. In dealing with the symptom-complex of gastro-intestinal autointoxication and mucous enterocolitis it is necessary in the majority of instances to have recourse to surgery before permanent relief is obtained. This statement presupposes that intelligent dietetic, hygienic and medicinal measures have been faithfully observed previously to operating.

7. Relief following surgical work, when indicated, is usually immediate. It may be necessary, however, to keep the patient, especially if neurotic, under observation and treatment for some months following such work.

**CHRONICLES OF THE FARM.****The Philanthropic Bird.**

By Dr. Blanke.

Down on the old farm, which teemed with inhabitants, there once lived a Rooster, Mr. Barnyard Fowl, who was not to the eye very much different from his fellows, though, indeed, he was quite different. The currency of the farm was chiefly grain, though worms and other stuff would be accepted by them. This particular rooster was a quiet Bird, not given to crowing, but much to observation. By this means he discovered where the grain-bins were, and set about a means of gaining access to them. In this he succeeded, but he did not crow over that fact. In time, however, after looking over the vast wealth that he considered to be his, he concluded that he would distribute some of it to his fellow-creatures. So he flung out a goodly supply and then he called his fellow-citizens to the feast. They came eagerly, with outstretched necks, as fast as legs and wings would permit, for they all dearly loved the Currency of the Farm, but few of them liked to scratch for it. After it was all eaten they began to question each other. Where did that quiet old Barnyard Fowl get all of this wealth?

Judge Turkey said it looked very much like ill-gotten gains.

Doctor Ducke agreed and intimated that it was tainted, whereat several fat Hens looked very much alarmed.

Professor Goose looked wise and said something about the equation of values.

Gentleman Peacock, who had been a looker-on at the scramble, said nothing, but indulged in a scornful and very rancous laugh, which irritated Judge Turkey very much.

The discussion grew in volume until the philanthropic Mr. Barnyard Fowl saw how the Concensus of Public Opinion was concensing, whereat he quietly slipped away to places of safety that he had discovered that the others wot not of, any more than they did of his wealth. In the meantime public opinion continued to wax hotter and hotter, and all sorts of penalties were suggested, the Plymouth Rocks even advocating social ostracism, while the Guineas screamed for mob law.

From all this the stolid Mr. Ox concluded that the way of the philanthropist is a thorny one and he would not tread it, while Mr. Bantam Rooster shouted, from a safe vantage, "All yous guys wish you had old Fowl's coin—but you wouldn't—perhaps—I say—perhaps—give it away—would you, Judge?" But the Judge merely got red in the face and said something about "contempt of court," whereat Mr. Bantam retreated to the top of the fence where he knew he was safe from the Judge.

---

### A SCIENCE WITH EXCEPTIONS.

The following is the opening paragraph of a paper, "Observations on Some of the Agglutination Reactions of the Blood of Soldiers Inoculated Against Typhoid Fever," by D. J. Dakeyne, M. B., Ch. B., D. P. H., Manch., in *Lancet*, Sept. 6:

"The blood of persons who have been inoculated with dead cultures of the bacillus typhosus has for several months after inoculation the power to agglutinate the bacillus typhosus, but there are some exceptions to this general rule. This investigation was undertaken originally to ascertain whether there was anything in the history of soldiers who had been vaccinated against typhoid fever which would indicate that the absence of the agglutinative power had any relation to the degree of immunity conferred by vaccination. Agglutination is a reaction which is not in itself evidence of protection, but agglutination and protection are brought about by the same determining factor—viz., a natural or artificial bacteria infection—and it may reasonably be argued that agglutination is capable of yielding useful information regarding the common determining factor. When within a certain period the blood of an individual vaccinated against typhoid fever is incapable of agglutinating a typical strain of the bacillus typhosus something unusual must have occurred; the inoculation may have been faulty for one or more of several reasons; the kind of strain of bacillus used for testing the blood may be different from the one used in preparing the 'vaccine;' the individual inoculated may have been incapable of reacting like average persons, etc."

All of this goes to prove that the homœopathic rule of "treating the patient" is the nearest approach to Science in Medicine that has yet been discovered. Man is not a Ford auto.



## CONGRATULATING THE RECORDER.

Strang, Okla., Sept. 18th, 1915.

Editor of the HOMŒOPATHIC RECORDER.

*Dear Doctor:*—I want to congratulate you upon your very excellent September issue of the RECORDER. While I consider them all good, this particular one was very, very good. The article upon Calcarea carb., by Dr. J. M. S. Cheshir, of Little River, Kan., was fine. *Why can't we have the leading remedies of our Materia Medica written up in, and after the interesting style, as he presented this particular remedy.* Such a work would be priceless. It would present the history of the "drug" from youth to old age, *that when once read* would be retained by the memory, with little effort. Perhaps this has already been done, and I am ignorant of its author. At any rate Dr. Cheshir has in his paper assembled the leading features of Calc. carb. *in such a way* that it has affixed itself to my mind never to be forgotten. If we had such a book upon Materia Medica, its study would be like reading an interesting novel.

Yours Fraternally,

A. H. COLLINS, M. D.

---

 Paterson, N. J., Sept. 23, 1915.

Editor of the HOMŒOPATHIC RECORDER.

After reading the September issue of THE HOMŒOPATHIC RECORDER I feel it my duty and pleasure to write you. From page 421 to 467 it is full of solid meat. Not only interesting but full of news and information. I propose to keep this number very near at hand.

President Baldwin's Address, Dr. Bitters' Magnetic Article, Dr. Stewart's "Chance or Law," Dr. Carmichael's Treatment of Cancer, and last, but not least, the very readable article of Dr. Eli Jones, followed by the professional "Class Meeting," How Converted, etc.

I have taken the journal for more than thirty years and anticipate its arrival.

Yours sincerely,

PORTER S. KINNE.

Class 1872, N. Y. H. College, when Drs. Dunham, Helmuth, Lilienthal, Liebald, Allen, Doughty, Burdick were with us and occupied their respective chair with so much honor.

---

Worcester, Mass., Sept. 20, 1915.

Editor of the HOMŒOPATHIC RECORDER.

Allow me to extend my thanks for the several *great* and *good* things in the last (September) number of THE HOMŒOPATHIC RECORDER, particularly, "A Message from Indiana," by V. E. Baldwin, M. D., and the article by Dr. F. P. Bitters, and good "bitters" it was, too.

C. H. LANPHEAR, M. D.

---

Editor of the HOMŒOPATHIC RECORDER.

Inclosed find, etc., etc. . . .

Thanks for your valuable RECORDER. It is a splendid paper.

WM. STRELOW, M. D.

Healdsburg, Cal., Sept. 7.

---

### SOUTH WESTERN SCHOOL OF MEDICINE.

Kansas City, Mo., September 21, 1915.

Editor of the HOMŒOPATHIC RECORDER.

By this mail, under another cover, I am sending you copy of Announcement, Southwest School of Medicine and Hospital. This institution will open October 2d with six full-time laboratory teachers, a faculty of forty-seven professors and associate professors; added to which we have just acquired ownership and control of a 50-bed hospital. In this school medicine will be taught in all its departments, including thorough courses in Homœopathic Therapeutics.

Very truly yours,

WM. DAVIS FOSTER,

Dean.

## HELODERMA HORRIDUS IN CEREBRAL HÆMORRHAGE.

Editor of the HOMŒOPATHIC RECORDER.

Mrs. L., wife of a local homœopath, æt. 51, while attending to household duties one morning was taken ill with apoplexy. She fell down suddenly, complained of pains in the head, vomited undigested food, lost motion, consciousness and sensibility and gradually became comatose with stertor. Pulse was full and slow, and temperature 98.8°. It was noticed also that paralysis affected the left side. *Glonoine* was given and pains seemed to have subsided. Information was sent to me but I was out of the town. She was in the afternoon placed under the treatment of a "regular." His diagnosis was uræmia, and his prescription contained, among other things, *Pot. iod.* and *Mag. sulph.* in very big doses. Ice was applied to the head without intermission. Enema relieved the bowels every alternate day and catheter the bladder every twenty-four hours. Feeding was done by tubes. Ten days elapsed in this way without doing her any good. When I saw her the following symptoms were present: Pulse full and slow; temperature 95°; occasional consciousness; constipation; stool soft, dark and putrid; gurgling and rumbling in bowels; retention of urine, specific gravity 1030; intense pain over right temporal bone, whole right side affected, producing numbness down left side of the body; violent pain at the back of the head; the arm more paralyzed than the leg; jerking of the legs; burning in soles, had to put them out of bed; violent itching all over the body in night; restlessness whole night; cold sensation creeping down body and legs; most of the symptoms came in the night waking her from sleep, lasted all the rest of the night, and she could get no more sleep; they passed off by the morning and she felt no more of them; quiet whole day, sometimes sleeping, sometimes unconscious.

It is incomprehensible why the "regular" diagnosed it to be a case of uræmia when hemiplegia was well marked from the beginning. He had, however, to change his opinion afterwards and declare her suffering from cerebral hæmorrhage. I suggested the administration of *Crot. oil* as *Mag. sulph.* had failed to

produce the desired effect even in very big doses; but he declined to do it on the ground of one authority having condemned it. However, he was allowed to have his own way and treated her in consultation with two others of the old school till the end of the second week, but unfortunately without any improvement. Her husband, therefore, took up the case himself and consulted me because she was not aware, as he said, of any medicine having the said kind of pains in the head. All the symptoms mentioned above were still present. I suggested *Heloderma hor.*, and it was given in the 200th potency. It acted like a charm. Pains subsided; bowels moved; urine passed as freely as usual; sleep became undisturbed; temperature became normal; in fact, on the third day she had nothing but hemiplegia and occasional jerking of the lower limbs. To remove the last named symptom he gave, in spite of my protestations, *Zinc.* 200 in alternation with *Helod. hor.* 200, which I think disturbed the action of *Helod. hor.*, as some of the old symptoms reappeared. He then gave in alternation *Zinc.*, *Glon.*, *Gels.* and what not I do not know, for he is very fond of giving even two, three or four medicines alternately. Progress was retarded and I withdrew myself from the field as I have a great hatred for routinism and exhibition of medicines alternately whatever their number may be, two, three, four or more.

G. RAYE.

Gauhati, Assam, India, June 7, 1915.

---

“C. M.” delivers an excellent little editorial sermon in *The Clinique* of October. The burden of it is the question, “Why late?” Why should one physician try to “down” another, why one college work against another? And the extension of the ideal is clear, why should one journal rejoice at the downfall of a rival, and why should pharmacies try to “knife” each other? A friendly spirit among all will promote the welfare of all. As Ben. Franklin put it to the first Congress, we must hang together or hang separately. Also, why should one “school” try to kill all others? If the people do not come to you laws will not change things.

## THE SPECIALISTS' DEPARTMENT.

EDITED BY CLIFFORD MITCHELL, M. D.

25 East Washington St., Chicago, Ill.

### OUR CONTRIBUTORS.

In this number we print Dr. C. T. Hood's observations on the treatment of mitral stenosis and mitral regurgitation.

We continue our paper on the subject of the toxemias of pregnancy.

### THERAPEUTIC NOTES.

Dr. C. T. Hood, in the treatment of mitral regurgitation and stenosis, says the active principle of elaterium in 1/20 grain doses every hour until free catharsis occurs; then 2 to 4 doses each day, enough to be given to produce 2 or 3 good, full watery movements in the 24 hours. The medication for the heart requires great care. We are sure that we have obtained the best results by giving these cases strychnine, 1/60, 1/40 or 1/30 of a grain to a dose, combined with nitro-glycerine, 1/250 to 1/150 of a grain every 2 to 6 hours, with a fair amount of Rhien or Tokay wine or whiskey. Alcohol is not in any sense a heart remedy. It acts upon the vaso-motor nerves, dilating the peripheral arterioles, thus relieving the work on the heart. The nitro-glycerine acts in the same way while the strychnine stimulates the heart through the pneumogastric. After the pulse has become somewhat more regular, the impulse less wavy and the dyspnoea relieved even a little, then some heart tonic may be given—strophanthus 2 to 4 tincture tablets every 2 to 4 hours. If improvement follows after a few days then digitalis may be used with care, for, if the heart will stand digitalis, it is the remedy par excellence; give the preparation you know best and give enough to produce results, watching it closely. (But, if the urine is not increased, the pulse better and the dyspnoea relieved in 36 to 48 hours, the digitalis had better be stopped.) The strychnine and the nitro-glycerine are to be continued with it. If the heart improves and the dropsy disappears, the drugs may be gradually



withdrawn and the iodide of arsenic 2x substituted or the citrate of iron, quinine and strychnine 2x given. If no improvement occurs and the dyspnoea becomes severe, even amounting to cardiac asthma with more or less pulmonary edema, then the case is desperate and desperate means must be resorted to. We have seen wonderful relief and beginning improvement follow bleeding if 8 to 16 ounces of blood are withdrawn from the arm.

### WHAT RESEARCH WORK HAS DONE IN SAFEGUARDING PREGNANT WOMEN.

CLIFFORD MITCHELL, M. D.

The following cases illustrate the points made in the preceding articles published in the RECORDER in August and September: Case 1. Mrs. C., January 18th, 1912, had neither albumin nor sugar in her urine, but the ratio of urea to ammonia was only 13 to 1. We did not know at that time just what this low ratio meant, but we learned soon, for, on February 7th, she went into convulsions and then for the first time we found albumin in the urine withdrawn by the catheter. After delivery she recovered and on the 12th albumin had disappeared and the ratio of urea to ammonia was 23 to 1. In March she was entirely well, ratio 30 to 1.

Case 2. Mrs. B. On a given date this woman passed urine showing a ratio of urea to ammonia of only 8 to 1. After treatment for several days with *Merc. dulcis* and *Podophyllum* the ratio went up to 14 to 1, the urea however remaining the same in amount.

Case 3. An uneventful pregnancy, ratios lowest 18 to 1, highest 39 to 1. Another pregnancy of same woman showed ratios around 30 to 1, and normal conditions obtained.

Cases 4, 5, and 6. Analyses made in all these showed a few days before confinement ratios from 25 to 1 and up. All confinements normal.

Case 7. Mrs. T. Primipara. Early in pregnancy this woman suffered from pernicious vomiting. Acetone bodies were found in the urine and the ratios of urea to ammonia ran from 10 to 1 down to 5 to 1. After induction of labor the ratio rose in a day or two to 17 to 1 and she recovered.

Case 8. This woman had a history of loss of child a day or two after birth and of a still-born child later. In the third pregnancy the ratio kept going down in spite of all treatment until it reached 5 to 1, about the time of confinement.

During confinement the patient became exhausted and cyanotic, but instrumental delivery was effected, the child being born asphyxiated but was revived. Later the child became uremic but recovered.

Case 9. In this instance the patient came of a family with a history of convulsions during pregnancy so that great precautions were observed in the matter of watching the urine and toxemic symptoms. Not long before confinement she began to show lowered ratios and was put in the hospital on a milk diet and medication when the ratio rose to above 15 to 1. She left the hospital and not long after the ratio dropped to 10 to 1. She went into labor, but had a contracted pelvis necessitating Cæsarian operation, which delivered her safely, but the child died in a few hours and post-mortem showed evidences of Buhl's disease.

Case 10. In this case in an apparently healthy woman with a normal pregnancy the ratio went down to 10 to 1 about two weeks before term. The patient was dieted carefully, all meat being withdrawn, and elimination was promoted. Labor was normal, but the child has suffered severely from colics since birth.

Case 11. The following is an analysis in the case of a multipara, which shows the kind of excretion we are likely to find in the cases that give us trouble:

Volume, 1485 c.c.; color and odor normal; specific gravity 1021; acidity 48 degrees, corresponding to 2.57 grammes of HCl; urea 20 grammes; ammonia 1.15 grammes; indican excessive; marked blue color; albumin, plain traces, no casts. Ratio of urea to ammonia 16 to 1. No acetone bodies.

Now in this case the toxemia has begun to affect the kidneys although not to such extent as to produce anything more than a degeneration. We should not be surprised to see a sudden increase in the albuminuria, and the patient become eclamptic, unless prompt eliminative efforts are successful.

**Deduction.**—The above cases are but a few from many hundreds studied. From what has been said above and in previous articles we feel that we are warranted in claiming that when in the 24 hours' urine properly collected and preserved persistently low ratios of urea to ammonia are observed, unless by therapeutic procedures this ratio can be raised above 15 to 1 or higher, either the mother or the child or both will suffer during or after confinement.

## CLINICAL URINOLOGY AND RENAL THERAPEUTICS.

CLIFFORD MITCHELL, M. D.

**Stain for Urinary Sediments.**—The writer has succeeded, after many trials, in producing a stain which is of greater service for urinary work than any with which he has previously been familiar. This stain enables the operator to differentiate spores of fungi from red blood corpuscles. Casts are so stained as to preserve their characteristics, the stain being delicately effective and not dyeing the object so that details are beyond recognition.

**A New Reaction in Urine.**—The writer has discovered a new reaction in urine, which appears to concern the neutral sulphur.

Experiments are being conducted of which reports will be made later.

**The Clinical Value of Certain Urinary Ratios.**—The writer finds the ratio of urea to phosphoric acid clinically valuable for the following reasons: (1) It tells whether in diabetes mellitus the patient is eating too much protein by an increase in the ratio, *e. g.*, above 12 to 1. (2) It helps the diagnosis in suspected Addison's disease in which unusually high ratios, 20 to 1, or higher, may be observed. (3) Coupled with a marked indican reaction a high ratio, above 12 to 1, points to nervous exhaustion which may be either a cause or a result of gastro-intestinal toxemia. (4) A high ratio of urea to phosphoric acid, when there is no marked excess of urea per 24 hours, warns the surgeon that the patient is in poor nervous condition for an operation. (5) The same in nephritis shows the physician that the nervous system is seriously affected by the uremic condition.

The writer lays stress upon the importance of proper collection and preservation of the 24 hours' urine in cases where the

urea ratio to phosphoric acid is to be determined. Stale urine is likely to lead the analyst to erroneous conclusions inasmuch as the uranium method for phosphoric acid is faulty in urine containing ammonium carbonate.

**The Reason Why.**—The point made above in regard to the proper collection and preservation of the 24 hours' urine shows the reason why more is not learned from the urine and why different observers clash in their opinions regarding the value of urinary tests. In the writer's experience everything depends upon the way the urine is collected and preserved as a starting point for correct deduction. Analytical methods depend upon certain precautions which, if not taken, vitiate the results of analysis.

**Intravenous Treatment of Uremia.**—In cases where death threatens from uremia following suppression of urine, as in eclampsia, acute alcoholism, after administration of anesthetics, etc., it is claimed that results have been obtained which warrant trial of Fischer's solution intravenously. The solution is put up in two ounce ampoules for the purpose of intravenous medication.

**Deterioration of Hypobromite Solutions.**—In studying the ratio of urea to ammonia in pregnancy much care must be exercised with reference to the condition of the hypobromite solution used for the purpose of determining urea. In warm weather this solution may deteriorate suddenly and urea percentages run too low in consequence. It is well to add occasionally one more c.c. of bromine to the solution already made up, so as to restore the bright yellow color which may have become pale on standing. A convenient rack for holding Doremus ureometers, Esbach tubes, etc., is now provided by dealers in chemical apparatus.

**The Electric Centrifuge.**—In *Modern Urinology* the Purdy electric centrifuge is described and recommended. It is indeed an excellent machine for those who have electricity in their offices, but a serious objection to it lies in the fact that when it breaks down or wears out it becomes necessary to send it to Philadelphia for repairs or to send to Philadelphia for the parts which have given out. At least that is the writer's experience in Chicago, where no one has thus far been found who is willing to undertake to repair the Purdy centrifuge. When the rheo-

stat gives out, an outside rheostat can, however, be obtained, made by the Ward, Leonard Company, and this rheostat, in the writer's hands, is entirely satisfactory, making new Purdy coils unnecessary.

**The Urine in Diseases of the Liver.**—One of the most satisfactory clinical demonstrations is that of **organic disease of the liver**, as shown by the urine. Such diagnosis can be made even in the absence of bile from the urine by the positive urobilin reaction with zinc acetate as described in *Modern Urinology*, page 195. **Functional disease of the liver** can be inferred by the low ratio of urea to ammonia, with absence of indican in quantity, and with negative urobilin reaction.

An obscure case of suspected hepatic disease recently seen by the writer showed the following in the urine: Volume 1200 c.c; color deep yellow with much foam of a yellow color compared with the foam of normal urine; odor normal; no odor of bile. Acidity 39 degrees, corresponding to 1.7 gramme of HCl in 24 hours; specific gravity 1014; urea 14 grammes per 24 hours; ammonia 0.78 gramme. Indican slight. Faint trace of albumin. No sugar. Rosenbach's, Nakayama's and "Smith's" tests for biliary pigment all negative, but the urobilin zinc acetate test plainly positive.

Made a diagnosis of organic liver disease and on account of the excess of night urine over day suspected presence of gall-stones inasmuch as women with gall-stones are prone to pass twice as much or more urine by night as by day.

Surgical operation revealed a gall-stone in the common duct in the head of the pancreas. The head of the pancreas was three times the normal size. There was infection of the liver and dilatation of all ducts.



# Homœopathic Recorder

PUBLISHED MONTHLY AT LANCASTER, PA.

By BOERICKE & TAFEL

Subscription \$1.00, To Foreign Countries \$1.24, Per Annum

*Address communications, books for review, exchanges, etc.,  
for the editor, to*

E. P. ANSHUTZ, M. D., 1011 Arch Street, Philadelphia, Pa.

---

## EDITORIAL NOTES AND COMMENTS.

**Time Works Wonders.**—Looking over the pages of the RE-CORDER of a quarter of a century ago, we noticed one of the rows this journal once had with that apparently extinct volcano, Dr. George M. Gould, at that time editor of the *Medical News*, a journal that he started, but which he lost. He, in this instance, was vehemently scoring an advertisement of a homœopathic book—*Safety in Cholera Times*. Noticing some of the statistics in that book showing how immensely Homœopathy lowered the death-rate, he wrote that “an insult to popular intelligence is implied in the roaring claim of ‘cures’ of cholera by these or by any means.” This shows what a change has occurred, for now our honest, but misguided “regular” friends think they themselves have a world of “cure” in horse-juice, “germs,” diseased bouillon, and the like. Twenty-five years hence there will be another view of things thundered by these gentlemen, but Homœopathy will remain unchanged, being truth—which is eternal.

**The “Wassermann Test.”**—This is from the *Ohio Transactions*, 1915:

“Dr. J. E. Studebaker, Springfield: I want to commend Dr. Grosvenor on one thing, and that is his strong statement as to the unreliability of the Wassermann reaction. This is the most important thing heard today, that the Wassermann reaction is a failure. Any variation in the technique of the smallest iota will vitiate the whole process. I commend him for his public

statement to that effect. I believe that people have been led to believe that the Wassermann reaction is a thing that never fails."

Dr. Grosvenor dryly remarked, "The Wassermann is a good test for discernible syphilis."

**The Scriptures and Medicine.**—Dr. D. S. Lamb has contributed a very interesting paper to *Medical Pickwick* on "The Old Hebrews. A Medical and Sanitary View," from which the following is quoted:

It is related of King Asa that in his old age he was diseased in his feet, for which he sought out physicians. This might have been a case of *senile gangrene*.

The old Hebrew put it this way:

And Asa in the thirty and ninth year of his reign was diseased in his feet, until his disease was exceeding great: yet in his disease he sought not to the Lord, but to the physicians.

And Asa slept with his fathers, and died in the one and fortieth year of his reign.—*Chronicles XVI, 12, 13.*

Dr. Lamb concludes, "that the book is not recommended as a text-book of medicine."

**Emetine.**—This lusty drug is gaily following the path trodden by the old patent medicine; in other words, it is being whooped up by its vendors for nearly everything under the nosological sun. In one journal it is said to be curative in pyorrhea, amebic dysentery, tuberculosis, typhoid, menorrhagia, chronic dysentery, renal hemorrhage, diabetes, intestinal and urinary hemorrhages, psoriasis, spongy gums and necrotic flesh. A full advertising page also tells you to buy a certain brand and take no other. It is easy to see that this therapeutic rake will run its course and then lapse into senility.

**"Cancer Research."**—The *California Eclectic Medical Journal* remarks that it was importuned to bring out a cancer number. It did not, but it read those journals who did (among which was the RECORDER) "with but little profit." Concerning these journals: "They are usually designated cancer research numbers,

but it would be more accurate to designate them cancer rehash numbers." Well, we meant well, brother.

**Wassermann's Test.**—One learned gentleman recently told the medical world that alcohol made the Wassermann test useless. Another that alcohol was the chief factor in the acquisition of the disease for which the test is made. So the honest and youthful searcher after truth goes round and round until he gets dizzy.

**And Afterwards!**—The following is taken from a paper by Dr. J. E. Rowland, South Euclid, O., Transactions, 1915:

Contemporaneous with Hahnemann, lived Francois Bichat, called the "Napoleon of Medicine." The school inaugurated by him represented the so-called exact or scientific medicine. To quote his words: "You may observe diseases of the heart, lungs, abdominal viscera, etc., night and morning by the sick bed for twenty years yet the whole furnishes merely a jumble of phenomena which unite in nothing complete; but if you open a few bodies. you will see the obscurity speedily give way, a result never accomplished by observation if we do not know the seat of the disease."

True. But suppose you open bodies "for twenty years" do you know any more about the *cure* of disease than you did before, O, Bichat! Cannot you and your professional descendants see that Hahnemann went immeasurably beyond your best—theoretically, philosophically and practically?

**Still Advancing.**—Press dispatches tell the world that Dr. Louis Renon, of the University of Paris, announces that chemical treatment is to supercede the serums. This looks like a return to the microbe killer days—when the idea was to kill the bacilli. It was beautiful in theory, but in practice anything that killed the bacilli seemed to turn the patient over to the undertaker. However, it is an advance from serums to microbe killers. And then they can advance again to serums, and so keep on moving until Homeopathy is reached, which, being truth, precludes any further advances, or retreats, but admits of unlimited expansion. Our "regular" brethren lack a fundamental

law. Their observations are accurate, but they are like the fittings of a palace in the hands of mechanics who have no idea where they fit. The allopaths need a law—and there is but one—in therapeutics.

**Sure!**—Dr. E. H. Hasseltine, of the U. S. Public Health Service, thinks it is better to prevent dog-bites than to rely on anti-rabic treatment. The doctor has seen two cases of paralysis and one death follow the treatment. Possibly Dr. Guison's treatment is the best prophylactic for bites, namely, *Arsenicum* in the low potency. He was a Swiss doctor who claimed that no evil effects were followed where this treatment was followed. The *Arsenic* was given just short of the physiological effect.

**Combinations in Vaccines.**—The "regular" brother never seems to find resi for the soles of his No. 12's. In *Lo Sperimentale* Aldo Castellani advocates the combination of various bacteria for putting into human beings to protect them from disease. Among those to be thus mixed are the bacilli of typhoid, paratyphoid, Malta fever, Asiaticus columbensis, dysentery (Chiga-Kruse and Flexner), cholera and bubonic plague. Why not make a modern vaccine theriaca by mixing every known bug into one cosmopolitan vaccine? The account quoted goes on to say that "individuals inoculated with mixtures containing as many as four species of bacteria produce in general agglutinins for each species," etc. Now, whether a free blood is not better is the "problem" for our "regular" brethren to solve.

**Vaccine Therapy of Typhoid.**—Boselli, in *Policlinico*, Rome, gives details of the treatment of seventeen cases of typhoid fever with typhoid vaccines. None of the patients showed benefit from the treatment. The mortality was 20 per cent. and 15 per cent. of the cases had relapses. Naturally.

**"Is Strychnin a 'Cardiac Tonic?'"**—Such is the headline of an editorial in the *Journal A. M. A.*, Sept. 18. The answer seems to be quite positively 'No! It is not a "tonic" in any sense! Here is the conclusion: "Newburgh concludes that neither pharmacologic nor clinical evidence justifies the use of strychnin in the

treatment of acute or chronic heart failure." Our regular brother's therapeutic science seems to be a sort of now you see it and now you don't.

**Bulgarian Bacillus.**—Dr. Orvall Smiley, Indianapolis, Ind. (*Jour. A. M. A.*, Sept. 18), protests against the indiscriminate use by the public and the doctors of the Bulgarian bacillus. He mentions many conditions in which they are hurtful. In fact, he says the cases in which this treatment may be useful "are limited and should be selected with exceeding care and caution." He concludes: "In all cases in which acidosis is not and cannot be promptly controlled death inevitably results. Why then, in such grave conditions, should that risk be taken with an absolutely empirical medication? Why should we play with the powder when the fuse is lighted?"

**A Physician Convicted.**—A detective called on Dr. H. B. Hyde, of Nashville, Tenn., and obtained a prescription of morphine tablets for a friend, he giving name and address. The prescription was filled by a druggist. There was no such patient as represented. Dr. Hyde was arrested and convicted in the lower courts. The case was taken to the Supreme Court, which affirmed the conviction. Full details in *Public Health Reports*, Sept. 24. This, on the surface, looks a little like the case where a druggist is urged to give a little whiskey for an urgent case and is then arrested.

**Far Reaching.**—The Supreme Court of North Carolina, in deciding a medical case, said, among other things, that "an incompetent doctor turned loose on a helpless community is as deadly as a park of artillery." Notwithstanding the fact that this is from the Supreme Court and consequently goes, the fact remains that some one must decide the question, Who is competent? a question that might prove to be too much even for a Supreme Court.

**Modern Medical Science.**—Here is a bit of it from a paper by Frank Cole Madden, M. D., Melb., F. R. C. S., Eng., Professor of Surgery, and so on. He has the leading place in the *Lancet*, Aug. 7: "Vaccines may be used diagnostically also. Thus, if a



good dose of a strongly gonococcic vaccine fails to produce any reaction in a case of urethral discharge, it almost certainly means that the organism producing it is not the gonococcus." Granted. But after the injection does not the patient have the infection who did not have it before? The gonorrhœal infection, we are told, persists for years, if not for a lifetime, so why subject the patient to it merely to learn what a good physician should learn from observation and inquiry? If public drinking cups are a "menace" what must be the effect of a strong injection of the gonococcus?

**The Oppressed Woman.**—As reported in the *Lancet* the question recently came up in the Royal College of Veterinary Surgeons whether a woman who had "attended the necessary courses in veterinary subjects," and, passing the examinations, could not be granted license to practice? It seems that she could not, because there is "nothing to prevent a woman from taking a degree in law, although this would not give her the right to practice as a barrister or a solicitor." Why cannot the woman be satisfied with ruling the men?

**In the Solar Plexus.**—During the past dozen or more years, or since the A. M. A. has been firmly seated in the medical saddle, many million dollars worth of cattle have been slaughtered because what "A. M. A." stands for did not know any better. There was a dairy and prize cattle show in Chicago this year and that old "foot and mouth" disease appeared. The edict went forth to "kill." The cattle exhibited were so valuable that the owners kicked and because of their standing got the "privilege" of quarantine instead of "death." Dr. Joseph Hughes had charge of the quarantine, and when it was all over this is what, in part, he wrote: "No medical treatment is necessary in combatting this disease other than good common care. None of the Dairy Show cattle received medicine, and they all made a rapid and speedy recovery."

**Shotgun Vaccines.**—The *Journal of the A. M. A.*, editorially, says: "There is no doubt that the use of shotgun, stock mixed vaccine should be checked and the scientific use of bacterial vac-

cines encouraged." If it is proper to use shotgun drug prescriptions why not the same in vaccines? The late Dr. Samuel Swan must look down (or up, if you prefer it) from his present abode and smile to see his once despised therapy occupying the center of the medical stage. Time brings about queer contradictions. Just here let it be added that H. L. Tidy, M. D., Oxon., M. R. C. P., Lon., in *Lancet*, remarks (p. 328) anent vaccines, "It can rarely be advisable to give more than three types at the same time." Nevertheless this Science is IT—just now.

**Medical Articles.**—All of our heavy weight exchanges seem to delight in printing papers on some disease, or condition, that is exceptional. They may be right in this, but it carries the assumption that the recent graduate knows all about curing the conditions that meet him in his everyday practice, which is, sometimes, an error.

**Words, Words, Words!**—"The misuse of the terms 'patient' and 'case' is by no means rare. I quote some examples noted recently at medical meetings which serve to bring out the incorrectness and frequent absurdity of this confusion—'A case who got,' 'The case was one of chronic nephritis; it died in coma,' and 'This case was a young man which was seen three months ago.'"—*Dr. T. McCrea in Jour. A. M. A.*

**A News Item.**—Journal and name suppressed by the censor. The author quoted, however, writes the news that "among the lower classes" there are many women who use alcohol freely and, also, among the "well-to-do," though the latter try to suppress the evidence by "the drinking of perfumes." We wish we were among the "well-to-do" so that we could confirm the paper, or flatly contradict it. At any rate, the woman's stomach that could stand the drinking of perfumery would show that the modern woman must have a most enviable stomach, and be fitted to breed heroes. Then, again, the heretical idea will obtrude itself that the medical patriarchs ought to bridle some of their colts, else they will bring "reproach" on the elect.

**"Prevention."**—This is from a paper in *Medical Review of Re-*

views, in which the writer says, among much else: "We may safely say that today preventive medicine occupies the most conspicuous position in our work." Against this we have read in ancient lore, "Physician, heal thyself." This ancient idea seems to bear out Hahnemann's opening statement in the *Organon* that the physician's first and only duty was to heal the sick. It also seems to imply that the physician, in order to prevent disease, must first know how to cure it. Perhaps this is a little misty, but the shadowy idea is respectfully referred to our "regular" friends.

**Reformers.**—The *Journal of Osteopathy* quotes from "a medical magazine" a conversation in which "a sanitarium superintendent" remarked of a patient, a doctor, "He is not the only one. One-third of our patients are doctors." The *Journal* then remarks: "It is of little use to blame the physician, he is no more or less human than other men, rather let us blame the system which has winked at the continued prescribing of opiates to cases of neurasthenia and hysteria." That is very charitable, but the philosophical man will at once ask, "Whence the 'system?'" "Whom shall we stone?" You see man is a logical sort of cuss.

**Financial Science.**—This is from our Indian exchange, *Practical Medicine*, who quotes from some unnamed European medical journal:

He quotes Finsen as stating that hair often grew on parts exposed to concentrated light. This thought has been followed by Dr. Franz Nagelschmidt, who uses a quartz lamp, a modification of the Kromayer quartz lamp, for the growth of hair on the scalp. An application of this intense light to the scalp for a period of twenty minutes once a month has caused a full growth of hair to occur on completely bald heads.

Now think of the money in this! How many bald-heads would not pay \$50.00 or a \$1,000.00 for a head of hair? Just think of it!

**"Not So Potent."**—An orthodox exchange says: "Neosalvarsan is more pleasant to take, less reaction, no fever, chills or malaise; but it does not seem so potent as salvarsan." For the patient's sake, and the doctor's reputation—to say nothing of his spiritual welfare—better use the neosalvarsan.

## PERSONAL.

"Bothriocephalus latus." Yes? Tape worm!

"Cutting and burning are sometimes done by the doctors with the best of intentions," said Xenophon.

The nurse bandaged the leg beautifully, couldn't be better done, but it was the wrong leg. The dentist yanked out the tooth without pain, but it was sound.

Once *Metaraidophenyparamethoxychinolin* was regarded as a scientific remedy by the "regular" brother—and where is the dastard homœopath that doubts!

"610 were males, 474 females and the rest were children." Hard on the kiddies!

Homœopathy "dead?" O nix, brother, nix!

Allopathy "dead?" Not until empiricism turns up its toes to the snowy daisies.

It has been noted that a chauffeur never smiles, according to the *London Standard*. Sins?

To wife: "Called again—important case—three doctors there already." The case was one of pokeritis. (Stolen from Pickwick.)

Census: "Unmarried?" Lady, "No, never married."

"Get in harmony with the Universe!" "How?" "Three plunks per treatment."

"I move that this report be received and treated in the usual way." How? Forgotten?

Many a pronounced disease is unpronounceable to all save the elect.

"Yes," said Mary to the pretty widow, "death is always fatal."

The song, "I'm Afraid to Go Home in the Dark," should properly read, "I suffer nyctophobia."

After the "twilight sleep," a catchy name, what follows?

Do not get discouraged because you cannot reform the world.

Whether man's "stupidity" is necessary for the reformation of the world is an open question.

Whether the current re-form is better than the old-form is another open question.

"Died suddenly—Dynamite."

Ad. in *British Medical Journal*: "New and second-hand bones" for sale.

"The name 'rheumatism' has been abused by both the medical profession and the laity for years." Sure! Symptoms are the guide-posts.

A reviewer writes that he is glad to review "this book" and "I propose subsequently to read it."

# THE HOMŒOPATHIC RECORDER

---

VOL. XXX LANCASTER, PA., DECEMBER 15, 1915. No. 12

---

## “GROPING FOR THE WALL”

Our most esteemed fellow worker, “C. M.,” of *The Clinique*, and, incidentally, of that some time cynical journal yclept *Phi Alpha Gamma Quarterly*, gets off the following in the last named journal, heading it, “What Homœopathy Cannot Cure.” Here it is, in eight point type:

Listen, ladies! “There is a complaint,” says Thackeray in *Pendennis*, “which neither poppy nor mandragora nor all the drowsy sirups of the East could allay, in the men of his time, as we are informed by a popular poet in the days of Elizabeth; and which when exhibited in women, no medical discoveries or practice subsequent,—neither homœopathy, nor hydrophathy, nor mesmerism—can cure and that is—we won’t call it jealousy, but rather gently denominate it rivalry and emulation in ladies.”

We think the same complaint when exhibited in medical men still defies the powers of similia, and it must be admitted that even in homœopathic medical men the cure is still lacking.

Who will isolate and identify the germ of jealousy and provide a vaccine or a serum for its cure. Whoever could do this must rank as the world’s greatest benefactor for in the last analysis our troubles “here below” all spring from that malignant source.

Why just here, brother sinner (you know we are all “miserable sinners,” according to the prayer book—and it may be right, you know!) comes in the fact, not scientific but historical, that all the nations, outside of the Turks, the Chinese, the Hindoos and a few others, that amount to anything, nations that have become civilized, are what are termed “Christian nations.” This seems to show, even scientifically, that there is a mighty power in Christianity. But being raised from the “barbarians,” as the Romans dubbed them, they have gone back from their original tenets, as is proved by the primitive and savage war they are now engaged in waging with each other. Jealousy, hate and all



that genera are at the bottom of it. The cause? Why, brother sinner, just the same cause, on a larger scale, that causes one doctor to "work" (God save the mark!) against another. Modern Medical Science will never find the germ for this any more than they have discovered the germ for any other disease—or a serum for its cure. The cure lies in discarded Christianity with its fundamental rule of doing unto others as ye would that they should do unto you. This seems poorly simple when compared with an elaborate Rockefeller Institute vaccine, but really its power is greater than even all the money in the world, for it raised Europe and America from barbarism, something no serum has done. Indeed, when you trace the vaccine philosophy back it is but a return to the heathen worship of the goddess of disease. It is making the healthy sick temporarily, to appease that old goddess. In old days the practice was religion, to-day it is science, which reminds one of an old poem (Saxe?) about whiskey, gin and brandy, the names though different yet the effects the same.

Homœopathy can cure physical ills but Galavardin to the contrary, it cannot cure the jealousy that causes one doctor to knife another. Only Christianity (in its purity) can do that.

It is hoped that "C. M." will pardon this wild diatribe for, really, neither a serum (and, low be it spoken, he was but joking), a high potency, a low potency, hypnotism, hypodermicisim, scientific medicine, an electric whirligig, a reformer nor anything else will cure cussedness, but only a life according to the teachings of primitive Christianity.

---

#### WHAT A ZEPPELIN DID TO IOWA.

It would appear that the English newspapers are not the only ones which hide the facts in regard to Zeppelin raids. Our own journals are chary in the matter of informing the public of what educational Zeppelin has done to the practice of medicine in our own State of Iowa. Some years ago it will be remembered the Carnegie foundation sent out an "investigator" who made a report on the condition of medical education in the United States as a result of which (and of the misdirected activities of certain

medical reformers) several hundred medical colleges were put out of business, and the total number of medical students measurably reduced. We learn in every issue of the *Journal of the American Medical Association* devoted to medical education that the number of medical colleges is growing less, and the quality of medical education growing better, to say nothing of more expensive. But we are not given proper information concerning the amazing growth of the various cults throughout the country, which growth is the logical result of the suppression of the cheaper colleges. Why do we not hear more in the "regular" journals about the astounding condition of affairs in Davenport, Iowa, where there are said to be three chiropractor colleges with a total of approximately 500 students, while at the University of Iowa there are not 100 students in all, both regular and homœopathic?

Is it not a fact, most honorable Councils, that the chiropractic population of Davenport, Iowa, is nearly 3,000, and that a certain quarter of the town is called in derision "Streets of Cairo" by facetious parties? And do you call this progress to put medical colleges out of business without being able or efficient in preventing the growth of cults at the same time?

And is it not a fact that in certain states the degree of D. O. is now given to optometrists by virtue of which they may rightly be called "doc" like all the rest of us?

And is it not plain ordinary horse sense that healing is a business, and that just as soon as you make one end of a poor business you will build up the other end into a good business?

Respectfully submitted by one heretic who timidly signs himself,

C. M.

---

#### A DIFFERENCE OF OPINION.

Triturations and succussions scientifically applied develop a substance and cause it to become of a constant therapeutic value. A paper presented before the New York Academy of Medical Research by Drs. Bullowat and Alexander, demonstrated these facts by experiment. To quote, "in a suspension of any fine powder in a liquid it can be seen with an ordinary microscope that each

particle exhibits a trembling movement called the Brownian movement. This movement is not sufficient to keep them afloat and they sink out of this solution. Increased subdivision (trituration) examined with an ultra power glass, reveals an increase of speed in those particles that is so vigorous and extensive, that they remain permanently afloat, forming a colloidal solution. Further subdivision (trituration) causes the particles to enter into a crystalloidal solution wherein the particles divided are reduced to molecular dimensions or split into ions." Cuvier states that matter is a depository of force and when matter has disappeared force remains. G. Martin in his book, entitled "The Triumphs and Wonders of Modern Chemistry," says that within every atom of matter there exists such an incalculable amount of energy, that when speaking of total energy, it is divided into extra and intra atomic, and the extra atomic amounts to nothing when compared to the intra atomic.—*J. A. Pollia, in Pacific Coast Journal of Homœopathy.*

#### PER CONTRA.

Thirdly, there is another fallacy that has come in for a share of the ridicule that has been hurled at us, and that is the belief that drugs become more potent by trituration and succussion on account of the assumed fact that these processes break up the molecules into atoms and the atoms into electrones. It is claimed that these infinitely small particles are much more easily absorbed into the system and thus become more active. This theory is, of course, absolutely untenable, first, for the reason that even the molecule is not visible by the highest power microscope made, and hence it is ridiculous to think that shaking or grinding could possibly break up the molecules into their elemental atoms and the atoms into their supposed constituent electrons.—*D. W. Coffman, St. Louis, Mo., in Medical Century.*

Is it not by trituration that the power of mercury is developed?  
—RECORDER.

\* \* \* \*

**READING THE EYE, PULSE AND TONGUE  
FOR THE INDICATED REMEDY.**

By Eli G. Jones, M. D., Buffalo, N. Y.

A physician who is building up a reputation by the *cures* that he makes is building upon a *solid* foundation. I have known very many physicians who have established a *reputation* for curing their patients, you could not coax, bribe or steal their families away from them, for a doctor endears himself to the hearts of the people by his success in healing the sick. Let this fact burn itself into your brain. A young physician, graduate of a regular medical college in Philadelphia, came to visit me. I can "*read faces*," and I "*sized him up*" as a *bright* man. A man who had it *in* him to do *great* things in his profession if he was only *started* right. I said to him, "You are now an M. D., you have spent four years to get a medical education, you are supposed to know the *cause*, *symptoms* and *treatment* of several hundred diseases, but what I want to know, is how *many* diseases do you feel sure in your heart and soul that you can *cure*? You cannot cure the most common diseases in our country, such as cancer, consumption, pneumonia, diphtheria, la grippe, typhoid fever, appendicitis, diabetes, Bright's disease, cerebro-spinal meningitis, and many other diseases, because you were not *taught* how to cure them at the medical college. There are 20,000,000 people in America suffering from *some* form of *chronic* disease; you *can't* cure such cases because you have *not* been *taught how*. Now with your *present* system of therapeutics you will lose 12 out of a 100 of your patients. I *know* this to be a *fact*, for I have practiced *that* system of medicine *myself*. Your *business* as a physician is to *heal the sick*."

"If you can't *cure* the diseases *common* to our country, then of what *good* is your medical education to you?" I said, "What *you* want to do is to study the definite action of remedies and learn their *true* indications. This will enable you to prescribe for the sick *rapidly*, *intelligently* and *successfully*." I gave him some "points" to help him, and outlined a course of study for him. He began a general practice in Blackfoot, Idaho, and his name is Dr. Howard Simmons, one of "my boys," and I am *very proud* of

him. He cured a case of cancer of stomach (diagnosed as such by other physicians) by the treatment in my cancer book. Patient gained 60 pounds in weight. The doctor has all the practice he can attend to. The last student that has been under my *personal* instruction is Dr. Daniel Bohn, Altoona, Pa., a homœopathic physician who has been in practice 20 years. In his *final* examination (written) he answered 100 per cent. of the questions correctly. In the final examination that my students have to pass through, it is more *rigid*, more *practical* than *any* medical college or medical board examination, for it is *entirely different* from *either* of the above. It is a crucial *test* of what a physician *really knows* about healing the sick. Dr. Bohn will make *good* and be a credit to my teaching. I am *very* thankful that in my time I have been the means of getting a good *many* young men started on the *right* track that leads to *SUCCESS*.

A doctor says he has a "drawing pain" and *coldness* in the *right* leg. Tr. chelidonium is the remedy that he *needs*. The way to a mother's heart is through her *babies*. A physician who can treat the children *successfully* will get the right side of the ladies in a community. Children cannot tell their "aches and pains," but they have a *language* of their *own*, a doctor must learn it, or he will not *understand* how to treat them. I owe my *good success*, first of all, to one of the *best* teachers in the country on "diseases of children;" second, to a *thorough* study of the *diagnosis* of their diseases. Then I bought a little book, "The Sixteen Principal Homœopathic Remedies". (now out of print). I studied that little book until I had *mastered* its contents. I *knew* the indications of *each* remedy *thoroughly*. Then I began to study the *symptoms* of the babies, for every *expression* of the face, every *movement* of the body "has a *meaning* all its *own*." It is like studying a foreign language. You must *know* the language or you can't *understand* the people. The daily papers often refer to the great infantile mortality, and very much has been written on the subject of *diet* for babies as a *prevention* to the large number of deaths in children, when the real *facts* are that the average physician cannot *adapt* his remedies to the *delicate* constitution of a child. Too *powerful* remedies are given, the child dies more from *drugging* with powerful *poisons* than from



*diet*. I have always made it a *rule* of my life *never* to leave any medicine for a child that, if the mother or any one taking care of the child should *happen* (as they will sometimes) to give an overdose, it would do the child any *harm*. In remedies for children, such as *Aconite*, *Nux vomica*, *Belladonna*, *Rhus tox.*, *Gelsemium*, *Veratrum viride*, *Apis mel.*, *Cantharis*, and many poisonous remedies better be given in *third* decimal dilutions. From 10 to 15 drops in half a glass of water, teaspoonful once an hour in *acute* cases. This is the safest plan, and if the remedy is *indicated* in that *particular* case you will get *good* results from your remedy. In my practice during the years I was attending to a "family practice" I was often called from 10 to 20 miles away from my office to see babies given up to die by other physicians. We must look after the babies—

"For well we know the biggest gems  
Are in the coming years."

In poorly nourished babies, thin, scrawny little things, more or less *diarrhæa*, they don't get any strength or nourishment from their food, they *need pearl barley*. Many times in my life I have *saved* the life of a baby with the above mixture. Add one teaspoonful of pearl barley to one-half pint of water, boil it 15 minutes with salt. For a young child half as much cow's milk as there is barley water, sweeten it and give warm from the bottle. You will be surprised to see how they will gain in weight and strength. If it is a bottle fed child, every time the bottle is filled add 3 tablets *Calc. carb.* 3d to the milk, it will do them good.

Every doctor should make his own "babies' food." Add sugar of milk, one ounce to water one-half pint, boil 15 minutes, then add half pint fresh milk, and boil again. Give from the bottle moderately warm.

In gangrene of the mouth (*cancrum oris*) Loomis in his Practice says: "Nineteen out of twenty children die with it." *Kali chloricum* (chlorate potash) 3d x is the remedy, 10 grains in half cup of water; swab or rinse the mouth out once an hour, and swallow a teaspoonful of the same every hour. Men who use tobacco will sooner or later get symptoms of "tobacco heart," a *cramping* pain as I would describe it, but other authors speak of it as a feeling of *constriction* like a "band round the heart." Here we have a remedy that we can *depend* upon—

℞. Tr. ignatia .....gtts. v.  
 Tr. cactus grand .....fl. ʒss.  
 Aqua ..... fl. ʒiii.

Mix. Sig. Teaspoonful once in three hours.

For symptoms of *weak* eyesight from use of tobacco, a sensation of a *mist* before the eyes, patient sees *two* objects instead of one, *Kali phos.* ʒd x is *the* remedy. To antidote the nausea from tobacco we have no remedy to equal *Nux vomica*. It will often be *the* remedy needed in smoker's indigestion. Some of your readers *know* the *symptoms*.

When a boy or man *mashes* his finger *nail* and the fingers turn *black*, apply—

℞. Tr. lobelia,  
 Echinacea .....aa fl. ʒiv.  
 Aqua .....fl. ʒiv.

Mix. Sig. Wet gauze with the above "wash," bind it round the fingers.

Doctors are often called out at night to treat a case of "cramp in the stomach." Tr. dioscorea is *the* remedy, 60 drops in wine-glass of hot water, once in fifteen minutes until relieved. Place a mustard plaster over pit of stomach. One doctor in general practice made \$10 in one night by knowing the *value* of the above remedy. As one physician says: "It is fun to practice medicine when you know *how*, but it is *hell* when you don't." I sympathize with him for I have *tried* both ways and I know the *care*, the *worry*, the *uncertainty*, and the *bitter* disappointments of the old "shot gun" practice. A student of mine, a very prominent regular physician, remarked that "A physician who starts out to practice medicine according to the *therapeutics* of the regular school is putting up a great big *bluff*, he knows in his heart and soul that he can't make good." (I say amen to that, brother!)

The doctor who made the above remark has now the *largest* general practice of any physician in Cincinnati, Ohio. He was the *brightest*, the *brainiest* student that I ever had. He has *fitted* himself to *heal* the *sick*. Those of my readers who have read all the series of articles in this journal on "Reading the Pulse," etc., beginning with January, 1915, will no doubt glean some valuable facts. The December (present month) will end the series of

articles. If *any* thing that I have written has helped a brother physician to *cure* a patient or *save* one precious life, I shall feel well repaid for all my time and trouble in preparing these articles. I thank you for the *very* many kind letters of *appreciation* that I have received. These articles have done some *good* missionary work, for there is a *greater* demand for *new* school literature than at any time for the past fifty years. In this enlightened age of the world's history, *no* physician can afford to plead *ignorance* of the *most* common remedies used by *any* school of medicine. The world demands *live* men, not drones, men who can *DO* things.

"Lives of great men all remind us,  
We can make our lives sublime,  
And departing leave behind us,  
Foot prints on the sands of time."

1404 Main St.

---

### THERE IS A REASON.

By Dr. Glen I. Bidwell, 804 South Ave., Rochester, N. Y.

Not a thing in the universe, that is worth while, is done without a reason. All physical phenomena follow certain fixed laws; all chemical actions are the result of the law of attraction of molecules and atoms for each other, the affinity of one chemical substance for another. The seasons, growths of plants, various colors of the flowers, and all life or action, which promises definite results, has its reason in the working of some law.

The inductive philosophy of Hahnemann or Homœopathy has a reason as it follows a well defined law. While the theories and law advanced were hundreds of years ahead of demonstrable science; still the results manifest by following these has demonstrated the reasonableness of the law; up until the present time when scientific research has allowed us to show how the homœopathic remedy raises the resistance to disease. The investigation of homœopathic cures by Wright's Opsonic Index is clearing the vagary of the vital principle or force which Hahnemann taught but could not prove by scientific methods.

As there is a reason for all actions, both finite and infinite,

so there was a reason for Homœopathy. Its birth, rapid growth and decline; there is a greater reason for its future and for a remedy to resuscitate and incite to vigorous life to the homœopathic school. It is to touch upon this phase of the subject that I crave your indulgence to-day.

The great reason for the birth of Homœopathy was the chaotic state of Traditional Medicine. The Law and Science of Homœopathy, as given in the inductive philosophy of the Organon, has ever been a beacon pointing to a better, more rational medicine. The law is stable; we may wander from the course but the law itself never deviates or fails. The Science of Homœopathy is based on the Inductive philosophy of Bacon, and will live forever even though it is repudiated by its present followers it will be rediscovered and remain immortal. Truth crushed to earth shall rise again.

If Homœopathy had done nothing more than do away with the ponderous doses and barbarous methods of traditional medicine of its time it would not have been born in vain.

Let us examine the reason for the rapid progress in the early days of Homœopathy. These reasons may be classed under the following five general heads: Results obtained by its use, Principles, Enthusiasm of its followers, Persecution, Publicity.

The results obtained by the homœopathic physicians was the most important of these reasons. The cures made by the application of a remedy administered strictly in accord with the science of Hahnemann so far overshadowed any previous efforts that the people demanded Homœopathy.

In considering these results look over the reports of cases cured by Hahnemann and his early disciples and compare them with the results of traditional medicine from its inception. Where even in this age of boasted scientific medicine can we find any results that compare in brilliancy. The comparison with results of modern achievement compels us to believe that the application of the Science of Homœopathy is a lost Art.

The second reason for the rapid growth of the new school was a Principle. Until Hahnemann's time medicine had been without law, order or principle to follow and traditional medicine was simply a medicine of experiment and experience. Any cause

with a vital principle behind it and at stake is bound to succeed and draw followers so long as the principle is sustained.

Enthusiasm played an important part in the school's success. The pioneers of our school were enthusiasts; they had to be from the fact that they had cut away from tradition, laid themselves open to criticism, ridicule and persecution. They had to fight every inch of the way for their very existence. Time was no object when the people were to be convinced of the merits of the new system and the reliability of the Science. Many of our pioneers had proved their remedies and had induced their friends to prove them that they might be convinced of the efficacy of the sugar pellets. Many a *Glonoïn* headache throbbed to demonstrate that like would produce and cure like.

The cures, enthusiasm and persecution all tended to give to the new system a great publicity which did much to induce both laity and physician to take up Homœopathy as a means of relief from sickness and as a system of therapeutics.

Persecution played no small part as a reason for Homœopathy's rapid strides. It has been the history of all new movements that persecution of their followers will unite and cohere forces for a common defense like no other means. Every knock is a boost, and nothing kills and renders a movement ineffectual so quickly as to be indifferent and to ignore it.

Considering the first reason of vital importance to us today let us analyze the reasons for Homœopathy's apparent decline; for it is by an honest and impartial study and consideration of these that we may hope to correct our faults, if faults they are, so by rectifying these we may get to early results and progress. I have roughly grouped these reasons under the following heads: Colleges, Controversies, Loss of enthusiasm, Specialties, Deviation from the law.

First study the colleges. I take this general group to include all teachers, as it is to the college we look for instructions in the Science of Homœopathy. The reasons to which we may attribute the failing of our teachings are the comparative infancy of the new system and the imperfection of the machinery of instruction and books. In the earliest days when all who would learn of the new Science of Therapeutics had to go to the foun-



tain head, *i. e.*, Hahnemann or his writings, in the *Organon* and *Chronic Diseases*, we had the best prescribers our school has ever known. At that time there had not crept into our literature and teachings any short cuts or false methods. There was only one course to pursue as there is to-day if we desire success, and that was the true and original instructions as given by the great philosopher. During the lifetime of Hahnemann these false teachings began to be in evidence, and in his later writings we find warnings against their methods; with his almost super-natural insight into the future he predicted the very conditions we are having to-day. The master minds among his followers have all given us warning of the consequences of deviation from the law. These false instructors soon became so numerous that as our colleges became established this group of men outnumbered the true teachers to such an extent that a few years past it was difficult to find a homœopathic remedy mentioned in many of our clinics. Can we expect a group of young enthusiasts, who would advance and uphold the cause of Homœopathy, from such teachings? The college has been sowing the wind and now we are reaping the whirlwind.

Another mistake of our system of instruction has been the teaching of the Art of Healing and not the Science. The Art should never be taught first; the Science or reason why must first be mastered then the Art as taught by clinics may logically follow. First, we must convince the mind that the doctrines are true. Men who have failed and deserted our methods were such as had observed the Art and the results and from seeing these believed; but did not have the knowledge to duplicate the results of the masters so wandered away disheartened and discouraged.

The old staunch believers and supporters have passed away and those who are asked to rally to our standard are sadly lacking in weapons to defeat the foe. The lack of enthusiasm in our teachers has produced an added lack of zeal among the practitioners. Graduates of our school are content to be just physicians and the "homœopathic" for which our forefathers fought is kept rather *sub rosa* and only mentioned when it can be traded upon for momentary gain. Let us return to the name homœopathic physicians, believe and not be afraid to say and

prove that we are proud of the fact we have something more than that which pertains to the great field of medical tradition. Be homœopaths and show that Homœopathy means something.

Think of the enthusiasm of the men who were responsible for the formation of this society; who made it possible for Homœopathy to be recognized in this State. How often in years gone by have these walls resounded to the stirring, encouraging addresses of Wells, Lippe, Holden, Payne, T. F. Allen, Minton, Dunham and others. Then the warriors on the fighting line came to these meetings to give triumphant reports of the victory over many foes. They came to learn, to teach, to encourage, and be encouraged. The spirits of our departed brothers must writhe in agony at some of the methods of latter days fostered as homœopathic.

Another reason of our decline has been the splits among our ranks and the controversies over dosage and potencies. This has done grave injury to our school and has resulted in many of our men, who would have made the most capable teachers, remaining away from our meetings. There should be no controversy with men when principles are things at stake. The truth often cuts men deeply and urges to dispute; wounds thus made seldom heal by first intention and leave ugly scars. Controversy rarely teaches those who do not seek the truth. The rational man accepts the truth because he is prepared for it and because it is the truth.

Still another cause for our decline has been the specialties. Many of our men have given their endeavors to other branches of medicine than therapeutics; have lost interest in the Homœopathic Law and remedy. These specialties have led to material things and the present trend of medicine is to treat material things with material methods.

The laboratories have also assisted in our decline. Before the demonstrable cause of disease was given us by the laboratory workers; members of our school were content to combat all disease conditions with the remedy; since the advent of bacteriology the tendency is to drift away from the old and tried methods to newer things notwithstanding the fact that newer practices have never shown as brilliant or lasting results as our homœopathic remedy when administered according to scientific methods.

Deviation from our law and science can only result in confusion, chaos and failure.

There is a reason for the future of Homœopathy. Our law is the only stable foundation upon which any system of therapeutics is based. Remedies discovered by Hahnemann will stand the test of experience for ages to come, as they have grown stronger by use since their discovery. Homœopathy rests not upon theory nor opinion, but upon facts. Exactitude of methods, similar remedies for similar symptoms the world over with the same good old *materia medica* which becomes better with age and use will appeal to the minds of men in a way to secure a hearing.

Modern Scientific methods are rediscovering and proving the law and statements of Hahnemann. Surely the law and Science of Homœopathy will live, but it remains for us to uphold it and demonstrate her virtues or it will be born again under a different name.

The above reasons advocate strongly why we must exert ourselves to find a remedy to correct the above conditions. This remedy will be found, I believe, in co-operation, getting back to first principles and a post-graduate course in the Science and Art of homœopathics.

The changes wrought by correcting our college system, which have already been inaugurated to a great degree must, from the nature of things, be slow, and it will take another generation of graduates before we can hope for much relief from this source.

The means to which we may look for immediate relief is the united effort and co-operation of all the specialties of our school with the homœopathician, or specialist in homœopathic therapeutics. All movements or industries must depend for their successful achievement upon united effort and co-operation of all forces concerned in their accomplishment; this is doubly true of our system of medicine to-day, especially where we must demonstrate the efficacy of the Art of Homœopathy along lines of modern research. Starting with these premises we must admit, first of all, the requirements of the present time for a specialist in homœopathic therapeutics. These premises are not habitable without reason. Can one dispute the qualification of the men

who are spending their time and using their ability to master the sciences of our Art? Surely they are entitled to credit for special achievements in their field as well as the surgeon, diagnostician, bacteriologist or any other branch of modern medicine.

Homœopathy exists in varying degrees as to application, from the crude with admixture of traditional methods up to the highest results of absolute obedience to known law. Every practitioner admits the value of the law by his efforts to follow it inasmuch as he practices to the fullest extent of his knowledge and turns aside only when knowledge of the law is defective. Then it follows that the degrees which are infinite, from the kind hearted mother with her family medicine case to the discriminating master, are only the shadings from ignorance to knowledge. If we admit the value of Homœopathy we must admit that the similar remedy properly administered will be of benefit to every case. Assuming this it follows that each and every patient has a medical side and that if this need is looked after by the homœopathician, co-operation with the surgeon, diagnostician and other specialists, the results will be beneficial not only to the patient but to our school. If we could only secure this co-operation in a few of our hospitals results would be obtained which would not only open the eyes of the unbelievers but give such an impetus to Homœopathy as the world has never seen. If our school had just one organization like the Mayos, where authentic reports of the results of our Art could be had and published untold good would be accomplished.

This brings us to another phase of our remedy; the reason for authentic reports of results. The age of therapeutic nihilism demands more than the unconfirmed report of one man as to results obtained by any therapeutic agent. The advancement of modern methods in scientific medicine requires that statements of conditions cured must be corroborated by scientific methods, in the laboratory and by instruments of precision in the hands of the diagnostician. If we expect to receive recognition of our science and art we must meet these demands so far as the advancement of science will allow demonstration and confirmation.

For example, if John Smith makes a statement he has cured a case of gastric ulcer with the homœopathic remedy he must first

prove conclusively that his diagnosis was correct; then he must present tangible evidence that the case was cured. The bare declaration of facts unsupported will not carry weight, but if through the co-operation of John Doe the diagnostician and James Roe the surgeon these facts are proven and confirmed then John Smith can present irrevocable truths which will appeal to reason.

Let me make a get together plea to Laboratory man, Surgeon, Diagnostician, Oculist, and Aurist, and Homœopathician—work co-operatively along these lines, on small group of cases at first, each man thoroughly make record of his findings; have the homœopathician administer the indicated remedy and watch results. After results have been obtained publish them in a monthly bulletin. Such reports would be craved and eagerly sought by men of all schools; the publicity thus given would cause such an awakening among our own school, such a demand for scientific Homœopathy among laity and internists that our colleges would be filled to overflowing. There is ample proof of this fact to be found in the history of medicine, even though the results have been inadequate and uncomparable to those we could produce by the above methods.

Take the modern vaccine treatment as lauded by Wright and his followers; this is a rediscovered homœopathic measure. In 1831 Constantine Hering suggested the prevention and cure of variola and hydrophobia by their nosodes; nearly eighty years before so-called scientific medicine took it up.

In 1883 Hering proposed radiant heat as a cure for bacterial diseases, and this was later rediscovered by Pasteur, who gave it authentic publicity as a great discovery.

In 1880 Swan introduced *Gonorrhinum* and *Syphilinum*, and published provings of the same; nearly thirty years later it was rediscovered and administered in another form without law or order.

Koch's advocacy of the efficacy of *Tuberculin* followed closely the publication of Burnett's "Five Years' Experience With Bacillinum," which he had been successfully using since 1870. So it has gone through history. Homœopathic remedies and methods have been continually rediscovered by scientific medicine and through publicity have been brought into extended empiric use



without a law or system to govern the reason of their administration.

The last means of relief I would suggest are post-graduate courses in the Science and Art of homœopathics. The reason for such a course is, first, the failure of our colleges to meet the demand of a pure science. This is due in part to circumstances over which the college has no control, as the lack of funds, and the immense amount of work necessary under the various branches to constitute a modern, legalized medical education. The law and modern methods demand the great number of subjects which now take most of the student's time, and he is rather left to choose for himself therapeutic measures. The average medical student, in his four years' course, has neither time nor mental capacity to conceive and retain the Science of our Law, even though such law was consistently taught.

The failure to teach the Science and its principles was the first step in our downfall. To return to a thorough study of the law must be the first move towards advancement. The *Organon* and the *Chronic Diseases* of Hahnemann are the only two books ever given us showing the why and the wherefore of Homœopathy. These were so complete, as he left them, that no man has been able to add to them, or, in spite of sneers, been able to take from them. The success of the early founders of our school was the close study and application of the science as given in these books. When such of our masters as Lippe, Wells, Allen, Kent and scores of others advocated a continuous reading of these books, should we not similarly look upon them with respect? Should we not desire these truths that made these faithful followers of Hahnemann so successful?

There are many men who have passed through the four years of college and some who have added years of practice, who would be anxious to master a science of therapeutics and who would be in a receptive mood to assimilate the law. The inexperienced must be assisted and instructed in order to practice Homœopathy without resort to traditional medicine, but assistance can only be of use when it is desired and appreciated.

The curriculum of our course would only be concerned with the three following subjects:

1. The Organon—The Science of Homœopathy.
2. The Materia Medica as based on provings and verifications.
3. The Repertory, or Art of applying the Science in the selection of the curative remedy.

If Homœopathy is to survive the endless confusion in the therapeutics of our age, its survival will be due to earnest research work in the law, the provings and application of medicine.

The teaching should be theoretical and clinical. It should neither be antagonistic nor compromising. No one should expect to practice the homœopathic art successfully who is not well trained in the principles upon which it is founded.

To sum up our remedy let us repeat:

First. Create a demand for the true doctrines by publicity of authentic reports corroborated through co-operation of the special branches of medicine.

Second. Supply the demand for knowledge thus created by a thorough post-graduate course in homœopathics.

It is only by this means that we can hope to recruit to the ranks of practitioners of our school men who are eager and capable to place Homœopathy back to first principles from which it has been separated for more than forty years.

---

## RIP VAN WINKLE TALKING IN HIS SLEEP.

A. F. Randall, M. D., Port Huron, Mich.

The *Ladies' Home Journal* for October: "We are certainly making long strides (drunken strides, A. F. R.) forward when we read such words as these \* \* \* the writer, Sir Wm. Osler, M. D., is unquestionably the foremost living American physician."

We recall that the F. L. A. P. said something, perhaps feeling some uneasiness in his caput, about foreshortening men of sixty, otherwise I recollect no utterance of his entitling him to the degree of F. L. A. P., and I ween that the RECORDER can mention at least a thousand physicians more competent to deal with disease.

He says what follows in the "Encyclopædia Americana:" The new school does not feel itself under obligation to give any medicine whatever." What! What of the serums *ad nauseam*, enforced at the point of the bayonet, and more coming as fast as the old ones go?

“One notable example is typhoid fever. At the outset of the nineteenth century it was treated with ‘remedies’ of extremest violence—bleeding, blistering, vomiting and purging, antimony and calomel \* \* \* now the patient is bathed and nursed and carefully tended, but rarely given medicine.”

This is the result of the remarkable experiments of the Paris and Vienna schools into the action of drugs, which have shaken the stoutest faiths, and partly of the constant and reproachful object lesson of Homœopathy. No regular physician would ever admit that the homœopathic “infinitesimals” could do any good as direct curative agents. Not by those who could not see a hole through a ladder, but Uncle F. L. A. P., others reckoned by the thousand, I guess, did admit the wonderful efficacy of infinitesimals, and became ardent and amazingly successful homœopathists.

“And yet it was perfectly certain that the homœopaths lost no more than others.” Thanks, most thanks. There are two ways of “concluding:” “The asinus way that because the homœopaths are remarkably successful, therefore medicine is nil; the other way is to do as Hahnemann demanded: Try my method according to my rules.”

---

### THE VALUE OF REPERTORY PRESCRIBING.\*

By Dr. A. H. Grimmer, 108 N. State St., Chicago, Ill.

To every man whose habits of thought and methods of practice are based on law the value of repertory prescribing is apparent, and nothing that I can add is needed; but to those whose training in Hahnemannian doctrines have been neglected, and they are in the large majority, I might give a few reasons why repertory prescribing is advantageous and helpful.

The most of us are agreed that the indicated remedy, if found, is highly efficacious in every case of sickness; it, therefore, follows that any agent or method that simplifies and insures the finding of the simillimum is both valuable and desirable.

One great hindrance to successful homœopathic prescribing, even after the cases have been carefully taken in accordance with

---

\*Paper read before the Indiana Institute of Homœopathy.

the rules laid down in the Organon, is the mass of common or indistinctive symptoms that so many cases, especially those of chronic diseases, present; most probably the reason for this can be found in the excessive and unscientific abuse (I will not dignify it with the name of use) of crude drugs that literally have deluged the race. As a result of this universal and pernicious drug habit, we have suppression of all natural manifestations of sickness, masking or destroying individualizing symptoms; leaving only pathological and drug symptoms, which are common to the provings of most of our polychrests and of little value in selecting the homœopathic remedy.

Another obstacle and one often urged by quasi homœopaths as an excuse for their deviation from homœopathic practice is the stupendous magnitude of our "materia medica," the symptoms being too numerous for any memory to grasp and apply with success; the only solution of this problem lies in the correct use of the repertory. You have the choice of either adhering to the law and continuing in the grand triumphant march of real progress in medical science under the bright banner of Similia, or you may yield to the combination of circumstances that assail you and join the swollen ranks of empiricism under allopathy's blood stained flag.

If we fail to cure, even though in Homœopathy's name, we cannot continue to exist or grow. For we cannot live on the glorious traditions of the past alone, made possible by the sacrifices, the loving, tireless labor, and the uncompromising loyalty to principle evinced by the founders of our school; we must continue to cure where our competitors fail, and to do that we must follow in the steps of the old men whose cures were the wonder of all; in some ways we have advantages over our predecessors, in other ways we are handicapped.

Our greatest advantage and one that all may have, is to be found in the unabridged repertory for which all the profession is everlastingly indebted to Doctor James Tyler Kent, the greatest teacher, champion and practitioner of homœopathic principles since the time of Hahnemann.

Our two greatest handicaps may be summed up in the excessive and almost universal addition of the race to drugs, largely as a

result of the advent and growth of proprietary products and methods, together with the lack of real homœopathic knowledge on the part of the great mass of our practitioners; this last is a sweeping statement, and I realize it is not a popular one. But I have come here to speak the truth to you and in the interest of our great cause, regardless of personal well being or popularity.

Not alone in chronic diseases is repertory prescribing valuable, but in many acute troubles it is often indispensable. Especially in the little children whose symptom image may be incomplete because of the infant's inability to explain or describe symptoms and their modalities.

To illustrate in a case from practice: a week old infant suddenly contracted a bronchial pneumonia, both lungs were extensively involved, cyanosis marked, very difficult respiration, profuse cold sweat, diarrhœa of frequent, scanty, green stools mixed with bloody mucus; without further study or hesitancy I prescribed *Ipecac*, as it seemed a most excellent picture of that drug, and it is advised as a good remedy for pneumonia of infants by all our good men, and so it is when it is indicated; six or eight hours during the day the relief had been prompt and continued until evening, when the dyspnœa and cyanosis returned more marked than before; the child was bathed in sweat, which did not relieve the symptoms, the pulse was irregular, fast and weak, my little patient was sinking rapidly. *Ipec.* had failed; either this case was incurable or I had failed to find the needed remedy. To my mind the last thought was the true one. I went over the case again, taking up the family history, etc., and brought out the fact that the father had had syphilis and been cured (?) with large doses of mercury rubbed in and injected; this fact, taken with a repertory study of the whole case flashed the drug image of the curative medicine before my vision like a message from heaven; so distinct, so clear, and rounded out was the picture of mercury, in the family history, the nightly agg., the sweating without relief of the symptoms, with frequent, scanty green stools mixed with bloody mucus that I wondered how I was so blind before this study revealed the truth to me. *Merc.* was given and cured promptly, and the child to this day, now over four years ago, has needed little medication, being exceptionally rugged and free of all children's complaints.



Another point of value that the frequent use of the repertory brings is the increase in one's knowledge of drugs. It is surprising how much "materia medica" oozes in this way, and drugs you ordinarily do not hear about creep in, and your attention is brought to them so that you study them, and thus you widen the scope of your knowledge of homœopathic remedies that would hardly come to you in any other way. Though the object of this paper is to cite some of the points of value in the use of the repertory, I cannot refrain from touching upon one important point concerning the method of applying repertory study.

A strong element of success lies in the application of the homœopathic philosophy, heeding especially that part relating to the relative value of symptoms.

All cases must be started with the symptoms that are most general to the patient taken as a whole, and at the same time those symptoms that are strange and unusual take rank above those that are more common.

Next follow the symptoms relating to the special parts known as particulars. If this order is observed there will be no failures in all curable cases.

There has been some objection raised to the amount of labor involved in this work, and insufficient monetary reward for the same, but such arguments can have no weight with any but the indolent and the mercenary.

The restoration of the sick to health brings in the main magnificent remuneration in the delight of both healer and healed. And if one gets the reputation of being a successful prescriber he will find the world willing to pay amply for his service.

Some successful men urge lack of time, especially when they are overworked and tired to the breaking point. Well, I have had a taste of that experience, and I want to say that my repertory has been my greatest sustainer in just such circumstances; the tired, sluggish brain is not as effective as the active one, and human life is too precious to be left to the haphazard methods of human guesswork when the certain results of law might be applied for it.

The sick are entitled to the best, and when the light of wisdom that is now breaking in the eastern sky shall radiate stronger in

the new day that is dawning, they will demand and obtain it to summarize and reiterate the points of value in the order of their importance. We find first and foremost, that the very existence of our school is involved, its growth will be in proportion to the success of the individual members comprising the homœopathic profession. And the use of the repertory unquestionably does make for success. Next the interest of sick humanity demands and is entitled to the best possible care it can obtain.

Finally the building up and strengthening of the individual physician's knowledge of drugs applied under the law. These are not the only advantages that could be cited but are sufficient because of the far-reaching effects that might be produced if the homœopathic profession in the main would familiarize itself with this beautiful and practical work.

In the past our colleges have woefully neglected this work, and the result is seen in the number of our men who have been disappointed with their lack of success with the single remedy in the minimum dose, and have drifted away from the ideals of Hahnemann toward the easy but unscientific and reprehensible methods of alternation and polypharmacy, typified in the various combination tablets. From this step to the one on the lower plane of allopathy is the natural sequence.

For those who have repudiated the law in part it soon causes no qualms of conscience to administer anodyne to stop the cry of pain and mask symptoms. The lowest plane in the scale of medical ethics is found in the administration and indorsement of the various proprietary products, and it grieves me most to see a graduate of a homœopathic college fall to such a depth of medical iniquity.

I always think of what possibilities for good have been destroyed because that man's training was insufficient to make him a successful homœopathic prescriber, and, personally, I always pity rather than censure him. This is a little diversion from the subject under discussion, and I will stop before I weary you; if but one of your number can be helped toward the goal of homœopathic ideals as a result of my humble efforts to portray a few advantages in the use of the repertory my visit with you will be well worth while.

**THE CURE OF TUMORS BY HOMŒOPATHY.**

By Dr. Alexander C. Hermance, Rochester, N. Y.

The successful treatment of morbid growths by internal medicine is doubted by a majority of the medical profession, and I fully appreciate, in presenting an article of this character, especially its claim for the homœopathic remedy, that I am not in accord with many accepted authorities of the day and will be received "cum grano salis" by many practitioners of both schools. Nevertheless the clinical evidence obtained from reliable sources and my own personal experience proves to me the fact that the homœopathic remedy, when properly selected, according to the principles laid down in the *Organon* has produced many brilliant results.

You may say that "One swallow does not make a summer," that one or two sporadic cases with a possible mistaken diagnosis prove nothing, which is very true, but that does not argue against the efficacy of homœopathy. We do not cure all our cases of tumor, neither do we cure all our cases of other serious diseases with medicine. But why is not the homœopathic remedy just as curative in morbid growths as in other pathological conditions when scientifically applied? What has the medical profession to offer outside of homœopathy for the relief of cancer? One of the shining lights of the A. M. A., for instance, says: "The cure of cancer cannot be found in a drug, a serum, or a ray. Only education of the people to recognize the early manifestations which will lead to early surgical treatment in the most favorable stage for cure." Another says: "The knife still leads in the treatment of cancer." This, however, is the opinion of the majority. Still others point to the serum treatment or the x-ray, all of which have proved disappointing. I might mention here the successful results obtained by Dr. John M. Lee, of Rochester, N. Y., with *Radium*. This remedy I believe to be homœopathic in its action.

I firmly believe that a great many growths are curable by homœopathic medicine if recognized in the incipient stages. That is where the education of the people as to observation of early manifestations would be of great value. One great difficulty lies

in the fact that we do not get them in many cases until far advanced. In fact, it is only by homœopathic medicine, scientifically administered, that the primary or underlying causes of which the growth is but a local manifestation, can be cured permanently.

The epithelioma, osteoma, lymphoma, or the higher tissue tumors, whatever their character, are but evidences of some deeper lying disturbance of the organism, some inherent dyscrasia or constitutional miasm. They are a result, an end product, so to speak, that must be removed before a cure can be effected. What other than the constitutionally indicated homœopathic remedy will best remove this cause? You may cut it out, draw it out, inject it, cauterize it, but in so doing you are simply removing an effect the cause of which still remains to return again somewhere, in some other form, and usually with greater virulence.

In prescribing for tumors the groupings or classifying of drugs according to their affinity for certain tissues or organs of the body is not unhomœopathic unless prescribed empirically, regardless of their symptomatology. This might be called organopathy by some; it simply helps us to more quickly select and apply our remedy, especially in growths involving special organs and usually one of the group covers the totality, making it the *simillimum*.

We have our organ remedies, as well as our left or right sided remedies, or those particularly acting upon bone, muscular or nerve tissue; but they must cover the totality to be effective and homœopathic.

Burnett says: "The reason why homœopathy swallows up organopathy lies in the fact that homœopathy is organopathy and something else besides, viz., the differentiated law of similars."

The classification of these numerous growths is only useful to us in a general way. That is to say, in making our prescription we know that some of the drugs act more particularly upon certain tissues. This is but one of the objective symptoms to be considered with the totality. Homœopathy will and does cure tumors as well as other morbid diseases. Why? Because it is the only system of therapeutics recognized in every particular the objective and subjective symptoms presented by the disturbed vitality, which is nature's picture, or language, so to speak, of

her suffering; taking also into consideration habit, occupation, temperament, heredity, hygienic conditions, previous sickness, etc. If homœopathic medicine can, by its similarity in connection with the proper diet and hygiene, cure incipient phthisis; if by its action stimulate the different organs from dormant inactivity to healthful, vigorous action, be they lungs, liver, heart, or kidneys, why cannot it act upon the influences causing the diseased tissue composing these different growths and bring them into healthful activity.

---

### A COMPARISON OF RHUS TOX., BRYONIA AND RUTA GRAV. IN ACUTE RHEUMATISM.

In considering these remedies in acute rheumatism, we have some clearly defined indications which individualize them; *Bryonia* stands by itself definite and clear, not resembling in any important particular the other two; *Rhus* and *Ruta* are somewhat alike, yet sufficiently dissimilar to make a satisfactory selection. *Rhus tox.* and *Bryonia* are two drugs that come to mind first in all rheumatic conditions, and it is for this reason that they are so often used empirically or in alternation.

The *Rhus* patient is of a rheumatic diathesis, his troubles are brought on by dampness, from getting wet, from living or working in damp places, from checked perspiration by dampness or cold. *Rhus* particularly affects the fibrous tissue, especially the tendons of muscles, and ligaments about the joints. No drug has more action upon fibrous tissue than *Rhus tox.*, whether from straining, wrenching, over-exertion, or exposure to wet or dampness. It is not usually the remedy in inflammatory conditions. The pains are < on beginning to move, but > by continual motion. This is probably because the fibrous tissues of the tendons become limbered up by continued use. Under *Rhus* we also find that the prominent projections of bones, like the cheek bones, are sore to touch, showing its action upon the periosteum in this particular, it simulates *Ruta grav.* They cannot bear the least exposure to cold air and the attacks are preceded by a rain storm. The relief from motion is not alone possessed by *Rhus*. The wry neck of *Anacardium* is < on beginning to move with relief later on. *Conium* has < from slight



and  $>$  from continued motion, *Puls.* and *Lyc.* are both  $>$  from motion. *Rhod.* should also be closely compared with *Rhus* in rheumatism.

While *Rhus tox.* attacks the fibrous tissues and sheaths of the muscles, *Bryonia* attacks the muscular tissue itself, similar to *Arnica*. It attacks also the serous membranes, and is therefore indicated in synovitis of rheumatic origin. *Bryonia* is one of the few remedies that produces a positive inflammation of the muscular substance. The muscles are sore to touch and swollen, and as you might expect  $>$  from pain from least motion, increasing as motion continues. *Bryonia* is the remedy in articular rheumatism, with violent local inflammation and the corresponding  $<$  from least motion. The principal difference between *Rhus* and *Bryonia* is that *Rhus* is suitable for rheumatism coming after exposure to wet or damp cold, especially when over-heated and perspiring, affecting the tendons and is  $<$  by continued motion, whereas *Bryonia* affects the muscular substance itself and serous membranes, and is  $<$  from least motion.

*Ruta grav.* resembles *Rhus* more particularly, as it affects greatly the flexor tendons and is indicated in troubles following strains. Its principal action, however, is upon the periosteum and cartilages, with tendency to a formation of deposits in the periosteum about the joints and wrists. All parts of the body are painful, as if bruised (like *Arnica*). *Ruta* is to be thought of in rheumatism following strains, particularly if it is sciatic in nature, with  $>$  from stretching the limbs, and lying down at night. Like *Rhus* it is  $>$  by cold, wet weather, and dampness generally.

(NOTE.—This paper had no name to it and if a letter accompanied it the letter has been lost. Will writer please send in his name?—Editor of the HOMŒOPATHIC RECORDER.)

---

## OBSERVATIONS ON *MEDICAGO SATIVA*.

Editor of the HOMŒOPATHIC RECORDER.

Here are a few observations on *Medicago sat.* (alfalfa)  $\theta$ .

Mrs. B., nursing child five months; on the point of weaning for lack of milk, and what she had was poor in quality. *Medicago*

sat.  $\theta$ , gtt. v, t. i. d.. increased the flow more than double. Quality very, very much richer.

Baby W., seven months' bottle baby; cow's milk (diluted) with milk sugar constantly rejected by the stomach; obstinate constipation; hard, dry, putty-like stools. *Medicago*  $\theta$ , gtt. v, added to each nursing was immediately followed by perfect digestion, assimilation and cure of constipation. The child gained rapidly in weight and became in two weeks a model youngster from a puny, crying, snappish kid.

M. L., melancholy, blue and quarrelsome. *Medicago*  $\theta$ , gtt. x, t. i. d., not only relieved the mental state but automatically restored normal sexual ability, which had been all but extinguished for two and one-half years.

I have found it an excellent "pick-up" for that awful mental agony and fear seen in cases of morphine addiction when you are gradually withdrawing the drug. In this respect the dose is by no means fixed, at least by me, but its use is never worth experimenting with in this very troublesome condition.

I hope these hints may be found useful to some of my brother physicians.

And while I am writing will take time to say that I am in need of material to finish my book, "Witchcraft and Christian Science," inasmuch as I wish to hear from physicians who can tell me the story of Christian Scientists who have "died cured." If you will mention this to your readers I will be under lasting obligations.

Fraternally,

ROBERT B. JOHNSTONE, M. D.

Hyattsville, Md.

---

### JUSTIFIABLE PROFANITY.

EDITOR OF THE HOMŒOPATHIC RECORDER.

The woman who thought that the prayer, "Deliver us from false doctrine," referred to the medical profession, is not the one of whom I now write, though it might have been. She came to me from a distance for treatment for rheumatism of the feet. The result was not a howling success, for in spite of amelioration the trouble persistently reappeared. To-day she apologized for

not coming back last week with the excuse that she had been "flooding," and when I asked her why she had not reported this to me she replied that she had resorted to what the former physician had told her to do—put her feet in cold water. I have been wondering ever since whether the commandment forbidding profanity really applied to physicians.

Yours truly,

WM. JEFFERSON GUERNSEY, M. D.

Frankford, Pa., Nov. 15, 1915.

---

### BLACKBERRY CORDIAL IN CONSTIPATION.

Editor of the HOMŒOPATHIC RECORDER.

I notice in the RECORDER of October that Dr. Vincent has taken exception to my article of June regarding the use of blackberry cordial in constipation.

The fact that Dr. Vincent did not get results does not prove the remedy worthless as he would lead us to believe from his letter.

The doctor admits that blackberry cordial will cure diarrhœa, or, in other words, replaces diarrhœa with a more or less of constipation. Then why not apply "*Similia Similibus Curentur*," giving a much smaller dose at greater intervals to cure constipation which it produces with larger dosage.

This is no idle dream. I have tried it out and have gotten results in about 75 per cent. of my cases. However, I will say the only results I have obtained have been with home-made cordial.

The doctor says household magazines recommend it for diarrhœa, but not for constipation. I hope the doctor does not depend too much on household magazines for medical reference.

A. H. Seibert.

709 Stark Building, Louisville, Ky., Nov. 3, 1915.

P. S.—Morphine and opium are recommended by the old school to check diarrhœa, and still the homœopaths use it in potency to cure constipation.

---

### HOW TO MAKE BLACKBERRY CORDIAL.

Editor of the HOMŒOPATHIC RECORDER.

Replying to Dr. L. M. Vincent's "*doubts*" as to the efficacy of blackberry cordial in constipation, will say that if he would

prepare the cordial himself he would certainly find it most efficacious in constipation as well as diarrhœa.

I made some myself this summer to test out Dr. Seibert's theory. I made mine as follows:

"One gal. pure blackberry juice, 2 quarts granulated sugar, 8 teaspoonfuls each of the following spices, cloves, nutmeg, cinnamon and allspice."

Heat to boiling; bottle and cork tightly.

H. G. COLBY-BOND, M. D.

Danville, Ill., Oct. 18, 1915.

---

### THERAPEUTIC HINTS.

Dr. D. A. Stevens, Hatsville, Cal. (*Ellingwood's Therapist*, Nov., 1915), writes of the fine effects of *Sarcentia purpurea* in scarlatina. No complications follow its use. It is an "eliminator of toxins" and bars nephritis. Dose, presumably, is material:

"Staphysagria is an important remedy that but few appreciate. In its influence upon the male sexual apparatus it is direct and reliable. It is a strengthening tonic, acting in harmony with *Avena*, *Phosphorus*, *Strychnine*, and other remedies of that character. It is efficient in spermatorrhœa, in impotence, and in all difficulties of this kind. It is also useful in gleet and in sexual neurasthenia. From three to five drops is the dose, four or five times a day."—*Ellingwood*.

## THE SPECIALISTS' DEPARTMENT.

EDITED BY CLIFFORD MITCHELL, M. D.

25 East Washington St., Chicago, Ill.

## OUR CONTRIBUTORS.

We print extracts in this issue from papers read by Drs. Frank Wieland and R. H. Street, of Chicago, at the regular fall meeting of the Riverview Homœopathic Medical Society of Illinois. Also continue the clinical observations of Dr. C. T. Hood, of Chicago.

Dr. Hood is an expert in the diagnosis of tuberculosis and relies chiefly in doubtful cases upon the information furnished by whispered fremitus.

## THERAPEUTIC NOTES.

**Venereal and Non-Venereal Conditions.**—Dr. Frank Wieland, in a paper recently read before the Riverview Homœopathic Medical Society of Illinois, took the ground that so-called venereal warts on the prepuce do not need venereal contact for their origin, nor is any discharge coming from them or about them necessarily a specific discharge. Circumcision is a cure for these warts in this location. True venereal warts, as, *e. g.*, syphilitic condylomata, occur more commonly about the anus. Prostatic discharges are often mistaken for the gonorrheal urethral discharge. In such cases, due to overflow from a rotten prostate, injections are of no value the cure lying in the stripping of the prostate and vesicles.

Frequent urination is sometimes dependent upon such a prostate encroaching upon the bladder, and may be relieved in the same way.

Discharges frequently follow the use of instruments, and the patient blames the operator for "infecting" him when such is not the case, irritation being the cause. Then, again, discharges may persist after gonorrhea has been cured, a catarrhal condition remaining.



**Tonsil Surgery.**—Dr. R. H. Street, in a paper before the River-view Society, took the ground that the indications for tonsillectomy were numerous, as, for example, in the case of large hypertrophied tonsils and adenoids and in the case of diseased tonsils. The worst tonsil of all was the small submerged tonsil discovered by Pynchon, of Chicago. Dr. Street thinks many infections can be traced to the tonsil as a focus. He denies that tonsillectomy can affect the voice of singers, if the operation is properly performed, and greatly prefers tonsillectomy to tonsillotomy in all cases.

Among the score of operative procedures his vote is for the slower operation with the blunt instrument.

As already said by him in an article appearing in the *RECORDER* prevention of hemorrhage by proper measures is his favorite remedy, and out of 181 operations with the blunt instrument he has had no hemorrhage, but in every case he has prepared the patient carefully for operation.

**Tubercular Invasion.**—According to Dr. C. T. Hood, of Chicago, there are three principal ways of tubercular invasion. First, the insidious; second, that following a cold, pneumonia, or bronchitis; third, as a storm.

The insidious form comes on with a feeling of general malaise; the patient is tired, complains of loss of ambition, poor appetite, restless sleep, is irritable and moody. In these cases the early morning temperature is subnormal, 97, 96½, 96. This condition may last for several weeks before the cough begins. The cough is dry, hacking in character, with little or no expectoration. Careful examination of the chest will show a spot or two in one or the other apices or under the clavicle, most often at the junction of the outer with the middle third or under the lower angle of the scapula. No pronounced dullness is present on percussion; no positive bronchial breathing is to be found, but a positive increased **whispered fremitus** will be found. The progress of such a case is: Morning temperature subnormal, evening temperature 99, 99½ to 100; morning temperature normal, evening temperature 100 to 101; if the morning temperature remains at or near normal—98 to 98½—no extension has occurred and no new spots have become infected, breaking down of

the tubercle will occur, with discharge through the bronchi, encapsulation and ultimate calcification. If the evening temperature becomes normal for a time and the morning temperature is 98 or normal, then the evening temperature again increased to 100 or 101, secondary infection has occurred, streptococcus, pneumococcus, etc. If the early morning temperature again becomes subnormal, a new spot of invasion has occurred.

The second form of invasion (that following a so-called cold, bronchitis, or pneumonia): Whenever a supposed cold or bronchitis becomes unilateral, tubercular infection can be strongly suspected, and the **whispered fremitus** will locate the invading spots. An unresolved pneumonia offers a splendid medium for a tubercular infection. The return of a dry, hacking cough with a subnormal morning temperature and an increased evening temperature points to tubercular infection, if there be no effusion.

The third form of invasion (the storm) comes on very much like typhoid fever. After several weeks of poor appetite, headache, and some cough, the morning temperature is 100° to 102°, the evening 102° to 104°. The abdomen is distended, the stools are likely to be loose, sweating may occur often, there may be a mild type of delirium, and the condition may be mistaken for typhoid. But the Widal reaction is negative and **whispered fremitus** will positively locate the spots of infection in the chest.

## CLINICAL URINOLOGY AND RENAL DISEASES.

CLIFFORD MITCHELL, M. D., CHICAGO.

**Parenchymatous Nephritis in a Child.**—The writer has recently examined the urine in a case of chronic parenchymatous nephritis occurring in a child of only three years of age. The amount of albumin was very large, nearly one per cent. by weight. An interesting feature of this case was the occurrence of a number of very slender hyaline casts in the sediment, which, at first, escaped detection on account of their small relative size and transparency, but were found by the dozens when the writer's new chemical stain for urine sediments was used. Without the stain a negative report for casts would have been rendered. Tube casts in a child so young may be very small and escape recognition in the unstained field.

**Spermatozoa in Urine.**—The occurrence of spermatozoa in urine has been shown by use of the writer's new stain to be more frequent than he had previously supposed. The stain seems to have special affinity for these objects and traces the "tails" with much definiteness. Up to the time of using this stain the writer had seldom noticed spermatozoa in the urine of women, but since use of it finds a few not uncommonly. The occurrence of spermatozoa in the urine of pregnant women shows that intercourse is not suspended during this condition, hence the use of the stain and the detection of spermatozoa with it may be of some service to the obstetrician in forming an estimate of the habits of his patient.

**The Modern Treatment of Diabetes.**—While it is admitted that the sugar and acetones leave the urine in a few weeks, the writer insists that the future of the case depends, as in the Keeley "cure," upon the ability of the patient to "make good." It is not regarded as certain that the majority will adhere to the dietary which suits their tolerance. Nevertheless the writer is sending patients to hospitals and sanitariums who can not be treated successfully at home in order that they may be relieved at least for a time from the pressure of acetonemia.

---

### THERAPEUTIC CLIPPINGS.

Dr. Berridge gave *Canth.* 1,000, successfully, for scalding in urethra near root of penis, on beginning to urinate.

Mrs. A., æt. forty-seven, lymphatic temperament. Since two years attacks of difficult urination; since three months frequent desire to pass urine, passing small quantity at a time; burning in the urethra at the time of urination; a feeling as if the passage was too small; walking, standing or lying in bed increased desire to urinate; better of all symptoms while sitting in a chair. *Canth.* 200, in repeated doses, cured promptly.—*Dr. T. L. Brown.*

Case of Dysuria.—Burning on urinating; worse afterward; of two months' standing. *Canth.* and *Apis*, low, every hour, for four weeks, did nothing. *Canth.* 200, every six hours, cured in three days.—*Dr. O. H. Mann.*

Dysuria in a boy, ægel four, of two years' standing; when the inclination to urinate comes on, he moves his legs and body violently; cannot sit still, bends himself forward and strains; cries; sweats profusely over the whole body; his straining produces tenesmus of the rectum, with slight stool; the penis is erect and looks blue, and by and by comes a little water and often a little blood. *Canth.* 18, cured.—*Dr. G. Ulrich.*

# Homœopathic Recorder

PUBLISHED MONTHLY AT LANCASTER, PA.

By BOERICKE & TAFEL

Subscription \$1.00, To Foreign Countries \$1.24, Per Annum

*Address communications, books for review, exchanges, etc.,  
for the editor, to*

E. P. ANSHUTZ, M. D., 1011 Arch Street, Philadelphia, Pa.

---

## EDITORIAL NOTES AND COMMENTS.

**The Prevention of Conception.**—Many Christian men, women and medical journals are worrying over the new propaganda advocating the teaching of scientific methods of putting a quietus on the babies that should come. There is another point of view, however that ought to allay the alarm, namely, if any one doesn't want children the world may be better off without his descendants. We have all heard about the "survival of the fittest?" Notwithstanding war and anticonceptionists the world will still be peopled. When one race civilizes itself to extinction the "lower classes" will take its place and, most likely, go the same pace to extinction.

**More Good Stuff Coming.**—Dr. Eli G. Jones concludes his series of papers on "Reading the Pulse," etc., in this issue of the RECORDER. They have run since last January and have received unusual attention and approbation. Dr. Jones is a "regular" by graduation, but long since he arose above the mists of sectarianism. His papers are practical, and helpful to all. We are glad to announce that he promises to contribute other papers to the coming volume of this journal. The RECORDER holds that every drug cure *must* be made according to a universal law governing the use of drugs in disease, else all is chance. It also believes that this law is the law of *similia*. Consequently wherever it runs across a clean cut drug cure it appropriates it believing it to be homœopathic. After all is said and done the cure is the thing.

**Antityphoid Vaccination.**—The leading paper in the *Journal A. M. A.*, October 23, is by Dr. W. A. Sawyer, Director of the Hygienic Laboratory of California. Among other things Dr. Sawyer said:

In the literature the results of vaccination, varying from apparently complete protection to almost none, bring home the fact that the immunity is relative, and that the severity of the exposure determines to a large degree whether the immunized person will escape. Vaccination seems to be more effective against infection from a slightly polluted water supply or the ordinary contacts of our daily life than against infection from a heavily infected milk or food supply or from continuous close contact with an acute case of typhoid fever.

Also:

If widespread and severe exposures are prevented by better supervision over public water, milk, and food supplies, vaccination can be depended on to diminish greatly the residual typhoid fever, especially if a large enough proportion of the people are vaccinated to reduce contact infection to a minimum.

In the discussion Dr. Kilgore said:

The feeling has been widespread that antityphoid inoculation is a sure preventive, and the individual who considers himself already safe will not take troublesome precautionary measures. Therefore, an important practical lesson to be taken from this paper is that whenever we immunize people against typhoid fever (or any other infection) particular pains should be taken to make them understand that the protection conferred is not absolute and does not remove the necessity for ordinary hygienic precautions.

All this seems to say that if the sanitarians will remove the cause, and the people take good care of themselves the vaccine can be depended on to do the rest whatever that may be.

**A Jolt.**—A sometimes cynical exchange, *Ellingwood's Therapeutist*, remarks that mixed vaccines "are quite popular," but "their irrational character often not appreciated." It seems to us that this is a bit of a jolt to the ultra scientific, who are not appreciated by many in this old world—or else their science is an error and no science. It is a mixed problem, like the vaccines.

**The Bed of Procrustes.**—Many years ago there lived a gentleman named Procrustes, who had a bed that he required all men in his power to fit. If any were too long, he cut them down, if



too short, he stretched them to the required length. Metaphorically speaking that is what the A. M. A.'s examining boards want to do. If you know more than they do they reject you, which is the same as cutting you down. If you know less, which is to say, not their text-book questions, they reject you, which is the same as saying, "You need stretching." To put it in other words, does any practitioner with a difficult case suppose an examining board could solve it? Just think it over.

"Fads."—"Many a medical fad has been built upon the whim of a prominent physician," so remarks a drug journal exchange. Somewhat hard on the strictly scientific brother, who, as a rule, takes his laboratory dope on faith alone. The homœopathic brother takes the patient's symptoms and matches them from time's lore on drugs. That brother may not be "scientific" but he is nearer to science than any others, and that is square-toed fact, notwithstanding the brass bands, banners and Sunday supplements.

**Liquor and Insanity.**—A paper by Dr. A. Anderson, of Raleigh, N. C., in the *Charlotte Medical Journal*, reminds one that the trick of the old logican that of assuming the truth of your side of a question and arguing from that assumption, has not been neglected in this age of science. Dr. Anderson writes that sterilization will be hard to enforce until the people realize "what only the alienists now know" that liquor drinking is the root of degeneracy and the various forms of insanity. Science cannot be founded on error. Is liquor the cause of the evils attributed to it by Dr. Anderson and others? The fact is that until about 50 years ago the use of liquor was universal among civilized races. Also the fact is that these evils mentioned seem to have enormously increased during the past 50 years. Is it not more rational to believe that it is insanity *in* the man that causes him to go to the bad by liquor or any other of the various roads he takes? One can hardly believe that the Christian Church had been giving its communicant the cup that leads to insanity during the past 2,000 years. Furthermore, its fundamental teaching is, that all are born depraved, the depravity is not put in them but is innate, and the only cure is repent-

ance, reformation and regeneration. Perhaps the church is wrong, but it also teaches salvation cannot be made compulsory.

This line of reasoning may be objectionable to some readers, but the RECORDER does not believe in compulsion in religion, politics, morals or medicine, though it does firmly believe in a strong police force. You are free to answer.

**Medical Science.**—We clip the following from a paper by Dr. J. W. Squires, of Fort Wayne, Ind., in *Charlotte Medical Journal*:  
“Fever is no more a disease than is pain, and it is universally admitted that pain is but a symptom of disease. The late lamented Prof. Hal. C. Wyman used to say to his class, ‘Pain is to the Physician what the Light House is to the mariner, it shows where danger lurks.’ Hysteria and Asthma and Neurasthenia, I think, are usually regarded as but symptoms.” That is sound Homœopathy. Treat the “symptoms.” Incidentally the system of medicine that puts out the physician’s “light house” by morphine, or something else, must be very sure of its bearings or, else, is “playing to the gallery.”

**Treated According to “the Latest.”**—This case is reported in the *Lancet*, September 4th, by Drs. Owen and Newham, both with many letters after their names. The patient was a soldier. About all known of him, as stated, was that he had been vaccinated against typhoid. Was admitted to hospital October 7th. Had slight night sweats, coated tongue, constipated and slight traces of albumen. “Otherwise there was nothing abnormal.” To make several pages short they first thought he had typhoid, but finally concluded it was “undulant” fever. As he did not get any better he was finally given 200,000,000 of his own “organisms,” *i. e.*, “autogenous,” which was repeated several times. In January lobar pneumonia developed, rigor, and a hundred and five temperature. He recovered and was discharged on April 7th. Admitted in October, discharged in April. Coated tongue, constipation and slight night sweats! We quote from conclusions:

“It will be seen that in all only four doses of the vaccine were administered. In view of the known inefficacy of ordinary medicinal preparations to in any way alleviate the symptoms or control the progress of this disease it is satisfactory to record that

in this case at any rate marked improvement was obtained by the use of an autogenous vaccine."

And our earnest and honest scientific friends have the nerve to go before the world and dub this sort of thing "scientific medicine!" Probably a few doses of *Bryonia* would have discharged the patient "cured" a week after he was admitted to the hospital.

**A New Opening.**—Dr. F. C. Madden, in *Lancet*, writing of "Experience in Vaccine Treatment" says, among other things, that an autogenous vaccine far surpasses all others, which is what our friend Dr. C. H. Duncan has been preaching for many years. But Madden also points out that in all vaccine treatment it must be remembered that an incision into the affected part acts like a vaccine, as it produces a phagocytosis which will itself have a vaccinal effect, quite apart from the evacuation of pus and septic serum and the relief of tension by the incision. Why, then, if the cut does what the vaccine does why chuck in the vaccine? Why not give the patient a "cut!" Isn't this but a return to the old practice of bleeding? Looks as if the world of "medical science" was traveling in a circle and had arrived at the 17th century segment of that circle. In passing may it not be mentioned that "phagocytes" rush to heal any injury? Is not "phagocytosis" but a manufactured name for "nature cure?"

**The Wonders of Medical Science.**—Dr. H. Boruttan, in *Deutsche medizinische Wochenschrift*, Berlin, discusses yeast as a food. Yeast grows so rapidly with the proper soil and temperature that with it, he says, we can produce as much albumen in a few hours, independent of fields and weather, as otherwise would require months for sowing, cultivating and harvesting. That, in part at least, solves the high cost of living and eggs—use yeast.

**A Hint From the Eclectics.**—"Rheumatism in whatever form is strictly a toxemia and uric acid is the leader and captain of the band of pirates, although he has several able and dangerous assistants. In treating every case of rheumatism there are two positive indications. Give the indicated remedies to relieve the

pain and give the proper remedies to relieve the toxemia and remove the morbid matters from the system. The use of *Iris versicolor* will be understood when it is remembered that *green plant* specific iris has a powerful action on the liver, is a great glandular stimulant, and has often been called the *vegetable calomel*. Don't try, however, to get good results from iris made from the *dried root*."—*Dr. W. M. Gregory, Berea, Ohio, in Medical Summary.*

**Evolution vs. Learning.**—Looking over the Programme of the fourth annual convention of the American Association of Progressive Medicine, of which our esteemed contributor, Dr. Eli G. Jones, is Honorary President, we saw the title of a paper by Dr. M. L. Herzog, of Oakland, Calif., entitled "On the Evolution of Medical Theory and Practice." Most likely the paper is an excellent one, but its title is, possibly, misleading. It is a true philosophical axiom that nothing in the mind can be evolved that is not already there to be evolved, or, in other words, that has not been previously involved. The doctrine of "evolving" is the very antithesis of that of "instruction." Instruction means the building up in the youthful mind of things the world already knows, while evolution, or evolving, means the drawing out of things that are innate. There is a fine but vital point in this. According to the doctrine of evolution, which must include previous involution, a baby may have the wisdom of the universe wrapped up in his goo-goo sounds. If this believed, then the question arises, Where did he get it, seeing that he did not create himself? A plant or tree is enwrapped in its seed and its development is true evolution, but it is not so with the human mind which does not evolve knowledge but imbibes it.

**Cosmetics.**—*Public Health Reports* contains an excellent paper by Martin J. Wilbers, on "Cosmetics as Drugs." The agents found in hair preparations cosmetics and other toilet articles that are injurious include lead acetate, silver nitrate, resorcin, flake white or lead carbonate, lead plaster, corrosive sublimate, calomel, white precipitate, pearl white or bismuth subnitrate, zinc white or zinc oxide, wood or menthyl alcohol, Epsom salts, magnesium

sulphate, coal tar dyes, and other less known chemicals. Many cases of actual injury are cited and it is said that there are no doubt thousands of cases of injury the cause of which is not seen. An excellent paper. But is not the same danger incurred in the many external applications prescribed?

**Experience vs. "Science."**—The *Journal of the American Medical Association*, November 6, 1915, contains an editorial headed "Bacteria in the Air." It bravely passes the stumbling block raised by the fact that sewer gas contains hardly any bacteria, yet was once regarded as a positive danger to human life, so much so that laws were passed concerning traps in plumbing. The *Journal* says: "In sewer-air the proportion of micro-organisms is usually less than that of streets and houses, and they are usually harmless species." It then goes on to say that the latest science is that insects are the real carriers, and that "the problem is one of wire screens more than ventilation," or, in other words, insects that fly in at the windows are more dangerous than foul air. It looks to us as if all that is needed, so long as the Germ Theory rules the roost, is to give it rope enough and it will hang itself.

**Reproving Sin.**—There is a certain grim humor in the idea of the devil reproving sin. The same humor flickers in nearly every issue of the *Journal of the American Medical Association* when the haloed men who run it anathematize all proprietary medicines that have not received their endorsement, and also every medical journal of their own school that dares to carry an advertisement of anything that they do not endorse. "The Council" sits in self-elected judgment on every drug and generally damns it. John Uri Lloyd recently sent out 30,000 letters asking physicians, chiefly of the A. M. A., what drugs they used oftenest. *Cactus* headed the list by a big majority, yet "The Council" has condemned *Cactus* to the darkest depth of perdition. This seems to indicate that there is, about Dearborn St. a good deal of rattling the "thunder box"—to use Charles Kingsley's term. Is it not about time that "*The Journal*" was realizing that the doctors, the medical journals and the public have certain medical rights that in decency it should respect? Admitting its honesty, for the



sake of the argument, in condemning every therapeutic measure not its own there are other men equally intelligent and honest who look upon the things endorsed by it, as being far worse for the public welfare than all the patent medicines ever concocted, for most of the latter are at least rather harmless humbugs—which cannot be said of the former, as “*The Journal's*” own pages testify.

**Pellagra.**—A Bulletin issued by the U. S. Public Health Service says that the cause and cure of pellagra has been discovered. This is the story in brief: At the Mississippi Convict farm near Jackson, eleven convicts under promise of pardon volunteered to make the experiment which does not seem to be a very severe one, consisting, as it did of restricting their diet to “biscuits, fried mush, grits and brown gravy, syrup, corn bread, cabbage, sweet potatoes, rice, collards and coffee with sugar.” In other words, they were given the regular prison fare minus meats. This one-sided diet was begun on February 4th and ended on April 9th. Gastro-intestinal disturbances appeared early, but it was not until September 12th, five months after discontinuing the diet “that the skin symptoms so characteristic of pellagra began to develop.” Six of the eleven volunteers developed what is said to be the disease. There were no cases of the disease in the camp before.

An African explorer, Stanley if we remember aright, who mentions a peculiar condition partly mental and partly physical that would attack his men, natives, if they went without meat for any long period. Assuming that the facts of experience will bear out this contention concerning the origin of pellagra it is surely a hard knock on the vegetarians, who, by the way, are not, as a rule, followers of their belief for they include (most of them) milk, butter and eggs in their diet. It is, of course, possible that the experimentors have jumped to a hasty conclusion, though it has been accepted as true.

**Where Will It End?**—Mrs. Scott Durand, of Lake Forrest, Ill., had a magnificent herd of Guernsey cows and other live stock. They were ordered to be killed by the medical Dictators, but the order was staved off by an injunction and the herd put under

the supervision of Dr. Joseph Hughes, who saved the cattle at the Prize Live Stock show from being killed in the fall of 1914. Last week it was announced that there was not a trace of foot and mouth disease, or of any other disease, in the herd. This did not deter the Dictator who, in spite of Dr. Hughes' announcement and in the face of an injunction from the court, sent about 30 men armed with rifles and revolvers who first drove Mrs. Durand and her farm hands into the house, and then shot all the live stock on the farm, including 35 hogs, who were not in the least affected, and left them lying where they fell. Mrs. Durand said they were "murderers and anarchists," and perhaps not many will be shocked at her use of terms, and will ask themselves, Have the people and the courts any rights that the Medical Dictators will respect?

There is an old superstition prevailing among the common people and even among a few "back number" physicians that the physician's duty is to cure disease, but "Modern Medical Science," expounded by the medical Dictators, is different. They say they are the *only* physicians, and they sneer at the old word cure." Their doctrine as expounded by their deeds is:

1st. To inject dead or living "germs" or serums from diseased man or beast into the healthy as a precautionary measure.

2d. When a human being becomes ill of certain "germ" diseases the chief duty of the medical Dictator is to imprison the sick one.

3d. In case of cattle the only duty is to kill, not only those ill, but all that are near them.

**Poverty.**—Dr. Jay Perkins contributes a long paper on tuberculosis to the *Providence Medical Journal*. Among other things he writes:

The only attempt at specific treatment of tuberculosis which today has any scientific backing is the use of tuberculin. The value even of this, however, is doubtful. Give any remedy in a disease like tuberculosis and you will get a number of good results or you will get them without any remedy.

That in a manner explains why the RECORDER is a bit grouchy at the constant use of the word "scientific medicine." The RE-

CORDER believes that disease can be cured by a man who knows the science of therapeutics, while the self-styled "scientific" are confessedly helpless. However, they are to be commended for their honesty. In the same paper occurs the following:

The tubercle bacillus is a parasite and whatever will increase the strength of the body will help it kill out the parasite, just as anything which diminishes the strength of the body enables the parasite to thrive.

One wonders if this bit of science was unknown to the ancients or whether the heathen would be surprised to learn that an increase in the strength of a patient betokens a return to health while failing strength means an increase of the disease? Then, too, the ordinary man wonders whether the "parasite" is the disease or the rise and fall of the patient's vitality.

**Medical Science vs. the Common People.**—There was a rather interesting and, in a sense, scientifically instructive article in one of our recent exchanges. The old man, the patient, was prone to patent medicine, but he faithfully followed the instructions of the writer of the article under consideration. But one day after "pretty full doses of arsenic" he complained of "a painful crop of pimples on his short ribs." He was told that it was a case of "herpes zoster medicamentosus, or something of the kind." "Of course, that was tactful enough in itself, but unfortunately you also instructed him to discontinue all internal medicine for two weeks and use some zinc oxide powder to dust over the pimples. Which was good, scientific treatment, so far as it went, only you made one fatal error in your management of the patient. You utterly neglected to give him 'something for his blood.'" And this because the patient had the idea, quite a true one, that where there were pimples the blood needed "purifying." The foolish old fellow could not see that the discontinuance of the arsenic ordered by the doctor was the only blood purifier that he needed. You see, reading between the lines, he was one of those simple old souls that believed in scientific alias allopathic medication, and got it good and strong even to "painful pimples on the short ribs." Well, he went to a rival, also a "regular,"

who knew "how to manage patients," but in three years came back uncured—and the fact was announced in the "sewing circle."

**"Death From the Puncture."**—The *Buffalo Medical Journal* prints an abstract from a foreign medical journal headed "Death Following Lumbar Puncture." From it the following is taken: "Levy-Valensi, *L'Hop.* May, 1914, has reported death following puncture, about 30 cases being recorded. The authors, however, do not consider that the puncture could have been the essential cause of death." One is not quite sure whether the *B. M. J.* is sarcastic or not.

**Marriages That May Be Annulled.**—The Supreme Court of New York has decided that a marriage in which one of the parties is afflicted with tuberculosis and has wilfully concealed the fact, saying, as in the instance before the court, that he had a cold, may be annulled. This ruling also holds good where one has venereal disease.

**Scrubbing vs. Fuming.**—The N. Y. City Department of Health it is reported now relies on ordinary cleansing instead of fumigating a room or home that requires disinfecting. A sane and common sense rule, for of what avail are sulphur fumes or formaldehyde gas so long as the filth remains, or what is the use of them when it has been washed away?

**Bitter Advice.**—Our very estimable contemporary, *The Urological and Cutaneous Review*, gives its readers some advice that leads to the inference that some of them must need a post-graduate course in medicine or morals. For instance, it tells them not to take out a prostate because the patient has gray hairs or a bladder trouble; do not tell the patient he has the "very worst case" you ever saw; do not think that itching accompanies scabies, lice and eczema only; do not call yourself a genito-urinary surgeon if your work is exclusively venereal—"you're a clap doctor;" finally, and this applies to all, and is good advice: "If your patient needs soap and water tell him so but do it diplomatically—thus suggest a special brand of soap and the value of lathering the entire body."

**Death of Dr. Brian O'Brian.**—This is taken from the Obituaries of the *Lancet*. Dr. O'Brian was the medical inspector of the Irish Local Government Board. He was born in 1872. On October 29th he was attacked by cerebro-spinal meningitis. He thought it was influenza, but lumbar puncture showed it was cerebro-spinal meningitis. When this fact was known he was injected with Flexner's serum, but despite this, at the end of one week, he died of "a failing heart and œdema of the lungs."

Among his last reports was one on the disease from which he died. "It is a curious commentary on this mysterious illness that he had not knowingly been in contact with a single case of cerebro-spinal meningitis before he was taken ill himself," writes the obituary writer. Certainly the Flexner serum did not save him and, apparently, the disease did not originate from contagion.

These facts open up, or, rather, show the big field that the "germ theory" is brought in to explain. It surely is a problem! Man gets his body from his parents. Its future growth is by means of food, all outside of himself. For a period he is healthy, then, as in the case of Dr. O'Brian, cerebro-spinal meningitis, or, in the case of others, some other disease, attacks him, and he dies. The great Germ Theory seems logical, with what goes before, as an explanation of the cause of the disease, but it is not strictly scientific. Dr. O'Brian had not been where the disease was for six months. Again, this disease, and others, will appear where there has been no case of the disease for years. It surely is a problem. It looks as if the ancients, who said that disease was caused by "demons" had as scientific an argument as those who say it comes by germs. Furthermore, each in his day was as cock-sure as the other.

**Treating Typhoid.**—According to the *British Medical Journal* the Health Board of Hungary submitted a memorandum to the Minister of the Interior advocating the use of vaccines in the treatment of typhoid. They had treated about 200 cases and definite improvement or recovery were observed in "40 to 50 per cent. of all the patients thus treated." This does not seem like a very large percentage of benefit from a treatment and, evidently, the central authorities were of that opinion for they



held that the treatment had not "emerged from the experimental stage." They also wanted to know what effect this treatment would have on patients who had previously been vaccinated against the disease from which he was suffering. That seems almost ironical. Pity they could not be induced to give the poor fellow *Bryonia* or *Baptisia*—thus quickly cure the great majority of the afflicted.

**The Widal Reaction and Typhoid Vaccination.**—Dr. C. D. Hamilton, Sykesville, Md., writes a paper on this subject for *J. A. M. A.*, November 27, from which the following is quoted, anent certain experiments: "It was soon recognized by observers that a positive Widal reaction always followed a prophylactic dose of typhoid vaccine." This is a feather in the cap of Widal. Another view of it is one of wonder that physicians, with the fear of the Oath of Hippocrates before their eyes, should deliberately give the people typhoid fever to prevent them from having typhoid fever, as the experiments, noted by Dr. Hamilton, proves that they do by their typhoid vaccination. The scientific gentlemen may reply that the typhoid artificially given to a healthy man is very "mild." Granted, for the sake of the argument, but the outer barbarians ask, Why give a healthy man even a "mild" attack of typhoid? Isn't health a better protection from disease than a "mild" disease? The U. S. statistics show that a very small per cent. of the people die from typhoid, and sanitation can abolish even that, so why give the whole nation typhoid to prevent that which sanitation can do without injuring anyone? Come, now, ye scientists, answer!

**Rhus Tox. and the War.**—The European medical journals tell of the many ills that follow exposure to the cold and dampness of the trenches. If those in charge of the men could be induced to give them a few doses of *Rhus tox.* 3 there would be a great lessening in the number of invalids. The cost would be a mere trifle, no possible harm could follow the treatment, and the effects undoubtedly would add enormously to the efficiency of the army adopting this simple, cheap, but extremely efficacious, treatment of the effects of exposure to cold and dampness.

## PERSONAL.

"What shall we do with the unfit?" asks Dr. Jessie H. Simpson. Find out who they are, first, and then kill 'em. But be Sure!

No kick from anyone on sanitation. We all approve of it, but kick at paying the bill. Just like us!

"Stupidity is more dangerous than knavery."—President Woodrow Wilson. Is that Princeton theology?

If wise don't tell a convalescent woman that she is looking her old self again.

Even the A. M. A., with unlimited power, cannot enforce compulsory health.

What boots a few years more or less in life when we contemplate the eternity before us!

Homer is the base ball man's favorite poet.

"Thousands die needlessly in search of health." By advice?

Brachiocyllosis too oft repeated leads to a curved gait on the way home.

When the world tries to reform itself by a majority vote the world shows it is still in its adolescent age.

*What* is a "joke?"

Claude says most persons are jokes.

"Thank heaven! we all have a little conceit," says wise Mary.

The merits of a doctor, popularly speaking, are largely a matter of personal prejudice.

There is no use in reproaching a man with a thick skull—he can't help it.

The orators may spout nobly, but the Society depends on Treasurer's balance.

"You should have been dead 40 years ago," said *Life's* "specialist" to a tobacco using, liquor drinking centenarian.

Censorship would be all right if we could have an archangel for censor.

"Doc" Hirshberg tells the world that cold is "abstracted heat." The Wonder of Science!

Mary asks if "rain beaux are necessarily young?" Gwa'n Mary!

"Line busy," hissed telephone fluffy. "Then I'll go fishing where they are not," replied the man.

"When prices are going up," thinks the public, "it is poor economy to save."

Where there is a will (if big enough) there generally is a lawsuit.

Every play is a problem play until the box office is heard from.

They say the "a giraffe's neck" is the name of a popular drink with the veteran corps.

The man who does is never a critic.

January 15, 1915.

Vol. XXX.

No. 1.

# THE HOMŒOPATHIC RECORDER

PUBLISHED MONTHLY

At No. 9 North Queen Street, Lancaster, Pa.

Devoted to the introduction of new remedies, and to advancing our knowledge of the older ones.

SUBSCRIPTION PRICE, PER YEAR, \$1.00.

E. P. ANSHUTZ, M. D., Editor.

Entered at the Lancaster, Pa., Post Office as Second-Class Matter.

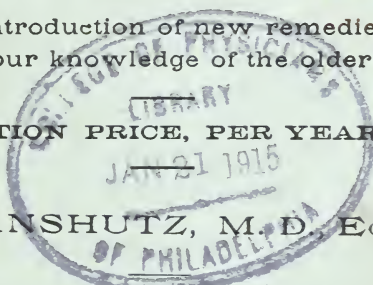
## CONTENTS.

Post Hoc Therapeutics . . . . .	1	The Journal of A. M. A. on Vaccines . . . . .	19
Reading the Pulse for the Indicated Remedy. By Eli G. Jones, M. D. . . . .	3	Whence the Advance . . . . .	23
Preliminary . . . . .	5	The Truth—But . . . . .	24
Pulmonary Tuberculosis. Homœopathic Treatment Illustrated by Four Cases. By Chas. H. Young, M. D. . . . .	6	Penthorum Sedoides. By Dr. Alexander M. Steen . . . . .	26
County Kings Society . . . . .	17	The Specialists' Department. By Clifford Mitchell, M. D. . . . .	28
Another Fad Gone Glimmering . . . . .	18	Therapeutic Items . . . . .	36
Editorial Notes and Comments . . . . .	37		
Personals . . . . .	43		

*tags J.J. complete*

*1-19*

*Chas Perry Fisher Librarian College of Physicians*



# Blackwood's Books

By A. L. BLACKWOOD, M. D., Chicago.

---

*Each work is a concise and practical  
working book on the subject treated.*

Sent postpaid on receipt of price.

---

## Diseases of the Heart

261 pages. Cloth, \$2.00, *net.*

## Diseases of the Lungs

338 pages. Cloth, \$2.00, *net.*

## Diseases of the Liver, Pancreas and Ductless Glands

200 pages. Cloth, \$1.25, *net.*

## The Food Tract

Its Ailments and Diseases of the Peritoneum.

359 pages. Cloth, \$1.75, *net.*

## Contagious, Constitutional and Blood Diseases

367 pages. Cloth, \$1.75, *net.*

## Diseases of the Kidneys and Nervous System

346 pages. Cloth, \$1.50, *net.*

## Manual of Materia Medica, Therapy and Pharmacology

592 pages. Flexible Leather, Round Corners, Gilt Edges,  
\$3.50, *net.* Cloth, \$2.75, *net.*

*These books for sale at all Homœopathic pharmacies.*



February 15, 1915.

Vol. XXX.

No. 2.

# THE HOMOEOPATHIC RECORDER

PUBLISHED MONTHLY.

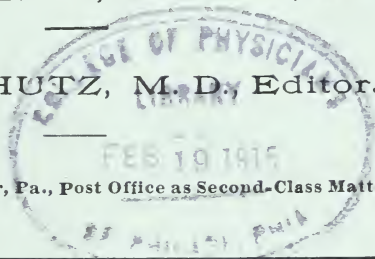
At No. 9 North Queen Street, Lancaster, Pa.

Devoted to the introduction of new remedies, and to advancing our knowledge of the older ones.

SUBSCRIPTION PRICE, PER YEAR, \$1.00.

E. P. ANSHUTZ, M. D., Editor.

Entered at the Lancaster, Pa., Post Office as Second-Class Matter.



M

## CONTENTS.

The Patient and Disease . . . . .	49	Warming Up Boston . . . . .	64
Reading the Pulse, Eye and Tongue for the Indicated Remedy. By Eli G. Jones, M. D. . . . .	51	"The Tincture of the Minister's Pocket-Book" . . . . .	66
A Case of Bright's Disease. By Carl Gruber, M. D. . . . .	53	The Relation of the Medical Sciences to Clinical Medicine . . . . .	67
Calcarea Calcinata . . . . .	54	County Kings Society . . . . .	68
Calcarea Ostrearum Calcinata. A New Calcarea, a Remedy for Warts. By John H. Clarke, M. D. . . . .	55	Astral Therapeutics . . . . .	71
"His Mistress' Eyebrow." By W. B. Clarke, M. D. . . . .	57	Effects of Shell Explosion . . . . .	72
More About Platanus Occidentalis in Styes. 58		Bee Stings and Anaphylaxis. By A. T. Dammerschlag, M. D. . . . .	74
Dr. Swingle's Method of Aborting Pneumonia . . . . .	60	Chinese Gibes at Medicine Men . . . . .	76
The Harrison Anti-Narcotic Law . . . . .	62	Common Sense in Therapeutics . . . . .	78
		The Specialists' Department. Edited by Clifford Mitchell, M. D. . . . .	80

### BOOK REVIEWS.

SWINGLE. The Keep-Well Book, with Something of the Philosophy of Well-Being . . . . .	86
A Correction . . . . .	87
Editorial Notes and Comments . . . . .	88
Personal . . . . .	96



# Blackwood's Books

By A. L. BLACKWOOD, M. D., Chicago.

---

*Each work is a concise and practical  
working book on the subject treated.*

Sent postpaid on receipt of price.

---

## Diseases of the Heart

261 pages. Cloth, \$2.00, *net*.

## Diseases of the Lungs

338 pages. Cloth, \$2.00, *net*.

## Diseases of the Liver, Pancreas and Ductless Glands

200 pages. Cloth, \$1.25, *net*.

## The Food Tract

Its Ailments and Diseases of the Peritoneum.

359 pages. Cloth, \$1.75, *net*.

## Contagious, Constitutional and Blood Diseases

367 pages. Cloth, \$1.75, *net*.

## Diseases of the Kidneys and Nervous System

346 pages. Cloth, \$1.50, *net*.

## Manual of Materia Medica, Therapy and Pharmacology

592 pages. Flexible Leather, Round Corners, Gilt Edges,  
\$3.50, *net*. Cloth, \$2.75, *net*.

*These books for sale at all Homœopathic pharmacies.*

Stacks

March 15, 1915.

Vol. XXX.

No. 3.

# THE HOMEOPATHIC RECORDER

PUBLISHED MONTHLY.

At No. 9 North Queen Street, Lancaster, Pa.

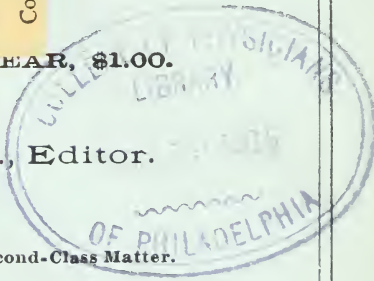
Devoted to the introduction of new remedies, and to advancing our knowledge of their uses.

SUBSCRIPTION PRICE, PER YEAR, \$1.00.

E. P. ANSHUTZ, M. D., Editor.

Entered at the Lancaster, Pa., Post Office as Second-Class Matter.

Chas Perry Fisher Librarian College of Physicians



## CONTENTS.

O Tempora! O Mores! . . . . .	97
Dysuria. By James C. Wood, M. D. . . . .	100
Two Cases of Extra Uterine Fibroid Tumors Treated by Internal Medication. By F. S. Smith, M. D. . . . .	110
Reading the Pulse, Eye and Tongue, for the Indicated Remedy. By Eli G. Jones, M. D. . . . .	111

Pyrrarara. By Frederick M. Dearborn, M. D. . . . .	114
The Material Dose. By Alexander C. Her- manne, M. D. . . . .	116
From the Front at Armageddon . . . . .	118
Intermittent Fever . . . . .	124
The Mystery of Potencies . . . . .	125
The Specialists' Department. By Clifford Mitchell, M. D. . . . .	127

### BOOK REVIEWS.

SCHUESSLER. The Twelve Tissue Remedies . . . . .	135
Editorial Notes and Comments . . . . .	136
Personal . . . . .	144

# Blackwood's Books

By A. L. BLACKWOOD, M. D., Chicago.

---

*Each work is a concise and practical  
working book on the subject treated.*

Sent postpaid on receipt of price.

---

## Diseases of the Heart

261 pages. Cloth, \$2.00, *net*.

## Diseases of the Lungs

338 pages. Cloth, \$2.00, *net*.

## Diseases of the Liver, Pancreas and Ductless Glands

200 pages. Cloth, \$1.25, *net*.

## The Food Tract

Its Ailments and Diseases of the Peritoneum.

359 pages. Cloth, \$1.75, *net*.

## Contagious, Constitutional and Blood Diseases

367 pages. Cloth, \$1.75, *net*.

## Diseases of the Kidneys and Nervous System

346 pages. Cloth, \$1.50, *net*.

## Manual of Materia Medica, Therapy and Pharmacology

592 pages. Flexible Leather, Round Corners, Gilt Edges,  
\$3.50, *net*. Cloth, \$2.75, *net*.

*These books for sale at all Homœopathic pharmacies.*

Stacks R. 19

April 15, 1915.

Vol. XXX.

No. 4.

# THE HOMŒOPATHIC REFORMER

PUBLISHED MONTHLY

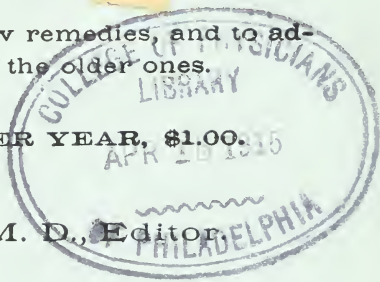
At No. 9 North Queen Street, Lancaster, Pa.

Devoted to the introduction of new remedies, and to advancing our knowledge of the older ones.

SUBSCRIPTION PRICE, PER YEAR, \$1.00.

E. P. ANSHUTZ, M. D., Editor.

Entered at the Lancaster, Pa., Post Office as Second-Class Matter.



## CONTENTS.

Wisdom from Westboro . . . . .	145	Laws Passed and Laws Looming . . . . .	171
Gelsemium Sempervirem. By T. H. Hudson, M. D. . . . .	147	Aborting Typhoid . . . . .	172
Dysmenorrhœa. By James C. Wood, M. D. . . . .	151	Homœopathic Medical College Lahore . . . . .	173
Reading the Pulse, Eye and Tongue for the Indicated Remedy. By Eli G. Jones, M. D. . . . .	166	Pediculosis of the Scalp and Eye Disease . . . . .	174
Chronicles of the Old Farm. Mrs. Plymouth Rocke Stirs Things Up. By Dr. Blanke. . . . .	169	The Specialists' Department. By Clifford Mitchell, M. D. . . . .	176
		A Surgical Pamphlet and Constipation . . . . .	185

### BOOK NOTICES

KIPPOX. The Call of the Stars . . . . .	186
Editorial Notes and Comments . . . . .	188
Personal . . . . .	192

# Blackwood's Books

By A. L. BLACKWOOD, M. D., Chicago.

---

*Each work is a concise and practical  
working book on the subject treated.*

Sent postpaid on receipt of price.

---

## Diseases of the Heart

261 pages. Cloth, \$2.00, *net.*

## Diseases of the Lungs

338 pages. Cloth, \$2.00, *net.*

## Diseases of the Liver, Pancreas and Ductless Glands

200 pages. Cloth, \$1.25, *net.*

## The Food Tract

Its Ailments and Diseases of the Peritoneum.

359 pages. Cloth, \$1.75, *net.*

## Contagious, Constitutional and Blood Diseases

367 pages. Cloth, \$1.75, *net.*

## Diseases of the Kidneys and Nervous System

346 pages. Cloth, \$1.50, *net.*

## Manual of Materia Medica, Therapy and Pharmacology

592 pages. Flexible Leather, Round Corners, Gilt Edges,  
\$3.50, *net.* Cloth, \$2.75, *net.*

*These books for sale at all Homœopathic pharmacies.*



*Stacks*

177

May 15, 1915.

Vol. XXX.

No. 5.

# THE HOMŒOPATHIC RECORDER

PUBLISHED MONTHLY.

At No. 9 North Queen Street, Lancaster, Pa.

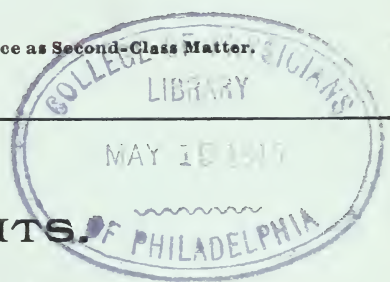
Devoted to the introduction of new remedies, and to advancing our knowledge of the older ones.

SUBSCRIPTION PRICE **PER YEAR, \$1.00.**

E. P. ANSHUTZ, M. D., Editor.

Entered at the Lancaster, Pa., Post Office as Second-Class Matter.

Chas Perry Fisher Librarian College of Physicians



## CONTENTS.

Official . . . . .	193
North and South America Shake Hands . . . . .	195
Clinical Talks. By James C. Wood, M. D. . . . .	199
Reading the Pulse, Eye and Tongue for the Indicated Remedy. By Eli G. Jones, M. D. . . . .	211
Chronicles of the Farm. By Dr. Blanke . . . . .	215

What Is Homœopathy and Why Are We to Believe in It . . . . .	216
The Calves and the Corn . . . . .	219
Concerning Dr. Jones' "Readings." Homœopathic Therapeutics . . . . .	219
The Specialists' Department. By Clifford Mitchell, M. D. . . . .	221

### BOOK NOTICES.

MILLS. Practice of Medicine . . . . .	230
Editorial Notes and Comments . . . . .	233
Personal . . . . .	240

BURTON. The Beginnings of Homœopathy in Detroit . . . . .	231
---	-----

# Blackwood's Books

By A. L. BLACKWOOD, M. D., Chicago.

---

*Each work is a concise and practical  
working book on the subject treated.*

Sent postpaid on receipt of price.

---

## Diseases of the Heart

261 pages. Cloth, \$2.00, *net.*

## Diseases of the Lungs

338 pages. Cloth, \$2.00, *net.*

## Diseases of the Liver, Pancreas and Ductless Glands

200 pages. Cloth, \$1.25, *net.*

## The Food Tract

Its Ailments and Diseases of the Peritoneum.

359 pages. Cloth, \$1.75, *net.*

## Contagious, Constitutional and Blood Diseases

367 pages. Cloth, \$1.75, *net.*

## Diseases of the Kidneys and Nervous System

346 pages. Cloth, \$1.50, *net.*

## Manual of Materia Medica, Therapy and Pharmacology

592 pages. Flexible Leather, Round Corners, Gilt Edges,  
\$3.50, *net.* Cloth, \$2.75, *net.*

*These books for sale at all Homœopathic pharmacies.*

Stables 1919



June 15, 1915.

Vol. XXX.

No. 6.

# THE HOMŒOPATHIC RECORDER

PUBLISHED MONTHLY.

At No. 9 North Queen Street Lancaster, Pa.

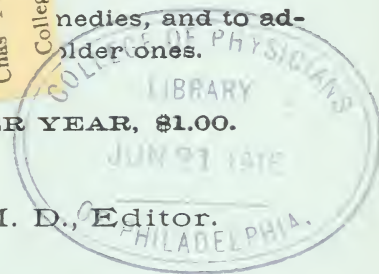
Devoted to the introduction of new remedies, and to advancing our knowledge of older ones.

SUBSCRIPTION PRICE, PER YEAR, \$1.00.

E. P. ANSHUTZ, M. D., Editor.

Entered at the Lancaster, Pa., Post Office as Second-Class Matter.

Chas Pery Fisher Librarian College of Physicians



## CONTENTS.

A Problem in Logic . . . . .	241	Dead Sea Water. By E. P. Anshutz, M. D.	274
Mental Therapeutics. By T. H. Hudson, M. D. . . . .	242	The Future of Our College. By T. H. Hudson, M. D. . . . .	275
A Proving of Bellis Perennis. By Albert E. Hinsdale, M. D. . . . .	247	The Chronicles of the Farm. By Dr. Blanke	278
Clinical Talks. By James C. Wood, M. D. . . . .	252	The Pathogenetic Laboratory, College of Homœopathic Medicine, Ohio State University. By A. E. Hinsdale, M. D., . . .	280
Reading the Eye, Pulse and Tongue for the Indicated Remedy. By Eli G. Jones, M. D. . . . .	265	In Memoriam . . . . .	280
Every Day Materia Medica. By A. H. Seibert, M. D. . . . .	268	A Sulphur Note . . . . .	282
A Clinical Case of Hysteria. By M. S. Chessir, M. D. . . . .	271	A Constipation Remedy . . . . .	282
A Letter from the Front . . . . .	273	New Jersey State Homœopathic Medical Society . . . . .	283
		The Specialists' Department. By Clifford Mitchell, M. D. . . . .	287

### BOOK NOTICES

LIPPE. Keynotes of the Homœopathic Materia Medica . . . . .	292	WHEELER. The Case of Homœopathy . . . . .	294
BIDWELL. How to Use the Repertory . . . . .	294	MAJUMDAR. Appendicitis Curable by Medicine . . . . .	295
Editorial Notes and Comments . . . . .	296		
Personal . . . . .	304		

# Blackwood's Books

By A. L. BLACKWOOD, M. D., Chicago.

---

*Each work is a concise and practical  
working book on the subject treated.*

Sent postpaid on receipt of price.

---

## Diseases of the Heart

261 pages. Cloth, \$2.00, *net*.

## Diseases of the Lungs

338 pages. Cloth, \$2.00, *net*.

## Diseases of the Liver, Pancreas and Ductless Glands

200 pages. Cloth, \$1.25, *net*.

## The Food Tract

Its Ailments and Diseases of the Peritoneum.

359 pages. Cloth, \$1.75, *net*.

## Contagious, Constitutional and Blood Diseases

367 pages. Cloth, \$1.75, *net*.

## Diseases of the Kidneys and Nervous System

346 pages. Cloth, \$1.50, *net*.

## Manual of Materia Medica, Therapy and Pharmacology

592 pages. Flexible Leather, Round Corners, Gilt Edges,  
\$3.50, *net*. Cloth, \$2.75, *net*.

*These books for sale at all Homœopathic pharmacies.*



Stacks

77

July 15, 1915.

Vol. XXX.

No. 7.

# THE HOMŒOPATHIC RECORDER

PUBLISHED MONTHLY.

At No. 9 North Queen Street, Lancaster, Pa.

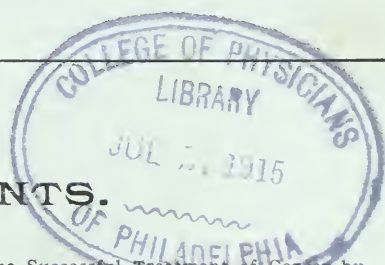
Devoted to the introduction of new remedies, and to advancing our knowledge of the older ones.

Chas Perry Fisher Librarian College of Physicians

SUBSCRIPTION PRICE, PER YEAR, \$1.00.

E. P. ANSHUTZ, M. D., Editor.

Entered at the Lancaster, Pa., Post Office as Second-Class Matter.



## CONTENTS.

The American Institute of Homœopathy in Chicago, 1915 . . . . .	395	The Successful Treatment of Cancer by Medicine. By H. G. Jones, M. D. . . . .	345
Niagara Meeting of the I. H. A. . . . .	315	Chronicles of the Farm—The Uplifting of the Race. By Dr. Blanke . . . . .	350
The New Hampshire Homœopathic Medical Society . . . . .	316	For What Is It All When All Is Done . . . . .	351
Alfalfa . . . . .	318	Obituary—Dr. Benjamin C. Woodbury . . . . .	352
Clinical Talks. By James C. Weed, M. D. . . . .	322	The Specialists' Department. By Clifford Mitchell, M. D. . . . .	356
Editorial Notes and Comments . . . . .	366		
Personal . . . . .	372		



# Blackwood's Books

By A. L. BLACKWOOD, M. D., Chicago.

---

*Each work is a concise and practical  
working book on the subject treated.*

Sent postpaid on receipt of price.

---

## Diseases of the Heart

261 pages. Cloth, \$2.00, *net*.

## Diseases of the Lungs

338 pages. Cloth, \$2.00, *net*.

## Diseases of the Liver, Pancreas and Ductless Glands

200 pages. Cloth, \$1.25, *net*.

## The Food Tract

Its Ailments and Diseases of the Peritoneum.

359 pages. Cloth, \$1.75, *net*.

## Contagious, Constitutional and Blood Diseases

367 pages. Cloth, \$1.75, *net*.

## Diseases of the Kidneys and Nervous System

346 pages. Cloth, \$1.50, *net*.

## Manual of Materia Medica, Therapy and Pharmacology

592 pages. Flexible Leather, Round Corners, Gilt Edges,  
\$3.50, *net*. Cloth, \$2.75, *net*.

*These books for sale at all Homœopathic pharmacies.*

ACKS

R. R.



August 15, 1915.

Vol. XXX.

No. 8.

# THE HOMOEOPATHIC RECORDER

PUBLISHED MONTHLY.

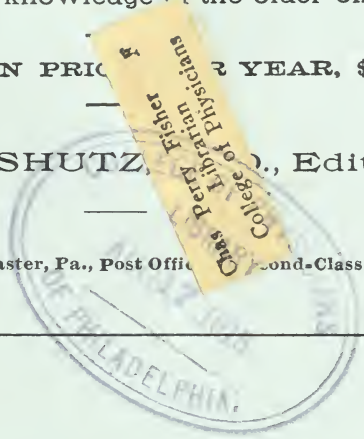
At No. 9 North Queen Street, Lancaster, Pa.

Devoted to the introduction of new remedies, and to advancing our knowledge of the older ones.

SUBSCRIPTION PRICE PER YEAR, \$1.00.

E. P. ANSHUTZ, Editor.

Entered at the Lancaster, Pa., Post Office as Second-Class Matter.



## CONTENTS.

Reforming the World . . . . .	273	The Daily Press on Current Medicine . . .	395
Formic Acid as a Polychrest. By John H. Clarke, M. D. . . . .	375	The Minister's Pocket Book . . . . .	396
Verifications of Mercury. By Daniel E. S. Coleman, M. D. . . . .	383	Reading the Eye, Pulse and Tongue for the Indicated Remedy. By Eli G. Jones, M. D. . . . .	397
Gunpowder for Gunners and Others. By John Clarke, M. D. . . . .	389	Clinical Talks. By James C. Wood, M. D. . . . .	401
Modern Scientific Therapy . . . . .	393	The Specialists' Department. By Clifford Mitchell, M. D. . . . .	412
Pyrarara the Discovery of Dr. Oliveira . . . . .	394		
Editorial Notes and Comments . . . . .	416		
Personal . . . . .	420		

# Blackwood's Books

By A. L. BLACKWOOD, M. D., Chicago.

---

*Each work is a concise and practical  
working book on the subject treated.*

Sent postpaid on receipt of price.

---

## Diseases of the Heart

261 pages. Cloth, \$2.00, *net*.

## Diseases of the Lungs

338 pages. Cloth, \$2.00, *net*.

## Diseases of the Liver, Pancreas and Ductless Glands

200 pages. Cloth, \$1.25, *net*.

## The Food Tract

Its Ailments and Diseases of the Peritoneum.

359 pages. Cloth, \$1.75, *net*.

## Contagious, Constitutional and Blood Diseases

367 pages. Cloth, \$1.75, *net*.

## Diseases of the Kidneys and Nervous System

346 pages. Cloth, \$1.50, *net*.

## Manual of Materia Medica, Therapy and Pharmacology

592 pages. Flexible Leather, Round Corners, Gilt Edges,  
\$3.50, *net*. Cloth, \$2.75, *net*.

*These books for sale at all Homœopathic pharmacies.*

Stacks  
C. M.

September 15, 1915.

Vol. XXX.

No. 9.

# THE HOMOEOPATHIC RECORDER

PUBLISHED MONTHLY.

At North Queen Street, Lancaster, Pa.

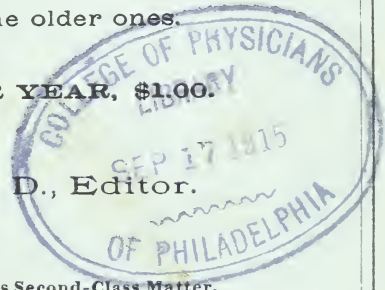
Devoted to the production of new remedies, and to advancement of knowledge of the older ones.

SUBSCRIPTION PRICE, PER YEAR, \$1.00.

E. P. ANSHUTZ, M. D., Editor.

Entered at the Lancaster, Pa., Post Office as Second-Class Matter.

Perry Fisher  
Librarian  
College of Physicians



## CONTENTS.

The September Recorder . . . . .	421
A Message from Indiana. By Verne K. Baldwin, M. D. . . . .	422
The Spirit-Like Dynamics of Homoeopathic Remedies. By F. P. Bitters, M. D. . . . .	429
Chance or Law in Therapeutics. By Dr. W. R. Stewart . . . . .	433
Malignant Breast Tumor Removed Without Cutting. By T. H. Carmichael, M. D. . . . .	438
Reading the Eye, Pulse and Tongue for the	

Indicated Remedy. By Eli G. Jones, M. D. . . . .	441
Cases from Dr. Peterman . . . . .	446
Crotalus and Oxytropis . . . . .	447
The Effects of War . . . . .	448
Oil of Mullein in Deafness, Earache, Etc. . . . .	451
The Specialists' Department. By Clifford Mitchell, M. D. . . . .	452
Calcarea Carb. By Dr. J. M. S. Cheshir . . . . .	456

### BOOK NOTICES

BAINBRIDGE. The Cancer Problem . . . . .	459
Editorial Notes and Comments . . . . .	460
Personal . . . . .	468

# Blackwood's Books

By A. L. BLACKWOOD, M. D., Chicago.

---

*Each work is a concise and practical  
working book on the subject treated.*

Sent postpaid on receipt of price.

---

## Diseases of the Heart

261 pages. Cloth, \$2.00, *net*.

## Diseases of the Lungs

338 pages. Cloth, \$2.00, *net*.

## Diseases of the Liver, Pancreas and Ductless Glands

200 pages. Cloth, \$1.25, *net*.

## The Food Tract

Its Ailments and Diseases of the Peritoneum.

359 pages. Cloth, \$1.75, *net*.

## Contagious, Constitutional and Blood Diseases

367 pages. Cloth, \$1.75, *net*.

## Diseases of the Kidneys and Nervous System

346 pages. Cloth, \$1.50, *net*.

## Manual of Materia Medica, Therapy and Pharmacology

592 pages. Flexible Leather, Round Corners, Gilt Edges,  
\$3.50, *net*. Cloth, \$2.75, *net*.

*These books for sale at all Homœopathic pharmacies.*



Stacks  
C. 4

October 15, 1915.

Vol. XXX.

No. 10.

# THE HOMŒOPATHIC RECORDER

PUBLISHED MONTHLY.

At No. 9 North Queen Street, Lancaster, Pa.

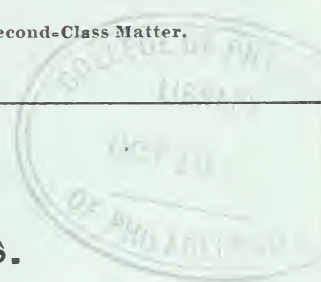
Devoted to the introduction of new remedies, and to advancing our knowledge of the same.

SUBSCRIPTION PRICE, PER ANNUM, \$1.00.

E. P. ANSHUTZ, M. D., Editor.

Entered at the Lancaster, Pa., Post Office as Second-Class Matter.

Chas Perry Fisher  
Librarian  
College of Physicians



## CONTENTS.

Animal Charcoal and Bacteria . . . . .	469	Chronicles of the Farm. By Dr. Blanke . . .	500
The Belladonna Face. By J. Creswell Lewis, M. D. . . . .	471	A Seesaw Between Thlaspi Bursa Pastoris and Glonoine . . . . .	501
The Twilight Sleepless Mother and Babe. By Chas. H. Duncan, M. D. . . . .	478	Institute Publicity . . . . .	502
Three Cases and Their Lessons. By Dr. Russel C. Markham . . . . .	482	Doubts Blackberry Cordial for Constipation . . . . .	503
Reading the Eye, Pulse and Tongue for the Indicated Remedy. By Eli G. Jones, M. D. . . . .	486	Knife vs. Hepar . . . . .	503
Clinical Talks. By James C. Wood, M. D. . . . .	489	Ruts! Ruts! Ruts! . . . . .	505
		Homœopathic Therapeutics . . . . .	505
		The Specialists' Department. By Clifford Mitchell, M. D. . . . .	507
Editorial Notes and Comments . . . . .	511		
Personal . . . . .	516		

# Blackwood's Books

By A. L. BLACKWOOD, M. D., Chicago.

---

*Each work is a concise and practical  
working book on the subject treated.*

Sent postpaid on receipt of price.

---

## Diseases of the Heart

261 pages. Cloth, \$2.00, *net*.

## Diseases of the Lungs

338 pages. Cloth, \$2.00, *net*.

## Diseases of the Liver, Pancreas and Ductless Glands

200 pages. Cloth, \$1.25, *net*.

## The Food Tract

Its Ailments and Diseases of the Peritoneum.

359 pages. Cloth, \$1.75, *net*.

## Contagious, Constitutional and Blood Diseases

367 pages. Cloth, \$1.75, *net*.

## Diseases of the Kidneys and Nervous System

346 pages. Cloth, \$1.50, *net*.

## Manual of Materia Medica, Therapy and Pharmacology

592 pages. Flexible Leather, Round Corners, Gilt Edges,  
\$3.50, *net*. Cloth, \$2.75, *net*.

*These books for sale at all Homœopathic pharmacies.*

Stacks

November 15, 1915.

Vol. XXX.

No. 11.

# THE HOMŒOPATHIC RECORDER

PUBLISHED MONTHLY.

At No. 9 North Queen Street, Lancaster, Pa.

Devoted to the introduction of new remedies, and to advancing our knowledge of the older ones.

SUBSCRIPTION PRICE PER YEAR, \$1.00.

E. P. ANSHUTZ, M. D., Editor.

Entered at the Lancaster, Pa., Post Office as Second-Class Matter.

Chas Perry Fisher Librarian College of Physicians



## CONTENTS.

The Origin of Germs; or Theology and Medicine . . . . .	517	Chronicles of the Farm. By Dr. Blanke . . . . .	544
Pneumonia. By Walter Sands Mills, M. D. . . . .	519	A Science With Exceptions . . . . .	545
Reading the Eye, Pulse and Tongue for the Indicated Remedy. By Eli G. Jones, M. D. . . . .	523	Congratulating the Recorder . . . . .	546
Gastro-Intestinal Auto-Intoxication and Mucous Enterocolitis with Illustrative Cases. By James C. Wood, M. D. . . . .	526	South Western School of Medicine . . . . .	547
		Heloderma Horridus in Cerebral Hemorrhage . . . . .	548
		The Specialists' Department. By Clifford Mitchell, M. D. . . . .	550
Editorial Notes and Comments . . . . .	556		
Personal . . . . .	564		

# Blackwood's Books

By A. L. BLACKWOOD, M. D., Chicago.

---

*Each work is a concise and practical  
working book on the subject treated.*

Sent postpaid on receipt of price.

---

## Diseases of the Heart

261 pages. Cloth, \$2.00, *net*.

## Diseases of the Lungs

338 pages. Cloth, \$2.00, *net*.

## Diseases of the Liver, Pancreas and Ductless Glands

200 pages. Cloth, \$1.25, *net*.

## The Food Tract

Its Ailments and Diseases of the Peritoneum.

359 pages. Cloth, \$1.75, *net*.

## Contagious, Constitutional and Blood Diseases

367 pages. Cloth, \$1.75, *net*.

## Diseases of the Kidneys and Nervous System

346 pages. Cloth, \$1.50, *net*.

## Manual of Materia Medica, Therapy and Pharmacology

592 pages. Flexible Leather, Round Corners, Gilt Edges,  
\$3.50, *net*. Cloth, \$2.75, *net*.

*These books for sale at all Homœopathic pharmacies.*



*Stacks*

December 15, 1915.

Vol. XXX.

No. 12

# THE HOMŒOPATHIC RECORDER

PUBLISHED MONTHLY.

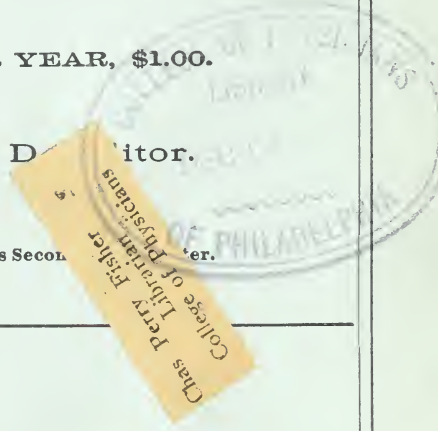
At No. 9 North Queen Street, Lancaster, Pa.

Devoted to the introduction of new remedies, and to advancing our knowledge of the older ones.

SUBSCRIPTION PRICE, PER YEAR, \$1.00.

E. P. ANSHUTZ, M. D., Editor.

Entered at the Lancaster, Pa., Post Office as Second-Class Matter.



## CONTENTS.

Groping for the Wall . . . . .	565	The Cure of Tumors by Homœopathy. By Dr. Alexander C. Hermance . . . . .	588
What a Zeppelin Did to Iowa . . . . .	566	A Comparison of Rhus Tox., Bryonia and Ruta Grav. in Acute Rheumatism . . . . .	590
A Difference of Opinion . . . . .	567	Observations on Medicago Sativa . . . . .	591
Reading the Eye, Pulse and Tongue for the Indicated Remedy. By Eli G. Jones, M. D. . . . .	569	Justifiable Profanity . . . . .	592
There is a Reason. By Glen I. Bidwell, M.D. . . . .	573	Blackberry Cordial in Constipation . . . . .	593
Rip Van Winkle Talking in His Sleep. By A. F. Randall, M. D. . . . .	582	How to Make Blackberry Cordial . . . . .	593
The Value of Repertory Prescribing. By Dr. A. H. Grimmer . . . . .	583	The Specialists' Department. By Clifford Mitchell, M. D. . . . .	595
Editorial Notes and Comments . . . . .	599		
Personal . . . . .	612		



# Blackwood's Books

By A. L. BLACKWOOD, M. D., Chicago.

---

*Each work is a concise and practical working book on the subject treated.*

Sent postpaid on receipt of price.

---

## Diseases of the Heart

261 pages. Cloth, \$2.00, *net*.

## Diseases of the Lungs

338 pages. Cloth, \$2.00, *net*.

## Diseases of the Liver, Pancreas and Ductless Glands

200 pages. Cloth, \$1.25, *net*.

## The Food Tract

Its Ailments and Diseases of the Peritoneum.

359 pages. Cloth, \$1.75, *net*.

## Contagious, Constitutional and Blood Diseases

367 pages. Cloth, \$1.75, *net*.

## Diseases of the Kidneys and Nervous System

346 pages. Cloth, \$1.50, *net*.

## Manual of Materia Medica, Therapy and Pharmacology

592 pages. Flexible Leather, Round Corners, Gilt Edges,  
\$3.50, *net*. Cloth, \$2.75, *net*.

*These books for sale at all Homœopathic pharmacies.*

# A Handbook of Materia Medica and Homœopathic Therapeutics

By Timothy Field Allen, A. M., M. D., LL. D.

1,165 pages, quarto. Half morocco, \$12.00, *net.* Carriage extra.

This is the only modern materia medica now obtainable that gives the *full symptomatology* of all our most used drugs. It contains 383 drugs and gives their *reliable and verified therapeutics*. A very successful physician remarked the other day: "I use the *Handbook* oftener than any book in my library." *It is truly a book that every physician needs.*

---

## BÖENNINGHAUSEN'S Therapeutic Pocket-Book

For Homœopathic Physicians

To Use at the Bedside and in the Study of Materia Medica

*New American Edition*

By TIMOTHY FIELD ALLEN, M. D.

503 pages. Flexible, \$3.25, *net.* 25 cents.

---

## The Repertory of the "Old Guard"

---

*For Sale at All Homœopathic Pharmacies*

# The Latest Books Just Out

---

## How to Use the Repertory

By GLEN IRVING BIDWELL, M.D.

156 pages. Cloth, \$1.00, *net.*

A book that has long been needed.

---

## Keynotes of the Homœopathic Materia Medica

By ADOLPH VON LIPPE

Edited by DR. DUNCAN MACFARLAN

163 pages. Cloth, \$1.00, *net.*

Lippe's Keynotes have never been published before

A Valuable Collection

---

*For Sale at All Homœopathic Pharmacies and  
Book Dealers*



